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UNITED NATIONS RELIEF AND WORKS AGENCY FOR PALESTINE REFUGEES

The Regional Director has the honour to present to the fourth session of the Regional Committee for the Eastern Mediterranean the report by Dr. L.Findlay, Chief, Health Division and WHO Representative, UNRWA, for the period July 1953 - July 1954.

UNITED NATIONS RELIEF AND WORKS AGENCY

FOR PALESTINE REFUGEES

REPORT OF THE HEALTH DIVISION

July 1953 - July 1954

Table of Contents

UNRWA Headquarters
Beirut, Lebanon
July 1954

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HEALTH

1. ORGANISATION

1. The organisation of the Health Division, both at HQ and at field units, has remained substantially the same. The HQ organisation consists of a Chief (WHO), Assistant to Chief, Epidemiologist (WHO), Sanitary Engineer (WHO), Nursing Services Officer, Nutritionist, Health Educator (WHO), Medical Supply Officers, Administrative Assistant, Statistical Clerk, Malaria Technician, Clinic Nurse, and a clerical staff of five persons. The World Health Organisation, by agreement with UNRWA, assumes responsibility for the technical direction of the health program by designating and providing the four WHO staff members referred to above. In addition, WHO has provided again (and until the end of the calendar year 1954) an annual grant-in-aid and has provided upon request a number of consultative and specialist survey services.

2. In each country or field unit (Lebanon, Syria, Jordan and Gaza) the Field Health Officer who is responsible technically to the Chief, Health Division and administratively to the UNRWA Representative or his delegate, is assisted by a Nursing Officer, a Sanitation Officer, a Food Supervisor and a Medical Supply Officer. The basic medical unit common to all countries is the camp or district clinic, operated by a medical officer assisted by a camp nurse, staff nurse, practical nurse, nurse-aid and midwife. The sanitation services include sanitary labourers and camp foremen, and sanitary sub-inspectors at area level. Hospital accommodation is provided in hospitals operated by the Agency or in hospitals subsidised by the Agency but operated by voluntary organisations, governments or by private managements. The pattern and availability of beds varies considerably in the different countries.

3. Reports and epidemiological intelligence cables are sent routinely from field units to HQ. Weekly infectious diseases reports from field units are forwarded by HQ to WHO Alexandria and Geneva.

2. PERSONNEL

4. The table hereunder shows the personnel establishment as at 15 June 1954 according to the country, occupation, and whether international or area staff. The column "Others" includes administrative, clerical, laboratory, pharmaceutical and supply personnel as well as sanitary, supplementary feeding and milk distribution personnel above the labor category. The table includes only personnel on the UNRWA payroll and not the hundreds of workers at hospitals subsidized by the Agency and providing service to the refugees.

Table 1

Personnel as at 15 June 1954

	HQ	Lebanon	Syria	Jordan	Gaza	Total
Doctors: International	3	1	1	1	1	7
" : Area	0	18	15	39	13	85
Dentists: Area	0	1	2	7	2	12
Nurses: International	1	1	1	2	1	6
" : Area	1	16	14	32	19	82
" Practical, Aid,) Midwives: Area)	0	42	36	118	49	245
Sanitation Officers: Intl.	1	0	0	0	0	1
" " : Area	0	1	1	3	1	6

(continued)

Table 1 (contd.)

