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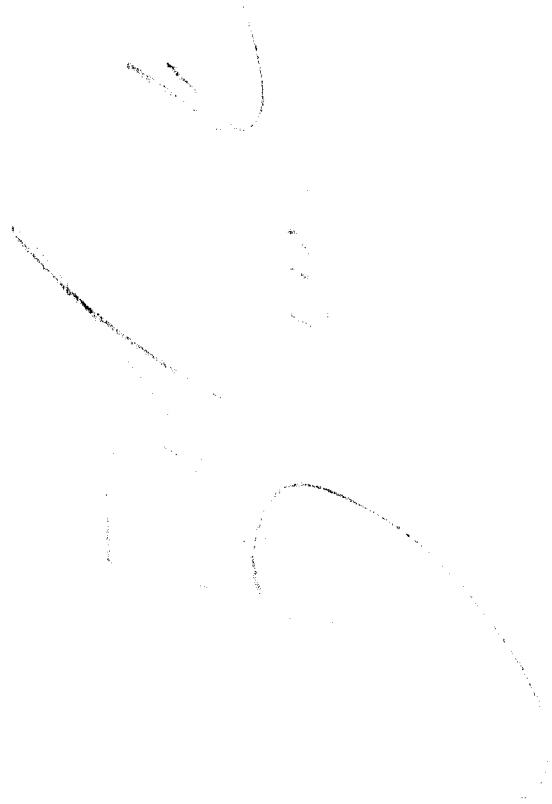
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UNITED NATIONS  
ECONOMIC  
AND  
SOCIAL COUNCIL



RESTRICTED  
E/ICEF/R.63  
31 May 1950  
ORIGINAL: ENGLISH

UNITED NATIONS INTERNATIONAL CHILDREN'S EMERGENCY FUND  
Programme Committee

RECOMMENDATION FOR AN ALLOCATION  
TO IRAQ FOR A BEJEL/SYPHILIS PROJECT

1. The Government's request for UNICEF assistance in a bejel/syphilis project is contained in the attached letter from the Minister of Social Affairs and WHO document INT/VD/6 Rev.1, dated 2 April 1950. It should be noted in the attached paper that a number of minor amendments have been added to this original document in agreement with the Government of Iraq, WHO and UNICEF. The amendments are inserted in brackets. The changes primarily are in the direction of providing that international personnel will have advisory or consultative status rather than directional functions.
2. The problem of bejel and syphilis is a serious public health problem. In a country of five million people, an estimated one million persons are affected with the disease, four-fifths of the active lesions being found in children and mothers. The Government of Iraq maintains certain clinics and health stations, but the diagnostic and therapeutic machinery is not equipped for a mass attack on the problem.
3. The proposal of the Government of Iraq, which was developed in collaboration with WHO, provides in general for the following:

(18p.)

/a) An attempt...

- a) An attempt to be made in the first year of operation to do an epidemiological survey with a primary team. This survey will undertake investigation of the areas of greatest incidence, the extent of the problem and careful clinical and serological evaluation of the disease.
- b) A second team will do inspection and will treat according to dosage schedules laid down by WHO. The primary team will move to another area, while the secondary team undertakes a systematic treatment of the disease. The development of secondary teams depends on the progress of the primary team.

4. The problem is of such serious significance as to warrant UNICEF's assistance in an attack against it. The Government, even in advance of the action of the Executive Board, is proceeding with the construction of the laboratory building recommended by WHO's consultant.

5. The Administration recommends that UNICEF aid be given to this project with the following conditions:

- a) That aid to a campaign against bejel be approved in principle and the Administration be authorized to proceed with procurement on a limited basis.
- b) That discussions with the Iraq Government and WHO be undertaken to analyze the possibilities of extending this programme on a two-year basis to include a mass attack against this disease. This would necessitate, at an early stage, the formation of a larger number of teams completely staffed with personnel provided by the Iraq Government. The present plans contemplate the serological

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↑ testing of only ...

testing of only some 18,000 cases in the first year of operation.

- c) That the research aspects of the present project be reviewed, in the light of UNICEF policy, with the Government of Iraq and WHO. A large part of the present personnel requirements are requested for detailed examination of some 3,000 persons serologically tested.
- d) A review to be made with the Iraq Government and WHO of the international personnel requirements in light of the above recommendations, these discussions to include examination of local understudies.
- e) On the basis of the above, a detailed plan of operations to be developed by the Administration with the Government of Iraq, subject, of course, to the technical approval of WHO.
- f) The results of the above discussions will be reported to the next meeting of the Programme Committee.

