CHAPTER V

THE WORLD HEALTH ORGANIZATION (WHO)

In 1957 the World Health Organization (WHO)[1] had 85 full members and three associate members, and operated on an effective working budget of $10,700,000.

In addition to providing Central Technical Services at Headquarters (in Geneva), it assisted its members directly by field demonstration projects to deal with specific diseases and health problems.

Efforts at world-wide malaria eradication, one of the specialized agency's major objectives, received considerable impetus during 1957 through the generosity of the United States Government. When accepting a $5 million cheque from Mr. John Foster Dulles, United States Secretary of State, as a voluntary contribution to WHO's Malaria Eradication Special Account, Dr. M. G. Candau, the agency's Director-General, emphasized that malaria was still one of the world's greatest public health problems. A further contribution of $2 million was made by the United States Government to the Pan American Sanitary Bureau, which is also the Regional Office of WHO for the Americas, for malaria eradication in that region.

Another important event in 1957 was the return to the World Health Assembly, after an eight-year absence, of delegations from the USSR and from Albania, Bulgaria and Poland. The Assembly, which met in May, and which adopted a budget of $13,500,000 for 1958 to cover, inter alia, 700 health projects in 112 countries and territories, was also informed that Romania was resuming active participation in the work of WHO.

The World Health Assembly asked Dr. M. G. Candau to continue in office as Director-General after 21 July 1958 when his contract was due to expire. Subsequently, Dr. Candau informed the President of the Assembly that he would remain in office until 21 July 1960.

As the year 1957 closed, preparations for celebrating WHO's tenth anniversary in 1958 were well advanced. It was decided that World Health Day 1958 would be devoted to the theme: "Ten Years of Health Progress". In addition, the World Health Assembly decided that its 1958 session, to take place in May in Minneapolis, Minnesota, at the invitation of the United States Government and the City of Minneapolis, would be preceded by a two-day special session to observe the tenth anniversary.

[1] For further information, in particular concerning WHO's functions and organization, and activities prior to 1957, see previous volumes of the Yearbook, also the Official Records of the World Health Organization, containing reports, with relevant documents, of the agency and its governing bodies.

COMMUNICABLE DISEASES

MALARIA

Since the Eighth World Health Assembly took its historic resolution in 1955 on malaria eradication, more and more countries and territories have accepted the objective of malaria eradication as the goal of their anti-malaria activities. At the end of the year, 76 countries and territories were either implementing or planning malaria eradication programmes. In the region of the Americas, the impressive progress of such programmes has in large measure been due to the high priority given by Governments to eradication.

The agency has intensified its provision of technical advice. The technical services of WHO at Headquarters were strengthened by the creation of the new post of Director, Malaria Eradication. A Regional Malaria Adviser was appointed for the African Region and another for the European Region, and a Sanitary Engineer was appointed for inter-regional assistance. The three advisory teams for malaria eradication have carried out assignments in Burma, Ceylon, Iraq, the Philippines and Taiwan.

The agency sponsored a number of conferences and technical meetings, including the second conferences on malaria for the countries of South-Eastern Europe, the fourth and fifth Borneo inter-territorial conferences, the second meeting of the Anti-Malaria Go-ordination Board for Viet-Nam, Laos, Cambodia, Thailand, Burma and Malaya, the Malaria Symposium for the South-East Asia and Western Pacific Regions, as well as technical meetings of chiefs of malaria services in the Americas and in the Eastern Mediterranean and African Regions.

In the last quarter of the year, both in the Americas and in Europe, the first two projects of training personnel for international service in malaria eradication were initiated. Planned to last about five months, the training projects were to include at least three months of field work in existing eradication programmes.

The role played by WHO in stimulating, co-ordinating and sponsoring research in malaria-eradication problems was greater in 1957 than in preceding years. Its special Anopheles gambiae research and advisory team has carried out work in the Belgian Congo, Dahomey, Liberia and Uganda, and in the third quarter of 1957 moved to Accra, Ghana, where it established its central laboratory.

TREPONEMATOSES AND VENEREAL INFECTIONS

Now that there is promise of controlling endemic treponematoses to an increasing extent so that it ultimately may be eradicated in the rural areas of many countries, it is important that measures to combat venereal syphilis in the cities of these countries be planned and executed. One of the first steps is to obtain accurate data on the prevalence of venereal syphilis. WHO has suggested that a start be made in Africa by recommending that Governments collect data on the frequency of seroreactors in tests for syphilis in random samples of pregnant women.