Personnel as at 15 June 1954

	HQ	Lebanon	Syria	Jordan	Gaza	Total
Laboratory Technicians: Area	0	2	2	2	2	8
Pharmacists: Area	1	1	1	2	1	6
Others: International	3	0	0	1	0	4
" : Area (1)	9	12	11	208	34	274
" : " (2)	0	21	10	51	40	122
" : " (3)	0	26	6	33	18	83
Labor Category: Area (1)	0	45	24	0	75	144
" " : " (2)	0	93	53	325	396	867
" " : " (3)	0	132	112	479	225	948
				Total		2,900

(1) Medical (2) Sanitation & Camp Maintenance
(3) Supplementary Feeding and Milk Distribution

3. CLINICS AND HOSPITALS

5. Visits to the 81 clinics and out-patient departments throughout the countries during the twelve-month period under review are shown in the following table :-

Table 2

Attendances 16 June 1953 - 15 June 1954

	Lebanon	Syria	Jordan	Gaza	Total
Population served by Medical Services (1)	100,000	86,000	441,000	300,000x	927,000
General Medical Cases	426,578	363,042	571,915	385,578	1,747,113
Dressings & Skin	216,560	225,537	680,846	591,324	1,714,267
Eye Cases	216,759	110,208	912,930	760,587	2,000,484
School Health	15,030	48,543	142,321	640,030	845,924
Maternal	12,184	14,733	13,692	55,259	95,868
Infants	68,490	70,758	149,447	165,407	454,102
V.D.	1,159	3,437	940	476	6,012
Dental	40,218	45,448	31,735	27,924	145,325
					7,009,095

(1) Figures based on Field Health Officers' monthly reports for period ending 15 June 1954 and show number of refugees and residents served by UNRWA medical services, but do not represent total number of refugees in respective countries.

x Includes services to refugees by Public Health Department and the Red Crescent Gaza - also services by UNRWA to Gaza non-refugees.

6. Hospital Beds: The number of hospital beds maintained by or reserved for the Agency as of 15 June 1954 was as follows :-

Lebanon	326
Syria	180
Jordan	908
Gaza	638
Total	2052

4. MATERNAL AND CHILD HEALTH

7. The total numbers of attendances at the Infant Health and Maternity Centres during the period under review are 454,102 at the Infant Health Centres (monthly average 37,842) and 95,868 at the Maternity Centres (monthly average 7,822). In all countries there is a constant effort to increase the knowledge and raise the standard of the childbirth attendants by regular inspection of their midwifery bags, by lectures on the importance of sterility in dealing with confinements, and by encouraging their attendance at the infant health and ante-natal clinics and camp maternity wards where they assist the nurse in charge and at the same time receive a practical training in their work.

8. Throughout the various countries, a certain amount of in-service training for nurses in MCH work has been carried out by sending nurses to special Infant Health Centres for a short period of training in order that they may then be able to improve the standard of their work on return to their duty station.

9. All pregnant women attending the ante-natal clinics undergo routine examination at regular intervals. A Kahn test is taken at first attendance and if found to be positive, the woman undergoes the established standard treatment with penicillin. Follow-up serological examinations are carried out and where possible other members of the family are investigated.

5. NUTRITION

10. During the year both Dr. Burgess, Chief of the Nutrition Section of WHO, and Dr. van Veen, Senior Supervisory Officer of the Nutrition Division of FAO, each visited the Agency areas and conducted nutritional surveys on two occasions. During the first tour the state of nutrition of the refugees was found to be not unsatisfactory except for one group, i.e. those between the ages of six months and two years, a high proportion of whom appeared to be suffering from chronic diarrhoea and this was felt to be due to insufficient protein in their diet. The trouble often started with an acute attack of diarrhoea, possibly accompanying an infectious disease such as measles, but with the recovery of the precipitating cause, the diarrhoea did not cease but tended to become chronic. The importance of skim milk in the diet was stressed and the introduction of a local wheat product named burghol combined with hommos, a chick-pea product, into the diet as a rich source of vegetable proteins was urged. This recommendation has been adopted and burghol is now one of the items of the hospital ration scale and is gradually being introduced as one of the standard items in the basic ration scale. In a more recent survey some evidence was found among school children of cheilosis and angular stomatitis and some Vitamin A deficiency as shown by the presence of Bitot spots on the cornea. Cod liver oil and fish oil capsules are distributed to the infants and children up to the age of 10 but distribution difficulties or an unwillingness on the part of the children may easily lead to a definite lack of Vitamin A in some persons or groups, resulting in the clinical appearance of the signs of deficiency. In order to deal with this situation it will be necessary to ensure a wider and more equable distribution of the cod liver oil and fish oil capsules and by the provision of fresh vegetables through supplementary feeding.