6. The Administration recommends an allocation of \$150,000 to the Government of Iraq for a campaign against bejel/syphilis, subject to the above conditions.

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ANNEX I

GOVERNMENT OF IRAQ  
MINISTRY OF SOCIAL AFFAIRS  
HEALTH SECTION  
BAGHDAD

R.: H.S/V.D/3/4472

Baghdad, 2 April 1950

S,

I have the honour to enclose herewith a copy of an official request from the Iraq Government, for your assistance in developing a Bejel/Syphilis programme in the country. As both these diseases are closely connected, we have included them in the same programme.

Bejel and Syphilis constitute our two greatest problems and impair development of rural areas, especially those connected with beduin tribes, agricultural areas. Our interest is particularly centred in the control of these diseases at the early stage of life and at the child bearing age, due to their epidemiological characteristics.

The enclosed project is the agreement reached between the Iraq Government and the two experts sent by the WHO to survey the disease. I would mention, however, that the Government of Iraq is unable to afford the complete economic support of the project which is also beyond its technical capacities. It is willing, nevertheless, to contribute to the extent of its means, with accommodations equipment, and local personnel. It has also approved a plan for building a laboratory for bejel/syphilis demonstration and a house for international staff engaged in the programme.

We hope that this project will receive due consideration at the next meeting of your Board and that we shall be favoured with your valued assistance.

Yours sincerely,

/s/ Taufiq Wahley

MINISTER OF SOCIAL AFFAIRS

Le Directeur General du Bureau Europeen du Fonds  
International de Secours a l'Enfance,  
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Dr. Brook Chisholm  
Director General  
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United Nations, Geneva.

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United Nations

Nations Unies

WORLD HEALTH  
ORGANIZATION

ORGANISATION MONDIALE  
DE LA SANTE

INT/VD/6 Rev.1\*

2 April 1950

THE BEJEL/SYPHILIS PROJECT IN IRAQ

AS FORMULATED BY THE IRAQ HEALTH ADMINISTRATION

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\* Amendments agreed to by the Government of Iraq, WHO, and UNICEF after the original release of this document are inserted in brackets.

## THE BEJEL/SYPHILIS PROJECT IN IRAQ

At the first World Health Assembly in 1948 it was proposed by the representative from Iraq that provision be made by WHO for the study of bejel in view of the importance of this disease to health and economy in the Eastern Mediterranean region. The Executive Board of WHO placed the question before the WHO Expert Committee on Venereal Infections which, in view of its terms of reference and the dominant non-sexual mode of transmission of bejel, expressed the view that this disease might be made a separate activity of WHO, and that further information as to its nature and extent was required.

Following a preliminary survey made by WHO, the Executive Board at its third session requested that the subject be placed on the agenda of the meeting of the Regional Committee of the Eastern Mediterranean in September 1949 and that the Expert Committee on Venereal Infections consider the subject further at its third session in October 1949. The Regional Committee and the Expert Committee on Venereal Infections fully approved the bejel project drawn up by the Director-General suggesting that appropriate action be taken for UNICEF participation in the programme. These views were approved by the fifth session of the Executive

1. Apart from the actual human and social benefits in an area where control measures are introduced, a number of scientific points lend themselves for study in the bejel project - points bearing on an even more practical application of control measures wherever anti-treponematoses programmes are envisaged by health administrations. The main problems requiring elucidation are: epidemiology and the principal factors responsible for the spread of the disease, including problems relating to transplacental transmission; the biological inter-relationship between treponematoses entities and their causative agents; the degree of cardiovascular and nervous system involvement in relation to incapacitation, and others.

1.2 The bejel project forms part of an international study, bearing on fundamental scientific and practical problems on treponematoses - yaws - syphilis - pinta - towards the solution of which the proposed activities are considered to contribute. The details of this co-ordinated effort are set forth in various documentation of the Expert Committee on Venereal Infections as approved by the WHO Executive Board.

### 1.3 Nature and extent of the problem

1.3.1 Bejel is a syphilis-like disease. The causative agent is a treponeme closely related to, if not identical with, the Treponema pallidum of syphilis. Early lesions appear in the mouth. Moist papules appear in the skin folds and other lesions are localised to the trunk and the extremities. Late destructive lesions involve the pharynx, larynx, the palatal and nasal bones. There are ulcers of the skin and the subcutaneous tissues with large ulcers, cicatrices, osteomyelitis, hyperkeratosis, etc. Congenital manifestations and involvement of the central nervous system have recently been described.

