

**WORLD HEALTH
ORGANIZATION**

**Regional Office
for Africa**



**ORGANISATION MONDIALE
DE LA SANTÉ**

**Bureau Régional
de l'Afrique**

Tel. 3072-73-74

P.O.B. 6 Brazzaville
Republic of the Congo

Telegr.: UNISANTE, Brazzaville

B.P. 6 Brazzaville
République du Congo

Télégr.: UNISANTÉ, Brazzaville

*Mr. Butler
min. (Afric) 21/12/62*

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of the Director
Regional Office for Africa*

*Avec les compliments
du Directeur
du Bureau Régional de l'Afrique*

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REPORT FOR THE
THIRD QUARTER 1962

From: The Director
Regional Office for Africa
Brazzaville

To: The Director-General
World Health Organization
Geneva

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PREFACE TO THE REPORT FOR THE
THIRD QUARTER, 1962, OF THE
REGIONAL OFFICE FOR AFRICA

With this report for the third quarter of 1962, the Regional Office for Africa is inaugurating its system of quarterly reports to the Director-General. In this first report Regional Office activities are not as fully reported as they will be subsequently: part of the staff were away on leave, others newly arrived to take up their posts. Most but not all of the Regional field projects have contributed to the section on project activities.

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1. GENERAL

1.1 DEVELOPMENTS IN THE REGIONAL OFFICE

The Regional Director attended the Third African Malaria Conference at Yaoundé, Cameroun in July and visited Northern Cameroun. In late August and early September he visited WHO projects in Mozambique and held discussions with health authorities in Salisbury and Johannesburg. He left the Regional Office in mid-September to attend the 12th Session of the Regional Committee in Geneva.

Several staff members were away for most of the quarter, either on leave or on official tours and conferences.

Regional Office Building

The Regional Director reported to the 12th Session of the Regional Committee on the proposed extension to the Regional Office Building.

Earlier this year, the French Government granted ownership of the existing property and buildings to WHO. A resolution was passed at the Regional Committee, thanking the French Government for this gesture and other member Governments which have contributed towards the cost of the proposed extension (Resolution AFR/RCL12/R.3 - included in the Report and Minutes of the Twelfth Session of the Regional Committee). The architect's plans are expected to be ready by the beginning of 1963.

The Regional Director also informed the Regional Committee that he had received a letter from the Government of the Republic of South Africa offering an interest-free loan in cash or materials. Repayment of the loan, over seven to ten years, may, with the annual approval of the South African Government, take the form of allocations to WHO to provide operational services ^{in the medical field} to newly independent countries.

Staff housing

The conversion of seven single-bedroomed villas to two-bedroomed villas on the Djoué concession has been completed. The villas have been occupied by recently arrived staff.

1.2 REGIONAL COMMITTEE

The twelfth session of the Regional Committee for Africa was held, in Geneva, Switzerland, from 24 September to 2 October 1962. Representatives were present from 24 Member States and two Associate Member States. Representatives of United Nations, UN Technical Assistance Board and UNICEF attended, as well as observers from inter-governmental and non-governmental organizations in official relationships with WHO. Dr B.A. Bâ (Mauritania) was elected Chairman, and Dr L. Diallo (Sénégal) and Dr H.M.S. Boardman (Sierra Leone) Vice-Chairmen. The Rapporteurs were Dr A. Bangoura-Alécaut (Guinea) and Dr S.A. Mwankemwa (Tanganyika).

In his opening address, the Regional Director for Africa, Dr F.J.C. Cambournac, extended his congratulations to both Tanganyika and Sierra Leone which had become full Member States after achieving independence since the last Regional Committee Meeting.

The Regional Director's report stressed the need for coordination of all activities in the field of public health and the establishment of health programmes in close collaboration with current economic and social activities.

Amongst other things discussed were WHO assistance in providing medical operational personnel to newly independent countries: tuberculosis control, the increasing risk of bilharziasis due to the development of water resources, the success of the yaws campaign - in many parts of the Region yaws has now ceased to be a major public health problem and its eradication can be envisaged in the near future - and the continuing problems of measles and cerebo-spinal meningitis.

Considering the need for accelerating malaria eradication activities in Africa, the Committee emphasized that the successful completion of initial eradication activities depends on the following points: coordinated plan for pre-eradication, due priority to malaria in over-all health plans and developing and strengthening basic health services.

The increased volume of work of the Regional Office, whose membership has almost trebled in the past few years, makes it necessary to enlarge the

existing building. The Committee expressed its thanks to the French Government for its generous gift to WHO of the land and existing Regional Office buildings at the Djoué estate near Brazzaville and passed a vote of thanks to members who have already contributed for the necessary expansion of the office.

The Committee received in detail and approved the 1963 Regular Budget and the proposed programme and budget for 1964, as well as the MESA programme and budget. It noted the EPTA programme for 1963-1964 and expressed the hope that these projects would be approved by the TAB and TAC.

Technical discussions were held on the theme: "Problems and methods of cooperation in the control of major endemic diseases".

The Committee chose, as the subject for the technical discussions at the 1963 session "Health education in Africa: the selection of appropriate techniques".

The thirteenth session of the Regional Committee will be held in Léopoldville, Republic of the Congo, in September 1963, the exact date to be agreed upon later. It was decided to hold the fourteenth session at the Regional Office in Brazzaville in September 1964.

1.3 OFFICES OF WHO REPRESENTATIVES

The existing offices are at Nairobi, Lagos, Accra and Dakar.

Five new WHO Representatives were recruited for the offices to be established early in 1963. Arrangements were made for all of them to attend the WHO Representatives' Course in Geneva, scheduled to start on 15 October 1962, for six weeks.

1.4 REPRESENTATION AT MEETINGS

(a) Representation by Regional Office staff members

Dr Glynn, the Senior MCH Adviser attended a meeting of Regional Nutrition/MCH Advisers at Headquarters, 2 - 14 July 1962, and presented a paper on the role of MCH in nutrition programmes in the African Region.

The Regional Adviser in Nutrition, Dr Raba, also attended the above meeting as well as sessions of a nutrition seminar at Porto Novo (25 July - 1 August) and Bangui (2 - 7 September). Two other sessions, at Arusha and Freetown were also represented by WHO.

(b) WHO meetings and meetings held jointly with other organizations

In collaboration with CCTA, WHO held the third African Malaria Conference at Yaoundé, 3 - 12 July 1962. The meeting was attended by the Regional Director and the staff of the Regional Office Malaria Unit. Also present were the Director, ME, HQ, Dr Alvarado, Dr Charles, Dr Guttoso, Dr Boschi, the Chief of Research and Information, ME, HQ, Dr Bruce-Chwatt, and numerous other WHO medical officers. Secretariat services were provided by WHO, and CCTA sent a translator, interpreters and secretaries.

(c) Meetings in preparation

During the quarter the Regional Office Malaria Unit made preparations for a meeting of WHO Malaria Project Leaders and Public Health Advisers in the Region to be held in Ibadan, Nigeria, from 22 - 27 October, 1962.

1.5 PUBLIC INFORMATION

The major public information activities consisted of preparation for the Regional Committee Meeting which opened on September 22 in Geneva, the issue of press releases, and, the production of a 'dummy' for a 32-page picture booklet on WHO activities in the African Region.

Press

Twelve press releases were issued ranging from the emergency aid to flood victims in Cotonou to the arrival of new experts and advisers at the Regional Office. Press releases dealing with the Regional Committee Meeting were issued in Geneva and reproduced for distribution in Africa. Activities of the WHO operations in the Congo were also dealt with.

Posters and Photographs

WHO picture set No. 2, as well as the African photo sets produced earlier this year, were distributed in considerable quantities throughout the Region and particularly in Nigeria.

Radio

Radio Brazzaville, Radio Congo (Brazzaville) and Radio Congo (Léopoldville) were supplied with material for broadcast.

Special Activities

In response to a request from Geneva, feature articles were prepared as handouts for TAB (New York) dealing with typical WHO projects financed by EPTA funds, (Nigeria 10 - Rural Health Services, and Guinea 8 - Environmental Health). Another request was received from Washington for photo coverage of WHO work in the Congo (Léopoldville) for use on United Nations Day, October 24. This was dealt with in the normal course of maintaining liaison with the OPI, ONUC, Léopoldville.

Distribution

The switch-over of the distribution of WORLD HEALTH in Africa from Brazzaville to HQ in Geneva was successfully completed. This has proved of great benefit in speeding up delivery of this periodical, particularly in South and East Africa. The distribution list for Africa is now maintained at HQ and is being constantly kept up to date through the addition of new addresses supplied from AFRO, including those of new periodicals, newspapers and other publications. The press release distribution list at AFRO is also being kept up to date but communications are not improving and the speed of distribution still leaves a great deal to be desired.

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2. REVIEW OF PROGRAMMES

2.1. PUBLIC HEALTH ADMINISTRATION

Office of the Director of Health Services

Dr Norman-Williams, Director of Health Services attended the Twelfth Session of the Regional Committee in Geneva from 22 September to 2 October.

The Administrative Officer, Health Services, Madame Israel returned from home leave on 2 July.

