

Chron Ref: CF/NYH/OSEB/HST/1995-091
04900 16 March 1984 File Sub: CF/HST/INT/MAN-002/M

Interview with Dr. Robert Mande* [First name RAYMOND
not Robert]

Conducted by Newton Bowles

on 17 May 1983

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UNICEF Alternate Inventory Label



RCF0006CEO

Item # **CF/RAD/USAA/DB01/1996-0173**

ExR/Code: **CF/HST/INT/MAN-002/M**

Interview Dr. Raymond Mande [erroneously listed as Robert]

Date Label Printed 4/25/2001

= 25 pp + 1b

0490Q 16 March 1984

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(Translated from French)

Bowles: Dr. Mande, we are trying to contribute something to the history of UNICEF. Would you tell us a little about your association with UNICEF in the early days?

TB/BCG

Mande: Certainly. Our association began with a very specific purpose for, at the end of the war, the Scandinavian Red Cross Societies thought that the best way of helping the European countries had been more or less devastated by the war was by helping them to combat tuberculosis. Doctors had always found that tuberculosis becomes more widespread and more serious - at least this used to be so - in times of war, disaster, floods and so forth. This happened again during the Second World war so people of my age, of my generation have seen many serious cases of tuberculosis, of the kind that used to be common. So the Scandinavian Red Cross Societies set up an aid programme and asked Robert Debré, the head, to associate himself with them because he was a well known bacteriologist and he knew a lot about tuberculosis. Debré in turn asked me - for I was his assistant - to set something up.

Bowles: As an official of your Government?

Mande: No, I was a young academic at the time, an administrator of a hospital and it became part of my duties if you like. I did that in addition to everything else. It soon became apparent that the Scandinavian Red Cross Societies were having trouble maintaining this effort. Accordingly they asked UNICEF, which had been established two years earlier, to set up what was called the Joint Enterprise.

Bowles: This was all in Europe?

Mande: It was in Europe, the headquarters was in Copenhagen, a city which played a very important role at the time in that area. And the Staten _____ Institute of Copenhagen.

Bowles: That was Dr. Johannes Holm, wasn't it?

Mande: Yes, he was an old friend who was really the moving spirit behind it all and a man, I think, to whom much is owed. So then Debré, Johannes Holm and Oustved, another old friend from Oslo, assumed the intellectual leadership of the venture to some extent. After approximately two years, we saw what results the vaccination campaign was having in Europe, or rather if it was posing any particular difficulties. It was not. Then Debré, who was very far sighted and really aware of the problems in the world and this was not all that common among Frenchmen at the time came up with the idea of exporting this technique of BCG vaccination, which had been used for _____ tuberculosis, to the three countries in North Africa, Morocco, Algeria and Tunisia - which at the time were under French administration. The main thing, in his view, was that the French

administration would ensure the maintenance of certain standards regarding the technique and that it would probably be possible to develop there - more easily than anywhere else - a vaccination technique which could later be used throughout the entire world.

Bowles: So that was the first export if one might say so?

Mande: Quite right. That was the first time that an important UNICEF achievement was exported outside Europe.

Bowles: What year was this?

Mande: It was 1949. After that my role became more specific, that is to say that everything that worked well in Europe had to be adapted, in fact had to be reviewed and readapted in the countries of North Africa. For instance, we discovered that BCG was sensitive to heat and to many other factors. These factors could change the vaccine and posed problems that had not been encountered previously.

Bowles: That was before the existence of freeze-dried vaccine, wasn't it?

Mande: Yes it was before that. Moreover one could say that freeze drying was speeded up largely because of the difficulties which we encountered and I was largely responsible for this. I'll tell you what happened. We started in Morocco, in a small town called Ilsgam 19 kilometres south of Agadir, on 18 April. I remember the date well because I was very excited. It was the first time I had been put in charge of a fairly large project and there were

representatives of the King of Morocco and so on and there I was,--a young man, right in the middle of everything. So we began the vaccination campaign that day with a certain amount of pomp. My staff had been recruited by me in Paris.

