

E/ICEF/72
ANNEX B/5
1 July 1948

REPORT OF UNICEF MISSION
ON INDO-CHINA

General

Health conditions did not deteriorate badly until 1945. As a result of Allied blockade rice could not be moved to heavily populated northern Province of Tonkin where a severe famine occurred in 1945, causing an estimated 1,000,000 deaths. Since the Japanese evacuation there have been continuous disturbances military and political. Hanoi was severely bombed during the war, later occupied by Chinese troops, and at the end of 1946, the scene of desperate fighting. Much of the city especially the native quarters burned.

Currently the Viet-Mien control large areas of the country and in addition they harass French communications between many major centers.

The present situation makes it impossible to conduct throughout the country any organized child health and welfare services, or even to make any comprehensive survey of conditions. A large proportion of French medical personnel are engaged in military medical duty. Many local physicians have left government service to engage in private practices or go into Viet-Mien territory. Pre-war there were 189 Indo-Chinese civil medical officers, now 100.

Social welfare services are not broadly developed by government, there are no child welfare services as such except those conducted by the Red Cross voluntary agencies and Missionaries.

There are no reliable figures as to current mortality or birth rates. Infant mortality always has been high. In Saigon the rate in 1947 was reported as 353 per 1,000 live births.

This country has normally a large export of rice, more than one million tons per year pre-war. Exports during the first quarter of 1948 amounted to 60,000 tons. Estimates for the year 1948 vary - possibly 250,000 tons of rice will be exported. In the event of peace much larger amounts will become available.

Leading Health Problems

Malaria is pandemic over widespread areas. It is reported to be the leading cause of death among infants and young children for the country as a whole.

Yaws is prevalent in rural areas and has increased during and since the war due initially to lack of drugs and later to disruption of health services.

Dysentery is a very frequent cause of infant deaths. Tuberculosis always has been widespread and although data are lacking it can be assumed that the conditions existing since 1945 have caused an increase.

While there are no precise figures on malnutrition, many cachectic children under 2 years are attending clinics, operated both by government and private voluntary organizations. In Saigon 60,000 patient-visits were made in 1947 to children's clinics; in Phnom-Penh there are currently 5,000 visits per month. In Hanoi the three Red Cross Dispensaries were destroyed and are not yet rebuilt. A Missionary orphanage there is caring for 2,000 war orphans. In Tourane (Annam) where "all establishments were destroyed", a Missionary orphanage and a dispensary have been created and 1,500 orphans are receiving care.

In Saigon and Phnom-Penh the Mission visited the dispensaries where a shortage of milk was observed.

The following is a summary of the program developed by the authorities

/after conferences

13p + 1b = 14pp

after conferences with voluntary agencies and the Mission.

The government estimates that two-thirds of the population is under French control. To fulfil the "non-discrimination" requirements of ICEF the French propose to reserve one-third of ICEF aid for the population now under their control. The Mission is not in position to have an estimate of its own on this point.

The program proposed is discussed by the government under the headings listed. Below is a brief summary of activities proposed, based upon a possible contribution by ICEF of \$300,000, of which \$100,000 is proposed as a reserve for areas not now controlled by the French:-

1. Feeding. Of 15,000 infants and young children attending dispensaries and children's centers an estimated 10,000 need milk and vitamins. The population is accustomed to using sweetened condensed milk for infant feeding. It is difficult to reconstitute dried milk and dispense it in a sanitary manner. For this reason a substantial proportion of condensed whole milk is requested. Many other infants and young children in smaller villages are said to need a good quality protein but there is no satisfactory organization to ensure efficient use of such foods.
2. Medicines are not being supplied by the government and no aid is asked for these items.
3. Training of personnel also can be provided in France, and training in non-French speaking countries is not feasible on account of language obstacles.
4. Equipment and supplies are needed for efficient production of B.C.G. vaccine and for a demonstration in malaria control.

The B.C.G. project deserves special emphasis. Pre-war the Pasteur Institutes in Indo-China produced annually in the decade 1934-43 about 300,000 to 400,000 doses of vaccine orally administered. Production of dried vaccine again is being started in Saigon. The drying equipment is antiquated. A modern high vacuum pump with quick refrigeration is essential. Also needed are special attachments, glassware, etc. The equipment is not available from France. It is readily available from the U.S.A. The excellent Pasteur Institute in Saigon was organized by Dr. Calmette, its first Director. It is likely to be called upon by neighboring countries to supply them with B.C.G. The Institute is willing to provide such vaccine without cost until the cost of machinery supplies requested has been paid in terms of B.C.G. vaccine. This in the Far East would represent a notable example of international collaboration in the interest of child health.

