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UNITED NATIONS INTERNATIONAL CHILDREN'S EMERGENCY FUND  
Executive Board

Report of the Third Session of the Joint  
UNICEF/WHO Committee on Health Policy

The Third Session of the Joint UNICEF/WHO Committee on Health Policy met in Geneva from 12 to 14 April 1949. The present document which contains the Report of the Joint Committee also includes a brief comment by the Chairman of the UNICEF Executive Board as a representative of the Board on the Joint Committee. In addition, brief explanatory footnote annotations have been added to the Report in this document.

Comment by the Chairman of the UNICEF Executive Board

1. The third session of the Joint Committee on Health Policy dealt mainly with the principles which should immediately govern the cooperative relationship between WHO, as the UN specialized agency recognized as the directing and coordinating authority on international health work, and UNICEF. These principles, which deal both with child health programmes approved by the JCHP and any new child health programmes which may be developed for its consideration, were drawn up by the Director General of WHO and the Executive Director of UNICEF and were accepted unanimously by the Joint Committee.
2. The UNICEF role on the health programmes was defined thus: "In accordance with its charter to furnish under its agreements with governments the required supplies and services, and through its staff to observe that the principles of the Executive Board are maintained in their utilization."
3. The role of WHO, it was agreed upon, is to consist in (a) the study and approval of plans of operations for all health programmes which fall "within

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the policies laid down by the JCHP and for which countries may request supplies from UNICEF", and (b) making available international health experts. It was agreed unanimously that when international health experts are required for assisting governments in drawing up plans of operation for UNICEF health programmes, it will be the responsibility of WHO to make available to Governments such experts, upon the invitation of the countries concerned. All international expert health personnel, agreed with governments as necessary for the implementation of programmes, will be made available by WHO.

4. After a long discussion as to the payment for services supplied by WHO it was agreed that "WHO's role in carrying out the foregoing arrangements is subject to the provisions of its Constitution and the limitations of its resources but beyond this will provide the services which will be reimbursed by UNICEF".

5. The Committee clarified the important question of the division of responsibilities for approval of child health programmes for countries which are requesting supplies from UNICEF.

6. The first phase consists in determining the technical soundness of particular programmes. The Joint Committee decided that they should from time to time establish lists of accepted policies, and that any specific programmes falling within such policies would not require further approval by the Joint Committee. The action to be taken on such programmes would consist in the approval of the plan of operations, including lists of supplies, by the Director-General of WHO. In this connexion the Director-General has stated that, save for countries in respect of which WHO had no or scanty information, the approval of the list of supplies would be given "within twenty-four hours of the receipt of the list".

7. The Committee has authorized the following medical programmes:

1. The BCG campaigns
2. The Streptomycin campaign.
3. The campaign to combat syphilis in expectant mothers and in children up to 18 years of age.
4. Certain malaria projects.

5. Certain training and fellowship programmes.
6. A medical programme including training of local personnel in China.
7. Other Far East programmes.
8. Recommendations of the Expert Committee on Maternal and Child Health.
9. Middle East health programme.

8. Any specific medical programme falling within the above policies will no longer be submitted for prior approval to the Joint Committee, but will be dealt with as indicated above through the Director-General of WHO.

9. Only when new action is required by the Programme Committee and the Executive Board of UNICEF on health programmes involving new technical policies and for which approval has not yet been given by the Joint Committee, will such programmes be submitted to the Joint Committee.

10. It should be noted that by approving the recommendations of the Expert Committee on Maternal and Child Health (see para. 19 of the Joint Committee's report) the Joint Committee has left to the Director-General of WHO, subject to the usual procedure, the approval from the technical point of view of any requests falling within a very wide range of problems practically covering the entire field of maternal and child health.

11. The last three paragraphs of the Joint Committee's report explains in further detail the procedures to be followed in regard to approval of plans of operations and the lists of supplies.

12. It can be stated that both the representatives of the Executive Board of WHO, namely Drs. Mackenzie, van den Berg, Hyde and Stampar, and my colleagues on the Executive Board, Dr. Bugnard, Dr. Lindt and Dr. Schober, as much as Dr. Chisholm and Mr. Maurice Pate have felt that the full and frank discussions of the means whereby cooperation between UNICEF and WHO might be strengthened, including among other things the questions of transfer of funds from UNICEF to WHO and of WHO acting as agent for UNICEF in the child health field, has resulted in a very satisfactory practical arrangement as explained above.

13. The Committee recommended that the Executive Director of UNICEF and the Director-General of WHO consider the usefulness of joint UNICEF-WHO missions in areas in which health programmes constituted the predominant UNICEF activity. Both Boards will no doubt receive in due time observations of the two Directors on the above recommendation.