Bowles: They were French?

Mande: Yes, nearly all French, not quite but nearly all. We had trained them the same way we trained our other students and they were to use the same vaccine, the same materials - needles, syringes and so forth. I was to return to Morocco three months later and I did so, in August to check on the results. The results were not at all what we had anticipated. Ordinarily the vaccine - which we were very familiar with - took 95 per cent of the time; however, we found that it had taken only 60 per cent of the time. That was one of the first major differences between what we had learned from our experiences in Europe - France, Sweden, and Denmark - and the rest of the world. We thought about it for a few days and we concluded it was due to the fact that whereas BCG stood up well to the temperate climate of the northern European countries it did not stand up well to the hot sun of North Africa. This had extremely important consequences because, of course, I was not very proud of myself. I had been expecting to tell Johannes Holm "Look, it's wonderful, it has taken 95 per cent of the time." and there I was a miserable 60 per cent. I felt morally responsible for we had been given money and we had promised to help the population and there we were failing to deliver in almost 50 per cent of the cases. This caused us to study the matter and we realized that the problem was due to the heat. In a few weeks we had

developed insulated boxes which could keep the vaccine at a constant temperature. I am telling you this because it played a decisive role in the campaigns in all countries all over the world where the mean temperature is high. We would have had the same dismal results.

Bowles: So you could say that this was the start of the cold chain could you not?

Mande: Exactly. When we started we had no thought of sending BCG at any particular temperature. It was sent by plane just like any other cargo. So that was one thing to UNICEF's credit. If there had been no UNICEF it would not have been possible to conduct that type of study and the results would not have been as good.

Bowles: Could one say that that experience was the basis for all campaigns to control the major diseases in the underdeveloped countries?

Mande: No, that is not so. Well, you could say that it got people used to the idea of what at the time were called mass campaigns. It is funny to think that at the time we were still using military terminology — campaigns, strategies, liaison officers — all these terms were taken straight from the army; BCG was different from the other vaccines in that it was more difficult to handle but that enabled people like Debre and other to think about how the campaigns should be conducted. From then on it was possible to apply a method for preventing infectious diseases to the whole of mankind. What you said was correct in that respect but it was more a question of awareness on the part of those people than a technical problem.

Mande: Yes, it changed. Indeed, I would not like what I have just said to be interpreted as criticism.

Bowles: It is a fact...

Mande: It is a fact but it is difficult to name names. There were two people who were greatly respected in America and whom I also respected very much myself but who were... May I mention their names? Martha Elliot and Katherine Lenroot. These two people represented that attitude. They certainly did much good to develop public health in the United States but they were not at all prepared to go further.

Bowles: Pity.

Mande: In the end everything worked out. There were a few somewhat difficult discussions but everything worked out.

JCHP/UNICEF/WHO relations

Bowles: Dr. Mande, I have just read all about the UNICEF/WHO Joint Committee. When did you attend that Committee?

Mande: I attended fairly often - three or four times or maybe five. I attended it for the first time in 1956 or 1957 or thereabouts.

Bowles: I was astonished to learn that initially the Committee was established at WHO's request in order to terminate UNICEF's health programme. In actual fact the Committee operated quite differently, is that no so?

Mande: Quite right.

Bowles: From your personal experience what did you find the conceptual and political role of that Committee to be?

Mande: Well, there too, the facts are not always clear and one can give only a general idea. There is no doubt that in the early days of their association WHO was afraid that UNICEF might start to compete with it. Accordingly, anything that was likely to curb UNICEF's development was viewed rather favourably by WHO and here again I think one must mention individuals. Again it was Debré who was in the forefront at the time. He, for his part, thought it might be possible to make UNICEF stronger and to give it greater weight - in other words his attitude justified to some extent WHO's fears. Then, being a realistic man, he realized that the fight was too unequal, that WHO was much richer, much better equipped - much better endowed you might say so he opted for friendly and reasonable participation. That is when WHO and UNICEF started to collaborate and you have seen the results. Naturally UNICEF had a rather passive role in this collaboration.