The malaria control demonstration is much needed. Here again it is a matter of equipment available most readily from the U.S.A. where village and rural control of malaria with D.D.T. has been demonstrated. A "jeep" with a compressor built into the machine, plus hose nozzles etc. are needed. It is proposed to demonstrate reduced infant mortality in a group of neighboring villages through control of malaria, and it is believed a reduction in dysentery as well. The government will supply the D.D.T. and all other costs.

Budget

- I. One-third earmarked for relief, when possible, of children in areas not yet controlled by the Viet Nam Central Government ... US\$100,000

/II. Expenditure

	US\$	US\$
(Brought forward from I)	\$100,000
II. Expenditure in current year:		
A. Food for children attending certain dispensaries, nurseries and clinics maintained by public or private bodies but under control of the National Health Services -		
1. Supply of sweetened condensed milk for 4,000 infants under one year. Average ration 10 tins a month, or 10,000 crates of 48 tins annually at \$11 US a crate	\$110,000
2. Supply of powdered skim milk to 6,000 children over one year. Ration: 40 g. a day, or 72 tons for one year at \$680 US a ton	50,000
3. Vitamins to supplement diet of 15,000 children for one year -		
a. Cod liver oil concentrate, 3 cc. a day	14,000
b. Vitamin B complex tablets (yeast tablets)	7,000
Total - 1		181,000
B. Equipment for campaign against causes of infantile mortality and morbidity.		
1. <u>Antituberculosis - intensive BCG vaccination campaign for children.</u>		
a. Contribution to re-equipment of Central BCG Laboratory of Pasteur Institutes in Indo-China:-		
Purchase of vacuum refrigerator for preparation of dry BCG.)	
Provision of initial supply of ampoules and accessories for this equipment.	)	10,000
b. Supply of material for tuberculin testing:-		
1,000 tuberculin syringes at \$1.50 US each)	
500 dozen intradermal needles at \$125 US a dozen	)	2,000
c. Contribution to cost of pilot campaign against infantile mortality from diseases transmitted by insects (anti-malaria and anti-fly campaign):-		
-Apparatus for DDT spraying	5,000
Total - 2		19,000
TOTAL II		200,000
GENERAL TOTAL	-----	US\$300,000

SUMMARY

One-third reserved	US\$100,000
Food supplies	US\$181,000
Equipment	19,000
TOTAL	----- US\$300,000

The Mission recommends approval of the expenditures contemplated under the programme submitted.

Signed : THOMAS PARRAN
(Thomas Parran)

Signed : C.K. LAKSHMANAN
(C.K. Lakshmanan)

7 June 1948

OFFICE OF THE HIGH COMMISSIONER
OF FRANCE
for Indo-China.

PUBLIC HEALTH
AND
SOCIAL AFFAIRS

No. 28/12/SP/T

PROGRAMME

for the use of ICEF funds in
Indo-China

This is a tentative programme based on a hypothetical allocation of \$300,000 US, a figure quoted as probable by the ICEF Mission.

PART I

GENERAL PRINCIPLES

I. Distribution of Funds

Indo-China is made up of three states: Viet Nam, Cambodia, and Laos, a of territories occupied by the various racial minorities.

In the present political situation the whole population of Cambodia and Laos can be reached. Part of the Viet Nam population, however, is situated in areas outside the control of the Central Government of Viet Nam. These areas are not very extensive, but some of them are densely populated. In deference to the intention of the Fund's Executive Board which is to ensure equal distribution among all needy children without any racial, political or religious discrimination and in a spirit of perfect impartiality, it is considered that the children in these areas not yet controlled by the Central Government of Southern Viet Nam should not be excluded from the benefits of the relief programme.

The sum which will be necessary for this purpose has been calculated as one-third of the general relief needs. This proportion is undoubtedly higher than a figure based on the actual numbers would be. It has been chosen deliberately in view of the undoubtedly worse condition of the children in the areas not yet occupied.