Dr Soliman, Public Health Administrator I also attended the Twelfth Session of the Regional Committee in Geneva.

Dr Malafatopoulos, Public Health Administrator II, went on home leave on 4 July 1962 and is due to return to Brazzaville on 19 October 1962.

Dr Tassin, the Regional Adviser in Public Health, visited Mauretania and the Ivory Coast to discuss public health matters with the Ministers of Health of those countries.

2.2. COMMUNICABLE DISEASES

Staff movements

Regional Office Staff: In August the Regional Adviser in Communicable Diseases attended a meeting of the International Scientific Committee on Trypanosomiasis Research, held in Guinea, and spent a short time in Accra on the way back to discuss the project Ghana 5, bilharziasis control, with the Government. In September the RA/CD attended the Regional Committee for Africa in Geneva, and went from there to Mauretania for a meeting of the OCCGE and for discussions with the Government on various communicable diseases programmes.

Field staff: Dr Van der Hoff (Project Nigeria-1) started study leave in August, Dr I. Arita arrived in Monrovia in August to work on the project Liberia-17 (smallpox), and Dr A. Kiassaun (Project Liberia 3) left the Organization in September. This vacancy has not yet been filled.

Consultants: During this period Dr E.H. Sadun, from the United States of America, visited Southern Rhodesia, Kenya, Uganda, Tanganyika, and the Republic of South Africa in connection with the WHO Research Programme on the Sero-immunology of Bilharziasis.

Projects

The project Liberia-3 has been suspended, pending the recruitment of a new Senior WHO Medical Officer. Projects are in operation in the following activities:

Onchocerciasis	1 inter-country project
Bilharziasis	1 country project
Cerebo-spinal meningitis	1 inter-country project
Treponematoses	13 country projects
Leprosy	19 country projects
Smallpox	2 country and 1 inter-country project

Documents

The following reports are in preparation:

Dr Bechelli - leprosy in Nigeria
 Dr Durel - VDT in Chad
 Dr McCullough - bilharziasis in Congo (Brazzaville)
 Dr Lechat - leprosy in Togo
 Dr Christiansen - yaws in Ghana

The following reports are being prepared at HQ :

Report of the Leprosy Advisory Team's visit to Western Nigeria
 Dr Lapeyssonnie's report on CSM 1961-62, joint EMRO/AFRO
 Report of the 1961 Second African Conference on Onchocerciasis - AFRO 56
 A report by Dr Laviron on Leprosy in Guinea has been issued.

2.3. TUBERCULOSIS

The Regional Adviser in Tuberculosis was absent on home leave during the third quarter and was due back at the Regional Office on 19 October.

During this period, Dr Tassin, the Regional Adviser in Public Health also acted as the Adviser in Tuberculosis.

The Tuberculosis Advisory Team, AFRO.114, started operations during the quarter. This is an itinerant inter-country project. Expansion and development took place in other recently begun projects. Summaries of tuberculosis projects activities will be found in section 4 - projects.

2.4. NURSING

The Regional Nursing Adviser paid a visit to Mozambique from 3 to 16 July at the invitation of the Portuguese Government, to advise on the development of nursing education. She also had discussions in the Republic of the Congo (Brazzaville) with regard to possible WHO assistance to the Diplôme d'Etat School of Nursing in order to enable the integration of Public Health in the basic nursing course.

Planning for post basic nursing education projects with three short term consultants was a special feature of this quarter.

WHO nurse educators from three countries came into the Regional Office for discussions.

2.5. MATERNAL AND CHILD HEALTH

A second Adviser in Maternal and Child Health, Dr E. Alexander, was appointed temporarily at the Regional Office. She visited Ghana and participated in a UNESCO Seminar for Administrative Officers of the Ministry of Education in Léopoldville, Republic of the Congo.

The Senior MCH Adviser, Dr G.J. Glynn, attended a meeting of Regional Nutrition/MCH Advisers at Headquarters, 2 - 14 July, and presented a paper on the role of MCH in nutrition programmes.

Work connected with reports received from projects continued as usual. Background material was prepared for the Expert Committee Meeting on Day Care and Institutional Care of Children held at Headquarters. Plans of operation, with UNICEF and the Governments concerned, were prepared for the Congo (Brazzaville)

Madagascar and the Central African Republic. A background memorandum was prepared in the Regional Office on Cardiovascular diseases in Africa. Comments were passed to Headquarters on the proposal to establish a Malnutrition Rehabilitation Unit at Makerere. There was continued emphasis on training at all levels.

Professor Hendrickse was appointed to the WHO Chair of Paediatrics at Ibadan University and a Senior Medical Officer appointed to the MCH project in Mauritania.

Difficulties are still being met with in the recruitment of a short term consultant for a MCH project in Nigeria and of a Senior Medical Officer for a Ghana project in the same field.

The usual discussions on programming took place with UNICEF.

2.6. ENVIRONMENTAL HEALTH

The activities in the field of environmental health during the period under review have progressed satisfactorily. The Senior Regional Adviser in Environmental Health, Mr L. Orihuela, was absent on home leave and returned on 7 October 1962.

The Regional Adviser, Environmental Health, Mr L.J. Lovelace, attended the meeting on Community Water Supply in Geneva (26 - 29 June 1962) when it was decided to accelerate the community water supply programme for Liberia and Ghana.

Thereafter he was temporarily assigned to Burundi from 30 June to 4 July, in connection with the new request for assistance from that country to WHO in the field of Public Health. A permanent post for a Sanitary Engineer has now been established in Burundi, as well as one in Rwanda.

Recruitment of engineers for the environmental health projects in Ivory Coast, Gabon, Nigeria and Sénégal was completed. The engineer for Sénégal will be reporting for duty the middle of November, while the engineer for Ivory Coast will be assigned to that country as soon as information is received from the Government concerning the availability of adequate lodging for him.

The activities of the current environmental health projects in the various countries of Africa are proceeding very well. It should be noted particularly that the training of sanitation personnel in Guinea is proceeding satisfactorily. The training of the first 30 assistant health inspectors will be completed by the end of March 1963. This is of particular significance as it will be possible for the Ministry of Public Health of Guinea to undertake the development of environmental health programmes with the appropriate type of personnel.

In the environmental health project in Liberia, activities are also proceeding very well, and the Government has accepted the recommendations submitted by the WHO consultant on the necessary steps to be taken for the re-organization of the administration of the water supply system. It is very likely that as a follow-up to this the Organization will be giving further assistance to the Government of Liberia by the provision of an expert water manager and the provision of a consulting engineering firm to undertake the preliminary engineering and feasibility reports and loan application to finance the implementation of the expansion of the system.

One of the highlights during this period was the submission by the Government of Ghana of a request to the UN Special Fund for assistance in the preparation of a master plan for water supply and sewerage for the Accra/Tema/Akòsomba metropolitan area. The EH staff of the Regional Office, as well as the WHO sanitary engineer posted in Ghana, assisted the Government in the preparation of the request, which it is hoped will be approved by the Special Fund during its Governing Council meeting in December 1962. In this event, WHO, as the executing agency of the requested assistance, would have to put considerable effort towards the successful implementation of the various aspects of the request, mainly in the assistance to be given to the Government of Ghana in the establishment of the Ghana Water Development Corporation, and also in the provision of consulting engineering firms to undertake the engineering surveys and feasibility reports for a master water supply and sewerage scheme for the Accra/Tema area. It is also envisaged that it will be necessary to have at least one engineer at P5 level to act as liaison officer between the WHO Regional Office for Africa, the Government and the consortium of consulting engineering firms.

During the period under review, considerable efforts were developed towards the recruitment of the WHO consultants which have been requested by the Government of Kenya to assist in the review of the existing organization for the administration of both water supplies for domestic use as well as for agriculture and livestock consumption. The Government of Kenya has now requested that this consultancy be only implemented in the Spring of 1963.

The proposed consultancy in the field of water supplies in Togo has also been deferred to a later date at the request of the Government. Whether this consultancy should be implemented or not will be discussed during the forthcoming visit to Togo of the Director of EH/HQ, Dr M.D. Hollis, and the Senior Regional Adviser in Environmental Health/AFRO, which is due to take place during the latter half of November 1962.

The Government of Dahomey has also requested assistance in connection with water supply and sewerage services for the city of Cotonou, and this will also be discussed during the visit to that country of the Director EH/HQ and the Senior Regional Adviser EH/AFRO.

2.7. NUTRITION

The activities of the Regional Adviser in Nutrition, Dr A. Raba, were characterized this quarter largely by a number of voyages and missions.

He attended the meeting of Regional Nutrition and MCH Advisers at Geneva, 2 - 14 July 1962 at which the question of coordination of nutrition and MCH programmes in WHO projects was discussed and the sum of WHO world activities in these two fields drawn up for examination.

The Adviser also participated in two of the FAO/WHO/UNICEF Training Seminars on Nutrition, held at Porto Novo, 25 July - 1 August, and Bangui 2 - 7 September. WHO was also represented at other seminars held at Arusha and Freetown.