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UNITED NATIONS

NATIONS UNIES

WORLD HEALTH ORGANIZATION

ORGANISATION MONDIALE DE LA SANTE

JOINT COMMITTEE ON HEALTH POLICY

UNICEF-WHO

Third Session  
Geneva, 12 April 1949

JC3/UNICEF-WHO/33  
15 April 1949

ORIGINAL: ENGLISH

REPORT OF THE THIRD SESSION OF THE  
JOINT COMMITTEE ON HEALTH  
POLICY

Representatives

UNICEF

Dr. Rajchman  
Dr. Bugnard (alternate)  
Dr. Lindt ( " )  
Dr. Schober ( " )

WHO

Dr. Mackenzie (Chairman)  
Dr. van den Berg (alternate)  
Dr. Hyde  
Dr. Stampar

Secretary: Dr. B. Borcic

Secretariat

UNICEF

Mr. Pate  
Mr. Davidson  
Dr. Watt  
Dr. King

WHO

Dr. Chisholm  
Dr. Goodman

GENERAL

1. The Joint Committee on Health Policy met at Geneva from April 12 to April 14.
2. The Report and the Minutes of the second session of the Joint Committee on Health Policy were approved.
3. The Committee adopted the Provisional Agenda (JC3/UNICEF-WHO/3, Rev.1).

PROGRESS REPORTS

4. BCG Campaigns

The Committee considered the progress reports on the BCG campaigns (JC3/UNICEF-WHO/4) of the Joint Enterprise<sup>1/</sup> and welcomed the presence of Dr. Ustvedt, Deputy Director of the Joint Enterprise for Europe, who was able to supplement the written report with more recent information. The campaign in general was proceeding rapidly in Europe, and several campaigns were expected to be concluded before the end of the year, in Czechoslovakia, Finland, Hungary, and Poland. Campaigns were commencing in a number of countries--in Austria, Morocco, Lebanon and India. The Committee took note of the applications of the Governments of Ecuador, Bolivia, Israel and Iran<sup>2/</sup> for BCG campaigns (JC3/UNICEF-WHO/5, and Adds. 1, 2 and 3). Surveys are now under way in Latin American countries by representatives of WHO and the Joint Enterprise to collect all data required in formulating recommendations concerning BCG production and application in these countries.

5. The Committee considered the name "International Tuberculosis Campaign" adopted by the Scandinavian Red Crosses for the Joint Enterprise, and concluded that the name was not appropriate to the action being undertaken, since the work is limited to tuberculin testing and BCG vaccination. Accordingly the Committee determined that the name "Joint Enterprise" should be retained, but indicated that the Executive Director of UNICEF and the Director-General of WHO, after consultation with their Public Relations Officers, and in consultation with the Chairman of the Executive Board of UNICEF, might agree upon a name which might be more descriptive than the Joint Enterprise for public information purposes.

6. BCG Pilot Station and BCG Research Unit

The progress report on the BCG Pilot Station in Paris (JC3/UNICEF-WHO/26)<sup>3/</sup> was noted by the Committee.

The Committee also took note of the work being undertaken by the BCG Research Unit in Copenhagen (JC3/UNICEF-WHO/6 and Add.1).<sup>4/</sup>

7. Visits to BCG Producing Institutes

The Committee took note of the reports on the visits of WHO experts to BCG producing institutes in Madras (India), Paris, and Algiers (JC3/UNICEF-WHO/1, 2 and 32). It was pointed out that, under the UNICEF agreements with the various countries, the use of locally produced vaccines by the Joint Enterprise required a certificate from the WHO certifying that the locally produced vaccine was equivalent to the Copenhagen vaccine. The Committee accordingly requested the Director-General of WHO to refer the report on the visits to the WHO Expert Committee on Biological Standardization with the understanding that the Director-General of WHO would later communicate with the Executive Director of UNICEF with respect to certification for the institutes concerned.

8. Meeting of Group 3

8.1 The Secretary of the Committee reported on the proposed meeting for Group No. 3 in Copenhagen. This group consists of: The Joint Panel on BCG Vaccination and Tuberculin Testing and expert group; the chiefs of the Joint Enterprise in the various countries where BCG campaigns are being conducted; the national representatives responsible for the conduct of the campaigns in the different countries; and the members of the UNICEF Medical Sub-Committee.