Under its programme for co-ordinating research, WHO continued to co-operate with the International Treponematoses Laboratory Center at Baltimore (United States), and with the WHO Serological Reference Laboratories at Copenhagen (Denmark) and Chamblee, Georgia (United States). A meeting to assist in the co-ordination of yaws campaigns in certain areas of central African territories was held in Brazzaville.

WHO co-operated with the eleventh International Congress of Dermatology, held in Stockholm, especially in relation to the epidemiology of the treponematoses, the long-term results of penicillin therapy, and the laboratory aspects of these diseases.

TUBERCULOSIS

The two African tuberculosis survey teams, staffed by WHO and equipped by the United Nations Children's Fund (UNICEF), covered five countries and territories during 1957. Striking differences between East and West Africa in the prevalence of infectious cases are appearing. These have important repercussions on subsequent planning and execution of control programmes. Several other regions made plans to start surveys in 1958. A Technical Guide for tuberculosis survey teams, giving detailed instructions for the planning and execution of tuberculosis surveys, was issued during 1957.

BCG vaccination is an already established effective control measure. In most of the countries where anti-tuberculosis work has a public health priority, this control measure has now been applied with the organization methods and techniques recommended by WHO. The possibility of raising community resistance has been clearly demonstrated. During 1957, five laboratories co-operated in a study co-ordinated by WHO to develop laboratory methods that will give reliable indices of the potency of the vaccines.

Chemotherapy and chemoprophylaxis both have highly important places in community control of tuberculosis, but, as was agreed by a WHO study group in September 1957, the role of each needs better definition through reliable information obtained in public health field research projects.

In the joint project between WHO and the Indian Council for Medical Research in Madras, no significant differences have been found between the effects of institutional and domiciliary chemotherapy. In Tunisia, a WHO/UNICEF-assisted pilot project has started work, to provide information on the prophylactic value of INH (isoniazid). Another pilot project was started in Kenya, primarily designed to develop methods for long-term community administration of drugs.

Meanwhile, the WHO/UNICEF Joint Committee on Health Policy recommended an active attitude towards the epidemiological potentialities of chemotherapy and chemoprophylaxis.

ZOONOSES AND VETERINARY PUBLIC HEALTH

Co-ordinated research, in collaboration with the Food and Agriculture Organization (FAO), on several brucellosis problems (including those of diagnosis in man and animals, bacteriology of Brucella, therapy in humans, and vaccines in sheep and goats) was carried out during 1957 in preparation for the third meeting of the Joint FAO/WHO Expert Committee on Brucellosis, held in Lima.

During the year, an FAO/WHO Brucellosis Centre was designated at the Institute of Animal Health in Tokyo. The Expert Committee strongly recommended continued support by FAO and WHO of the 15 FAO/WHO Brucellosis Centres.

Co-ordinated research in rabies was undertaken with respect to continued studies recommended by the Expert Committee on Rabies concerning the effect of serum on vaccine inoculations. Surveys of bat rabies were encouraged in several countries. A small grant was made to the laboratories of the Alabama State Department of Health for research work on anti-rabies serum of human origin. A Rabies Training Course for Central and South American countries, similar to previous ones held in India in 1952 and in Kenya in 1955, was held in Caracas in late March.

The preparation of reference antisera for 18 major types of Leptospira was completed in several of the WHO/FAO Leptospirosis Reference Laboratories. In addition to the Reference Laboratories in Australia, Japan, the Netherlands, the United Kingdom and the United States, a Reference Laboratory was designated in Italy.

Because of the uncertain status of domestic animals in the epidemiology of human influenza, steps were taken early in the 1957 pandemic to have serum specimens collected from swine and horses in 25 countries before and after the human epidemic struck. These specimens were to be examined at certain WHO Influenza Centres, and it was hoped valuable information would be gained about the epidemiology of human influenza.

Also started were studies aimed at assessing the significance of the discovery of apparently specific antibodies to human poliomyelitis viruses in cattle and swine sera and of numerous viral agents being isolated from domestic animals analogous to the "oyshan" viruses in human beings. Other zoonoses dealt with during the year included anthrax, bovine tuberculosis, psittacosis, Q-fever, tick-borne encephalitis, and demartophytosis. WHO continued its collaboration with FAO on milk and meat hygiene work.

