

No. 1806

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**WORLD HEALTH ORGANIZATION  
and  
BURMA**

**Agreement (with annex) for the provision of the services of a leprosy specialist for one year under the WHO regular budget. Signed at Rangoon, on 9 June 1952, and at New Delhi, on 19 June 1952**

*Official text: English.*

*Registered by the World Health Organization on 21 July 1952.*

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**ORGANISATION MONDIALE DE LA SANTÉ  
et  
BIRMANIE**

**Accord (avec annexe) relatif à la fourniture, pour une période d'un an, des services d'un spécialiste de la lèpre, dans le cadre du budget ordinaire de l'Organisation mondiale de la santé. Signé à Rangoon, le 9 juin 1952, et à New-Delhi, le 19 juin 1952**

*Texte officiel anglais.*

*Enregistré par l'Organisation mondiale de la santé le 21 juillet 1952.*

No. 1806. AGREEMENT<sup>1</sup> BETWEEN THE GOVERNMENT OF THE UNION OF BURMA AND THE WORLD HEALTH ORGANIZATION FOR THE PROVISION OF THE SERVICES OF A LEPROSY SPECIALIST FOR ONE YEAR UNDER THE WHO REGULAR BUDGET. SIGNED AT RANGOON, ON 9 JUNE 1952, AND AT NEW DELHI, ON 19 JUNE 1952

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The World Health Organization (hereinafter referred to as “the Organization”) and

The Government of the Union of Burma (hereinafter referred to as “the Government”)

Being desirous of obtaining mutual agreement concerning a project, particularly reference to the purpose and scope of the project and the responsibilities which shall be assumed and the services and materials which shall be provided;

Declaring that these responsibilities shall be fulfilled in a spirit of friendly co-operation :

HAVE AGREED AS FOLLOWS :

## PLAN OF OPERATIONS

*Preamble* : See Annex I.

### PART I

#### 1. *Objectives*

1.1. To advise and assist the government in planning, organizing and co-ordinating the anti-leprosy work and in integrating the campaign in the national health programme.

1.2. To assist the government in the training of medical, para-medical and non-medical personnel, including social workers, in leprosy work and further in developing the Central Leprosy Clinic at Rangoon into a training institute, which in the future could be developed as a Research Centre also.

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<sup>1</sup> Came into force on 19 June 1952, as from the date of signature by both Contracting Parties, in accordance with the final paragraph of part IV.

## 2. *Planning, Extent and Administration of Project*

2.1. In the execution of this Agreement the Government and the Organization agree to be guided by the policies established by the World Health Assembly.

2.2. The project shall be conducted under the responsibility of the Government and the expert provided by the Organization will act as the chief technical adviser to the government in the operation of the project.

2.3. The international assistance will be required for a period of one year, in the first instance.

## PART II

### *Commitments of the Organization*

1. The Organization shall provide, within the limits of its budgetary resources,

#### 1.1. *Personnel*

One Leprosy Specialist for 1 year, in the first instance.

#### 1.2. *Equipment & Supplies*

Initial equipment and supplies to a maximum of US \$3,000.

#### 1.3. *Fellowships*

Two regional fellowships for about 4 months.

2. The Organization further undertakes, with regard to the commitments under paragraph 1 above, to pay and provide for the following :

2.1. The salary, allowances, insurance of the international personnel and the travel outside the country of assignment.

2.2. The carriage of equipment and supplies to the country.

2.3. Any other expenses outside the country and necessary in connection with the provision of technical assistance.

## PART III

### *Commitments of the Government*

1. The Government shall provide all personnel, materials, supplies and equipment necessary for the project, except as provided in Part II.

#### 1.1. *Personnel*

The Government shall provide a special leprosy officer as an opposite member, to work with the international leprologist and carry on after the specialist has left, and will also provide the medical and para-medical staff necessary for carrying out the programme in the country.

## 1.2. Premises, Supplies & Equipment

1.2.1. The Government shall provide office accommodation, secretarial assistance, typewriters and office requisites as required.

1.2.2. The Government shall establish at Rangoon a Central Leprosy Clinic or Institute, and provide necessary staff, equipment and supplies for same.

1.2.3. The Government shall provide treatment facilities, transport, equipment and drugs, necessary for a successful operation of the project.

