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INTERNATIONAL CHILDREN'S EMERGENCY FUND

PROGRAMME COMMITTEE

REPORT OF THE SURVEY MISSION TO THE FAR EAST (OTHER THAN CHINA)

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1. At its session in October 1947 the Executive Board made a tentative allocation of $1,500,000 for use in the Far East other than China (E/590, para 21). At its April, 1948 session the Board established a $3,000,000 reserve for these areas (E/ICEF/59, para 4).

2. In accordance with these decisions the Administration appointed a survey team consisting of Dr. Thomas Parran, former Surgeon-General of the United States and Dr. C.K. Lakshmanan, Director, All India Institute of Hygiene and Public Health, Calcutta. Dr. Parran left the United States on 20 April and after visiting the Philippines was joined at Hong Kong by Dr. Lakshmanan on 7 May. The mission then visited the Philippines, Hong Kong, Singapore, Malay Federation, North Borneo, Sarawak, Brunei, Indonesia, Indo-China, Siam, Burma, India, Pakistan. Because of travel delays it was not possible to visit Ceylon. The mission left Pakistan on 25 June.

Terms of Reference.

3. Budget: The total amount of money set aside for the above countries was $3,000,000. At the time the mission was organized India had indicated that it could make only a token contribution to the Fund and that, while the needs of the children were great, no request for aid was being pressed. The mission attempted in each country to limit the amount of the request so that the totals herewith recommended will appropriate $2,400,000. This leaves 20% of the total to be allocated at the discretion of the ICEF. The general terms of reference of the mission are given in Annex I.

4. These "Terms of Reference" were very useful, enabling the governments to prepare material in advance of the arrival of the mission.

Reception of Mission.

5. In every country visited the mission was received with the utmost cordiality. The governmental authorities placed all facilities at the

mission's disposal to facilitate the gathering of data, the making of first-hand observations and cooperated fully in developing specific proposals.

Problems of Children in the Far East

6. It is well known that health standards in the countries visited are much lower than in the western countries. To combat ever-present epidemics, as well as endemic diseases, most countries have developed effective public health services and well-trained health personnel. Such training has been given, not only in their own countries, but many of them have had graduate training abroad. The numbers of doctors, nurses and other health personnel are very small however in proportion to population.

7. The social welfare services, on the contrary, either are a recent development or are as yet undeveloped. In the places where such services exist, there is little specialization in child welfare as contrasted with social welfare generally.

8. The mission faced a task very different from that confronting the ICEF in Europe, where simple and measurable child feeding programmes were undertaken often as a continuation of previous UNRRA activities. In most of the countries visited the problems of feeding, or expressed differently, of hunger, malnutrition and even starvation, are chronic conditions. The populations involved are enormous, totalling 550 million, for the countries listed above. With the limited funds at the mission's disposal, it obviously is impossible to attempt any large-scale feeding of hungry children. In each place visited, therefore, emphasis was placed on programmes other than feeding, and as shown below, several very sound lines of activity have been presented which should result both in the immediate and long-range improvement in child health and welfare standards. The need for importation of protective foods, especially dried milk, and to a lesser extent cod liver oil and yeast, however, was stressed by the authorities in a number of places for use among selected groups of the child population. Such groups are mal-nourished children, plus pregnant and nursing mothers under supervision

of maternity and child health and welfare centers and in refugee camps. To some extent also supplementary feeding is proposed for mothers and children in geographically limited areas suffering from severe economic distress in which governments are giving aid generally towards the feeding of these population groups but without any special rations for children and mothers.

Effects of war.

9. The war, revolutions, or mass migrations have created urgent problems affecting children and mothers in all countries visited. During the Japanese occupation there was little or no importation of medical supplies and drugs to the countries; training of health personnel was completely disorganized; hospitals and health centers were converted to dwellings for troops. In the Japanese occupied territories there were large casualties among the conscripted labour forces. These, plus other war casualties, have led to a large number of children being left as orphans.

10. There is considerable variation among the countries in the intensity of the war damage and the fighting since the war. In some places conditions probably have changed for the worse since the visit of the mission.

Morbidity and Mortality Rates.