1.3.2 Bejel is a contagious disease, the epidemiological pattern of which has not been finally determined. Treponeme is passed from host to host by non-sexual contact. The transfer is favoured by general uncleanness, lack of segregation,

/ flies and the

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flies and the succulence of the mucocutaneous lesions, once it has entered a Bedouin's tent, the disease spreads rapidly to all family members.

1.3. Bejel is widespread in Iraq (population 5,000,000). It is prevalent among the nomadic and seminomadic tribes of the Euphrates and Tigris valleys, around Lake Amarah and other regions. It is also prevalent in the North East corner of Syria and is reported in Transjordan and Arab Palestine. Individual sampling surveys in Iraq (Ramadi Liwa) indicates a prevalence rate of 79%. It has been estimated that close to a million persons are affected in Iraq (Akraw). An estimated 85,000 persons are affected in Syria (Macchiavello).

1.4. Bejel is primarily a contagious disease of children and it is considered that 2/3 to 4/5 of the persons affected contract their disease in childhood. About 4/5 of all cases with infectious lesions are children under 18 years of age or women in the child-bearing age of life. This is the period when organized control measures and curative treatment are effective public health measures. Disabilities and deformities in the adult population, interfering to an appreciable extent with progress and advancement, could be prevented in the population. The social and economic aspects were pointed out by the Iraq Government at the first World Health Assembly.

## 2. Present Methods of Control

The close relationship between bejel and syphilis from the diagnostic, clinical and therapeutic points of view has not permitted distinct separate control measures to be established for each of these diseases. At present bejel cases, as well as syphilis, are treated in hospitals and dispensaries under "syphilis" and in the statistical returns no distinction is made between them. There are 65 hospitals and 376 dispensaries in Iraq which treat bejel cases that come to their notice. Treatment is based on neoarsphenamine and bismut since penicillin is not available, except for research purposes in Baghdad at the Medical College. The number of new cases of "syphilis" in these clinics (Willcox) from 1946-1948 are as follows:

	<u>"Syphilis"</u>	<u>Gonorrhoea</u>
1946	33,104	11,415
1947	25,625	9,859
1948	28,168	11,090

No mobile teams have been assigned to bejel control among the nomads and semi-nomads where the disease is prevalent among children. Most hospital and clinic services are available in urban and semi-urban areas. Existing facilities are not making any lasting contribution to the problem as a whole. As the Iraq Government is aware, unless a comprehensive programme covering bejel and syphilis in the rural areas is evolved, ultimate control is not feasible.

## 3. The Project

3. The Health Administration of Iraq has discussed the establishment of a bejel/syphilis project separately and in combination with two WHO venereal-

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disease consultants. The first of these was Professor Akrawi, Baghdad Medical College, who has studied bejel in the field for several years and who recently made a survey in Syria, Lebanon, Transjordan, Arab Palestine and Egypt, to ascertain to what extent the disease existed outside of Iraq. The second was Dr. R. Willcox of London, who recently undertook a venereal-disease survey in Southern Rhodesia on the behalf of the Government of that country, and found there an extravenereal treponematoses of children, which in his opinion, is akin to bejel, subsequently observed by him in Baghdad and the Ramadi Liwa of Iraq. As a result of the consultations held by these consultants with the Iraq Government, a bejel/syphilis project was evolved in collaboration with the WHO Regional Office in Alexandria. The substance of the overall recommendations is included in this report.

3.2 The Iraq Government is convinced that the establishment of an epidemiological, diagnostic and treatment service throughout the Kingdom is essential for a nation-wide simultaneous programme against bejel and syphilis, emphasis being placed on use of modern epidemiological methods to eliminate infectious cases. Both treponematoses give rise to similar serological reactions and are susceptible to similar treatment. The unparalleled opportunities of preventing congenital syphilis by treatment of positive maternal, paternal and infantile reactors, as well as those with open lesions, should be considered of first importance.

3.3 Basically, it is recommended that there be established a bejel/syphilis control project with the following aims:

- (a) expansion and intensification of bejel/syphilis work generally;
- (b) the selection of a control area with a primary team (mobile);
- (c) creating of secondary team;
- (d) the establishment of a static laboratory centre in an urban region;
- (e) teaching and training activities under (a), (c) and (d) above, for professional and technical personnel.