8.2 The purpose of this meeting is to discuss current programmes, and it is planned to be held in the summer of 1949 in Copenhagen. It was pointed out that the date of the meeting of the Joint Panel had to be co-ordinated with the meeting of the WHO Expert Committee on Tuberculosis, and the Committee requested that this co-ordination should be worked out.

8.3 The Committee recommended that the meeting should be limited to countries which had acquired considerable experience in mass application of BCG, but the final decision was left to the Joint Enterprise.

9. Streptomycin

The Committee took note of the progress report (JC3/UNICEF-WHO/8) on Streptomycin Centres, and in the light of the very stringent conditions which had been imposed by the WHO Expert Committee in connexion with the utilization of the small amounts of streptomycin furnished by UNICEF, concluded that these conditions should be reviewed by the Expert Committee.<sup>5/</sup> The Committee also

discussed the question as to whether UNICEF was limited in the amounts of streptomycin that might be supplied if the appropriate conditions were observed, and concluded that there had been no intention to make any limitations.

10. Anti-Syphilis Campaigns

The Committee also took note of the progress report on the anti-syphilis campaigns in Bulgaria, Finland, Hungary and Yugoslavia (JC3/UNICEF-WHO/9).<sup>6/</sup> These campaigns were commenced early in 1949, the campaign in Poland having been initiated in 1948. WHO VD expert consultants visited these countries and lectured to various professional groups of physicians and medical officers of health. Practical demonstrations of penicillin therapy and laboratory procedures were also given. The Committee took further note of the surveys carried out by WHO VD experts in Italy and Slovakia and the programme proposals resulting from these studies, and that consultations were to take place in the near future with the health authorities in Roumania, Albania and Greece for the development of programme proposals in accordance with principles established by the WHO Expert Committee on VD as approved by the second session of the Joint Committee on Health Policy. The Committee also noted the assistance given by WHO to UNICEF in carrying out the recommendations of the Joint Committee with regard to procurement of penicillin with particular reference to the quality of the drug, and the procurement of laboratory equipment.

11. Insect and Malaria Control Campaigns and Demonstrations

The Committee took note of the progress report on insect and malaria control (JC3/UNICEF-WHO/11).<sup>7/</sup>

12. Group Training Programmes

The Committee took note of the progress report on Group Training (JC3/UNICEF-WHO/14),<sup>8/</sup> and indicated its approval of the way in which such training courses had been conducted, although attention was drawn to the necessity of assuring that language and qualifications of students would enable those participating to benefit fully from the opportunities provided. It was also suggested that greater attention should be given to the length of

the period of such courses, particularly in the United Kingdom, and that the administrative arrangements require greater co-ordination.

13. Individual Fellowships

The Committee took note of the progress report on individual fellowships (JC3/UNICEF-WHO/15, Rev.1) which related primarily to fellowships for the Far Eastern areas<sup>9/</sup>. It was suggested that particular attention be given to the desirability of placing fellows in training centres within their own region insofar as suitable centres are available.

14. Far East Programme

The Committee took note of the progress report on the Far East (JC3/UNICEF-WHO/30)<sup>10/</sup> Dr. Watt, Chief of UNICEF Mission in the Far East, also presented an oral report. The Committee learned with interest that in general there seemed to be a diminishing need for the feeding programmes which had been first discussed, and that the two largest health problems were malaria and tuberculosis. In addition there was considerable interest in the establishment of training centres in some countries and a great interest in fellowships from a number of other countries. Venereal disease and yaws would also be the subject of proposals by governments. In connexion with these programmes, Dr. Watt recommended the addition of WHO specialists to deal with the particular programmes as they were developed. The delay in the development of plans of operations had been due partly to the disturbed conditions, partly to the necessity of reconsidering the original recommendations made to Dr. Parran, and partly to the larger allocations which made possible the consideration of different type projects. The Committee expressed the hope that concrete projects would be quickly developed and established.

15. Tuberculosis Diagnosis

The Committee approved in principle the proposals contained in the report on the provision of equipment for the diagnosis of tuberculosis (JC3/UNICEF-WHO/7 and Add. 1).<sup>11/</sup>



16. Health Programmes Financed from UNRRA Special Fund

16.1 The Committee approved the proposals in the field of maternal and child health relating to the BCG research programme, relief to Palestine refugees, paediatric fellowships, and the survey of UNRRA penicillin plants, and set forth in document JC3/UNICEF-WHO/13, to be financed from the UNRRA Special Fund.<sup>12/</sup>

16.2 The Committee considered and approved the proposal (JC3/UNICEF-WHO/22) to finance from the UNRRA Special Fund a joint study with the UN statistical service on the wastage of human life. It was pointed out that emphasis should be given to studies relating to children, pregnant women and nursing mothers.<sup>13/</sup>