The Nutrition Adviser went on a special mission to Algeria, from the 2 August to 1 September, to investigate the nutritional state of the population, feeding habits, food supplies, etc. in view of a possible future food shortage.

2.8. MALARIA ERADICATION

The main event during the quarter was the Third African Malaria Conference, held in Yaoundé, Cameroun, from 3 - 13 July. The conference was attended by participants from twenty six countries, with nine observers, WHO Advisers and a secretariat from the Regional Office, assisted by the CCTA.

World Health Assembly resolution WHA 15/20 was one of the main items under consideration. All matters related to the acceleration of the malaria eradication programme and its implementation were fully discussed, together with the technical aspects of the epidemiological and operational problems.

One of the most important subjects of discussion was the pre-eradication programme. Eradication is difficult to achieve in some areas because the basic health structure necessary for the implementation of a malaria eradication programme is lacking. Pre-eradication programmes would take stock of the resources of the public health services and help governments build up their technical operational administrative facilities. The rural health services must be adequately developed before a malaria eradication programme is undertaken. Recommendations were made accepting and endorsing the principles of pre-eradication programmes and suggesting means for their initiation in the newly developing countries in Africa. A Regional Coordinated Plan for developing pre-eradication programmes in several countries of the Region has been prepared, envisaging the implementation of seven new projects in 1962, ten in 1963 and seventeen in 1964.

At the conference acknowledgement and appreciation was expressed of the two WHO publications:

"Guide for Malaria Entomologists in the African Region of WHO", and

"Manual for Processing and Examination of Blood Slides in Malaria
Eradication Programmes"

These publications are available at the Regional Office, Brazzaville.

In order to prepare for the extensive development programme in malaria eradication, training of national and international personnel has continued to receive high priority.

The malaria eradication training centre in Lagos has been established for the training of English-speaking personnel. First course for candidates from various African countries is to start at the end of the quarter and terminate in December. A preliminary agreement for a malaria eradication training centre in Lomé for the training of French-speaking personnel has been negotiated with the Togolese government.

During the quarter the Regional Adviser, Dr L. Charles, visited Nigeria and Uganda for discussions regarding implementation of plans of operation. In September he attended the Twelfth Session of the Regional Committee in Geneva.

The Medical Officer visited Liberia at the end of July for discussions with the Government regarding the situation in malaria eradication, and went to Togo for discussions with the Togo-3 Malaria Eradication Project.

The Regional Malaria Engineer, after a period of duty in Cameroun and annual leave, visited the METC, Lagos and the field training area to assist in the training for the first Junior Course beginning 1 October.

During the quarter the malaria unit was visited by field personnel on re-assignment and malaria trainees proceeding to the field. A short-term consultant was appointed to assist in the preparation of the Yaoundé Conference Report. Preparations were made in the Malaria Unit for the forthcoming meeting of Regional Malariologists to be held in Ibadan from 22 - 27 October.

2.9. HEALTH EDUCATION

A Regional Adviser in Health Education, Miss Leonie Martin, was appointed and took up her duties at the Regional Office on 14 September. She is investigating the health education needs of the Region.

2.10. EDUCATION AND TRAINING (including fellowships)

The Regional Adviser on Education and Training, Dr S. Renjifo, arrived in the Regional Office on 16 August. He has been investigating the Education and Training aspects of the fellowships programme and is making preparations for visits to Education and Training Institutions in the Region. (A Table showing the fellowships awarded in the third quarter is included as Annex I)

3. ADMINISTRATIVE MATTERS3.1. PERSONNEL

A number of professional technical personnel arrived during the quarter, as well as additional secretarial staff. Technical units, however, still remain understaffed.

Changes in Regional Office StaffProfessional Personnel: Arrived

Regional Adviser for Education and Training

Regional Adviser for Public Health

Regional Adviser for Health Education

Medical Officer for Public Health

Entomologist

WHO Representative, awaiting transfer to Bangui

Professional Personnel: Departed

Administrative Assistant (Finance)

Secretarial Staff:General ServicesArrived

5 Secretaries

6 Clerks (typists/stenographers)

Secretarial Staff:Departed

3 Clerks (Typists/stenographers)

Staff Position in the Regional Office, Brazzaville

Professional posts filled: 37

International General Services:
posts filled: 27Local General Services, posts
filled, Office Staff: 38

Custodial Staff (Messengers): 6

" " (Night Watchmen): 6

" " (Maintenance): 9

" " (Transport): 7

Changes in Field Staff

(A small proportion of arrivals and departures were transfers between projects).

Country and Project No.	Activity	Arrived	Departed
Basutoland-2	Tuberculosis	Laboratory Technician	
Cameroon-16	Nursing	Nurse	
Ghana-1	Malaria Eradication	Administrative Officer	
Ghana-11	Tuberculosis		Nurses (2) Laboratory Technician
Ghana-13	Public Health Administration		Statistician
Ghana-18	Malaria Eradication		Medical Officer
Ghana-25	Nursing	Nurse	
Kenya-4	Tuberculosis	Medical Officer	
Kenya-16	Public Health Administrator	Health Inspector	
Liberia-3	Venereal diseases and Treponematoses		Medical Officer
Liberia-17	Virus diseases	Medical Officer	
Malagasy-7	Tuberculosis	Medical Officer Public Health Nurse	
Mauritius-3	Maternal and child health		Nurse
Mauritius-7	Malaria eradication	Laboratory technician Administrative officer	
Mozambique-1	Malaria eradication		Entomologist

Country and Project No.	Activity	Arrived	Departed
Swaziland-2	Tuberculosis	Medical Officer Statistician	Bacteriologist
Tanganyika-21	Nursing	Nurse	
Uganda-12	Malaria Eradication		Entomologist
Zanzibar-3	Environmental Health		Sanitarian
Zanzibar-4	Malaria Eradication		Laboratory Technician

Inter-country Projects

AFRO-82	Malaria Eradication		Administrative Officers (3)
AFRO-87	Nursing	Nurse	
AFRO-105	Malaria Eradication Training Centre	Instructor (entomology) Ent. Technician Parasitic Technician Technician	
AFRO-114	Tuberculosis		Medical Officer

Inter-regional Projects

IR-49	Insecticide Testing Team		Scientist (HQ staff)
IR-79	Insecticide Testing Team	Medical Officer (HQ staff)	

Unassigned Pool

Malaria		Entomologist Sanitarian
Tuberculosis		Laboratory Technician
Nursing	Nurse	

Two malaria trainees were recruited. A Public Health trainee became Regional Adviser for Public Health at the Regional Office. A medical officer took up his post on the HQ Advisory Team Emergency Project, Rwanda.

3.2. ADMINISTRATION AND FINANCE

General

The Chief, Administration and Finance, Mr W. Hornett, who was on home leave during the quarter, reported to HQ, Geneva for the Twelfth Session of the Regional Committee. In conjunction with Budget, he prepared detailed requests to the Director-General for funds under the allocation of \$ 714.000 made by the World Health Assembly for newly independent countries. He also consulted with the appropriate units on various matters relating to the African Region.

The Administration and Finance Officer, Mr R. Heath, also attended the Regional Committee in Geneva, and from there went on home leave.

Budget and Finance

Both Budget and Finance have been understaffed during the quarter due to resignations and transfers and, after completion of the budget, to staff going on home leave. Both offices still remain under strength.

General Services

Lack of staff is again evident. The post of Assistant Administrative Services Officer remains vacant. The Administrative Services Officer left the Regional Office in late September, when he went to attend the Twelfth Session of the Regional Committee in Geneva and has so far not been replaced.

Estate and Transport Services

During this quarter the maintenance of the Estate was undertaken by our own staff of gardeners under the supervision of the clerk of the maintenance and Transport Unit. The results were an improvement over the former system of outside contract.

Seven single-bedroomed villas were converted into two-bedroomed villas, the resulting unit being very satisfactory. An additional villa was leased on the Brosette Estate and a studio flat in the town of Brazzaville. The Organization now administers 54 housing units.

The proposal to purchase ground close to the Djoué Estate was brought nearer to fruition. The final stages are awaiting only the authority to build. On this land the Organization intends to construct eighteen one-bedroom apartments, three with three bedrooms, and three with four bedrooms. If negotiations can be completed quickly the apartment blocks should be ready for occupation by the end of 1963.

Revised plans for the office extension are in the course of preparation. Ten countries have so far contributed or pledged contributions of close to \$ 300.000 towards an estimated cost of \$ 600.000 to \$ 700.000.

4. PROJECTS IN THE REGIONAFRO-53RTuberculosis Epidemiological CentreIn operation

A number of WHO tuberculosis project staff have been briefed in various technical aspects of their future work. The Centre worked on protocols for pilot area projects. Statistical and epidemiological data forthcoming from projects were evaluated and analysed, and in particular the material from the tuberculosis survey in Mozambique and from the BCG vaccination programme in Bechuanaland. Both these reports were finalized and submitted in draft form. The Centre is furthermore working on scientific papers - "Tuberculosis in Africa South of the Sahara" and "The effect of Tween 80 on intradermal tuberculin injections".