The primary team will undertake epidemiological, therapeutic and certain investigative work. The functions of at least one of the secondary teams will be principally therapeutic. A static laboratory will serve both teams and act as liaison with the central guiding laboratory for the international treponematoses study, probably in the USA, submitting specimens and material for comparative study by treponemal anti-body techniques with similar material obtained from endemic syphilis, yaws and pinta in other parts of the world.

3.4 The duties of the primary team will be:

- (a) to establish a pilot control area in the Ramadi Liwa near Baghdad;
- (b) to treat all cases on infectious bejel that it encounters and to treat all expectant mothers with both present and past evidence of bejel and syphilis; (Various treatment schedules will be studied to determine optional time-dose relationships).

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/(c) to provide

- (c) to provide an area cleaned of the disease to be expanded by the smaller secondary team while the primary team moves on to another area; (provision will be made for adequate follow-up observations in these central areas).
- (d) to make clinical and serological surveys of sample population groups which, as the investigation progresses, will provide information as to where the secondary team(s) can most profitably operate;
- (e) to make a detailed study of a smaller number of patients by means of a full clinical examination, examination of the cerebro-spinal fluid and radiological examination of the heart, great vessels and long bones, to try and determine with accuracy the later course of the disease;
- (f) to collect material for rabbit inoculation for the stationary laboratory ultimately to send to the USA;
- (g) (to carry out as much health education as is feasible).

The intense heat in Baghdad in the months of June-October makes it impracticable to commence operations before October 1950. It is computed that the primary team will have to be in the field for at least eight months and during this time will be able to test serologically some 15,000 persons in its population sampling and submit a further 3,000 to more detailed examination.

During this time it should be possible for the primary team to cover a representative number of sampling areas in Iraq.

3.5 The duties of the Secondary Team(s) will be:

- (a) to tackle the disease from an epidemiological approach treating all persons, children and adults with infectious lesions and expectant mothers with a known positive serology. Whether all the children of a specific area are given the recommended "one shot" treatment with penicillin, or whether only children with obvious infectious lesions will be treated depends to some extent on the serological results obtained in that area by the primary team;
- (b) to commence operations first in the areas of greatest infectivity as shown by the work of the primary team, permitting the team leader, as soon as he is able, to delegate responsibility locally in order to move on to the next area to perform a similar function, leaving the local personnel to carry on the work;
- (c) to make a systematic inspection of persons in an area employing a house to house and farm to farm canvass to uncover all infectious cases and to sort these for immediate treatment from the non-infectious group.

/(Some of the latter,

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(Some of the latter, in addition, on account of increasing tissue destruction, may also require immediate treatment);

- d) to seek out all expectant mothers, arrange for their clinical and serological examinations, and to treat all who have a positive serological test for syphilis;
- e) to organize an efficient diagnostic and treatment service accessible to all; and
- f) to assess the results obtained by the different treatment schedules employed.

part from the team leader of the principal secondary team, who it is recommended should be appointed from outside Iraq and recruited from the personnel of the primary team, it is suggested that other personnel and the members of other secondary teams be recruited locally.

NICEF drugs would be used to treat all children with infectious lesions, all the children resident in an area where the serological positivity rate is exceptionally high, all pregnant women having a positive test for syphilis and all child contacts of infectious cases. In addition, children showing signs of congenital syphilis would also be treated.

This is without prejudice to further UNICEF assistance which the Government may request in dealing with the problem of congenital syphilis in cities of Baghdad, Basrah or elsewhere.

.6 The duties of the Stationary Laboratory would be:

- a) to maintain the mobile laboratory attached to the primary team, and later to the secondary team;
- b) to perform a battery of serological tests on specimens taken from the 3,000 submitted for detailed examination;
- c) to perform routine tests (with the exception of the cell counts which must be done on the spot) of a cerebrospinal fluid specimens;
- d) to support both the primary and secondary teams in serological diagnosis as necessary;
- e) to conduct rabbit experiments on experimental bejel and transmit material to the Treponematoses Laboratory in the U.S.A.; and
- f) to co-ordinate with the existing laboratory of the Royal Medical College of Medicine, Baghdad, for the histological examination of material submitted, and of the performance of feasible autopsies.