16.3 The Committee then approved the proposal contained in document JC3/UNICEF-WHO/24, and agreed that additions to the Headquarters staff of the section on Maternal and Child Health might be financed from the UNRRA Special Fund.<sup>14/</sup>

16.4 The Committee also approved the proposal (JC3/UNICEF-WHO/10) under which funds would be advanced from the UNRRA Special Fund for the procurement of equipment for penicillin plants. This refers to plants which had been provided by UNRRA to Yugoslavia, Poland and Czechoslovakia and which were not yet in operation. It was pointed out that the funds made available for this purpose would be reimbursed to the UNRRA Special Fund in dollars by the countries concerned, and that upon reimbursement would again become available for child health projects.<sup>15/</sup>

17. Penicillin Plants

The Committee also considered that portion of the report (JC3/UNICEF-WHO/10) which dealt with a proposal for UNICEF to finance supplemental equipment for the penicillin plants. It was indicated that the penicillin plants were in some cases of an outmoded type, producing only amorphous penicillin, and that additional funds from UNICEF might provide equipment to produce crystalline penicillin which had wider uses, particularly in connection with syphilis. The Committee concluded that it would recommend to the Executive Board of UNICEF that it consider applications from governments for the purchase of this equipment with the understanding that the Executive Board of UNICEF would have to

determine its propriety from the point of view of UNICEF's general policy.<sup>16/</sup>  
The Committee also recommended combined representations by the two Directors in order to facilitate the granting of the necessary export licenses.

18. International Congress on Pediatrics

The Committee discussed the proposal (JC3/UNICEF-WHO/17) to have UNICEF finance participation by doctors in the International Congress on Pediatrics and also of the establishment of a training course which would take advantage of the presence of eminent pediatricians to pass on their knowledge and experience.<sup>17/</sup> It was pointed out that the International Congress on Pediatrics would not take place until July 1950, and that UNICEF's participation in such an enterprise was rather distant from the programmes with which it was usually concerned. However, in the light of the request which was before the Committee for its consideration and the possible benefits which might ensue, the Committee concluded that the two Directors should study this proposal and formulate recommendations which would be submitted to the Executive Boards of the two Organizations.

19. Maternal and Child Health Services

The Committee considered the recommendations of the Expert Committee on Maternal and Child Health concerning:

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| School Health Services  | (JC3/UNICEF-WHO/18, para. 1) <sup>18/</sup> |
| Maternal and Child Health Centres   | (JC3/UNICEF-WHO/18, para. 2) <sup>19/</sup> |
| Child Guidance Clinics  | (JC3/UNICEF-WHO/18, para. 3) <sup>20/</sup> |
| Dental Health Services  | (JC3/UNICEF-WHO/18, para. 4) <sup>21/</sup> |
| Maternity and Children's Hospitals, premature baby units, and child health institutes | (JC3/UNICEF-WHO/18, para. 5) <sup>22/</sup> |
| Handicapped Children  | (JC3/UNICEF-WHO/19) <sup>23/</sup>          |
| Skin Diseases of Children, including Yaws   | (JC3/UNICEF-WHO/20) <sup>24/</sup>          |
| Training of Doctors, Nurses and Auxiliary Medical Personnel                           | (JC3/UNICEF-WHO/16) <sup>25/</sup>          |

and decided that requests from governments for special projects falling under health policies listed above, should be acted upon by UNICEF, and that the

plans of operations accompanying such a request would require the approval, from the technical point of view, of the Director-General of WHO, subject to the usual procedure.

The Committee was informed that the cost of financing such programmes is being defrayed at present from the countries allocations, and that the specific projects would be part of a planned country programme in the field.

In connexion with the consideration of the programme for handicapped children, the Committee welcomed the presence of Mrs. Alva Myrdal, Director of the Department of Social Affairs of the United Nations, who expressed the view that the development of an integrated programme was desirable in which UNESCO, WHO and UNICEF might each play a useful part.