AFRO-113 and AFRO-114TATuberculosis Advisory Teams

The English-speaking advisory team, AFRO-113, could not start operation, although agreement had been obtained with the Government of Northern Nigeria that the team should start its activities there, because of difficulties with regard to recruitment of a statistician for the team.

The French-speaking advisory team, AFRO-114, visited Senegal during the period, and finished this assignment according to schedule successfully.

BASUTOLAND-2TAUNICEFTuberculosis ControlIn operation

The work of this project progressed according to schedule. Group examinations were carried out in Maseru among police recruits, the inmates of the leper settlements, as well as Maseru school children. The survey in randomly selected clusters of the pilot area continues satisfactorily. The arrangement of forwarding statistical material for evaluation and analysis to the Tuberculosis Epidemiological Centre, Nairobi, works satisfactorily. Construction work on the building which was to be adapted for a bacteriological laboratory is nearing its end. Difficulties are encountered with supplies and equipment which still have to be forthcoming from UNICEF.

CAMEROUN-10
TA

Assistance to health services
of the Federal Republic of Cameroun

In operation

At present, there are two WHO medical officers working in the Mamfe Division of Western Cameroun. They are responsible for the medical and health services and they are assisted by three health superintendents employed by the Government. Efforts continue to be made towards better medical assistance in rural areas. The team is attempting to arouse community interest and propagate the need for self-help to improve public health in small local projects, feasible under the present limited technical and financial resources. Three local health committees have been formed towards this end and efforts are being made to expand and intensify existing maternal and child welfare services. Difficulties are encountered in the drug supply for rural health work.

CADON-3
R
UNICEF

Maternal and Child Health

In operation

Training of pupils at the MCH centre has continued according to plan during the quarter in question and in September pupils started a probationary period at the Libreville Hospital for practical work in Midwifery and Paediatrics.

Visits were made by Dr Rimmer to all dispensaries for mothers and children in Libreville and to the Caisse de Compensation.

Numbers of women and children attending the MCH centre increased steadily, latest figures being:

Infants (birth to 2 years)	204
Children (2 to 6 years)	55
Ante-natal clinics	20

Distribution of vitamins A and D and soap supplied by UNICEF was continued and regular injections of Nivaquine administered.

M. Peyronnet of UNICEF visited Libreville from September 25 - 27 to discuss the FAO nutrition programme with Dr Le Bideau and Dr Rimmer. He also visited the MCH centre and agreed to proposals for improvement of conditions, namely

GHANA-11
TA
UNICEF

Tuberculosis Control Project

In operation

Operations in this project continued on a small scale only, mainly due to the lack of equipment, and because an insufficient number of national counterparts is as yet available for the project. Construction work of a tuberculosis centre in the project area, Tema, has commenced. The project has been mainly busy with endeavouring to increase the daily attendance of people with symptoms of tuberculosis. Home visiting of patients under domiciliary treatment was started. No further progress was achieved in the project towards the end of the quarter, as the Senior Medical Officer went on home leave, one Nurse on sick leave, and the second Nurse resigned.

GHANA-18
TESA

Medicated Salt Trial

In operation

The last two months of the quarter were used to study and execute the new approach in distributing medicated salt. In this approach the wholesalers do not function and the sales of salt are being channelled through the office of the Regional Commissioner. The new method started on 12 September.

Work with a Project Area and a Control Area shows that even a small consumption of medicated salt is able to reduce the parasite rate considerably, especially in the age groups above five years.

From individual records, positive cases are usually grouped in certain compounds in the Project Area. A special Education Team may be necessary to tackle this problem.

The entomological work shows that the small amount of medicated salt consumed has no influence on the Sporozoite rate.

GHANA-25
TA

Training of Community Health Nurses

In operation

Construction of the school buildings is still proceeding slowly. The forty-four students are developing satisfactorily and maintain interest in their work. With their Ghanaian tutors they have participated in local health education activities in liaison with the Health Education Committee and Health

Department personnel. Two consecutive groups paid a four-day visit to Accra and stayed at the Nurses Training College Hospital.

The team was completed by the arrival of the fourth WHO Nurse Educator in July who, after a short briefing, proceeded to her duty station at Tamale.

The Senior Nurse Educator attended a meeting of the Central Recruitment Committee in Accra and was represented at a second meeting where entrance examination requirements were discussed.

GUINEA-1

Maternal and Child Health

In operation

TA

UNICEF

Training is being given to a small group of pupils in the MCH services. They are expected to begin active work in this field in December 1962.

A group of nurses, specialising in MCH are also being trained and two have been sent to the Malaria Centre to work under the supervision of the WHO Senior Officer at the pre-natal and well-baby clinic. However, transport difficulties often prevent the medical officer from attending the clinic at the required hours, and therefore from giving the necessary guidance to the midwives there.

Tuberculin testing and BCG vaccination is well under way at two centres. However, health education methods will be necessary to encourage the mothers to return for the reading of the tests.

A government mass BCG vaccination campaign has been started but it is the opinion of the WHO Senior Officer that the preparation has not been adequate and the conduct of the campaign is not altogether satisfactory. In mid-September the mass campaign halted, owing to shortage of vaccine, and this pause has allowed the WHO Senior Officer and the MCH Medical Officer to consult the Minister of Health with a view to improving the methods used and to give instruction to the medical personnel involved.

The school for MCH Auxiliaries opened on 17 September with 20 pupils and more are expected.

The transport situation has recently improved with the use by the MCH services of one of the new cars supplied by UNICEF and the repair of a used Land Rover by the Chief Medical Officer of MCH and the WHO Senior Officer.

GUINEA-8

TA

UNICEF

Environmental SanitationIn operation

The school for sanitary personnel has developed during this quarter along the lines laid down at its inception. The premises taken over provisionally for the opening of the classes have been completed and furnished.

At the end of September the students wrote their first-semester's examinations on eleven basic subjects. The second semester is soon to begin with instructions in four main subjects: sewerage disposal, household wastes, building construction and practical work in topography.

Instruction had to be somewhat simplified owing to the rather low recruiting level and lack of a general culture. However, the students are all in possession of Roneotyped copies of the course of instruction and will have the time to assimilate them.

The overall plan for the pilot-zone project to supply Coyah with drinking water has been completed and a part of the necessary material is on the spot. Detailed plans for the digging of wells and latrines are being made.

KENYA-2

R

UNICEF

Environmental SanitationIn operation

The Zaina scheme Sanitation Works at Nyeri were completed, as well as five smaller schemes elsewhere in the Nyeri District.

Of sixteen areas in the Elgeyo District, chosen for utilitarian and demonstration schemes, 1960-1963, three have been completed and five are only awaiting the UNICEF-supplied windmill and pump before completion.

Supplies for the other schemes are on the spot except for the windmill and pump.

In the other districts, preliminary activities such as the receipt, transport and storage of UNICEF material have been taking place.

Official contacts have been made with the medical and local authorities and the WHO Engineer has travelled widely in order to discuss general aspects of the programme with local authorities and health staff.

KENYA-4

TA

UNICEF

Tuberculosis Chemotherapy
Pilot ProjectIn operation

The extensive activities of the project continued satisfactorily during the quarter. Mass X-ray examination of school children in the rural area of Kiambu was continued. The contact study which had been carried out for one year was completed, and statistical evaluation of this highly interesting investigation commenced.

Meetings were held with the medical officers of health of the Central Province districts concerning details of administration in connexion with the BCG campaign. An "Instruction for BCG Technicians" has been drafted. It concerns especially the tuberculin & BCG vaccination technique and documentation and includes an outline of assessment procedure. Training activities were undertaken on a small scale in Machakos and Kiambu districts, to gain experience for the larger BCG campaign. The campaign will deal with school children in the first place.

Almost all the index cases and their household contacts will during September 1962 have completed one year of treatment and follow-up. Results should be available at the end of this year.

The WHO tuberculosis laboratory is now working steadily and examines 2000-2300 specimens per month and 500-600 sensitivity tests (INH, PAS, Streptomycin). Estimated cost per specimen examined: to Kenya Government Shs. 3/-, to UNICEF about Shs. -/75.

Since the project started a total of 111.460 persons had x-ray examinations, a total of 55.057 specimens have been examined for tubercle bacilli in the laboratory and a total of 42.869 home visits were made.

Future plans are to continue the present activities and to train BCG technicians in the Central Province.

Two WHO officers have worked with Kenya-4 for briefing. There has been no change in the staff.

MADAGASCAR-7Tuberculosis Control ProjectIn operation

TA

Work progresses satisfactorily in the pilot area and consists mainly of BCG vaccination, which is supervised by the WHO Medical Officer and Nurse. This activity is closely co-ordinated with a Government programme aiming at systematic case finding by X-ray and laboratory examinations of the population in Tulear, with subsequent treatment of persons with pulmonary pathology.

MALI-13Public Health AdministrationIn operation

TA

The Public Health Adviser has continued his study of the health situation in Mali, notably the public health regulations, the history of leprosy control in West Africa, regulations regarding nurses and health personnel, the organization and administration of the Public Health Service, onchocerciasis control measures since 1938, tuberculosis control, as well as natural health budgetary measures and needs of the country in respect of personnel and equipment.