Therefore, out of the \$300,000 US estimated above, \$100,000 US is reserved for future use as and when these peoples again come under the control of the Viet Nam Government. The use made of this money will be determined in due time, in consultation with the regional representative of the ICEF. As a principle, the money will be spent on emergency food supplies and possibly, in certain particularly devastated areas, on the equipment of one or more child welfare centres.

II. Proposed Activities

A. Food Supplies:

The initial aim of the emergency fund was to assist in supplying food to children in areas where the situation has become critical as a result of Japanese aggression. The largest part of the future aid to Indo-China will therefore probably take the form of food supplies for the children. The members of the ICEF Mission have visited certain representative public or private institutions for child welfare. In the large towns - where conditions are always worst - there are dispensaries, nurseries or clinics maintained directly or indirectly by the national health services and operating with more or less extensive assistance from charitable organizations, in particular the Red Cross.

Institutions of this kind are in a position to give effective assistance, under strict supervision, to 15,000 children, 10,000 of whom are in need of extra food, i.e.:-

/1. 4,000 children

1. 4,000 children under 1 year of age;
2. 6,000 children over 1 year.

Sweetened condensed milk is provided for the first class. Local customs and the shortage of sugar make it difficult to use powdered milk for the very young children.

For the second class a daily ration of powdered skim milk is provided. In addition, the 16,000 children regularly assisted by these institutions receive a supply of vitamins as follows:-

- a ration of cod liver oil, supplying vitamins A and D;
- dried yeast tablets, supplying the vitamin B complex.

P. Drugs

France is now in a position to supply the drugs needed in Indo-China, and the Indo-Chinese budget manages to allocate quite enough funds to buy them.

Expenditure on drugs, equipment and medical supplies for the official services throughout Indo-China are approximately as follows, in local currency:-

1. <u>Expenditure on drugs and medical equipment proper</u>		
1947	IC \$	5,500,000
1948		17,500,000
2. <u>Expenditure on equipment of all kinds for the health services, including drugs</u>		
1940	IC \$	3,690,000
1941		4,007,000
1942		5,070,000
1947		38,854,000
1948		76,400,000

It would therefore seem preferable to reserve the ICEF allocation for uses other than expenditure on drug supplies.

C. Cost of training of personnel

Since it is the principle of the Fund not to cover expenditure in local currency, it does not seem possible to use the ICEF allocation to pay for the training of staff in Indo-China - e.g. nurses, social workers and dieticians. The training in France of certain kinds of staff is also covered by local currency.

The language difficulty makes it impossible to consider sending staff to be trained elsewhere than in France. The question of a course abroad for higher-grade personnel on the use of BCG (Bacillus Calmette-Guérin) remains to be considered, but it is not planned for this year.

D. Equipment.

It seems to be in keeping with the spirit of the fund to plan to spend part of its credits on initial productive equipment. Such equipment should be of a kind difficult or impossible to procure on the spot or in France.

It would come under the following headings :-

1. Contribution to the BCG antituberculosis campaign
 - a. Production of BCG (see annex 5)

Before the war the Pasteur Institutes in Indo-China had two laboratories producing BCG which during the pre-war years made possible the oral vaccination of about 50,000 new-born infants a year (see questionnaire). The burning and looting of the Hanoi laboratory and the losses suffered by the other establishments have caused the complete suspension of these services since 1945.

/After sending

After sending the heads of the laboratories concerned to France in order to familiarize them with new techniques, the Pasteur Institute re-established its BCG laboratory at Saigon. At the time of writing, the laboratory is ready for production, which will at first be planned on a weekly basis of about 1,000 to 2,000 doses.

The emulsion prepared is for parenteral use only.

For the time being it will be delivered in liquid form. A laboratory chief who visited the Pasteur Institute in Paris has been working on plant for the production of dried BCG vaccine. A campaign throughout the whole of Indo-China would only be possible with dried BCG;

This moreover is the only form in which the vaccine could usefully be supplied to neighbouring countries.

Indo-China is very anxious to assist other Far Eastern countries in the fight against tuberculosis. The Philippines have already appealed to the Pasteur Institutes, which are for the time being supplying dried vaccine sent from Paris, but it is highly desirable to be able to make it in Saigon.