11. The basic ration is shown in Table 3, page 4, and shows the alteration this year of the addition of burghol in substitution for part of the former rice ration.

Table 3

Commodity		Grams per month		Calories per month
Flour		10,000		35,000
Pulses		600		2,100
Oils & Fats		375		3,300
Sugar		600		2,300
Rice		250		900
Burghol		275		800
			Sub-total	44,400
Added in winter:	Dates	500		1,400
	Pulses	300		1,000
			Grand total	46,800

12. Under the supplementary feeding program, a hot meal including fresh vegetables (or fruit) as well as some animal protein is supplied to medically-selected beneficiaries for six days a week for a period of two months. At the end of this period each beneficiary is again medically examined. The milk distribution program consists of the reconstitution and distribution in liquid form of dried whole milk to infants under 1 year, and dried skim milk to those in the age-group 1-15 years and to pregnant and lactating mothers. Up to the present year these two programs were administered partly by the Health Division and mostly by the Social Welfare Division. In January it was decided that the Health Division would become entirely responsible for the combined program.

13. In order to allow a greater proportion of fresh food to be introduced into the supplementary meals, the items on the supplementary feeding ration scale were reduced and the funds saved are now added to the cash allowance for fresh food, thus allowing a more liberal quantity and more balanced menus to be provided. It has been possible to provide throughout the year a monthly issue of extra dry rations to many pregnant women and sometimes to nursing mothers. Extra dry rations for non-hospitalized tuberculous patients (i.e. double the basic scale) are provided.

14. The amount of rations available for supplementary feeding is based on a ceiling of 6% of the ration-recipient refugee population. One important factor, however, prevents the full utilization of the rations available and that is the physical limitations of the existing feeding centres, which are not capable of dealing with the full number of medically registered beneficiaries. It is hoped, however, to obtain certain new centres during the coming year, particularly in Jordan where in certain camps and outlying areas there are inadequate feeding centres or none at all. It is usually in such areas that the nutritional needs are the greatest and it is important especially for the weaning infants and the medically registered cases to receive supplementary meals. A feeding centre development program is planned for next year.

6. SPECIAL PROGRAMS

15. Tuberculosis control activities have continued in all areas. Improvements have been the establishment of a Mobile TB Control Unit in Lebanon, the use of the Government TB Centre in Aleppo, Syria, increased staff in the TB hospital in Gaza, BCG campaign conducted in Jordan by WHO which will include the refugee population. All modern chemo-therapeutic agents are available for the use of patients whether in hospital or ambulatory. A survey in Gaza showed a high incidence (94%) of positive tuberculin tests which can be attributed to the BCG campaign there in 1949. The most unsatisfactory situation is the continued and almost total lack of tuberculosis hospital

beds for refugees in Jordan, a situation of great hazard to public health. The Agency has earmarked funds to remedy this situation for the past two years.

16. Mass immunisation campaigns against diphtheria, smallpox and the enteric fevers have been carried out among children both of the school and pre-school age groups. In all about 700,000 such injections or vaccinations were given and it is anticipated that a much reduced program can be planned with safety for next year.

17. The venereal disease control activities have continued during the year. The incidence of syphilis, based on routine infectious disease reports and serological test results, shows a rate of between 0.5 and 0.9 per 1000. The three million unit standard treatment has now been amended in accordance with the WHO Expert Committee recommendations and the average case now receives double the dosage previously used. The VDRL test is now used as a control for the Kahn test and periodic comparative checkings are now made on sample sera from all areas.