11. In none of the countries visited are there vital statistical data available as in most of the western countries. However, fairly accurate estimates can be made of birth and death rates and these estimates appear in the individual country reports. One striking feature is the high infant mortality rate in all of the countries visited. In only one is the rate less than 100 per 1,000 live births (Siam). In many areas the rate is 200, and in some limited geographical areas rates are as high as 200 to 300 per 1,000 live births. The general mortality rate varies between 10 and 20 per 1,000 of the population.

Specific Diseases of Children.

12. Malaria is the leading health problem in every country, and in most it is a leading cause of death among children. In India alone it

has been estimated that Malaria causes over one million deaths per year. In the other countries the Malaria rates are probably as high.

Tuberculosis.

13. The mission observed many children in hospitals suffering from tuberculosis meningitis, miliary tuberculosis, and bone tuberculosis. In the few places in which Mantoux tests have been performed, the reactive rates, age by age, are more than double those of the western countries: for example, in one country a recent survey shows more than 50% of children at 6 years of age to be tuberculin positive. The reporting of tuberculosis is poor. Social stigma or actual fear attaches to the disease to such an extent that in some cities tenants with tuberculosis are ousted from their dwellings. Sanatorium provisions are either inadequate or entirely absent, and governmental authorities seem to feel that economically it would be impossible to provide centers that even remotely approach western standards.

B.C.G.

14. In practically every country great interest was manifested by the health authorities concerning the possibility of Tuberculosis prevention through the use of BCG. Only in Indo-China has BCG vaccine heretofore been done and there through the use of the dried vaccine administered orally. However, in the Philippines, a small scale trial of dried vaccine from the Pasteur Institute in Paris is being made. In India plans have been completed for the manufacture of BCG vaccine. In this country, a WHO team is functioning. In Malaya and Singapore the authorities hope to secure a supply of BCG vaccine from Australia and tentatively propose training of field personnel through fellowships. In Indo-China modern drying equipment is requested and, if approved, the government is anxious to supply BCG without cost to neighbouring countries.

Syphilis

15. is widely prevalent as might be expected under conditions of extreme poverty, over-crowding, and mass migration. While there are no rates, pre-war or now, the opinion was universal that syphilis had increased greatly as a result of the war. In some areas as a result of

Japanese occupation, the disease is widely epidemic. A syphilis positive rate among pregnant women attending centers of 15 to 20 is common; in some places, as high as 50 per cent. In many places supplies of drugs are inadequate or entirely lacking. Added to this, in some instances, is the virtual absence of medical staff to deal with the problem.

16. In many rural areas Yaws always has been a serious health problem. This is particularly true in Indonesia and Siam, where yaws has become epidemic as a result of the war - specifically, because of the absence of anti-yaws remedies during the Japanese occupation. The prevalence of this highly disabling but readily curable disease is estimated at 15% of the rural population in Java - 6% being infectious and 9% non-infectious. The disease initially attacks children 2 to 6 years of age. A serious shortage of anti-yaws drugs persists. These drugs are similar to those used in the treatment of syphilis (arsenphenamines).

Dysentery

17. also contributes substantially to the high infant mortality rate. In addition, intestinal parasites have a debilitating effect, It is quite common to see seriously ill children suffering from malaria, dysentery, and intestinal parasitisms.

Malnutrition.

18. As pointed out above, malnutrition often in severe degrees, is the usual rather than the unusual situation among children. Similar malnutrition often affects the pregnant and nursing mother, making it impossible for her to suckle the infant. Since milk is scarce or entirely unknown, the babies of such mothers have little or no chance for survival. Supplementary feeding of the malnourished pregnant women should have high priority. In many large areas, however, there is no child health or welfare machinery which would make it possible for large-scale aid to be given to this needy group. In those instances where malnourished, pregnant women and their babies are under the supervision of health centers, aid from the ICEF has been recommended. The numbers for which such aid is requested, however, represents a tiny fraction of the total needs.