The dessication of BCG needs intense cold and a powerful vacuum. The Pasteur Institute in Saigon has been able to order a vacuum pump in Switzerland, but not yet to obtain the refrigerating apparatus. Help from the Fund would be exceedingly useful if it could supply vacuum refrigeration dehydrating apparatus, the specifications of which have been sent to Dr. Parran. If that were done the vacuum pump bought by the Pasteur Institute would be used to produce dried smallpox vaccine, which would also be of direct benefit to children.

An agreement might be made whereby the Pasteur Institute in Indo-China would fix as accurately as possible the cost price of the dried vaccine, which they would then supply free to neighbouring countries under the auspices of the Fund to the value of the equipment, which would then become their property.

b. Conduct of the antituberculosis campaign.

It will certainly be impossible to carry out a campaign of any extent with perfect scientific accuracy, because of the difficulty of keeping track of the children vaccinated. The following plans are therefore proposed for Indo-China:-

(1) A wide distribution of BCG

BCG will be delivered free of charge to hospitals and medical practitioners wishing to use it. We know by experience that it will be widely used.

(2) A methodical campaign

The public health services, with the cooperation of the national services and the scientific help of the BCG services of the Pasteur Institute, will institute in limited areas a methodical campaign of BCG vaccination and follow up the results over as long a period as possible.

This methodical campaign will be carried out partly in the BCG department of the Pasteur Institute itself, where the vaccination service will be re-established, and partly in the dispensaries in certain large towns chosen from among those receiving assistance in kind from the Fund. Vaccinations in these dispensaries will be carried out by specially trained teams consisting of part-time doctors and full-time nurses. This campaign will make possible:-

- (a) Control of the potency of the vaccine;
- (b) Experimental comparison of various methods of inoculation;

The Fund's assistance will be necessary in order to supply equipment which is at present difficult to get hold of in Europe: tuberculin syringes and intradermal needles. It will also be useful to receive a first supply of PPD purified tuberculin, which we cannot obtain at the moment.

2. Pilot campaign against infantile mortality from insect-borne diseases

In certain regions inhabited by indigenous populations, infantile mortality due chiefly to malaria and secondarily to intestinal diseases is as high as 85% in the first year (see annex 6).

Before the arrival of the ICEF Mission a pilot campaign was established covering an initial series of four villages, to be extended later to eight other villages. The total population covered is estimated at 12,000 persons.

France supplies sufficient quantities of DDT and quinacrine, and French industry is beginning to produce increasing supplies of a product closely related to paludrine.

The contribution of the French health administration will be represented, therefore, by supplies of drugs and the provision of staff. A doctor familiar with the practice of preventive medicine in Africa has arrived from France, together with a young State-registered nurse who has had a special course in tropical hygiene and laboratory work.

The Fund's assistance will be particularly helpful in supplying modern spraying equipment, since European-made sprayers are defective. The ideal arrangement would be a mobile compressor and 2 to 4 portable motor compressors, which would make it possible to reach remote from the roads.

III. Estimate of Indo-China's contribution

As the ICEF Mission has asked for an estimate of the amount allocated to child welfare in the Indo-China budget, mention may be made of the heavy expenditure entailed in the maintenance of hospitals, out-patient clinics and dispensaries, the beneficiaries of which are largely children;

The following figures are given by way of illustration:-

<u>Emergency food supplies</u>	<u>US\$</u>	<u>IC\$</u>
<u>Milk distributed free, annually:</u>		
- Full milk powder		
20,000 lbs at \$0.55 US	11,000	
- Condensed milk (sweetened)		
2,400 cases at \$10.15 US	24,360	
<u>Maintenance of orphanages, lying-in hospitals, etc.</u> ... ..	...	3,300,000
<u>Drugs and medical supplies specifically allocated to maternity and child welfare clinics (estimate), out of an annual expenditure of 17,500,000)</u> ... ..	...	1,750,000
<u>Full-time staff in children's clinics and dispensaries</u> ... ..	...	150,000
<u>Pasteur Institute</u>		
<u>Portion of subsidy allotted to BCG service</u> ... ..	...	125,000
	35,360	5,325,000

The figures quoted are tentative and not complete. They are intended merely to give an idea of the child welfare work carried out in Indo-China.