18. The nursing services continue to provide nursing staff in the numerous hospitals and maternity centres and in the 81 clinics operated by the Agency. In addition the public health nursing service is an integral part of the special clinics, pre-natal, infant health, school examination, VD and TB control and others. The public health nurses assist in the special feeding program, in home visiting and in the immunisation campaigns.

7. HEALTH EDUCATION

19. Following discussions that had taken place during the previous year between the Agency and WHO, an agreement was signed under which WHO undertook to provide ten fellowships in Health Education for a period of six months, together with training materials and equipment, as well as the services, for a period of two years, of a Specialist in Health Education for the purpose of directing the training course. The Agency on the other hand agreed to provide sufficient funds to cover the cost of the continuation of training in the field for a further period of six months of the students selected. It is anticipated that the health educators trained under this project will play an important role in the campaign for the education in health and hygiene of the widespread groups of refugees. A cooperative effort is planned whereby the health educators will work as members of a health team with all other professional health workers, school teachers, community and social service leaders, voluntary agency personnel and Government officials.

8. EPIDEMIOLOGY

20. Of the treaty diseases (cholera, yellow fever, smallpox, typhus and louse-borne relapsing fever) no cases occurred among refugees during the year. The cases of relapsing fever reported are considered on epidemiological grounds to be tick-borne infections. A list of the infectious diseases recorded among the refugees for the period 14 June 1953 to 12 June 1954 is given in Table 4, page 6.

21. A continuous but seasonally intensive prophylactic campaign against diphtheria and the typhoid group kept these diseases under control. Among children's diseases, the whooping cough incidence increased and this has led to the organisation of a vaccination campaign especially directed to the youngest age groups. The incidence of other diseases was not materially affected except clinical malaria, the reported cases of which

dropped during this year about 9,500 cases below the figure for last year. The leading prevalent infectious diseases are still the dysenteries and the eye infections. The high incidence of these diseases is explained by the fact that their control is mainly within the fields of health education and environmental sanitation.

Table 4

INFECTIOUS DISEASES

From 14 June 1953 to 12 June 1954

	Lebanon	Syria	Jordan	Gaza	Total
Population at Risk x	100,000	86,000	476,000	270,000	932,000
Plague	0	0	0	0	0
Cholera	0	0	0	0	0
Yellow fever	0	0	0	0	0
Smallpox	0	0	0	0	0
Typhus (louse-borne)	0	0	0	0	0
Typhus (endemic)	0	0	0	0	0
Relapsing fever xx	0	2	84	2	88
Diphtheria	2	21	51	3	77
Measles	537	429	1,138	97	2,201
Whooping Cough	1,931	357	3,083	720	6,091
Chicken Pox	156	27	719	1,642	2,544
Mumps	182	255	1,032	26	1,495
Meningitis	8	0	39	34	81
Poliomyelitis	1	2	22	1	26
Typhoid (Para A&B)	174	179	368	289	1,010
Dysentery	34,094	21,472	23,599	14,105	93,270
Malaria	3,327	4,626	21,180	34	29,167
Bilharziasis	0	0	3	115	118
Ancylostomiasis	11	0	0	13	24
Trachoma	13,395	5,438	163,047	17,494	199,374
Conjunctivitis	37,872	15,731	129,639	24,655	207,897
Tuberculosis	235	103	949	232	1,519
Syphilis	53	45	109	286	493

x These figures represent the number of refugees whether registered or not and also residents (as in Gaza) concerning whom UNRWA's Field Health Officers obtain records of infectious diseases incidence.

xx These cases are considered on epidemiological grounds to be tick-borne infections.

9. INSECT AND MALARIA CONTROL

22. The main objective of the insect control program is to prevent insect-borne diseases such as the Anopheles-borne plasmodioses, the fly-borne dysenteries and eye infections, and the louse-borne typhus and relapsing fever. Insects such as the bedbug and the human flea have to be controlled too in refugee settlements in order to prevent the nuisances which otherwise they cause to the residents. Such an insect control program is always welcomed by the people and serves as a means of encouraging other sanitary and health activities. At the same time it serves as a method of health education by spreading among the community a knowledge of the role of insects in the transmission of disease, and of the role of the communal effort in controlling them.