/3.7 It is felt

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1.7. It is felt that the Government of Iraq is not in a position, at the present time, to deal satisfactorily with the bejel/syphilis project alone and that the technical experts from foreign countries should be sent to the Kingdom, also, that certain equipment and supplies should be made available. At the same time the Government of Iraq is prepared and willing to contribute substantially to the project by covering the expenses of local understudies, trainees and auxiliary personnel, as well as by furnishing in Baghdad living quarters for WHO/UNICEF personnel and erecting a laboratory centre for the project which will be subsequently utilized and operated by the Iraq authorities as a permanent venereal-disease laboratory under a long-term bejel/syphilis control programme for the country.

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4. Requirements of the project

4.1 Personnel

(a) Primary Team

Director, streptomycologist  
Syphilologist  
Radiologist  
General physician  
Two junior physicians with knowledge of venereology (local)  
One female general physician engaged locally  
Two laboratory technicians  
Two nurses recruited locally  
One radiological technician  
One interpreter and typist clerk  
One bilingual secretary  
Four chauffeurs with knowledge of mechanics  
Three orderlies  
One cook  
Three servants

(b) Secondary Team

(To be selected from the primary team)

One syphilologist (leader)  
Three junior physicians recruited locally  
One (two) laboratory technicians  
One bilingual secretary and record analyst  
One interpreter and clerk typist  
Three orderlies  
Two chauffeurs  
Auxiliary labour (including cook and servants)

(c) Stationary Laboratory

One serologist (physician)  
Technician trained in experimental syphilis  
Two technicians trained in serology and the examination of cerebro-spinal fluid  
One bilingual record analyst  
One clerk typist  
One clerk storekeeper  
Two servants

4.2 Subsistence allowance

Subsistence allowance and/or provision for WHO team members and for local personnel, as will be agreed upon by both parties.

4.3 Lodging and...

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.3 Lodging and Accommodation.3.1 Primary Team

One aluminium trailer-caravan with motor containing two beds. This vehicle should contain refrigerator, office equipment, two typewriters and a filtered water supply; one aluminium trailer-caravan without motor, with two beds, refrigerator and filtered water supply; five tents with four or five beds each for personnel, (2 for technical assistant, 1 for administrative personnel, 1 for chauffeurs and 1 for servants); seven (eight) tents for working (1 for administrative work, 1 for examining female patients, 2 for male patients and 1 for laboratory specimens (1 for x-ray work) and 2 for general purposes, e.g. dining, etc.).

.3.2. Secondary Team

Part of the above may be utilized.

.3.3 Stationary Laboratory

The Iraq Government have offered in writing to build a laboratory for the project within three months upon receipt of a plan. It is advisable that an air-conditioned unit be supplied to the laboratory due to the changeable climate of the country, and this unit should be provided for if it is unavailable in Iraq. They will also, at their expense, build or provide a house for WHO/UNICEF personnel in Baghdad which may be used to accommodate the staff of the stationary laboratory.

4.4 Equipment4.4.1 Primary Team

Clinical

Mobile laboratory

Mobile radiological unit

Transport: caravans as in 4.3.1, items one and two

Two station wagons

One lorry

One jeep

(all of above to be fitted to tow caravans or water trailers)

Two water trailers

Camping equipment

Stationery and typewriters

4.4.2 Secondary Team

Part of equipment used by primary team

/4.4.3 Stationary...

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4.4.3 Stationary Laboratory

For a battery of serological tests  
For cerebro-spinal fluid examinations  
For preliminary animal experimentation  
For other serological and bacteriological work

4.5. Supplies

4.5.1 Primary Team

Drugs  
Laboratory stores  
Radiological supplies  
Maintenance  
Office material

4.5.2 Secondary Team

Drugs  
Laboratory stores  
Office material  
Maintenance

4.5.3 Stationary Laboratory

Laboratory supplies  
Office supplies  
Animals

5. Financial responsibility, personnel and equipment

Numerous details of the requirements of equipment and supplies as well as personnel have been considered by WHO. On the basis of reports of the field consultants, communications with the Iraq Government, the recommendations of the WHO Committee and the WHO Regional Committee for the Eastern Mediterranean, official approval has been given by WHO to UNICEF for the project, in accordance with the requirements of the Joint Committee of Health Policy WHO/UNICEF. This approval is based on the request for assistance sent by the Iraq Government to UNICEF in December 1949.

The summarized personnel requirements for non-national and national personnel follows:

/WHO/UNICEF .....