A seminar on Veterinary Public Health for European countries was held in Warsaw in late November 1957. The promotion of veterinary public health training in schools of public health was assisted in Europe and South America. The inclusion of public health subjects in undergraduate veterinary curriculums was also encouraged in these areas, as well as in the Middle East.

VIRUS DISEASES AND VACCINE STUDIES

The most important event of 1957 in the field of virus diseases and vaccine studies was the occurrence of the influenza pandemic which subjected the WHO Influenza Programme to its most serious test since its inception in 1947. The WHO Programme successfully performed the functions for which it was developed. In just under three weeks after WHO received the first news that a significant epidemic was occurring, the agency was able to inform health authorities and vaccine-producing laboratories that the responsible virus was unrelated to all previously isolated strains and that existing vaccines were unlikely to give protection. The warning was given in time for many countries to prepare their health services to face the impending epidemic. In a number of countries significant quantities of vaccine were produced in time for use before the epidemic struck. Fortunately, the disease remained mild up to the time of writing. A close watch for any sign of increasing virulence was maintained.

A second meeting of the Expert Committee on Poliomyelitis was held in July. Particularly important was the recommendation by the Committee that live attenuated poliovirus vaccines should be subjected to more extensive and carefully designed trials. Its report also contained extensive annexes giving guidance on the latest laboratory techniques.

Initial steps were taken for the development of a programme of co-ordinated research on arthropod-borne virus diseases (i.e., those carried by various insects) particularly the group B encephalitis viruses, which include yellow fever and the Russian-spring-summer-like viruses.

Details of the method of preparation of a highly stable dried smallpox vaccine were distributed during the year and assistance was given to a number of countries wishing to initiate production of the vaccine. Arrangements were made for the preparation of large batches of stable dried typhoid vaccines for use in further field trials and eventually for consideration as reference standards.

OTHER COMMUNICABLE DISEASES

Acute diarrhoeal diseases are the greatest single cause of infant mortality on a world-wide basis. In recent years, activities against these diseases have been intensified in the various WHO regions, and the Americas Region particularly gave high priority to the problem of controlling diarrhoeal diseases by organizing a seminar, by improving sanitation methods and by preventing the death of children in its child-care programme.

Following the African Conference on Bilharziasis, held late in 1956, the interest of some countries in the African Region has been stimulated to undertake pilot control projects. Large collections of different species of the vector snails have been sent to the three WHO Snail Identification Centres.

In the field of the control of communicable eye diseases, satisfactory progress has been achieved towards integrating the internationally assisted control campaigns in Morocco and Tunisia with the national public health services. Pilot trials have been completed in Taiwan and started in Spain, India and Indonesia.

More leprosy projects were undertaken, most of them in co-operation with UNICEF. With the increase in non-infectious cases, more attention had to be paid to physical and social rehabilitation.

The first WHO-assisted onchocerciasis project was started in 1957 in the Sudan. (Onchocerciasis is an insect-borne disease, an important cause of blindness in some countries.) Two training courses in onchocerciasis-control techniques have been started in Africa, the courses being combined with a course of training in countering malaria.

Field projects on sylvatic plague (i.e., plague spread by wild rodents) have been continued in India and Indonesia and encouraged in other countries.

NURSING

The Manual on Nursing Service Administration was completed in 1957, and it is expected that it will be widely used to help strengthen the administrative aspects of nursing service. Being planned during the year was a Guide for Planning Basic Nursing Education Programmes; a consultant prepared a draft which was discussed by a group of nurses meeting in Tokyo.

The bibliography of text and reference books suggested for basic and post-basic nursing edu-

cation programmes was revised and widely distributed. As a supplement to this, a bibliography on auxiliary nursing was prepared.

Seventeen nurses were newly recruited by WHO during 1957, and 14 staff members reassigned.

SOCIAL AND OCCUPATIONAL HEALTH

The role of the hospital in public health programmes was further explored at the technical discussions at the Tenth World Health Assembly.

The study on costs and means of financing medical care services was continued by the appointment of two short-term consultants, one experienced in administrative medicine and the other in social sciences. A hospital adviser was appointed to the Americas Region, and in the European Region a post was created for a social health and medical care adviser in addition to the occupational health adviser.

WHO assisted the International Hospital Federation and the International Union of Architects in the organization of the First International Seminar on Hospital Architecture, held in Geneva in September and attended by 62 participants from countries in Asia, America, Africa and Europe.