23. Malaria once rated as the chief incapacitating disease among the refugees, is now losing its hold as its prevalence is progressively declining. The follow-up of clinical malaria

records from all UNRWA polyclinics in the different countries month after month gives us an idea about the incidence of clinical malaria among refugees attending these clinics. In the following table the percentages of clinical malaria among UNRWA clinic attendants are shown :-

Table 5

Country	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.
Lebanon 1952-53	1.3	1.5	1.5	1.2	1.3	1.4	1.6	1.1	1.05	0.97	1.1	0.8
1953-54	0.13	1.04	1.2	1.5	1.13	1.5	0.77	0.53	0.23	0.33	0.48	0.62
Syria 1952-53	0.3	1.0	0.8	0.7	1.0	0.84	1.4	0.9	0.4	0.27	0.2	0.3
1953-54	0.29	0.3	0.35	3.4	2.6	3.4	1.8	0.97	0.74	0.48	1.04	1.2
E.Jordan 1952-53	9.3	8.9	10.6	6.4	10.5	13.00	18.5	12.7	8.6	6.1	4.4	3.8
1953-54	5.17	5.8	8.5	8.25	7.49	8.25	6.02	5.07	3.29	3.04	3.3	3.6
W.Jordan 1952-53	2.2	3.1	4.6	5.4	5.	4.5	5.6	4.4	3.7	2.9	2.5	2.3
1953-54	1.9	2.0	2.1	2.35	2.67	2.35	2.19	1.0	1.18	1.32	1.5	1.7
Gaza 1952-53	0.0	0.0	0.0	0.01	0.01	0.05	0.00	0.03	0.0	0.0	0.0	0.0
1953-54	0.0	0.0	0.0	0.01	0.02	0.01	0.01	0.00	0.0	0.0	0.0	0.0

The above table shows a seasonal decline of malaria incidence during 1953-54 as compared with that of 1952-53. This has been quite apparent in Jordan, where the Yarmuk-Jordan anti-malaria project has had a beneficial effect.

24. In addition to the DDT-residual spraying of the malarious settlements, an intensive weekly larvicidal campaign covering the Yarmuk-Jordan Valleys continued for eight months, as well as minor larvicidal work along dangerous streams running along the important camps in Lebanon (Nahr el-Bared), Syria (Khan esh-Shieh) and Jordan (Zerka). In Gaza the larvicidal work is mainly directed against nuisance mosquitoes as no Anophelines exist since their eradication in 1947.

25. The 1953 Yarmuk-Jordan anti-malaria project was initially planned for one year to control malaria in one of the most hyperendemic malarious areas of the world. This campaign was based on the experience of UNRWA's Epidemiologist over the previous three years of malaria control in the neighbouring Arab countries. A staff of seven malaria supervisors trained by UNRWA, together with twenty-one foremen and about eighty control labourers and three drivers, all selected from among refugees, carried out successfully, and for the first time in history in the Jordan Valley, one of the hardest anti-malaria operations conducted under trying climatological, political, and social conditions. A population of 200,000 inhabitants, three quarters of which are refugees, are now trying to obtain a living from the fertile Jordan Valley and are awaiting the development of irrigation schemes, which will bring a welcome improvement in their standard of living. The control of malaria in this Valley has resulted in increased interest and