19. A summary of the kinds of program developed by the various countries, together with the financial implications are set forth below: *Programmes for Philippines, Burma and Ceylon are not included.*

1. Kind of Program

A. Control of Specific Diseases

1) Tuberculosis

Mass Radiography Set for India	$ 27,000	
" " " " Pakistan	27,000	
Films, x-ray chemicals, equipment for BCG laboratory for mass inoculation in Pakistan	15,000	
Training of two doctors and supply of vaccine, Malaya	$ 3,000-5,000	
Training of doctor and nurse in Australia and supply vaccine - Singapore	Estimate to be submitted later.	
Freezing machine, ampoules, etc. for Pasteur Institute - Saigon	10,000	
Syringes, needles, tuberculin	4,000	86,000

2) Yaws

Indonesia - Dutch Controlled Territory	100,000	
- Republican Controlled Territory	115,000	
Siam	15,000	230,000

3) Syphilis

Siam	25,000	
India	36,000	
Pakistan	20,000	81,000

4) Malaria

Malaria Control Demonstration - Siam	5,000	
" " " - Indo-China	5,000	
Anti-Malaria drugs - Siam	60,000	70,000

5) Scabies, Intestinal Worms, Dysentry, etc.

Indonesia - Dutch Controlled Territory	30,000	
- Republican Controlled Territory	50,000	
Siam	4,000	84,000

B. Supplementary Feeding:

1) Milk

Hong Kong	25,000-50,000	
North Borneo	52,000	
Malaya	50,000	
Indonesia - Dutch Controlled Territory	300,000	
- Republican Controlled Territory	50,000	
Indo-China	160,000	
India	500,000	
Pakistan	150,000	
		1,287,000

2) Cod Liver Oil

Indonesia - Dutch Controlled Territory	$ 36,000	
- Republican Controlled Territory	20,000	
Indo-China	14,000	70,000

3) Yeast

Indo-China	7,000	7,000

C. Clothing

Winter clothing for refugee children - India	100,000	
" " " " " - Pakistan	14,000	114,000

D. Health Education Materials

Siam	3,000	
India	15,000	18,000

E. Village Demonstration Project in Indonesia — 4,000 — 4,000

F. Equipment, Medical Supplies and Drugs for Children

1) Hospitals and orphanages in Indonesian Republic	30,000	
2) Health Centers in India	12,000	
3) Health Centers in Pakistan	8,000	50,000

G. Training Fellowship

Singapore	15,000	
Malaya	3,600 - 5,000	
Indonesia - Dutch Controlled Territory	9,000	
- Republican Controlled Territory	24,000	
Siam	23,000	
India	60,000	
Pakistan	16,000	150,600

II. Program by Countries

A. Hongkong

1. Dried Skim Milk — 25,000 - 50,000

Singapore

1. Training of 5 persons — 15,000
2. BCG - Training of doctor and nurse in Australia
   Vaccine from Australia — Estimates to be submitted later.

C. North Borneo, Brunei and Sarawak (Preliminary)

1. Salary of nurse and Health visitor
2. Re-equipping of M.C.H. clinics
3. Drugs
4. Feeding 3,500 war orphans for 4 months at $4.00 per head per month

) Estimate to be submitted later

D. Malaya

Item	Amount	Total
1. Dried skim & whole milk	$ 50,000	
2. BCG - Training of two doctors and Supply of vaccine	3,600 - 5,000	53,600

E. Indonesia (Dutch Controlled Territory)

Item	Amount	Total
1. Milk	300,000	
2. Cod liver oil	36,000	
3. Arsenicals	100,000	
4. Drugs for Scabies	30,000	
5. Training of dieticians	9,000	
6. Village Demonstration Project	4,000	
Reserve	21,000	500,000

Indonesia (Republican-Controlled Territory)

Item	Amount	Total
1. Anti-yaws campaign	115,000	
2. Hospital supplies	30,000	
3. Drugs	50,000	
4. Milk	50,000	
5. Cod liver oil	20,000	
6. Training fellowship	24,000	
Reserve	11,000	300,000

F. Indo-China

Item	Amount	Total
1. Milk - sweetened condensed	110,000	
2. Milk - dried skim	50,000	
3. Cod liver oil	14,000	
4. Yeast tablets	7,000	
5. BCG - Drying machine, ampoules, etc.	10,000	
Syringes, needles, tuberculin 2,000 2,000	4,000	
6. Malaria Control Demonstration	5,000	
Reserve for Viet Mien Territory	100,000	300,000