SUMMARY OF PART I

- I. One-third of the probable allocation would be earmarked for the still "uncontrolled" areas.
- II. Most (90%) of the remaining two-thirds would be used to supply milk and vitamins to a limited number of children kept under observation by well-supervised institutions.
- III. Part of the allocation (10%) would be allotted for the purchase of equipment for:-
 - A. The BCG antituberculosis campaign.
 - B. A pilot campaign against infant mortality due to malaria.

Indo-China's contribution has been estimated roughly and is very high in view of present resources.

Part II contains detailed figures explaining the notes given above. (Please see pages 2 and 3 of REPORT OF UNICEF MISSION ON INDO-CHINA under Budget).

These items could be increased proportionately if the allocation from the Fund proved greater than the tentative figure of \$300,000 US given as a basis for calculation.

A minute of the proposals is being communicated to Dr. T. Parran, head of the Mission, and will be transmitted to the French Government by the most rapid means available.

Sanctioned:

Sgd. GUIRIEC
ADVISOR ON SOCIAL AFFAIRS

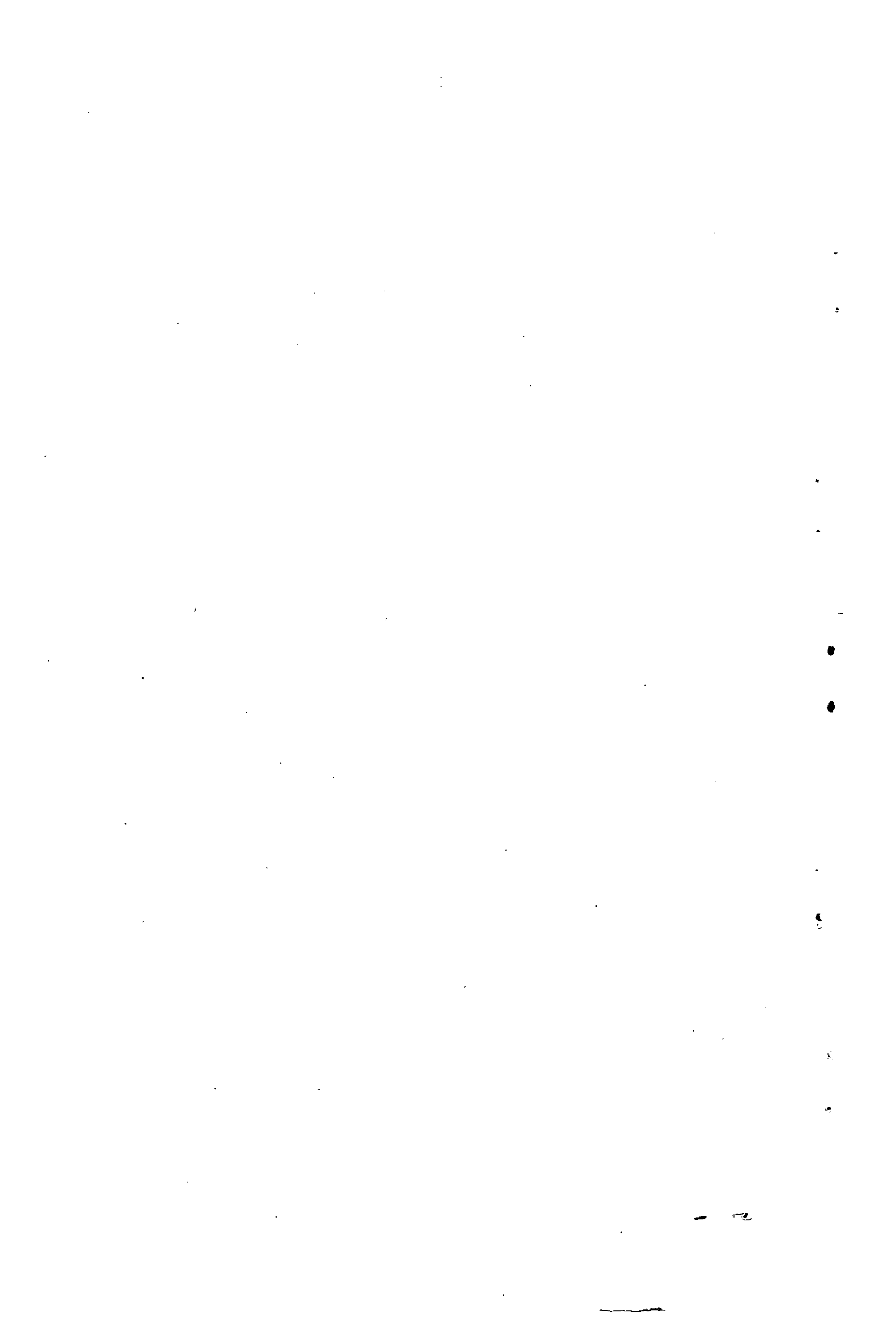
Sgd. ROBERT
Surgeon-General
ADVISOR ON PUBLIC HEALTH