an establishment of refugees in these areas. More than twenty small villages have arisen coinciding with the dramatic disappearance of bedouin tents. The latter were replaced by mud brick houses built by the bedouin communities who are realizing - after the control of malaria - the advantages of a settled life near water and fertile soil. Not a single new case of malaria occurred among the U.S. Mission labour crew working in the Valley, nor among the Government irrigation and agricultural crews, nor among the anti-malaria workers. Infant blood surveys showed that malaria was transmitted in areas near extensive rice cultivation on the Syrian side of the Yarmuk, opposite the Israeli uncontrolled portion of the Jordan Valley and near extensive swampy areas which could not be dealt with efficiently in the first year of the operation. The anti-malaria work consisted mostly of a larvicidal campaign planned to cover weekly, during eight months of the year, every potential breeding water with a 2% DDT solution in oil to which a spreading agent was added. The division of the whole area into fifty-six zones and the location by mapping of every water channel, spring, pool and puddle in each zone, the training of the labourers and foremen in their duties and the substitution of those who proved to be inefficient, the development of a reporting system for each category of staff, and another for checking the work based on entomological, and epidemiological follow-up surveys, are also to be listed among the very important aspects of the year's operation.

26. The details of the Yarmuk-Jordan malaria control activities of 1953-1954 are summarized in the following table :-

Table 6

No. of square metres treated with oil (in 8 months)	Quantity of 2% DDT oil used (litres)	No. cubic metres dug as drains	No. quare metres dried up
25,460,900	62,244	40,017	3,288,588

The success of last year's anti-malaria program has prompted both UNRWA and the Jordanian Government to sign an agreement for a five-year Anti-Malaria Project involving the expenditure of about $340,000 in the Jordan-Yarmuk Valleys and the other adjoining valleys.

27. In the meantime investigations and trials of new effective insecticides to deal with the ever increasing insecticide-resistant flies are being conducted. This program was restricted to refugee camps and consisted of weekly spraying of the places highly attractive to flies and the sources of fly breeding with a 4% chlordane solution in oil or suspension. The milk and feeding centres in fly-infested camps are sprayed daily with a space-spray. The problem of fly breeding will eventually be solved only by an effective health education program, by developing a fly-proof latrine which will be used by the population, and by the devotion to duty of an efficient and technically competent field sanitation staff. Progress in these three directions is already being made but it will take some time before noticeable results are obtained.

28. It is no small achievement to have maintained almost a million refugees living under hard and crowded conditions completely free from louse-borne typhus infection during a one year period. The credit must be attributed to the effectiveness of the 10% DDT dust and to competent field sanitation staff, who are fully conscious of the dangers of a disease that had been the scourge of the Arab countries for

centuries. Concern has been felt about the development by lice of resistance to DDT, but the results of certain insecticidal tests which the Agency has carried out on local lice have dissipated any such worries. In the delousing campaign over 400,000 persons were dusted and 11.3 tons of DDT 10% were expended.

10. ENVIRONMENTAL SANITATION

29. The Health Division is responsible for the maintenance of proper sanitation services in the organised camps and certain other Agency centres. The environmental sanitation programs are conducted by the field camp maintenance and sanitation officers under the technical direction of a Public Health Engineer (WHO). The number of sanitary laborers is approximately one per 400 refugees in camps although there are individual wide variations from this figure. This staff is actively engaged in the maintenance of latrine facilities, the supervision of bath houses, garbage disposal services, hygiene of camp areas, shops, bakeries, etc., the control of adequate and safe water supplies and the insect control program activities.

30. During the year under review a system has been established for the routine bacteriological examination of camp water supplies. In general the water supplies throughout the year have been adequate and safe.

31. Bath-house facilities have been extended in certain areas and are becoming more acceptable. Of major importance during the year has been the replacement program of pit latrines by septic latrines, especially in Lebanon and Gaza. It is planned to continue this activity and to extend it to Jordan.

32. The total number of camps remains at 58. The number of registered refugees has increased by 13,000 and the number of refugees in camps has increased by 32,800. The percentage of refugees living in camps has risen to 36.8, a percentage increase over last year of 3.3. There has been an overall increase in the number of shelter 'units' of almost 9000 during the year. As there has been a decrease of tented 'units' of 3000 in the same period the expansion of the hut construction program can be well seen.

