

preparatory meetings which planned the work and constitution of the future WHO. There are now 81 member states and 5 associate members in WHO. But membership is not a condition of assistance; WHO is prepared to give help wherever need exists.

For three years, from 1952 to 1955, Canada was entitled to designate a member of the WHO Executive Board composed of 18 persons chosen for their technical competence in the field of health. The Canadian member for this three-year period was Dr. P. E. Moore of the Department of National Health and Welfare, and it was he who led the Canadian Delegation to the eighth World Health Assembly held in Mexico City in May 1955.

During 1954 and 1955 WHO, often in co-operation with other international agencies, intensified its campaign against malaria and is now aiming at world-wide eradication of the disease. In more than 20 countries it is assisting with malaria control. The effects of the joint WHO and United Nations Children's Fund campaign against yaws and related diseases are beginning to be felt in many lands. In the past, millions of people have been crippled or weakened by these diseases which are all susceptible to treatment by penicillin. More than 16 million people have been examined and 5 million have been treated since the campaign against these diseases began in 1948. In this great effort, WHO has provided technical guidance and has set up demonstration and training projects as well as model clinics. In the fight against tuberculosis, WHO experts have provided the technical direction for BCG vaccinations in a number of countries. The Organization is helping with a cholera control project, with problems of environmental sanitation, as well as setting up mother and child health demonstration centres.

In the early days of WHO, many requests were received for supplies and equipment to combat diseases; recently there has been a definite trend away from requests of this kind towards requests for technical advice on all aspects of public health. This is a heartening sign since it shows that the resources of WHO are being utilized not so much for the temporary alleviation of health problems as for the strengthening of the permanent foundations of national health administrations. Another major concern is the education and training of health workers. In 1954 and 1955 about 40 per cent of WHO projects were related to the training of public health staff, including the training of nurses and midwives¹.

The Canadian assessment for 1955 towards the work of WHO was \$300,280 and for 1956 will be approximately \$27,000 more. The budget for 1956 proposed by the Director-General of WHO is about \$11 million. This budget will not, of course, meet all the health needs of the world or even the most pressing needs of the under-developed areas. The 1956 budget reflects the amounts which member states are able or willing to contribute. As a result there is a continuous pressure on WHO to devise projects and methods which will yield the greatest improvement in health for the largest number of people in return for the least expenditure of funds.

Equally as important as Canada's participation in the yearly World Health Assembly, Canada's three-year term on the Executive Board, and the financial assessment which Canada pays, has been our contribution in terms of technical personnel who work on field projects, on advisory panels and on expert committees of WHO. Some of the WHO expert committees on which Canadians have served are those on nursing, biological standardization, health statistics and insecticides. More than 30 Canadian nurses are now taking part in various field projects in countries of South America, Africa and Asia and

¹For further details, see the annual reports of the WHO Director-General, *The Work of WHO 1954*, *The Work of WHO 1955* published by WHO.