20. Anti-Mycotic Campaign in Yugoslavia

The Committee considered the Yugoslav programme for the anti-mycotic campaign (JC3/UNICEF-WHO/21) and approved the proposal.<sup>26/</sup>

21. Middle East Health Programme

The Committee approved the proposals (JC3/UNICEF-WHO/25 and Add.1) which were presented by Dr. Cottrell, the WHO Medical Officer in the Middle East, for the expansion of the health programme in the Middle East. The additional funds requested were for an extension of the work in the fields of sanitation, water supplies, fly and malaria control, hospital supplies and equipment, and laboratories. The funds necessary to carry out this programme are derived from the general allocations already made by UNICEF for its Middle East programme.<sup>27/</sup>

22. Proposals on the China Programme

The Committee heard the presentation by Dr. King of the proposals for China set out in document JC3/UNICEF-WHO/23.<sup>28/</sup> They also took note of the decision of the Executive Board of UNICEF on these proposals, which reads as follows:

"The Board approves the general outline of a programme for China submitted by the Administration (E/ICEF/103) as a basis for discussion by the Chief of Mission with competent authorities in China, with the reservation that the advice of the Joint UNICEF-WHO Committee on Health Policy is to be sought on the medical programmes.

"In view of the policy of the Board that internal expenses be borne by the country receiving assistance, the administration is authorized to finance in part internal expenses only if, under present disturbed conditions in China, it is the only means of assuring continuity in the operations in China and working out a satisfactory future programme. If this arrangement is made, it is not to be held as a precedent, and wherever possible should be financed through the importation of useful supplies."

The Committee recognized that these proposals were of an exceptional nature, as they had been offered by the Executive Board of UNICEF in advance of any requests from the Chinese Government.

The Committee approved in principle the health programmes proposed, i.e., training programme for child health and welfare; tuberculosis control; kala-azar control and fly control. These programmes will be discussed further with the Chinese authorities and their implementation will require the approval of the Director-General of WHO and the Executive Director of UNICEF.

### 23. Proposals for Latin America

The Committee considered the report presented on health projects in Latin America (JC3/UNICEF-WHO/29 and Add. 1 and 2) and received the views of Dr. Soper.<sup>29/</sup> The Committee considered the proposal submitted by the Director of the Pan American Sanitary Bureau regarding the programmes for child health protection in Latin America and recommended that the Director-General and the Executive Director of UNICEF consult with the Director of the Pan American Sanitary Bureau with the aim of developing procedures which will enable child health projects in Latin America to go forward in conformity with the principles of the UNICEF Executive Board and of the Joint Committee on Health Policy.

24. International Children's Centre

The Committee took note of the proposal to establish an international children's centre (JC3/UNICEF-WHO/31, Annex I and II).<sup>30/</sup> It confined itself to an informal exchange of views, since the proposal had not yet been officially presented to the Joint Health Policy Committee or to WHO.

25. Co-operative Relations between UNICEF and WHO

25.1 The Committee considered documents relating to the means whereby co-operation between UNICEF and WHO might be strengthened. (JC3/UNICEF-WHO/27 and Add. 1, 2, 3, 4 and 5; and JC3/UNICEF-WHO/28 and Add. 1/Rev.1; and JC3/UNICEF-WHO/31.) It considered, among other things, the questions of transfer of funds from UNICEF to WHO and of WHO acting as agent for UNICEF in the health field.

25.2 The Committee recommended:

(i) that the Executive Director of UNICEF and the Director-General of WHO consider the usefulness of joint UNICEF-WHO missions in areas in which health programmes constituted the predominant UNICEF activity, and

(ii) adopted the procedural and policy statements following:

A. (JC3/UNICEF-WHO/27, Add.5) Cooperation WHO-UNICEF.

For the purpose of carrying out the intent of para. 4(c) of the Charter of UNICEF\* the following principles will immediately govern the cooperative relationship between WHO, as the UN specialized agency recognized as the directing and coordinating authority on international health work, and UNICEF, with regard both to health programmes approved by the JCHP and any new health programmes which may be developed for its consideration:

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\*Para. 4(c) of UNICEF Charter: To the maximum extent feasible, the utilization of the staff and technical assistance of specialized agencies, in particular the World Health Organization or its Interim Commission, shall be requested, with a view to reducing to a minimum the separate personnel requirements of the Fund.

(a) When international health experts are required for assisting governments in drawing up plans of operation for UNICEF health programmes, it will be the responsibility of WHO to make available to governments such experts, upon the invitation of the countries concerned.

(b) The Director-General of WHO will study and approve plans of operations for all health programmes which fall within the policies laid down by the JCHP and for which countries may request supplies from UNICEF.

(c) All international expert health personnel agreed with governments as necessary for the implementation of any health programme will be made available by WHO.

(d) UNICEF's role in health programmes is in accordance with its charter to furnish under its agreements with governments the required supplies and services, and through its staff to observe that the principles of the Executive Board are maintained in their utilization.

(e) WHO's role in carrying out the foregoing arrangements is subject to the provisions of its Constitution and the limitations of its resources, but beyond this will provide the services which will be reimbursed by UNICEF.