Subsequently the Public Health Adviser has addressed a communication to the Minister of Health of Mali suggesting the formation of a National Planning Commission for Public Health. He has had eight meetings with the Health Minister and with other senior health authorities, and undertaken fifteen visits to various places of public health interest.

MAURITIUS-2Tuberculosis Control ProjectIn operation

TA

A case-finding programme for certain high risk groups is being carried out and a BCG vaccination campaign in schools continued, both under the supervision of the National Tuberculosis Specialist of the Government. The Public

Health Nurse is participating in and supervising a home visiting programme for patients under domiciliary treatment, which is progressing very satisfactorily and increasing in scope. The bacteriological laboratory also increased its work considerably, and specimens are received from a variety of hospitals, clinics, and physicians from the whole island. Microscopic examinations, diagnostic cultures and sensitivity tests are performed. The WHO statistician is working on establishing a tuberculosis case register.

MAURITIUS-7
MESA

Malaria Eradication

In operation

During this quarter, a revised plan of operation was adopted. Areas with an annual incidence higher than 0.5 per thousand will be protected by residual spraying. The island has been divided into three epidemiological zones: a maintenance zone to be covered by passive detection, a consolidation zone to be covered by active and passive case detection, and an attack zone (coastal) covered by active and passive case detection, spraying and larvicidal measures.

A case of cerebral form of malaria (*falciparum*) following traumatism was encountered.

Transmission was confirmed as being practically interrupted during the cool season.

Educational pamphlets were prepared for distribution to medical officers and dispensaries before the beginning of the next transmission season. Some of these are to call attention to the difficulty of clinical diagnosis of malaria and the importance of taking blood smears.

MOZAMBIQUE-1
MESA

Malaria Eradication

In operation

WHO assistance was given during the quarter in the form of advisory services by WHO personnel working with national counterparts in the malaria eradication campaign, and in the form of training, equipment and supplies. Numerous field trips were made, mainly in the supervision of spraying operations. The second spraying round was completed at the end of August.

A special WHO Commission of short-term consultants paid a visit to the project. The Regional Director for Africa visited the project at the end of August. Discussions took place between the WHO Project Officials and the Government on various subjects, including the need to make the notification of malaria cases compulsory, and the roles of the rural health infrastructure and health education in future malaria eradication programmes.

NIGERIA-10Rural Health Services, Eastern NigeriaIn operation

TA

UNICEF

Ten of the thirteen Community Nurse pupils who sat their final examinations in July were successful, two were referred in two subjects and one failed. Fifteen further pupils reported at Nsukka for the final period of six months training and sixteen pupils commenced the second six month period of training at Aba.

At Oji River the one-year course of training for Dispensary Attendants was completed on 20 September and will be replaced by a refresher course beginning on 15 October.

At Aba the final year Health Inspector students completed their course in July and the first year course for Health Inspectors and Health Overseers continued throughout the quarter.

In the absence of the WHO Nurse Instructor who left on home leave in July, the Community Nurse pupils at Nsukka were trained by a substitute instructor. The acting team-leader continued to give lectures and clinical teaching at Nsukka throughout the quarter.

The vaccination and household census survey at Nsukka continued during July and August but in September the local health staff were temporarily taken away to prepare a census on new buildings for the Federal Bureau of Statistics. However, the survey has progressed. half the division has been covered with almost 100% acceptance rate for vaccination.

A village health committee was established at Theakpu, about seven miles from Nsukka, in line with other village health committees started around the

project headquarters at Oji River. Three of the WHO project members were present at the first meeting where it was decided to begin work by the building of latrines. With the assistance of Health Overseer students two public latrines and several private latrines were constructed.

The Health Inspector Tutor (sanitarian) submitted a memorandum on the training of Health Overseers to the Ministry of Health. The memorandum contained suggestions for the improvement of the Training Course for Health Overseers and Dispensary Attendants. It was discussed at a meeting at Oji River and was approved for implementation, subject to the approval of the Director of Medical Services, in 1963.

Inspection Report forms were put into use by Health Overseers working in the Nsukka Division, resulting in a marked improvement in the standard of inspection.

A number of meetings were held to discuss the general development of the project and other administrative matters and there were a number of visitors to the project, all of whom were shown how the practical training of the Public Health Inspector students is carried out.

NIGERIA-14
R
UNICEF

Tuberculosis Control Project

In operation

The project was occupied during this period with continuing examinations in a number of randomly selected sample groups in Ibadan. Work progressed satisfactorily in spite of difficulties encountered by non-response of the population. The situation has, however, improved and the attendance has become adequate after repeated visits to the sample groups were organized.

The project is in close co-operation with the project Nigeria-25, where bacteriological examination of sputa obtained during the survey will be carried out until the project's own laboratory is fully equipped and ready to assume this work in Ibadan.

NIGERIA-21Rural Health Services - Western NigeriaIn operation

TA

The Public Health Nurse arrived at the beginning of the quarter, and began to assist in the organization and supervisions of the work of eleven community nurse trainees who were moving to a field training area in Ishara. The services of the trainees have been extended to neighbouring villages and they have been responsible for a large increase in attendance at the maternal and child health clinics. They have also been conducting the ante-natal and child welfare clinics at the Ishara Health Centre, making home visits, and giving cookery demonstrations with the object of teaching mothers how to prepare nutritive foods cheaply, with local products.

The Ishara Health Centre is now functioning fully and has become a part of the life of the community. The main development during the current quarter has been in maternal and child health services. The Health Centre supervises eleven sub-centres and provides services to a community estimated at 50,000. The sub-centres, sited in large villages, consist each of a dispensary and Maternity Centre with resident midwife. They are visited weekly by the Medical Officer and nursing adviser.

There has been no outbreak of communicable disease. Routine immunization against smallpox continued. A start was made with triple vaccine on children, the supplies being obtained from government sources. Supplies being limited, the immunization was confined to Ishara town where thirty infants completed the course.

The Sanitary Engineer visited the WHO Project Ghana-10 which has some resemblance to the Nigeria project. He and his unit have produced some twenty-eight stencilled papers on various aspects, general and specific (local matters) of environmental health.

The design of the central sewage system of Ibadan is under discussion as an urgent major environmental health problem. Meetings have been held and the question is the subject of a report prepared by the Unit, which has also carried out all possible technical steps towards implementing the plan including the proposal of the grant and a professional estimate of the cost of the Master Plan.

Pupil sanitarians have worked under the supervision of the Assistant Health Superintendent. The programme for the provision of a latrine in each home in Ishara continues and enquiries have been received from neighbouring villages for an extension of the service to them. It is hoped in the near future to commence a household refuse collection service from a selected number of houses which are prepared to provide a dustbin. Regular meat inspection, inspection of the market, food preparation and eating premises, and homes, with attendant health education activities, have also been carried out by the students.

Health education is being emphasized, especially in the field of maternal and child health. Statistical records are being kept at the Health Centre and sub-centres and people are being encouraged to make use of the voluntary system of registration of births and deaths.

Medical care is of an outpatient nature, except for maternity cases. After some difficulty in the beginning the public have accepted the health centre concept of medical work and the response is good. Attendances were about twelve hundred persons for each month of the quarter.

Work at the Health Auxiliaries Training School continues smoothly. The Senior Public Health Inspector trainees returned from the field for the last six months of their course of study and the other class, of sanitary engineers, completed their nine-month period of formal training towards the end of the quarter and left for their practical training.

Liaison with co-workers in the same and related fields has been maintained and a large number of visitors were welcomed at the Training School.

NIGERIA-25

Tuberculosis Control Project (Federal)

In operation

TA

This project, which is at present only staffed with one WHO Laboratory Technician, is having difficulty in recruiting a statistician. The main activities of the Laboratory Technician have so far been concerned with the training of technical assistants.

After discussions with Federal health authorities it was decided to site the WHO assisted diagnostic tuberculosis laboratory at the Federal Laboratory Service Headquarters, Yaba, where existing facilities for general cleaning, washing up, sterilization and other amenities could be shared. As from September all specimens previously examined at the Chest Clinic, for microscopy only, are now sent to the Yaba laboratory for complete examination. Lowenstein-Jensen media is being prepared and, as some difficulty has been experienced in the past in isolating mycobacteria, a record is kept of source and type of eggs used for each batch of media prepared.

Contact has been established between this project and the pilot area project, Nigeria-14, in Ibadan.

Supplies and equipment are on hand, laboratory record cards have been printed by the government printer, and the Lagos Anti-tuberculosis Association has donated 4.000 laboratory report forms and 2.000 interim report forms.

It is planned to continue and expand present activities including the examination of all types of specimens for tuberculosis from all the Lagos hospitals.

NIGERIA-28
TA

Health education of the Public (Federal)

In operation

The Health Educator has participated in some thirty conferences, meetings and visits concerning the training of national personnel in health education and programming.

She has continued to participate in the training courses for community nurses two days each week and nurses four days each week. On 8 October she is to begin an in-service course twice a week for teachers in health education in the four teacher training colleges.