G. Siam

Item	Amount	Total
1. Treatment of yaws	15,000	
2. Antimalaria Drugs	60,000	
3. Penicillin	25,000	
4. Drugs for Dysentery	4,000	
5. Training Fellowships	23,000	
6. Malaria Control Demonstration	5,000	
7. Health Education Materials	3,000	135,000

H. India

Item	Amount	Total
1. Training Fellowship	60,000	
2. Health Propaganda Materials	15,000	
3. Hospital equipment and lab. supplies	75,000	
4. Clothing	100,000	
5. Supplementary feeding	500,000	750,000

I. Pakistan

Item	Amount	Total
1. Dried milk	150,000	
2. Mass Radiography Set	27,000	
3. Films & X-ray chemicals	5,000	182,000

Carried forward:

Brought forward: $ 182,000

Pakistan (Continued)

4.	Equipment for BCG Laboratory	5,000	
5.	Equipment for Mass Inoculation	5,000	
6.	Training Fellowship	16,000	
7.	Penicillin	20,000	
8.	Liver Extract, Fersolate	4,000	
9.	Weighing Machines	4,000	
10.	Clothing	14,000	250,000

GENERAL OBSERVATIONS

20. The above summary description of health problems and budgets by countries should be read in connection with the mission's reports for each country individually, (as attached in Annex B) in which a more detailed description of problems and programs is presented.

In addition to the activities in each country, the mission ventures to suggest that consideration be given to at least two regional campaigns against two of the leading health problems among children: malaria and tuberculosis.

Regional Malaria Control Demonstrations

21. During the war great progress was made in the control of malaria in rural populations, principally through the spraying of dwellings with DDT. In many areas in which it had not, heretofore, been possible to control malaria because of the excessive cost, it is now proven that this disease can be controlled at a cost well within the economic capacity of the area concerned. In the Philippines and in the demonstration area in the Bombay province, India, for example, these modern, economical methods are being tried. In every country the health authorities have expressed an intense interest in developing modern malaria control programs. They are handicapped through lack of technical knowledge of the newer methods and, in some places, through the inability to import the necessary equipment and materials.

22. It is suggested that the ICEF should consider malaria on an international basis in the far eastern countries. Such a project would be comparable with what is now being done in the international

effort to prevent tuberculosis in the European countries through BCG. The mission suggests, therefore, that as a first step, the advice of the Malaria Expert Committee of the WHO:IC be solicited. From this Committee and from its reports already submitted to the WHO, it should be possible to develop a feasible plan and budget.

The above suggestions are presented deliberately in tentative form as representing the possible fruitful line of exploration and, if endorsed by the Expert Committee on Malaria, of action.

Tuberculosis Prevention

23. In the introduction to this report and in the specific reports on countries, recommendations are presented for training of personnel and providing equipment necessary for BCG immunization programs. The mission, during its visits to countries, was unable to formulate a definite plan which would comprehend all of the countries visited. This inability stems from the fact that the experts in BCG still are not in complete agreement as to the necessity of using the liquid vaccine, which has an effective life potency of only 8 days, and a dry vaccine, with a life potency of possibly six months. Because of the crucial importance of this point in the countries visited by the mission, where distances are great and travel difficult, the mission conferred in Geneva with a group of experts, including the Chairman and Secretary of the Expert Committee on tuberculosis of WHO:IC, the Managing Director of the N.T.A. (U.S.), and a leading American experimenter, (Mr. Rosenthal). In this conference the differences of opinion were thoroughly ventilated. There was agreement, however, that as a result of experiments currently in progress in France under the aegis of the Expert Committee on Tuberculosis, a definite answer to the above problem should be forthcoming within a short time. If a potent dry BCG vaccine can be produced, one or at most two centers would be sufficient to supply the needs of the Far East. If, on the other hand, the liquid vaccine is definitely preferable, consideration must be given to establishing several regional production

laboratories accessible by air transport within 24 hours, or thereabouts, to the places where it will be used.

24. Whatever the decision, the mission recommends that out of the funds already set aside by the ICEF for BCG campaigns outside of Europe a sufficient amount be earmarked for sponsoring, either alone or in concert with the WHO, a BCG vaccination program. Such a program in each country initially would need to be on a pilot plant basis, to be followed promptly by mass immunizations after administrative and technical problems have been resolved.

Signed: Thomas PARRAN
Signed: C. K. LAKSHMANAN