Bowles: At the beginning?

Mande: Yes, at the beginning it was WHO which took the decisions...

Bowles: The initiatives?

Mande: The initiatives and UNICEF was kindly invited to foot the bill. Then gradually things worked out and I believe one can say right now that the existence of this dual organization, this organization with two facets, with representatives from two important bodies -- WHO and UNICEF - is on the whole a good thing. These were difficult times, particularly during the campaign to eradicate malaria.

Bowles: Ah, yes, I remember that well.

Malaria

Mande: It was a difficult time. The fact that it was always WHO which took the decisions demonstrated that that policy could be somewhat dangerous. Indeed, if you remember what happened -- I don't remember the dates but it was somewhere between 1950 and 1952 or thereabouts.

Bowles: 1959 it was I think.

Mande: The malaria experts of WHO were convinced that malaria could be eradicated if the insides of houses were sprayed with insecticides.

Bowles: In four or five years.

Mande: Yes, in a few years. At that time this gave rise to tremendous hopes because malaria is still a much more serious disease than tuberculosis; it kills hundreds of thousands of people and disables many others. So when it was said that malaria could be eradicated, in four or five years as you say, everyone was in favour of the idea. I was new to the Board at the time; I had started as Dr. Debre's replacement before becoming delegate of France in my own

right. Naturally, I was very anxious to avoid making any mistakes and to be properly briefed before coming to the sessions. As I myself knew nothing about malaria I asked our doctors in the French colonial health service who had a great deal of experience with the disease. They told me right away that it would not work because in many parts of the world, including in Africa, there were entire countries where the peasants sleep outside for part of the year. If that is the case you can ... as much as you like... It could not work. So you see we should immediately I think that if a similar situation were to arise now this would be done. We should have said, "no, this method may work in some countries but we cannot use it in a global campaign. Then things changed, as you know. In the early years, we were tremendously successful in Venezuela, for example, and in certain towns in the Caribbean where malaria was indeed wiped out.

Bowles: Sri Lanka for example.

Mande: Sri Lanka, yes. But on the other hand in other countries like Iran, Turkey an entire area of _____ and in many other areas the malaria parasites very soon became resistant and then we had to increase the number of sprayings and to hire more and more staff. In other words, we had to spend more and more money. At that point - I am not good at finance but I remember the figures all the same - UNICEF had a budget of about \$25 million and as much as \$5 million was being allocated regularly to malaria control; one year the figure went as high as \$7 million. In other words between one fifth and one quarter of our resources was being allocated to malaria control. Then the Board decided to stop. That was a fairly difficult period in our...

relations with WHO; WHO accused us of betrayal of not keeping our word and it was also a difficult period with certain Governments. I well remember one Government which is much in the news right now and about which little was said at the time - Afghanistan. In Afghanistan they had had difficulty in mounting the campaign because they were short of staff and money and when we told them that we would not be able to continue our aid they were really very much affected. At the time I knew the Minister of Health of Afghanistan very well - his name was Hibrahim Serage and his daughter was a patient of mine in Paris - and I had friendly relations with him. As luck would have it I was chairing the Joint Committee on Health Policy when the decision was taken. I had to do a bit of explaining to him and it created a little awkwardness between us but I believe that we were right to stop the aid. That was one instance where the collaboration with WHO was not very successful because we took a decision too hastily.

Primary health care

Bowles: We are now going to continue, Dr. Mande. Let us talk a little about another aspect of collaboration between UNICEF and WHO. How do you account for this joint effort in what is now called primary health care? I have been struck by the similarity in the thinking of WHO and UNICEF on basic policy on the health aspects of development. I find it remarkable that a non-technical body like UNICEF and a very professional and technical body like WHO should arrive at the same conclusion. How do you account for it?

Mande: I think that the first conclusion to be drawn is that we were dealing with decent people who found the health systems and the system of

teaching medicine which they had grown up with and in which they had in many cases taught and been influential had worked fairly well for them but were not working in countries outside Europe.