Leaflets are being prepared on some of the local health problems such as smallpox, VD, worms, chickenpox, whooping-cough, malaria and tetanus. A master plan for a health education programme is being developed to be presented to the Permanent Secretary, for approval.

Officials of the proposed Federal Teacher Training College have agreed to include health education in the curriculum from the beginning and the WHO Health Educator will participate in setting up a course to meet local health needs.

SENEGAL-4

TA

UNICEF

Environmental Sanitation within the
Public Health ServicesIn operation

The WHO Sanitarian continues to hold courses at Dakar pending the construction of the school for sanitary health personnel in Khombole.

During the quarter the students have continued practical training in the inspection of markets, food stores, slum areas and private premises in Medina, an urban area of Dakar. They have also had practical work in the laboratory at Dakar University.

SIERRA LEONE-7

R

Nursing EducationIn operation

The Senior Nurse Adviser is continuing work initiated at the Maternity Hospital. Ad hoc meetings were held with the medical officer in charge, with the nursing sister in charge concerning improvement in nursing procedures and hospital equipment needs, and with the acting matron Connaught Hospital concerning improvements in patient care units.

The Senior Nurse Adviser also attended a large number of meetings with local health authorities and with UN, TAB and CARE representatives.

A WHO short-term consultant on medical education visited the project.

SIERRA LEONE-14

R

UNICEF

Environmental SanitationIn operation

The Health Inspector's Training School now consists of two separate classes of students, the second class being formed in August. Regular lectures are being given to the first year students, forming part of a provisional training programme. It is hoped to add physics, chemistry, elementary anatomy and

physiology to the curriculum - instruction to be given by members of the staff of the Bo Government School.

Regular lectures have been continued with the second and third year students.

In September, all students received training in vaccination.

The plans of the new school should soon be completed.

Plans for the proposed demonstration area at Mattru are in abeyance until the return of paramount chief Jigba and until the District Officer has had the observations of the Ministry of Internal Affairs in connection with the details set out in the plan of operation concerning Mattru.

Limitations in facilities and number of lecturers make it difficult to formulate a properly planned training programme.

A number of useful official contacts were made and visits carried out. The project was visited by Mr W. Kooy, the UN Representative in West Africa.

SWAZILAND-2

R

UNICEF

Tuberculosis Control Project

This project has not yet become operational during the quarter. WHO staff members have arrived, and are at the moment assigned for a period of technical briefing to WHO assisted projects in Nairobi. The necessary equipment for this project has arrived in Mbabane, and was checked and stored by the project's X-ray Technician, who visited the project site ahead of other staff members.

TOGO-1

R

UNICEF

Treponematoses Control

In operation

The first mobile team finished training on 15 July but stayed in Lomé because of the emergency situation there: houses destroyed, wells contaminated. The team has been busy administering TAB vaccinations and should be able to return to the anti-yaws campaign at the beginning of November. The campaign vehicles were also put at the disposal of health authorities during the emergency.

Training began for two mobile teams in the north of Togo but the situation in Lomé has delayed the dates of completion of the courses, which again had to be suspended between mid-August and early September when the team leader went on a tour with Dr Lechat, visiting WHO consultant for leprosy. The courses were given twice because of the difficulty of bringing the teams together.

The mobile teams are expected to begin work towards the end of September.

The fourth team, of male nurses, who finished their studies in September, will work with us during October and after this training will be stationed in the maritime area.

No serological supplies have arrived so our laboratory technician is working with limited means. She has, however, carried out 1,422 reaction tests up to the end of September. While awaiting supplies, the technician is attending courses on laboratory work and assisting in the bacteriological and haematological sections.

A detailed leprosy control programme will be drawn up in the light of Dr Lechat's recommendations in his forthcoming report.

TOGO-15

Environmental Sanitation

In operation

R

UNICEF

Activities for this quarter have been greatly influenced by the floods of June/July and have been confined almost exclusively to the city of Lomé.

Official contacts were increased and good working relationships established with the participation of the team in the Flood Victims Rescue Committee.

The studies on sanitary regulations in collaboration with the Director of Health Services, Lomé, were interrupted by the emergency. The radio talks on Environmental Health Measures, however, were completed.

Concerning the Nuadja project, technical representatives of F.A.C. arrived in mid-September but have not yet taken up the question of the Nuadja school. It has not been possible to recruit a Togolese sanitary engineer as a national counterpart. Togo is not likely to have a sanitary engineer before 1969.

Two Health Assistants and a Technical Agent, who were WHO Fellows in Canada, came to work for the Health and Sanitation Services on 27 June. Two of them are working for the sanitary service, the other worked for the Yaws Control Service and was later assigned to the TAB vaccination campaign set up after the floods.

The Government has not yet accepted officially the mission of the WHO consultants' team on water supplies, but members have been designated for a National Committee to carry out the preparatory work which is expected to begin in the first half of October.

Water pressure is now maintained in Lomé by a pump originally installed to supply the water tower of the hospital. Bacteriological analyses, suspended on 8 August due to lack of culture medium, will soon be under way again. The last results at that time were negative as to coliforms. The Minister of Health has instructed the Health Services to carry out the disinfection of private wells, using a plan drawn up by this team-leader. The disinfectant is supplied by the Red Cross and the operation will begin at the end of the shorter rainy season.

The disposal of household wastes remains a problem. a permanent solution will sooner or later have to be found. The team-leader has drawn up a programme of studies on the disposal of household wastes and on public latrines and the springs supplying water in Lomé. Studies began in mid-September and should finish about mid-November. There are plans for a six-months' course on sanitation, beginning in January 1963.

Other varied activities of an advisory nature were carried out. costing the necessary equipment for bacteriological analyses for the Ministry of Health, drawing up a sketch of a slow sand-filter for water supply at Sokodi hospital, unofficial courses carried out to prepare candidates for sanitary technicians' examinations and a visit to the installation works for the Lomé sewerage system.

ZANZIBAR-4

MESA

TA

UNICEF

Malaria Eradication

In operation

The Senior WHO Officer arrived on 9 August and set to work studying records of the project and holding discussions with the Government Liaison Officer on the implementation of the new plan of operation.

Work has continued in the collection of parasite data and entomological data and in residual insecticide spraying. A total of between five and six thousand blood smears were examined in all age groups.

A survey was made of 5% of the 0-5 year old infant population of Zanzibar, in order to give an indication of the parasite picture in persons born after the initiation of residual insecticide spraying.

Investigations have been made into the daytime house density of anophelines, collected in the course of spraying, and outdoor resting catches and night outdoor biting catches have been undertaken. Catches were examined for sporozoite rates. Other entomological activities included bio-assay of sprayed surfaces and larval surveys.

The seventh cycle of spraying commenced on 1 May and was still continuing at the end of the quarter. Progress was slowed down owing to an unofficial labour strike and absences from the spraying staff due to illness and other causes.

AFR/QR/3 (1962

Annex I

Fellowships awarded during the third quarter of 1962

Country Subject	Basutoland	Cameroon	Cent. African Republic	Chad	Comores	Gambia	Ghana	Kenya	Liberia	Madagascar	Mali	Mauritius	Nigeria	Reunion	Rhodesia	Sierra Leone	South Africa	Tanganyika	Togo	Upper Volta	Zanzibar
Communicable diseases							1									1					
Environmental Health											1										
Laboratory Techniques				2																	
Malaria Eradication (Training Centre, Lagos)						2	2		2			1	6			1					
Maternal & Child Health (Paediatrics)		2								1				1							
Medical Studies (General)	13	1	1		3		1			5			4				1	1		1	
Mental Health								1					1								
Public Health Administration		1						5				3	1								
Public Health Nursing												1							4		
Tuberculosis								1					1		1						

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40-01

CIVOPS/1152/63

30 August, 1963.

TO: Dr. Sallerive, Senior UNO Representative
FROM: A.C. Gilpin, Deputy Chief, Civilian Operations
SUBJECT: Mr. Johan Sinnema - Medical Accountant

Further to our memo CIVOPS/1036/63 dated 12 August 1963, recent information received from Hq. NY. reveals that Mr. Sinnema has accepted the offer of appointment and has indicated that he would be able to take up his assignment at the beginning of September.

We have nevertheless requested Hq. NY. today to advise us on Mr. Sinnema's estimated time of arrival as per attached copy of our cable. We will keep you informed of their reply.

cc: Mr. G. Fulcheri
Mr. T. Trisciuzzi

File 11
40-01
CIVOPS/1152/63

30 August, 1963.

TO: Mr. Sellarive, Senior WFO Representative
FROM: A.C. Hilpin, Deputy Chief, Civilian Operations
SUBJECT: Mr. Johan Sinner - Medical Appointment

Further to our memo CIVOPS/1036/63 dated 12 August 1963, recent information received from Mr. NY, reveals that Mr. Sinner has accepted the offer of appointment and has indicated that he would be able to take up his assignment at the beginning of September.