A meeting of the Joint Committee of the International Labour Organisation (ILO) and WHO on Occupational Health was held in March. Its report dealt with the training of physicians in occupational health and the organization of occupational health institutes. The Institute of Occupational Health in Alexandria, Egypt, was staffed during the year.

In collaboration with the United Nations, ILO and non-governmental organizations, as well as the Government of Indonesia, WHO co-sponsored a rehabilitation seminar held in Solo, Indonesia, and attended by 31 participants from 13 countries in Asia and the Far East.

HEALTH EDUCATION OF THE PUBLIC

An Expert Committee on Training of Health Personnel in Health Education of the Public met in Geneva during 1957. Assistance was provided in the planning and conduct of three regional seminars and conferences on health education of the public. In March, the WHO Regional Office for Africa sponsored the first African Regional Seminar on Health Education, held in Dakar, French West Africa, in collaboration with the French Government. In May, an Inter-American Seminar on Health Education was held in Huampani, Peru, under the auspices of the United States International Co-operation Administration, in collaboration with the WHO Regional Office for the Americas. During the last part of June and early July the second European Conference in this field was held in Wiesbaden, Germany.

WHO helped in planning and running an intensive eight-week training course in health education in Nouméa, New Caledonia, sponsored by the WHO Regional Office for the Western Pacific and the South Pacific Commission. This course was attended by 40 trainees from various islands in the Pacific Region.

In co-operation with the United Nations Educational, Scientific and Cultural Organization, WHO completed the drafting of a Study Guide on Teacher Preparation for Health Education and for Promotion of School Health.

MATERNAL AND CHILD HEALTH

New field operations in 1957 included the provision of aid to the Government of Pakistan in establishing a new children's hospital in Karachi; a paediatrician and a paediatric nurse were appointed to the project, with other personnel to be assigned later. Another WHO paediatrician was assigned to Kabul, Afghanistan.

Short-term consultants visited a number of countries to give advice on various phases of maternal and child health work. Among the countries visited were Japan, Korea and Austria, by consultants in rehabilitation; China (Taiwan) and Poland, by paediatric consultants; and Turkey by an expert in maternal and child health administration. A maternal and child health consultant was also temporarily assigned to the University of the Philippines.

MENTAL HEALTH

A study group on schizophrenia, which brought together 12 specialists, representing several scientific disciplines, was convened in September to prepare a statement on present knowledge as to the causes, forms and treatment of schizophrenia, the frequency of which makes it probably the most important mental health problem.

In order to consider the extent and type of mental health problems likely to arise from the peaceful uses of atomic energy, another study group was convened in October, while a study group on ataraxics and hallucinogenics met in November.

A short-term consultant started the preparation of a study group to be convened in 1958 on the mental health implications of the introduction of automation.

Three consultants met at WHO Headquarters to carry out a study on the techniques of occupational therapy and the rehabilitation of mental patients in relation to the architectural possibilities of psychiatric hospitals.

NUTRITION

Considerable advances have been made in the joint FAO/WHO/UNICEF programme for the development of protein-rich foods. The sum of $250,000, made available by the Rockefeller Foundation to further the necessary research, has now been almost completely allocated. Some 15 research units in different parts of the world received grants.

The joint FAO/WHO Expert Committee on Nutrition met in Rome during the year. An FAO/WHO Regional Conference on Nutrition for Latin America was held in Guatemala City. Of particular importance was that part of the report dealing with the progress achieved in developing from locally produced vegetable foods a protein-rich food suitable for the weaning child. This was developed with the aid of a WHO grant and as part of a world-wide programme assisted by FAO, WHO and UNICEF.

A training course for medical and other personnel concerned with nutritional problems took place in Kampala in Uganda, East Africa.

DENTAL HEALTH

An Expert Committee on Water Fluoridation expressed the opinion that the effectiveness, safety and practicability of fluoridation as a means of preventing dental caries have now been established.

Another operation during 1957 was a joint project on the epidemiology of periodontal diseases, conducted by the WHO Regional Office for South-East Asia, the India Council of Medical Research and the United States Public Health Service. The major activity was the convening of a workshop in Bombay, India, attended by selected dental research workers of India, a WHO dental consultant and a member of the United States Public Health Service.

A dental consultant was also sent to Thailand.

ENVIRONMENTAL SANITATION

An Expert Committee on Air Pollution was convened in November to review and discuss what is presently known about the effects upon human health of air pollutants and to identify areas of knowledge in which the subject needs further study. A regional conference on air pollution was held in Milan, Italy, and was attended by key officials of most European countries.