11. MEDICAL EDUCATION AND TRAINING

33. The Epidemiologist participated in the International Congress of Tropical Medicine and Malaria at Istanbul where he read a paper relating to the malaria control program in the Jordan Valley. A number of the Agency health officers took part and read papers at the Congress of the Lebanese-French Society of Medicine. The 4th Middle East Medical Assembly was held at the American University of Beirut between 9 and 11 April. Over seventy Agency doctors took part in this excellent post-graduate training Assembly. The Agency subsidized some of the administrative costs of the Assembly as well as assisting the medical faculty of the University in its planning and direction.

34. World Health Day, 7 April 1954, this year devoted to Nursing, was celebrated by the Agency in all countries of operation in conjunction with the various local health authorities. The main program was undertaken in the Festival Hall of the Augusta Victoria Hospital in Jerusalem.

35. The year 1953-1954 has again been an active one in the field of training para-medical personnel. The list of training projects shown in Table 7 gives a picture of the wide variety of the types of professional workers undergoing training in the health field. The table includes projects either in progress or completed during the period under review.

Table 7

Training Courses

Type of Course	Duration (Months)	Number of Trainees
Health Education	12	10
General Nursing	36	76
Mental Nursing	36	2
Midwives	18	7
Tuberculosis Nursing	9	3
Medical orderlies	9	12
Ophthalmic orderlies	3	10
Childbirth attendants	6/9	16
Laboratory technicians	12/24	15
Malaria technicians	3	5
Pharmacy attendants	9	24
Sanitary Sub-inspectors	6/12	24
	All categories	204

36. The Health Education training project which the Agency is conducting in conjunction with WHO has previously been referred to in this report. General Nursing training continues in cooperation with the Lutheran World Federation in the Augusta Victoria Hospital, Jerusalem, in the Syrian University Hospital, in the National School of Nursing, Beirut, and in the former Church Missionary Hospital in Gaza.

37. In addition to the trainees listed in Table 7 who are in established Agency training courses, there are a number of individuals benefiting from Agency or other scholarships in the health field. Five refugee students are holding UNRWA scholarships in medicine at American University of Beirut. Of these, three have completed their 4th year and two their 3rd year of study. One student in pharmacy qualified in June while two others are studying the same course. At the French Faculty of Medicine, Beirut, a grant-in-aid has been made to one medical student, while at Cairo University two students of medicine have qualified and eleven others continue to study that course. In addition, there are five students of veterinary medicine and two students of pharmacy at the same university. Three scholarships in public health nursing for one year tenable at the American University of Beirut were awarded to graduate refugee nurses by the Foreign Operations Administration (Point IV).

12. MEDICAL AND SANITARY SUPPLIES

38. One major change has occurred during the year in the procurement of medical supplies. In the past this had been handled by WHO but in July 1953 UNICEF became responsible for the procurement of all our supplies from abroad. During the period under review, supplies to a total value of $221,423 have been received including donations from UNICEF valued at $31,750. Although shortages of certain drugs occurred periodically in the different countries, in general it can be said that the medical supplies obtained either from HQ or by local purchase were adequate in meeting the needs of the clinics

and hospitals. In all areas central medical supplies warehouses combined with pharmacies have now been established and this procedure has improved the distribution system.

13. COOPERATION WITH OTHER AGENCIES

39. In addition to the special cooperative arrangements with the World Health Organisation which has been referred to earlier in this report the health program has received valuable assistance during the year from UNICEF and FAO. Close liaison has been maintained with the Ministries of Health of the host countries and cooperative programs are arranged where practicable such as in an exchange of clinical or laboratory services, exchanges of epidemiological information, inoculation campaigns and medical training projects.

40. Valuable assistance has been given to the Agency health program by various voluntary societies through the provision of certain treatment clinics, supplementary feeding centres, special medical supplies or appliances and by cooperation in training activities.