We have nevertheless requested Mr. NY, today to advise us on Mr. Sinner's estimated time of arrival as per attached copy of our cable. We will keep you informed of their reply.

cc: Mr. E. Fulcheri
Mr. Y. Tricciuzzi

262

40-01
CIV.OPS./1119/63

23 August, 1963

To: Mr. J. Schoellkopf, Chief, Civilian Personnel
From: A. C. Gilpin, Acting Chief, Civilian Operations
Subject: Compassionate leave, Dr. Brown

Dr. A. E. Brown, Deputy Chief of the WHO mission, has asked for a place on the Yukon flight to Pisa on 28 August. He wishes to visit his mother who is seriously ill in England.

Dr. Brown's home leave was recently cancelled at very short notice as a result of decisions in Geneva, and as a result he has no prospect of home leave before November.

If he can get a place on the Yukon flight, he will return in about two weeks' time, if necessary at his own expense.

I support this request and hope it will be possible to provide him with a place. He will be travelling alone.

.... I attach Movement Order for certification.

**WORLD HEALTH
ORGANIZATION**



**ORGANISATION MONDIALE
DE LA SANTÉ**

AUG 20 1963

ACTION

B. P. 1899
LÉOPOLDVILLE
République du Congo

REF. AEB/je

TO:	<i>Gilpin</i>
1	<i>232</i>
2	
3	
<input type="checkbox"/> - Action Command	
<input type="checkbox"/> - Acknowledged	
<input type="checkbox"/> - No Action Required	

16 August 1963

To : *Mr. A. C. Gilpin*, Deputy Chief, Civilian Operations

From : Dr A. Bellerive, Senior WHO Representative

Subject : ONUC PROGRAMME AND BUDGET ESTIMATES FOR PROJECTS 40-01
AND 40-02

Further to Dr Brown's discussions with you yesterday and to my memorandum of 23 July 1963, I am writing to inform you that when commenting on your memorandum of 22 July we overlooked two errors in your tabular summary of submission at the end of that memorandum, namely:

1. The Adviser in Sanitary Engineering indicated under the heading "Advisory" should be suppressed for all three years.
2. The Sanitary Engineers mentioned under the heading "Operational" should be five each for 1963, 1964 and 1965 instead of the four, six and six indicated for these years.

This makes a total of seven Sanitary Engineers. The cumulative totals for the three groups thus become 24 for 1963, 28 for 1964 and 28 for 1965.

I would also take this opportunity to ask you to note for the record that the presentation of the posts funded under the UNTA Expanded Programme is not in accordance with the present situation. We understand, however, that this is intentional and based on the original programme and budget submissions for 1964/5.

The four posts presently funded from TA funds are:

1. CTA 1 - Public Health Adviser
2. CTA 2 - Assistant Chief Adviser
3. CTA 3 - Public Health Adviser
4. CTA 4 - Nurse Training Officer

cc: Mr J. Brouland, Chief Personnel, WHO, HQ

TT/dmp

40-01
ADM 450/4

ACAC-20/63

21 August 1963

TO: Wing Commander W.F. Wiltshire, Chief Air Transport Officer
FROM: T. Trisciuzzi, Assistant Chief Administrative Officer
and Executive Officer, Congo Fund
SUBJECT: Space on Yukon

.....

1. I am enclosing memorandum from Dr. Bellerive dated 14 August 1963 concerning space on Yukon leaving Leopoldville on 25 September.
2. I will appreciate your confirmation that such space will be available as requested.

cc: Dr. Bellerive

WORLD HEALTH
ORGANIZATION



40-01
ADM 450/4
ORGANISATION MONDIALE
DE LA SANTÉ

AUG 19 1963

ACTION

B. P. 1899
LÉOPOLDVILLE
République du Congo

M-118

REF. AEB/je

14 August 1963

TO:	Gilpin 210
1	
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3	
<input checked="" type="checkbox"/>	Action Completed
<input type="checkbox"/>	Acknowledged
<input type="checkbox"/>	No Action Required
INITIALS	

To : Mr A. C. Gilpin, Deputy Chief, Civilian Operations

From : Dr A. Bellerive, Senior WHO Representative

Subject : REQUEST FOR TWO-WAY PASSAGE ON YUKON FLIGHT

One of our doctors, Dr C. Rubinstein, tuberculosis expert working in the WHO programme at Lulusabourg, wishes to attend the 17th International Tuberculosis Congress to be held in Rome from 25 September 1963, and a similar scientific meeting commencing in Naples on 30 September. He is prepared to attend this Congress as part of his annual leave and at his own expense. However, he has asked if we could support his request for a passage via Pisa on the Yukon leaving Léopoldville on 25 September.

We are pleased to support this request and would be grateful if you would let us know if you can give him a seat on this plane.

It is understood that Dr Rubinstein will provide himself in advance with a return ticket.

cc: Maj. Gen. C. H. R. Kaldager, Air Commander
Dr C. Rubinstein

for A.O., Léo
H. Tomyska

Mr Glover, Chief Registry
HQS

21 August 1963

HT/mc

POUCH LEO

You will in the meantime have received our cables WHO 228 and 229 regarding the complete breakdown of communication between Léopoldville and Brazzaville. We had first thought that this might change to normal again, but political situation does not indicate that. We had to hire a more or less private plane to finally get the last two pouches N° 102, 103 & 4, from Geneva over from Brazza and back ours to Brazza and Geneva. Even that last straw may cease to exist any moment.

In order to ensure the normal flow of correspondence between here and HQS we thought to use SABENA for the time being. In view of the above and the previous correspondence exchanged on the subject I would be grateful to know whether there has been any progress made on our proposals also in view of Mr Askerstam's visit to this office. As a side aspect I may point out that ONUC was unable to help us out when things got stuck in Brazza and were actually astonished that our pouch came through Brazza (after all they use it too for their correspondence with Geneva, as well as the other Agencies, etc...)

cc : ✓ Mr T. Trisciuzzi, Executive Officer Congo Fund and Assistant
Chief Administrative Officer (Civ Ops)

INFO. COPY Trisciuzzi 262

AUG 22 1963

Action to

File No.

20 August 1963

Dr: A. Bellerive, Chief, WHO Mission

A.C. Gilpin, Acting Chief of Civilian Operations

Proposed travel of Dr. Yvonne Sylvain

Please refer to your memorandum of 14 August 1963.

While I fully appreciate the value of the proposed visits by Dr. Sylvain to Uganda and Kenya, I am afraid that since this would involve expenditure in foreign exchange and since it is not a direct project cost, it is not possible to consider financing it, either under ONUC or from the Congo Fund.

ROUTING SLIP

TO

Mr. Triscuzzi

762

APPROVAL	NOTE AND RETURN
SEE ME, PLEASE	YOUR COMMENTS
YOUR SIGNATURE	YOUR INFORMATION
NOTE AND FILE	FOR ACTION

I don't see how
ONUC could pay.
Perhaps Gov't. would
be interested in
financing her
trip.

DATE

16/8

FROM

acc

40-01

WORLD HEALTH
ORGANIZATION



ORGANISATION MONDIALE
DE LA SANTÉ

B. P. 1899
LÉOPOLDVILLE
République du Congo

REF. AB/am

14 August 1963

M-103

To : Mr A.C. Gilpin, Acting Chief, Civilian Operations, ONUC
From : Dr A. Bellerive, Senior WHO Representative *AB*
Subject : Dr Yvonne Sylvain's travel

...

Please find enclosed photocopy of a memo from our Headquarters in Geneva about Dr Yvonne Sylvain's travel to some African countries.

You may recall that Dr Sylvain is our Maternal and Child Health Adviser. Since she has greatly contributed to the development of the plan of operation for the Ndjili project, we would like to give her the proper outlook in this field and we requested our HQ to suggest the places she could profitably visit.

We were instructed by our HQ to inquire whether the cost involved could be charged to ONUC. It would not be more than the cost of the ticket to and from the countries mentioned and the per diem while she is on this study trip.

We would appreciate your prompt reply to this matter since Dr Sylvain is at present on leave in Europe and is due back here early next month.

...

Encl.: photocopy

AUG 16 1963

ACTION

TO:	<i>Gilpin</i>
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<input checked="" type="checkbox"/>	Action Completed
<input type="checkbox"/>	Acknowledged
<input type="checkbox"/>	No Action Required
INITIALS	<i>am</i>

MEMORANDUM

From MCH

To Dr A. Bellarive
Attention : Leopoldville

Date 5 August 1963

Our ref.

Subject

TRAVEL BY DR SYLVAIN -
NDJILI PROJECT

Your ref.

I have had an opportunity to discuss with Dr Winnicka your memoranda of 2 and 24 July. She is again absent on duty travel and has asked me to remind you that in her conversation with you she had suggested that it might be useful for Dr Sylvain to spend a couple of weeks at the regional office for AFRO in Brazzaville. There she will have an opportunity to discuss with Doctors Glynn and Servas, problems of common interest.

Subsequently, she could profitably visit Uganda and Kenya. In Uganda, she would meet Professor Jelliffe, Head of the Department of Paediatrics of that medical school who would be asked to organise for her a programme of visits in that country. In Kenya, her contact would be Dr Edith Alexander, formerly regional MCH adviser in WPRO, who is now attached to a training institution for auxiliary health personnel.