A study of food sanitation problems was undertaken by WHO in co-operation with certain countries of Europe and the Eastern Mediterranean Region.

Work was begun in 1957 on an active programme of co-ordinating research on standards of drinking water quality and on methods of water examination.

In the field of the resistance of insects to insecticides, considerable progress was made in establishing WHO as the co-ordinating agency for research. Seven new research projects were set up with grants in aid from WHO. Standard methods for determining insecticide-resistance levels in larval and adult mosquitoes had been established, and work proceeded during 1957 on tests for bedbugs, ticks, fleas, flies, simulium and sandflies. A new survey of lice resistance was started. Testing of new insecticides was proceeding with some very promising materials. Five consultants employed by WHO visited laboratories in 26 countries, and members of the WHO staff paid visits to 43 laboratories to stimulate research. A technical conference on resistance, attended by the directors of 11 laboratories, was held in July, and an Expert Committee on Insect Resistance and Vector Control met in November 1957.

A special effort was made to bring into operation improved methods for removing insects from aircraft in view of the importance of preventing resistant insects being carried from one country to another by air.

EDUCATION AND TRAINING

A study group made detailed recommendations on how the re-orientated teaching of psychology could help develop a proper understanding by medical students of the preventive aspects of medicine. The report of the Study Group on the Training of General Practitioners in Preventive Medicine was published, and a regional meeting on the teaching of preventive medicine was held in the Western Pacific Region. The first year of an experiment at the Harvard School of Public Health in advanced training of teachers of preventive medicine for countries in South-East Asia gave generally encouraging results.

From 1 December 1956 to 30 November 1957, there were 1,106 fellowships awarded to personnel of 112 countries and territories to study in 84 other countries and territories. In addition, assistance was provided to enable persons to attend educational meetings (seminars, etc.) organized by WHO, which were primarily aimed at the exchange of information among participants.

A study on paediatric education was completed in Latin America with the co-operation of the International Paediatric Association and the American Academy of Paediatrics.

The second edition of the World Directory of Medical Schools was published in 1957, together with a brief description of the medical education systems in 84 countries. The annotated Bibliography on Medical Education for 1946-1955, containing almost 3,000 items, was in print.

WHO teaching personnel assigned in 1957 to educational institutions numbered 27 in medical and public health schools and 11 in other schools.

EPIDEMIOLOGY AND HEALTH STATISTICS

An important development in international health statistics during 1957 was the issue, in English, French and Spanish, of the revised edition of the Manual of the International Classification of Diseases.

The monthly issues of the Epidemiological and Vital Statistics Report contained special collections of data on mortality from chronic degenerative diseases, nephritis and nephrosis, anaemias, hyperplasia of the prostate, acute infectious encephalitis, maternal mortality, accidents to pedestrians, and cancer of the breast and female genital organs.

The Sub-Committee on Cancer Statistics met in December and made a series of technical recommendations on methods for ascertaining cancer morbidity.

The first of October 1957, marked the completion of five years' existence of the International Sanitary Regulations. About 170 States and territories are bound by the Regulations.

Yellow fever in monkeys spread northwards through the forests of Central America to Guatemala and British Honduras during 1957, but did not result in any human case in the cities, ports or airports, where Aëdes œgypti eradication has long been systematically practised.

The year 1957 was an unusual one in the case of smallpox because some 20 countries reported that the disease had been brought in by international traffic.

BIOLOGICAL STANDARDIZATION

During 1957, the Expert Committee on Biological Standardization approved the establishment in the near future of international standards for the following substances: vitamin Bi2, pyrogen, syphilitic human serum, antistreptolysin O, anti-R_0 (anti-D) blood-typing serum, and poliomyelitis sera of types 1, 2 and 3.

On the basis of 1957 sales, it would seem that increased use is being made of the Pharmacopoeia Internationalis throughout the world. Volume II of the Pharmacopoeia was issued by WHO in Spanish. It also appeared, at no expense to the agency, in German and Japanese editions.

WHO continued its programme for the selections of recommended international non-proprietary names for pharmaceutical preparations. In accordance with an agreement between WHO and the Swedish Apotekarsocietet, a Centre for Authentic Chemical Substances was set up in the Apotekens Kontrollaboratorium in Stockholm.