I think that the point of convergence was the discovery that the methods which had been developed over the centuries, since the 12 and 13th centuries, so to speak, in such cities as Montpellier and Bologna did not work in the rest of the world. This came, on the whole, as a surprise to us whites for we had been convinced that our methods would work for the whole of mankind and that the best way of helping the developing countries was by putting them on the path which we ourselves had trodden. It was not difficult because most of those countries had been colonized by England or by France and the dream of the élite classes in those countries at that time, before independence, was to become like the well-known, distinguished Europeans whom they had come across. Accordingly, there was a dual tendency which caused people, quite naturally, to believe in all good faith and in all sincerity that the procedures which had proved sound for Europe must necessarily be sound for the rest of the world. so I think that we must pay tribute to the people of that generation who were able to stand back and realize that what they were teaching might be right for Lyons, Hamburg or New York but it was not necessarily right for africa or for other regions of the world.

So that is how this convergence of which you were speaking came about and it is, indeed, surprising that that should have happened considering that the two organizations have such very different constitutions, structures and orientations. At Alma Ata — Alma Ata is often spoken of almost as a pilgrimage where the light dawned —

Bowles: Excuse me, but do you mean his students from the international centre?

Mande: No before that. The students from the international centre were people of my age or younger than me. I am speaking about people older than us, that is to say people who at the time were about 40 years old and and of attracting followers.

Bowles: They were leading lights in their own countries?

Mande: Quite right. That is why Debré was influential. So it is true that UNICEF benefited from Debré's influence and that Debré benefited enormously from UNICEF's influence through the creation of the children's centre in the United Nations.

Bowles: I got the impression that this was more or less true in Africa but was it true of the other regions also?

Mande: In the Middle East, yes -- Iran, Syria, Jordan, Lebanon, Iraq -- and in Indo China which was a territory under French administration at the time. One country on which we did not have much influence was India. India was really an English preserve and although there were personal relations there was never any French influence there. In Latin America the influence was tremendous. All Americans, all Latin Americans consider themselves more or less the grandchildren of the French revolution. It is rather amusing. When Spain was forced to abandon its colonies following the wars of liberation and the influence of Napoleon -- all this was on a a very large scale -- the Spanish people -- this is my own interpretation of history -- were

orphaned intellectually. It was at that time that the encyclopedias — those of Alan Berne, Diderot, Montesquieu and others — were reaching Latin America. These encyclopedias -- and this fact is no longer fully appreciated — had a tremendous influence on the minds of such people as Bolívar and San Martín. These people were direct students of the French encyclopaedists. They did not not succeed — well that is another matter -- but they were inspired by them. Now things have changed a great deal of course.

Bowles: I notice, in Brazil, that towards Paris...

Mande: You could say that the influence of Paris did not compare with that of Lisbon, in the case of Brazil, and the same applied to the Spanish-speaking countries. So there were many Latin Americans, quite a few people in the Middle East, some in the Far East and very few in black Africa at that time because that was the time when the first universities were being set up in black Africa.

Reflections on UNICEF

Bowles: The fact that UNICEF still exists and has even grown is, I think, extraordinary. It was not in the least expected. How do you account for it?

Mande: I don't know how one can account for it but I do know that when I talk about UNICEF I often say and write that empiricism played a tremendous role in UNICEF's development. After all, no one had any plans, no one had taken a piece of paper and drew an organizational chart showing that there would be public health on the one hand, ...

vaccination programmes on the other and so forth. As to why UNICEF is so successful, I believe that it is successful, well the UNICEF miracle and it demonstrates, I believe, the quality of the people who were in charge. One such quality — indeed one of the most important qualities — was empiricism, the ability to accept situations as they were, even if they were contrary to the theoretical framework which you had in your head.

UNICEF has never been a doctrinaire organization so to speak — quite the reverse — whereas WHO has often been on the verge of becoming a doctrinaire organization.

Bowles: A dogmatic one?

Mande: Dogmatic, doctrinaire and somewhat inflexible.

Authoritarian. yes, all that goes together whereas UNICEF has never had that tendency.

Bowles: To what is that attributable?