	WHO/UNICEF	National Health Administration	Total
Medical Officers	3	-	3
Venereologists male	1	4	5
Radiologists	1	-	1
Technical assistants	2	3	5
Nurses locally available	-	3	3
Interpreters and bilingual Secretaries	-	3	3
Clerks	-	3	3
Auxiliary Personnel	-	12	12
<b>Total</b>	<b>7</b>	<b>28</b>	<b>35</b>

The proposed responsibility for supplies, equipment, etc. for the primary and secondary teams and the stationary laboratory are as follows:

	WHO/UNICEF	National Health Administration
Clinical supplies and equipment	yes	yes
Radiological equipment and supplies	yes	no
Bacteriological and serologic supplies and equipment.	yes	no
Optical equipment and supplies	yes	no
Office equipment and supplies	no (part)	yes (part)
First aid supplies, drugs, medicines, vaccines, etc. including penicillin G.	yes	no
Camping equipment, including tents, stoves, utensils, beds.	no	yes

Transport

1 jeep, two trucks	no	yes
2 station wagons, 1 jeep		
3 trailers, including caravans,	yes	no
Animal drawn vehicles and carts	no	yes
(Maintenance including chauffeurs, etc. fuel, lubricants and tools for motor transport).	no	yes

Premises

Stationary laboratory building, including offices, laboratory rooms, storerooms and garages.	no	yes
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Erection of housing.

Premises (cont'd.)

Erection of housing quarters for WHO/UNICEF personnel, eight rooms with bath and lounge.	no	yes
Transportation inside Iraq, first class for outside personnel travelling on duty.	no	yes
Various other supplies, equipment and services specified to WHO.	no	yes

6. Aid requested from UNICEF

6.1. Personnel, equipment and supplies.

6.1.2 Primary Team for one year:

1 Director of Project	\$ 10,000
1 Technical Director of laboratory	9,000
3 Medical Officers:	
(1 venereologist, 1 serologist, 1 radiologist)	21,000
2 Technical Assistants	8,000

Total (7)

6.1.3 Secondary Team

Personnel for secondary team work will be selected from primary team and are included in the above as is laboratory personnel. (The estimates are tentative and subject to amendment if it is necessary for the non-national personnel to remain for a longer period.)

6.1.4 Consultants

Temporary expert consultants (6 consultant months)	\$ 5,000
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6.1.5 Fellowships 6,000

6.1.6 Equipment and Supplies --(Combine (a), (b), (c) and (d) below with request for a total of \$100,000 for supplies and equipment).

(a) Clinical supplies and drugs, including penicillin for primary and secondary teams.

/(b) Equipment and...

- (b) Equipment and supplies for field laboratories and operation of stationary laboratory centre.
- (c) 2 station wagons, 1 jeep, 3 trailers.
- (d) Air condition unit  
Gas producing unit  
Water heater

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(TOTAL UNICEF \$ 159,000)

7. Government contributions

As has been indicated above, the Government is prepared to match the proposed UNICEF assistance in various important ways, outlines as follows:

(a) Building for stationary laboratory	\$ 20,000
(b) Building for personnel, Baghdad (living quarters)	20,000
(c) Salaries of local staff (one year basis)	35,000
(d) Maintenance, lodging and subsistence allowance for non-national personnel as will be agreed upon by the Iraq Government and WHO/UNICEF	20,000
(e) Office supplies and equipment	2,000
(f) Camping equipment and supplies according to the list that will be submitted in due time	5,000
(g) Maintenance of offices and laboratories	5,000
(h) Two trucks, one jeep	8,500
(i) Maintenance and operation of six vehicles (one year)	6,000
(j) Travel expenses for team members on duty within the country (surveys)	5,000

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Total \$ 126,500

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/8. Continuation...

. Continuation of Work

The bejel/syphilis project will dovetail into the public health service in the Kingdom and the Government intends to continue the programme for bejel/syphilis control once it is organized and the work under this project has been completed. Every opportunity will be taken to train local personnel on the various professional and technical levels, and an effort will be made to build up in the central venereal-disease laboratory, for which purpose the stationary laboratory of the project will be used, a central medical library on treponematoses. To support the teaching and training phase of the programme, and the medical literature plan, fellowships on various aspects of treponematoses control are requested from WHO. Literature on treponematoses, including subscriptions to journals, textbooks, monographs, microfilms, photostats and reprints are also being requested.

The overall plan of work, the plan for the development of the project locally and in relation to the central treponematoses laboratory in the United States of America, are currently being studied by WHO. The responsibilities of the team leaders and the laboratory director and other non-national personnel are being defined under the plan of operations for the project.

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