On the basis of the recommendation of the Expert Committee on Addiction-Producing Drugs, decisions on the addiction liability of seven drugs—dextramethadone, racemoramide (as well as dextromoramide and levomoramide), etoxeridine, morpheridine, propoxyphene, tri-

meperidine and a normethadone preparation—were transmitted to the Secretary-General of the United Nations.

A Study Group on Histological Definitions of Cancer Types met in Oslo in June. The Group agreed that tumours should be classified according to (a) anatomical site of origin and (b) histological characteristics. The Group recommended the initiation of reference work on tumours of the oro-pharynx, lung, soft tissue and breast.

The Joint FAO/WHO Expert Committee on Food Additives, which met in June, made recommendations on uniform methods for evaluating the safety of food additives.

ATOMIC ENERGY AND HEALTH

Two expert committees met in 1957 with the general purpose of providing more detailed recommendations on the type of training which doctors and other health workers would require in a world in which the peaceful uses of atomic energy are likely to become progressively more important. The first of these committees dealt with post-graduate training in public health aspects of atomic energy. The other dealt with the introduction of radiation medicine into the undergraduate curriculum.

During the year, the report of a previous study group on the effects of radiation on human heredity was published in booklet form, together with the working papers submitted by participants.

An international health physics training course was given at the Centre d'Etudes Nucléaires, Mol, Belgium, in association with the United States Atomic Energy Commission and the Belgian Government.

Work was begun on the formation of an Expert Advisory Panel on Radiation, from which would be drawn the members of expert committees on the health aspects of the peaceful use of atomic energy or on health problems of X-radiation.

PUBLICATIONS

In addition to the technical publications, the Bulletin of the World Health Organization and the Chronicle of the World Health Organization, monographs were issued, in English, on meat hygiene, the teaching of hygiene and public health in Europe, and biology of the treponematoses. Other monographs were published, in French, on infant nutrition in the tropics and sub-tropics, and on dried BCG vaccine. Thirty reports of expert committees, study groups and advisory groups were published in the Technical Report Series. Sales of publications continued to develop satisfactorily.

BUDGET

The Ninth World Health Assembly set the 1957 budget at $13,265,420 giving an effective working budget of $10,700,000, plus a supplemental amount not exceeding $1,525,000. The Tenth World Health Assembly appropriated a further amount of $325,000 for 1957 for the purpose of reimbursing the Working Capital Fund in respect of unforeseen expenses resulting from the amendments to the Staff Rules.

The Tenth World Health Assembly appropriated $14,769,160 for 1958 for organizational meetings, operating programmes and administrative services as follows (in U.S. dollars) :

Organizational Meetings	
World Health Assembly	$ 203,240
Executive Board and its Committees	115,260
Regional Committees	86,300
Total	$ 404,800
Operating Programme	
Central Technical Services	$ 1,826,118
Advisory Services	8,111,662
Regional Offices	1,750,182
Expert Committees and Conferences	196,200
Total	$11,884,162
Administrative Services	$ 1,177,168
Other Purposes—Reimbursement of Working Capital Fund	100,000
Undistributed Reserve	1,203,030
Grand Total	$14,769,160

Assessed membership contributions for 1958, after deduction of available amounts of Casual Income, are shown in Annex I below.

ANNEX I. MEMBERS AND CONTRIBUTION ASSESSMENTS

(Members as of 31 December 1957; contributions as assessed for 1958)