Saigon, 3 June 1948

Approved:

Sgd. BOLLAERT
High Commissioner of France

Saigon, 3 June 1948



OFFICE OF THE HIGH COMMISSIONER OF FRANCE FOR INDO-CHINA:

PUBLIC HEALTH

R E P L Y

to questionnaire submitted by the ICEF Mission in the Far East

I. Statement Of Present RequirementsA. Population by age groups1. Total population:

<u>Pre-war</u> -	1906	16,230,000
	1926	20,450,000
	1931	21,452,000
	1936	23,030,000 (Cf. Annex 1)
	1943	26,644,000

Present - No comprehensive data.2. Population by age groups

No comprehensive data.

HANOI: Children under 12 years 19,000 (estimated)
 (Expectant mothers (last two months) 1,750

SAIGON-CHOLON, 1947: Population 900,000 (estimated)
 No data on age groups
 Exact figures for birth and death rates:

	<u>1937</u>	<u>1947</u>
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SAIGON-CHOLON

<u>Births</u> (including still-births)	15,100	25,715
<u>Deaths</u>	10,640	21,467

B. Pre-war and current birth and death rates:1. Birth rate

	Live births per 1,000 population							
	1933	1934	1935	1936	1937	1940	1942	1947
Cochin China (as a whole)	35.0	38.8	36.7	37.1	37.6	41.3	41.6	-
Saigon-Cholon	-	-	-	-	55.5	-	-	27.2
Hanoi	46.5	-	-	49.1	-	-	-	-

2. Infantile mortality

	1925	1930	1935	1935	1947
	a. <u>Deaths under one month per 1,000 live births</u>				
Hanoi	180	110	35	34	-
Saigon-Cholon	-	-	-	55	85
b. <u>Deaths under one year per 1,000 live births</u>					
Hanoi	440	370	290	210	-
Saigon-Cholon	-	-	-	287	268
Banmethuot and Kontum district	-	-	-	-	750 to 850

3. Maternal mortality per 1,000 live births

	1941-43	1947
	(average for whole population)	(Maternal only)
Saigon-Cholon	14.83	14.9

C. Data on tuberculosis (III)

1. Percentage of positive cuti-reactions to tuberculin (cf. doc. L. of N. Ch. 1235, p. 121)

	Annam (1912)	Annam (1933)	Nha-Trang (South Annam Province) (1933)	Cholon (1923-1924)	Cochin China 2 Provinces (1925)	Cochin China (towns) (1933)	Cochin China (rural) (1933)	Hanoi (1928)
5 to 10 yrs)		30.94	22.50	45.59	21.48	24.65	22.38	17.6
10 to 15 yrs)			32.00	66.98	37.33	34.70	32.48	32.6
Adults						69.54		65
						(militiamen)		

2. Anti-tuberculosis vaccination (BCG)

a. Quantities prepared by Pasteur Institute in Indo-China:

- 1924 to 1943	5,912,892 c.c. (annex 4)
- average for period 1934 to 1943	402,213 c.c. annually

b. Number of new-born infants vaccinated orally (dose: 6 c.c.)

Average for 1933-1937:	48,000 annually
1941	57,000 "
1942	63,000 "

c. Data on malaria (iv)

Among highlanders of South Indo-China (Darlac and Kontum plateaux):
 Disease rate for malaria reaches 80% among children;
 Death rate under one year is 850 per 1,000 live births!
 Most of such deaths are due to malaria (see annex 6).

c. Infantile morbidity and mortality from certain typical diseases:

No comprehensive data.

