Two Cooperative Projects of WHO and UNICEF

By S. M. KEENEY

IN ASIA, the World Health Organization and the United Nations International Children's Emergency Fund (UNICEF) work hand in hand on 50 projects in 15 countries in which UNICEF has invested $20,000,000 in supplies and WHO is supplying 100 professional personnel. These projects range from training projects, in which the main investment is for personnel, to mass campaigns where the foreign technical personnel may be only 5 percent of the project.

Our approach is to keep in mind always that the projects are not those of UNICEF or WHO. We are working together to help governments. It is even more important to remember that both our agencies and the government are merely the means of getting a job done for the people. The people, in fact, must be an essential fourth partner for, unless their cooperation is active, in the long run we shall fail.

UNICEF administratively is a small organization in Asia. We have only about one international staff member for every million dollars. We have one regional office, in Bangkok, Thailand, which covers the projects in the Western Pacific and Southeast Asia WHO regions, together with Pakistan, which falls into the Eastern Mediterranean region of WHO. The reason UNICEF has only one regional office is that it is feasible and much cheaper to handle supply problems for the entire area; WHO must deploy professional people and cannot work over so large an area. Examples will illustrate the cooperation which exists between WHO and UNICEF.

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Yaws in Indonesia

A yaws project in Indonesia began about 3 years ago and has treated to date about 700,000 cases found among some 7 million people. The job is only 10 percent done, for there are at least 7 million cases in the islands among the 75 million population.

UNICEF has made a first allocation of $1,200,000 and has just voted an additional $450,000 which will be enough to carry the project at least through 1955. The Government has paid all the local expenses and, beginning this year, will pay for one-third of the penicillin to be used for adults.

Joint Job from the Start

To start the project 3 years ago, WHO sent a specialist to consult with the Government and to make preliminary recommendations. Dr. Thomas Parran of the University of Pittsburgh Graduate School of Public Health confirmed this need in a general study of urgent needs in Asia. Several of us from UNICEF went in to work out the administrative details. From the beginning, it was thus a cooperative job. A full-time foreign clinical specialist and a serologist were maintained for 2 years. The rest of the work has been done by the Indonesians themselves, and in the last year the only international WHO member has been the serologist. This does not mean, however, that the project does not have technical supervision. A statistician was necessary last year for some months to examine the records and to make suggestions for improving them. He did a most acceptable job and is asked to return this year.

The first 2 years' work proved that, even with the very few dollars, it was possible to organize

teams of male nurses who could do a thoroughly acceptable job cleaning out yaws, village by village. The trouble was that there was not even enough nurses. It was therefore determined to bring into the plan eventually all of the polyclinics, of which there are some 1,200 scattered over Indonesia, and to use the male attendant to do the injections under the supervision of the regency physician. Something more was needed, however—someone to find the cases in the villages and bring them together for treatment. This person has only a high school education and perhaps only 3 months' training, but he is carefully picked so that he is acceptable to the village, and he works through the village headman.

This plan was tested under the guidance of Dr. M. Soetopo, a member of the WHO Expert Committee and a leading venereologist in Surabaja. Careful preliminary tests were made to find out whether the system would work at all, how effective it would be, how fast the work could be done, and what the cost would be. The tests were simple, but carefully done, because on that the whole expansion depended.

Bangkok Yaws Conference

Here again WHO came into the picture. These tests were carefully examined in the first International Yaws Conference held in Bangkok March 1952, with 60 specialists in attendance from most countries that have yaws. There was much discussion of the conditions that must be put on work that has to be done with so little medical supervision.

The conference was not satisfied to discuss the papers brought from Indonesia. A special committee of three made a special study on the spot of the methods that were being used. They suggested a number of technical changes that ought to be made, but, in general, gave their hearty approval to the plan and urged that it be expanded to treat at least a million cases a year.

We are now in the midst of that expansion. The whole job is being done by the Indonesians themselves. There is on the spot, however, as country representative from WHO, the previous regional specialist on yaws who regularly consults with the national team leader. In fact, the team leader, the WHO representative and the UNICEF mission chief work together to develop a sound and feasible administrative plan.

It is still too early to determine the results. The plan is beginning, however, on schedule; almost 100 local units have already been started; and by the end of 1953 the goal is 300. The rate of treatments per month is expected to rise from about 25,000 to at least 50,000 by the end of this year, and to at least 75,000 a month next year. We are still far from the goal, but we are on the way.

BCG Work in India

Largely because of the amount of transport needed, the UNICEF investment in this project is relatively high. The work of the professional staff, however, has been more important in BCG work than in yaws, because the secret of success is, even more than in yaws, that of rapid and effective organization: to assemble millions of children quickly and get the highest percentage of them back to have their tests read.

The beginnings of this work in India and in Asia in general were discouraging. There was considerable opposition, and much educational work needed to be done. Greater obstacles were poverty, the lack of roads, the heat, and the monsoon. It has been found, however, that careful preparatory work does make possible the organization of successful campaigns under every condition except that of civil war, which occasionally holds up matters temporarily.

Against these discouraging beginnings is the record of recent accomplishment in a new type of campaign in Delhi State. The goal was 700,000 children to be tested within a month. All the local health forces available were marshaled, and several teams were brought in from neighboring States. This was partly to recognize good work done in their local States and, as a bonus, to give them a chance to see the capital.

Tests and Vaccinations

Fortunately, the weather was good and the children relatively easy to gather. The most effective method, long since worked out, was

to provide a little music, and all the school bands in town were marshaled. Where a band wasn't available, an energetic drummer with a double-headed drum was quite adequate to get the crowd together. Public address speakers, mounted on jeeps, patrolled the area telling the people that the test was of no use unless they came back to have it read and to be vaccinated, if necessary.

When the campaign was closed on March 21, 1953, the goal had been passed, and the number actually tested was 751,000. The percentage of return was 67, which is almost the average for a slower campaign. One team of 11 persons had tested 16,500 children in a single day. This means, of course, that the team itself did only the actual test; the rest of the community brought the children and took them away.

The number of children expected to be tested under this program in India in April 1953 will be more than a million, and in all the area rather more than one and a half million persons. Our goal for the year is 16 million, and we think we will pass it. We are, however, desperately in need of a few more physicians, for several wholly new programs await only a team leader without whom the program cannot start.

It Can Be Done—Together

Three years ago we were about ready to say that mass programs among the villages of Asia were not feasible. We know now that, even with the tiny budgets available, they are quite possible if we face the local conditions realistically. To do a successful job, we must have a strong national leader in charge, a few good international personnel specially trained and with rugged constitutions. Given this, and enough transport and a steady supply of vaccine, the job can be done. It is above all things, however, a team job. The government cannot do it without help from outside. WHO cannot do it without money for equipment and supplies from UNICEF. UNICEF certainly cannot do it without WHO-trained personnel.

In the struggle to get money for our budgets, the separate agencies of the United Nations are tempted to talk only of themselves in order to catch the ears, against all the competing din of other claimants, of the people who vote the money. This may be necessary at times, but it ought not to be the pattern. Professional advice is not enough; supplies alone are not enough; but when competent technical advice and imported supplies are offered together, then things begin to happen. And it is only when things begin to happen in the countries receiving the aid that they begin to understand that the United Nations means business. The endless headlines emphasizing international quarrels do not sell the United Nations to Asia. They are likely to say: "A plague on both your houses!" If we want to impress them, it will be with deeds—not words.