(f) UNICEF will inform governments of the foregoing arrangements.

B. (JC3/UNICEF-WHO/28, Add.1, Rev.1) Procedure of the Joint Health Policy Committee.

The Executive Board at its third session adopted the following resolution:

"The Executive Board requests the Chairman of the Joint Committee on Health Policy UNICEF/WHO to place on the agenda of its next meeting the item: 'Consideration of the procedure of the Joint Committee'."

In the resolution accepted by the World Health Assembly, in para. 2, it is laid down:

"... the same Committee should regulate all health programmes and projects of UNICEF already initiated or to be initiated in the future."

In the first report of the JCHP dated 28 July 1948, (JCI/UNICEF-WHO, page 2) it is explained that "the word 'regulate' in para. 2 of the World Health Assembly's resolution implies that this Committee shall act as the advisory medical body on the understanding that its advice will be followed by UNICEF in accordance with its general policy", and "The medical programme undertaken by the Fund will proceed only on the recommendations of this Committee, in order to guarantee that all medical activities shall be carried out in accordance with the international authority in this field".

The terms of reference laid down for the Joint Health Policy Committee by the Executive Board of UNICEF are:

"the Joint Committee on Health Policy be a temporary body to operate only until all health activities of the International Children's Emergency Fund shall have been taken over by the World Health Organization or are terminated;

"the same committee should regulate all health programmes and projects of the International Children's Emergency Fund already initiated or to be initiated in the future;

"in order that there shall not be undue limitation on prompt action under these programmes, the Committee should delegate to the Directors-General, in case of emergency, the responsibility for the functions described." (Resolution of World Health Assembly, 17th July 1948)

"To accept the principle that all medical programmes and projects be approved only on the recommendation of such committee.\*

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\*In regard to the programme of BCG vaccination as already established, there are special circumstances as also noted in the resolution of the World Health Assembly.

"To accept the principle that the implementation of all such medical programmes and projects be in accordance with expert advice given by the World Health Organization.

"That in the light of the trustees relationship of the International Children's Emergency Fund to its funds, and its agreements with the governments concerned, the International Children's Emergency Fund has administrative and financial responsibility for the operations in accordance with the medical recommendations of the Joint Committee. To look at the Joint Committee of the two organizations to work out the detailed application of the foregoing principles."

The Joint Health Policy Committee was established by the two organizations as a mechanism to implement the policy of coordination which has been laid down by the World Health Assembly and the Executive Board of UNICEF. With respect to the technical soundness of particular programmes it was contemplated that the expert committees of the WHO would be called upon for their advice, subject, of course, to the decisions of the WHO Executive Board. Where appropriate and agreed upon between the two organizations, it was understood that the WHO secretariat would be available to assist on specific problems as arose.

The Committee may establish a list of accepted policies.

Up to date, the following medical programmes have been authorized by the Committee:

1. The BCG campaigns.
2. The Streptomycin campaign.
3. The campaign to combat syphilis in expectant mothers and in children up to 18 years of age.
4. Certain malaria projects.
5. Certain training and fellowship programmes.
6. A medical programme for training local personnel in North China.

As the latest policy of UNICEF is to allocate a certain lump sum to countries, it will be the countries' concern to decide for which programmes this money should be spent. A country may decide to spend all the money allocated to it on feeding programmes. A country may select, for example, No. 2 and No. 4, the streptomycin campaign and anti-malarial projects. Only the countries themselves can decide upon their needs--they will indicate which



medical programmes they prefer, but they can only spend money for health programmes accepted by the JCHP.

Once a country has decided to spend its money on a specific medical programme, in accordance with the procedures of UNICEF which contemplate the preparation of a plan of operations for each programme to be financed by UNICEF, no utilization of funds will be approved until a plan is submitted by the country concerned to the Administration and approved by the Director-General of WHO on behalf of WHO. The manner in which the plan will be considered will be in accordance with the necessities of the case. It may be possible to approve a particular programme simply by correspondence, consultations may take place at Geneva or other points where expert consultation would be appropriate, or, when necessary, by visits of experts to the particular country with its consent.

Since the funds for medical programmes are now contained in the general allocations made by UNICEF for each country, where allocations have already been made no further action will be necessary by the Programme Committee or the Executive Board after final concurrence has been given with respect to a particular medical project. In cases where new action is required by the Programme Committee and the Executive Board on health programmes involving new technical policies, and for which approval has not yet been given by the Joint Health Policy Committee, such programmes will be submitted, except in unusual circumstances, to the Joint Committee on Health Policy before action by the Programme Committee and the Executive Board. WHO will have the responsibility of technically following up the medical programmes and reporting them in accordance with such arrangements as may be agreed upon between the country concerned, UNICEF, and WHO at the time of the acceptance of the particular project. The financial and administrative responsibility will remain with UNICEF.