If you agree with this plan you may wish to contact AFRO directly for the necessary arrangements.

Ref: Civops 1088/63

20 August 1963

To: Mr. A. Succar, Chief, Foreign Aid Section
Bureau of Economic Co-ordination

From: James R. Brooks, Deputy Chief
Civilian Operations

Subject: Seminar on Narcotics Problems in Developing Countries in
Africa, Addis Ababa, 11-22 November 1963

.... Concerning the nomination by the Congolese Government of two participants in the above-mentioned seminar, please note the attached letter in which the Director of the Division of Narcotic Drugs of the European Office of the United Nations states that he has made the acquaintance of Dr. Farhi, Adviser of the Chief Pharmacist of the Congo (Leopoldville), and was impressed by him. In addition, Mr. Chapman states that the interest displayed by Dr. Farhi in the subject of the seminar would make him a most valuable candidate.

I note your letter, no. 411/BCE/63 of 19 July 1963, in which you indicate the names of the two candidates designated by the Ministry of Health. I assume that the Ministry of Health is arranging directly with the Division of Narcotic Drugs for the participation of these two nominees. I would appreciate receiving copies of the nomination submissions sent to the European Office of the United Nations.

cc: Dr. Bellerive

→ 40-01
T-320/2

Ref: 1090/63 Civops

20 August 1963

Dear Mr. Chapman,

Reference is made to your letter of 9 August 1963 in which you mention your interest in Dr. Farhi, Adviser of the Chief Pharmacist of the Congo (Leopoldville), and suggest him as a possible participant in the forthcoming Seminar on Narcotics Problems in Developing Countries in Africa.

I am sending a copy of your letter to the Bureau of Economic Co-ordination of the Congolese Government for their information.

..... In connexion with the nominations of participants made by the Government, I attach hereto a copy of a letter received from the Bureau of Economic Co-ordination naming the two candidates designated by the Ministry of Health. I assume that the Minister of Health has notified you directly of these nominations and is submitting the necessary information to you which will enable you to finalize the travel and other arrangements for them.

Yours sincerely,

A.C. Gilpin
Acting Chief
Civilian Operations

Mr. D.A. Chapman
Director, Division of
Narcotic Drugs
European Office of the
United Nations
Palais des Nations
Geneva

cc: Mr. Succar

40-01
CIV.OPS./1078/63
40-01

19 August, 1963

To: Dr. A. Bellerive, Senior WHO Representative
From: A. C. Gilpin, Acting Chief, Civilian Operations
Subject: National Maternal and Child Health Seminar and
training course

Thank you for your memorandum of 14 August. We very much appreciate your kind words about the help which Civilian Operations was able to provide on the occasion of the National Maternal and Child Health conference and training course recently.

I shall be happy to convey your thanks to those concerned.

cc: Mr. Schoelkopf (with att.)

WORLD HEALTH
ORGANIZATION



40-01
ORGANISATION MONDIALE
DE LA SANTÉ

B. P. 1899
AUG 17 1963 LÉOPOLDVILLE
République du Congo

REF. AEB/je

14 August 1963

INFO. COPY *Gilpin 210*

Action To.....

File No.

To : Mr A. C. Gilpin, Deputy Chief, Civilian Operations
From : Dr A. Bellerive, Senior WHO Representative *as*
Subject : NATIONAL MATERNAL AND CHILD HEALTH SEMINAR AND TRAINING
COURSE

We wish to thank you for your assistance in organizing the the National Maternal and Child Health Conference and training course held in Léopoldville from 8 to 31 July 1963. The UN personnel contributed fully to the smooth-running of this Conference and we received many comments of appreciation from the delegates, the organizers and the officials of the Ministries of Health and Social Welfare.

The Secretariat was organized by Miss de Jaeger who efficiently handled a wide range of problems, and Mr Sequeira resolved many tiresome transport problems with efficiency and good humour.

You may be interested to know that 182 persons from medical, paramedical and social services working in the field of MCH participated in the study and discussions of their common problems.

17 août 1963

CABINET
DU PREMIER MINISTREBUREAU DE COORDINATION
ECONOMIQUEA Monsieur le Chef des Opérations
Civiles de l'ONU au Congo

N° 478/BCE/63

(CABINET M.)

Agrément de candidatureLéopoldville

Monsieur le Chef des Opérations Civiles,

Nous avons l'honneur d'accuser réception de votre lettre du 14 juin 1963 CIVOPS/EX/01094, soumettant à l'agrément du Gouvernement Central la candidature de M. Samuel CASTRILLON, de nationalité mexicaine, au poste d'ingénieur sanitaire attaché au service consultatif pour la Santé, sous le projet N° 40-01.

Nous avons le plaisir de vous informer que l'accord du Gouvernement a été donné concernant cette nomination et nous espérons que le recrutement sera effectué sans délai.

Veuillez agréer, Monsieur, l'expression de notre considération distinguée.

DIRECTION
BUREAU DE COORDINATION ECONOMIQUEP. Tona-Masesa pour A.Y. Badre
Directeur-Assistant Directeurc.c.: Ministère des Affaires étrangères
Ministère de la Fonction publique
Ministère de la Santé publique

AUG 19 1963

ACTION



→ 40-01
40-02
T-100

CONFIDENTIAL

17 August, 1963

To: Dr. A. Bellerive, Senior WHO Representative
From: A. C. Gilpin, Acting Chief, Civilian Operations
Subject: Emergency action on 1963 Civilian Operations programme

Confirming our conversation, I wish to inform you that, in the light of the present financial situation of the Congo Fund, the Secretary-General has decided on the following emergency action in regard to recruitment for the WHO programme in the Congo.

Project 40-01 - Advisory Services

Recruitment of the nine vacant posts in this project will be suspended for the time being, except where firm offers have already been made by WHO.

Project 40-02 - Operational Services

Recruitment of the 25 vacant posts will be suspended for the time being except where firm offers have already been made by WHO.

* * *

Where contracts of experts come to an end before the end of 1963, they should only be extended to the end of this year, pending further clarification of financial possibilities for 1964.

The need for this action is greatly regretted, but I am sure you will appreciate the reasons for it. I would emphasize that it is of an emergency character, and we hope it may be possible to reconsider it as soon as the financial prospects are clearer.

cc: Mr. Brooks
Mr. Schoellkopf



AUG 20 1963

ACTION

S. P. 1899
LEOPOLDVILLE
Région de Congo

REF. AEB/jo

16 August 1963

TO	<i>Gilpin</i>
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<input type="checkbox"/> 7 - Com	
<input type="checkbox"/> 8 - A. H. W. H.	
<input type="checkbox"/> 9 - Action required	

To : Mr. I. C. Gilpin, Deputy Chief, Civilian Operations

From : Dr A. Bellerive, Senior WHO Representative

Subject : ONUC PROGRAMME AND BUDGET ESTIMATES FOR PROJECTS 40-01
AND 40-02

Further to Dr Brown's discussions with you yesterday and to my memorandum of 23 July 1963, I am writing to inform you that when commenting on your memorandum of 22 July we overlooked two errors in your tabular summary of submission at the end of that memorandum, namely:

1. The Adviser in Sanitary Engineering indicated under the heading "Advisory" should be suppressed for all three years.
2. The Sanitary Engineers mentioned under the heading "Operational" should be five each for 1963, 1964 and 1965 instead of the four, six and six indicated for these years.

This makes a total of seven Sanitary Engineers. The cumulative totals for the three groups thus become 24 for 1963, 28 for 1964 and 28 for 1965.

I would also take this opportunity to ask you to note for the record that the presentation of the posts funded under the UNTEA Expanded Programme is not in accordance with the present situation. We understand, however, that this is intentional and based on the original programme and budget submissions for 1964/5.

The four posts presently funded from TA funds are:

1. CTA 1 - Public Health Adviser
2. CTA 2 - Assistant Chief Adviser
3. CTA 3 - Public Health Adviser
4. CTA 4 - Nurse Training Officer

cc: Mr J. Brouland, Chief Personnel, WHO, HQ



AUG 11 1963

ACTION

E. P. 1899
LÉOPOLDVILLE
République du Congo

REF. 189/34

14 August 1963

Giepin 210

To: Mr A. C. Giepin, Deputy Chief, Civilian Operations
From: Dr A. Kellie, Senior WHO Representative
Subject: REQUEST FOR TWO-WAY PASSAGE ON YUKON FLIGHT

One of our doctors, Dr C. Rubinstein, tuberculosis expert working in the WHO programme at Lubumbashi, wishes to attend the 17th International Tuberculosis Congress to be held in Rome from 25 September 1963, and a similar scientific meeting commencing in Naples on 30 September. He is prepared to attend this Congress as part of his annual leave and at his own expense. However, he has asked if we could support his request for a passage via Piana on the Yukon leaving Léopoldville on 25 September.

We are pleased to support this request and would be grateful if you would let us know if you can give him a seat on this plane.

It is understood that Dr Rubinstein will provide himself in advance with a return ticket.

cc: Maj. Gen. G. H. B. Kaldager, Air Commander
Dr C. Rubinstein