Member	Contribution (in U.S. dollars)	Member	Contribution (in U.S. dollars)	Member	Contribution (in U.S. dollars)
Afghanistan	$ 7,760	Greece	25,520	Panama	5,760
Albania	5,760	Guatemala	8,880	Paraguay	5,760
Argentina	177,570	Haiti	5,760	Peru	21,090
Australia	228,620	Honduras	5,760	Philippines	51,050
Austria	41,060	Hungary	52,160	Poland	186,450
Belgium	169,800	Iceland	5,760	Portugal	37,730
Bolivia	6,660	India	402,860	Romania	62,150
Brazil	170,910	Indonesia	62,150	Saudi Arabia	8,880
Bulgaria	18,870	Iran	39,950	Sierra Leone*	3,330
Burma	12,210	Iraq	16,650	Spain	149,820
Byelorussian SSR	55,490	Ireland	29,970	Sudan	14,430
Cambodia	5,760	Israel	19,980	Sweden	206,750
Canada	425,060	Italy	275,230	Switzerland	137,620
Ceylon	12,210	Japan	253,040	Syria	11,100
Chile	44,390	Jordan	5,760	Thailand	24,410
China	709,180	Korea, Rep. of	5,760	Tunisia	5,760
Costa Rica	5,760	Laos	5,760	Turkey	91,000
Cuba	35,520	Lebanon	5,760	Ukrainian SSR	210,850
Czechoslovakia	113,200	Liberia	5,760	Union of South Africa	106,540
Denmark	91,000	Libya	5,760	USSR	1,593,700
Dominican Republic	5,760	Luxembourg	7,760	United Kingdom	1,159,750
Ecuador	5,760	Mexico	91,000	United States	4,666,480
Egypt	62,150	Monaco	5,760	Uruguay	21,090
El Salvador	7,760	Morocco	17,760	Venezuela	52,160
Ethiopia	14,430	Nepal	5,760	Viet-Nam	21,090
Federation of Rhodesia and Nyasaland*	3,330	Netherlands	159,820	Yemen	5,760
Finland	42,170	New Zealand	58,820	Yugoslavia	47,730
France	760,220	Nicaragua	5,760	Total	$14,411,160
Germany, Fed. Rep. of	522,730	Nigeria*	3,330		
Ghana	5,760	Norway	64,370		
		Pakistan	77,690		

* Associate Members.

ANNEX IL OFFICERS AND OFFICES

(As of 31 December 1957)

EXECUTIVE BOARD

Member	Designated by	Member	Designated by
Sir John Charles (Chairman)	United Kingdom	Dr. H. van Zile Hyde	United States
Dr. Dia E. El-Chatti (Vice-Chairman)	Syria	Dr. M. Jafar	Pakistan
Dr. P. E. Moore (Vice-Chairman)	Canada	Dr. F. Koch	Federal Republic of Germany
Dr. Hafez Amin	Egypt	Dr. C. K. Lakshmanan	India
Dr. A. Da Silva Travassos	Portugal	Dr. A. J. Metcalfe	Australia
Dr. L. Baquerizo Amador	Ecuador	Professor N. N. Pesonen	Finland
Professor G. A. Canaperia	Italy	Dr. A. C. Regala	Philippines
Dr. J. Zozaya*	Mexico	Dr. L. Siri	Argentina
Dr. M. A. Faquiri	Afghanistan	Dr. J. N. Togba	Liberia

* Replaced by his alternate, Dr. C. Diaz-Coller, at the twentieth session.

SENIOR OFFICERS OF THE SECRETARIAT

Director-General: Dr. M. G. Candau (Brazil).

Deputy Director-General: Dr. Pierre Dorolle.

Assistant Director-General, Department of Advisory Services: Dr. P. M. Kaul.

Assistant Director-General, Department of Central Technical Services: Dr. W. Timmerman.

Assistant Director-General, Department of Administration and Finance: M. P. Siegel.

Director, Regional Office for Africa: F. J. G. Cambournac.
Director, Regional Office for the Americas (Pan American Sanitary Bureau): F. L. Soper.
Director, Regional Office for South-East Asia: G. Mani.
Director, Regional Office for Europe: P. J. J. van de Calseyde.
Director, Regional Office for the Eastern Mediterranean: A. H. Taba.
Director, Regional Office for the Western Pacific: I. G. Fang.

HEADQUARTERS AND REGIONAL OFFICES

World Health Organization
Palais des Nations
Geneva, Switzerland
Cable Address: UNISANTE GENEVA

World Health Organization
Liaison Office with United Nations
New York
Cable Address: UNSANTE NEW YORK

REGIONAL OFFICES

World Health Organization
Regional Office for Africa
P. O. Box 6
Brazzaville, French Equatorial Africa
Cable Address: UNISANTE BRAZZAVILLE

Pan American Sanitary Bureau
World Health Organization
Regional Office for the Americas
1501 New Hampshire Avenue, N.W.
Washington 6, D.G.
Cable Address: OFSANPAN WASHINGTON

World Health Organization
Regional Office for South-East Asia
Patiala House, Princes Park
New Delhi, India
Cable Address: WORLDHELTH NEW DELHI

World Health Organization
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Cable Address: UNISANTE MANILA

Epidemiological Intelligence Station
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8, Oxley Rise
Singapore 9
Cable Address: EPIDNATION SINGAPORE

World Health Organization
Tuberculosis Research Office
Scherfigsvej 8
Copenhagen, Denmark
Cable Address: UNIRESEARCH COPENHAGEN