FOOTNOTES TO  
REPORT OF THIRD SESSION  
OF JOINT UNICEF/WHO COMMITTEE ON HEALTH POLICY

1. This report has been circulated to Board members as E/ICEF/94, "Report on Progress of BCG Programme submitted by the Technical Director, Joint Enterprise".
2. The application from Iran, originally addressed to WHO, requires action by the UNICEF Executive Board according to its usual procedures.
3. This report analyzes preliminary data compiled by the Pilot Station on allergies developed by children under differing methods of tuberculin preparation and testing, and vaccination with BCG.
4. The BCG Research Unit is responsible for the statistical and epidemiological analyses of the data resulting from the BCG campaigns.
5. In November 1948 the UNICEF Executive Board approved the provision of streptomycin to governments for use in specialized centres for the treatment of certain types of tubercular children. The cost of the streptomycin was to be charged to the unprogrammed balances of the participating countries. The streptomycin is to be used in accordance with technical conditions set forth by the WHO Expert Committee on Streptomycin (WHO Off. 15, pp. 12-14) and the UNICEF/WHO Joint Committee on Health Policy (JC2/UNICEF-WHO, Section 3.4). These conditions relate to size and type of centre, choice of cases, duration and observation of treatment, the need for clinical and laboratory tests in each case, uniform reporting, etc. Since the end of January, six countries have been receiving streptomycin under these conditions, and applications have been received from others.
6. In July 1948 the UNICEF Executive Board allocated \$2 million to initiate anti-syphilis campaigns on behalf of children, and expectant mothers. Allotments to seven countries have been made for a total of \$972,300. In accordance with the recommendations of the Joint UNICEF/WHO Committee on Health Policy (JC2/UNICEF-WHO, Section 4) the programmes are to be developed in accordance with the guiding principles laid down by the WHO Expert Committee on Venereal Diseases (WHO Off. 15) with priority to be given to applications from countries where a structure for VD control exists permitting a mass attack on syphilis; or where there are problems of endemic syphilis, or where it is desirable to encourage the development by governments of broader VD programmes.
7. Because of the relationship of insect control to the reduction in infant mortality, the Executive Board in November 1948 authorized the Executive Director of UNICEF, under appropriate technical advice, to meet such requests for assistance in insect control as may arise, with costs to be borne from the unprogrammed balances of country allocations. The progress report

before the Joint Committee reviewed the technical issues involved in the insect control programmes in Europe and gave a digest of the opinions expressed on these matters by the WHO Expert Committee on Insecticides.

8. This report has been circulated to UNICEF Board members as Annex 2 of E/ICEF/111, "Report of the Meeting of the Sub-Committee on Medical Projects held 5 March 1949, Paris".

9. In September 1948 the Executive Board approved an allotment of \$214,000 out of country allocations to South East Asia, India and Pakistan, for individual fellowships. These are administered for UNICEF by WHO. The progress report consisted of a brief summary to date of the number of fellowships programmed for in each country, applications received and placements made.

10. This consists of a brief report on the medical aspects of UNICEF programmes in Asia, excluding China.

11. The proposal by Dr. J. Holm, Technical Director of the Joint Enterprise that UNICEF assist governments in complementing the BCG campaigns with bacteriological and X-ray diagnostic laboratories for work among positive reactors, was circulated to UNICEF Board members as Annex I to E/ICEF/87, Add.1 "Report of the Meeting of the Sub-Committee on Medical Projects held on 15 January 1949". The amount proposed was \$3.8 millions. The UNICEF Medical Sub-Committee recommended acceptance of this proposal subject to approval by the Joint UNICEF/WHO Committee. The Executive Board of UNICEF at its March session as a matter of basic policy agreed that activities in the future for specific programmes, including the type of programme proposed by Dr. Holm, be financed from within general country allocations according to the usual UNICEF procedures (E/1144, Add.2, para. 18).

12. In September 1948 UNRRA allowed a \$1 million loan to WHO to be retained conditioned upon "the entire amount being used for programmes or projects approved by the Joint Committee of WHO and UNICEF established to develop programmes for children". Approval had already been given for expenditures from the UNRRA Special Fund for technical personnel provided to UNICEF by WHO, including malaria, tuberculosis, venereal disease, maternal and child health, and public health experts. In its current action the Joint Committee approved \$100,000 for tuberculosis BCG research, \$76,800 for personnel and a sanitation programme for Palestine refugees, \$240,000 for 60 to 80 individual fellowships in clinical and social pediatrics and \$5,000 for a survey of UNRRA penicillin plants. The total committed out of the \$1 million by all these actions is approximately \$488,000.