1.3. The Government further undertakes to pay or provide for the following :

1.3.1. Free furnished living quarters for the specialist and his dependents, of a reasonably adequate standard;

1.3.2. transport and the cost of any travel including a per diem allowance at the U.N. local subsistence rate for the leprologist while travelling on official business within the country, away from his duty station;

1.3.3. the cost of official telephone, telegraph, postal and other means of communication;

1.3.4. incidental expenses necessary for the successful operation of the project;

1.3.5. the cost of medical care and hospitalization for the specialist in the country, in case of sickness;

1.3.6. payment of taxes or other duties or levies collected by the government not covered by the privileges and immunities under Part IV.

## PART IV

### *Final Provisions*

Notwithstanding that the Government may or may not have already ratified or acceded to the Convention on the Privileges and Immunities of the Specialized Agencies,<sup>1</sup> the Government shall accord to the Organization, its personnel, property and assets in connection with the performance of this Agreement, all the privileges and immunities normally accorded to the Organization, its property, assets, officials and experts under the provision of that Convention.

The provisions of the aforementioned Convention shall not apply to the personnel furnished by the Government and which are not staff, consultants, or employees of the Organization.

<sup>1</sup> United Nations, *Treaty Series*, Vol. 33, p. 261; Vol. 43, p. 342; Vol. 46, p. 355; Vol. 51, p. 330; Vol. 71, p. 316; Vol. 76, p. 274; Vol. 79, p. 326; Vol. 81, p. 332; Vol. 84, p. 412; Vol. 88, p. 446; Vol. 90, p. 323; Vol. 91, p. 376; Vol. 92, p. 400; Vol. 96, p. 322; Vol. 101, p. 288; Vol. 102, p. 322; Vol. 109, p. 319; Vol. 110, p. 314; Vol. 117, p. 386; Vol. 122, p. 335; Vol. 127, p. 328, and Vol. 131, p. 309.

The Government shall take suitable measures to protect the Organization against any claims for loss, damage or injury to persons or property, resulting from or arising out of the execution of the programme undertaken under this Agreement.

Any equipment furnished by the Organization under Part II of this Agreement shall be disposed of as mutually agreed between the Government and the Organization.

This Agreement may be modified by mutual consent of the Government and the Organization whenever circumstances require it.

This Agreement may be terminated by either party upon written notice to the other and shall terminate sixty days from the receipt of such notice.

This Agreement shall enter into force on the date of its signature by both the contracting parties.

IN WITNESS WHEREOF the undersigned, being duly authorised to that effect, have signed this Agreement.

DONE in four copies in English at Rangoon on the 9th June, 1952.

For the Government of the Union of Burma :

(Signed) G. S. DILLON

Secretary

Ministry of Social Services

and at New Delhi on 19 June, 1952.

For the World Health Organization :

(Signed) C. MANI

Regional Director

## A N N E X I

### PREAMBLE

Leprosy is a health problem of sizeable proportion in the country. It is estimated that at least 100,000 inhabitants of Burma are suffering from this disease. The percentage of cases of the lepromatous type is high, viz. about 50 %. These are appalling figures and the disease, which is found all over the country, will spread if no systematic attack against it is made. The work previously done has been disorganised and the government is making efforts to get leprosy work organised in accordance with modern advances, from which they have been shut out by war.

The recent survey on leprosy conducted by the WHO short-term consultant shows great lack of medical personnel in the country. In the whole of Burma there are only about 1,000 to 1,200 qualified doctors for a total population of approximately 17,500,000, and these are mostly concentrated in towns and cities. The result is that even the normal

medical and public health services of the country are undermanned by about 30 %, and that there is a serious dearth of medical men in the rural areas, whereas the population is over-whelmingly rural. Because of this lack of medical personnel there are few doctors who would like to take to leprosy work, since work and practice in other fields is much more lucrative.

In view of these handicaps, progress in anti-leprosy work is bound to be slow, in spite of the keen interest on the part of the government and the public. Leprosy will now be considered as any other contagious disease, and the government intend to provide treatment facilities in all hospitals, dispensaries and other out-patient treatment centres throughout the country, and further to train medical, para-medical and also non-medical personnel for carrying out a country-wide anti-leprosy campaign, consisting of treatment, case finding and contact-tracing, follow-up by home-visiting, propaganda and health education, and improvement of isolation methods. In order to reach this goal the government of the Union of Burma have requested the World Health Organization for the services of a Leprosy Specialist with a sound public health background, who would advise and assist the government in re-organising and developing the leprosy services in the country, and in organising the training of medical, para-medical and non-medical personnel (social workers) in leprosy work.

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