	Per 1,000 infant deaths	
	Hanoi 1941	Hanoi 1942
Tuberculosis	9	12
Syphilis	-	0.2
Malaria	7	4
Respiratory diseases	205	520
Gastro-intestinal diseases	165	214

c.A. For information: Admission to hospital and adult deaths from principal diseases.

Per 1,000 admissions to hospital in Indo-China as a whole	Per 1,000 deaths in hospital	Per 1,000 deaths in Hanoi	Per 1,000 deaths in Saigon-Cholon

	Ave. 1927-1937			Ave. 1927-1937						
	1927-1937	1941	1942	1927-1937	1941	1942	1941	1942	1941	1942
Malaria	120	175	207	100	217	220	38	29	112	118
Syphilis	-	31	29	-	9	19	-	-	21	30
Tuberculosis	19.94	38	25	72.28	92	84	66	46	96	102

d. Total number of children in institutions:

- (1) Orphans
 1948: in orphanages 2,400
 cared for outside orphanages 3,000
- (2) Special schools for handicapped children:
 1948: Cochin-China 95
 Tonkin 300
- (3)
- (4) Day-nurseries, kindergartens:
- (5) 1948 800 (Hanoi and Saigon)
- (6) Mother and baby centres - milk stations
 Mothers and children are generally given attention in the general hospital clinics. Little data is available on services maintained specially for children. Here are some examples:

A. Saigon-Cholon

- 1. Out-patient department of general hospital
- 2. Baby centre attached to general hospital

c. Regional children's centre in Ban Co.

Children registered: 404 up to 6 months
 392 from 6 to 12 months
 311 from 12 to 18 months

(Managed by the Saigon-Cholon Regional Health Service in conjunction with the nurses' training school).

Activities:

Child care - weighing - dietetic advice
 Medical attention, free medicines
 Home visits
 Distribution of milk, baby foods, vitamins

d. Red Cross centres and milk stations:

Attended by 75,000 women and children in 1947.

Activities:

Child care - weighing, advice
 Medical attention, free medicines
 Distribution of milk
 (Managed by the French Red Cross)

B. Phnom-Penh (Cambodia)

Centre providing attention for 1,000 infants monthly

(Red Cross)
 (7) (8) (9) Schools

	Cochin-China		Cambodia		Laos		Annam		Tonkin	
	1943	1948	1943	1948	1943	1948	1943	1948	1943	1948
* Primary Schools	173	103	76	84	18	17	163	18	172	10.2
* Secondary Schools	2.2	2.6	0.7	1.4	0.2	0.5	2.4	0.5	2.4	0.6
** University Students' Schools	-	0.2	-	-	-	-	-	-	1.6	1.2

(In 1,000 of pupils)

d.A. Data on medical staff in official health services in Indo-China

Old Administrative Divisions	Pre-War	French Doctors At Present		Indo-Chinese Doctors	
		Full Time	Part Time	Pre-War	At Present
Cochin-China	27	<u>13</u>	<u>12</u>	73	53
		25			
Cambodia	14	<u>9</u>	<u>3</u>	23	15
		12			
Laos	10	<u>3</u>	<u>5</u>	12	13
		8			
Tonkin	18	<u>7</u>	<u>6</u>	53	11
		13			
Annam	20	<u>9</u>	<u>16</u>	28	8
		25			
Total	89	<u>41</u>	<u>42</u>	189	100
		83			

Note: The majority of the part-time doctors are doctors belonging to the Expeditionary Force who give a part of their time to attendance on the local population.

e. f. g. h. - No special interest.

II.

III. STATEMENT RE PROPOSED PROGRAMME

A. Agreement between ICEF and the responsible government authorities
This is a matter for the French Government

B. Responsible government authorities

1. OFFICE OF THE HIGH COMMISSIONER OF FRANCE
Public Health
Social Affairs
2. NATIONAL GOVERNMENTS
Viet-Nam
Cambodia
Laos

through their Ministries of:
Public Health and
Social Welfare

C. Charitable organizations
Red Cross

D. Scientific institutions
Pasteur Institute (BCG)

NOTE: For additional information and for items C and D and Section III, see the document submitted under the title of "Programme for the use of ICEF funds in Indo-China."

(signed) ROBERT
Surgeon-General
ADVISOR TO THE MINISTRY OF PUBLIC HEALTH
Saigon 4 June 1948