13. This involves authorization for the expenditure of \$7,000 to cover the salaries during 1949 of two research assistants and necessary supplies.

14. This provides for addition of six persons to the WHO section of Maternal and Child Health at WHO Headquarters.

15. The amount authorized, to be reimbursed by the countries concerned, is \$100,000 for key equipment not otherwise obtainable.

16. The cost of the supplemental equipment, of a type not readily available in Europe, is estimated at \$240,000.

17. It was proposed that UNICEF grant a relatively small sum for the organization of the course (lecturers' fees, secretarial and general services, etc.) and for fellowship or travel grants to participants who would be recommended by their governments.

18. As part of school health programmes, the WHO Expert Committee on Maternal and Child Health suggested that UNICEF provide equipment and materials needed for testing children's hearing and eyesight, for weighing, for health education, and for immunization against communicable diseases of childhood.

19. The WHO Expert Committee stated that UNICEF aid for supplies would greatly stimulate the development of maternal and child health centres. Complete equipment and supplies, including an examination table, is estimated at \$750 per centre.

20. The Expert Committee pointed out that in order to set up child guidance clinics there is need not only for trained personnel but also suitable premises including furniture, play therapy and psychological testing equipment.

21. The Expert Committee recommended that in order to stimulate programmes of dental health for children and pregnant mothers, UNICEF provide equipment and supplies for demonstration dental clinics (for periodic examination treatment) and preventive (dental hygienic) teams for fluoride treatment.

22. The Expert Committee pointed out that modern equipment and supplies for maternity and children's hospitals, including premature baby units, child health institutes and teaching centres are urgently needed in many countries.

23. The Expert Committee had recommended UNICEF's assistance in programmes of investigation and the establishment of demonstration projects in the physical, mental and social care of handicapped children, particularly orphans, and deserted, maimed, and delinquent children. The Committee made a rough estimate of \$900,000 as the amount required from UNICEF to assist with the development of existing centres, and the establishment of new centres, including three centres for the training of personnel.

24. The Expert Committee has approved programmes to combat skin diseases of children, including yaws. It has proposed that 10 demonstration skin clinics be established in each of six regions. Equipment for the clinics is estimated at \$2,000 per clinic. Before recommendations on treatment of yaws are made, the Committee suggests a survey of tropical areas to determine in advance those most in need and amenable to treatment.

25. As a step toward meeting training needs for doctors, nurses and auxiliary medical personnel, the WHO Expert Committee has recommended that training centres be established in each of six regions for post-graduate courses for doctors, dentists, nurses, medical and psychiatric social workers, and midwives, as well as demonstration schools for nurses, midwives, etc. The cost to be borne by UNICEF was estimated by the Expert Committee at \$1,355,000 of which \$152,000 would be for equipment and supplies, and \$1,203,000 for personnel.
26. At its March meeting the UNICEF Sub-Committee on Medical Projects approved a request for assistance to aid in the Yugoslav campaign to suppress the widespread prevalence of mycotic diseases of the scalp in children. The campaign involves the establishment in a number of areas of mycological centres, systematic examination, if necessary, of the entire child population, case-recording, treatment, and health supervision and education. Part of the necessary equipment (mainly X-ray) will come out of the unprogrammed balance of the Yugoslav allocation; the rest will be provided by the government.
27. The amount proposed as needed from UNICEF for these programmes until 1 September 1949 is \$100,000.
28. These proposals were before the UNICEF Executive Board at its March session in E/ICEF/103 "Proposals of the Executive Director on Further Programmes in China".
29. The programme for the use of \$2 million UNICEF allocation in Latin America presented by Dr. Soper, Director of the Pan American Sanitary Bureau, proposed UNICEF expenditures of over \$1 million for control of insect-borne diseases in seven countries; the remaining amount he proposed for eradication of venereal diseases and yaws (2 countries), diphtheria and pertussis immunization (1 country), and BCG (assistance to 1 country in production and use of BCG; also collaboration on a study of use of BCG in tropical America).
30. This proposal was before the UNICEF Executive Board at its March session in E/ICEF/108 "International Children's Centre in Paris--Proposal by the Representative of France on the UNICEF Executive Board". The Board action is set forth in E/1144, Add.2, para. 28.