Mande: Well, I think that here again we must come back to human qualities and to the fact that there was no pride at stake. The main thing was not how Mr. X or Mr. Y performed but to bring water to a village in the Sahel. Of course, you could say that that is a very trivial accomplishment; however, it is precisely because UNICEF does not make a distinction between aiding a thoracic surgeon — this aid is very complicated and is of benefit to few people — and aiding a village midwife that its efforts have assumed the proportions which they have.

Emergencies

Bowles: Another question. UNICEF has always tried to pursue an objective policy — objective in a war situation. For example, in civil wars where there has been a change of government, UNICEF has tried to keep going, to pursue a humanitarian policy. This, at times, may have been a little dangerous, is that not so?

Mande: Yes.

Bowles: Can you recall any instance when problems of this kind came up in the Board?

Viet Nam

Mande: Yes, we found ourselves in this situation on numerous occasions but particularly in the case of Viet Nam. I very well remember how things developed. You can also say — it is often said in official statements, and I believe that it is true — that UNICEF has always been able to avoid transforming a technical problem into a political one. That was very clear at the time of the Viet Nam war. I remember one decisive debate when we did not know how to get North Viet Nam to request aid from UNICEF. I don't know if you remember this period. We were in a rather curious situation in that we were offering aid and those to whom this aid was being offered did not want to observe the formal rules which normally accompany this type of aid. One of us resolved the situation in so far as language was concerned — and the solution proved effective on the practical level — by suggesting that the policy should apply "to both Viet Nams". Well that phrase "both Viet Nams" kept us going for several years.

Cambodia: Again, it must be said that UNICEF has demonstrated quite exceptional qualities in emergencies — I am speaking of Cambodia. This has been said often but I think that we need not hesitate to say it again that in this case UNICEF did things which have seemed quite inconceivable to our parents. I don't know if you went to Cambodia?

Bowles: Yes I did.

Mande: Well then you saw UNICEF's qualities. I was invited to a paediatric congress in Bangkok three or four years ago. It was suggested that we should visit Sakeó camp — some 20 to 30 kilometers from that Thai border -- which had been opened about a month earlier. Children and old people were arriving there exhausted after walking hundreds of kilometers through the jungle and many of them were dying. Then UNICEF started providing rehydration therapy and care and so on and after about two weeks those who were going to die were dead and the others stopped dying so to speak. My first impression — I am telling you this because it really struck me very deeply — my first impression as we drew near to the camp, when we were about four or five kilometers away as the friends who were accompanying us were pointing at a clump of bamboos saying that that was the gate to the camp, I noticed kites fluttering in the sky and I thought to myself that if the children were well enough to fly their kites they must be on the mend, and I was quite right. When I think of UNICEF's role, I always remember those kites.

Later, I went into the camp and saw the association of goodwill, the absence of pride — and everyone was doing the humblest tasks, washing children and old people —and I saw the technical quality of our staff and also I think it is entirely to the credit of the Americans I saw the pragmatism of the Americans, their ability to adapt quickly to new situations. For example, when it was necessary to provide electricity and water for 40,000 people in a region which was not at all equipped— not an easy task -- it was done in a few days. Thus UNICEF and its American group, if I may say so, demonstrated quite extraordinary qualities. In my view, the journalists stressed the performance aspect in this matter but did not sufficiently analyse the underlying qualities of the people and the organization which made it all possible.

Political issues in Board

Bowles: What was happening in the Executive Board during the Cuban revolution?

Mande: I don't remember at all. That goes back to 1950.

Bowles: 1959.

Mande: Yes, of course. We certainly did talk about Cuba. I remember that the Americans were strongly opposed. Yes, that's right. At the time there was the game of Americans versus Russians — which predated the game of those who are against us and those who are for us. But I don't remember. On the whole when the question of Cuba arose there

was a somewhat bitter exchange with the Russians — yes between the Russians who would speak against the United States in connection with Cuba and the United States, which would speak against the Russians in connections with Viet Nam. That is how things balanced out; we always managed, it should be remembered that.

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