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UNITED NATIONS ECONOMIC AND SOCIAL COUNCIL



GENERAL

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UNITED NATIONS INTERNATIONAL CHILDREN'S EMERGENCY FUND Executive Board

STATEMENT BY MR. EGGER, DIRECTOR OF UNICEF'S REGIONAL OFFICE, PARIS,

TO PROGRAMME COMMITTEE, UNITED NATIONS HEADQUARTERS, 15 APRIL 1952

Development of UNICEF Assistance to Countries in Africa

The following statement by the Director of the UNICEF Regional Office responsible for operations in Africa, Europe and the Eastern Mediterranean, is being made available in full to the Executive Board at the request of the Programme Committee:

At its last meeting the Executive Board expressed the wish to see the plans and preliminary discussions initiated by UNICEF with Governments concerning assistance to Africa, develop into actual recommendations. In light of this discussion UNICEF has, at the request of Governments, submitted recommendations amounting to a total of \$1 million for programmes to be developed in various territories in North Africa and in countries and territories south of the Sahara Belt. The expansion of UNICEF's activities into this new continent represents an entirely new development in the work of UNICEF. The requests which are before this Board meeting are largely based on preliminary field work and contacts which have been established by the specialized agencies, WHO and FAO, in the field of health and nutrition. No UNICEF representative has yet visited any of the African territories. In this introductory report, therefore, no attempt is made to give a detailed picture of needs or of efforts being made by Governments in the field, for first hand impressions of the setting for plans of operations.

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It may be sufficient to recall that the population of Africa is about 157 millions, of which 63 million are children in the age groups from 0 - 14. Only 50 percent of the children born reach, on the average, an age of 15 years. Infant mortality rates which have only been examined for limited areas are between 200 to 300 per 1,000 live births.

The Executive Board expressed the wish at its last session to see UNICEF's aid to Africa concentrate on a few types of programmes which could be assisted in several territories. In studying this problem, UNICEF and the specialized agencies, WHO and FAO, concluded that it would be advisable to recommend that UNICEF concentrate, in aiding Governments, on expanding and modernizing malaria control work, providing supplies for treating nutritional deficiencies characteristic of the African continent, and on developing pilot projects in the field of treating trachoma and related eye diseases.

The development of plans to aid countries in the field of nutritional deficiencies has been facilitated by the extensive field studies carried out by FAO and WHO jointly during a nutrition survey in Africa in the winter 1950-51 by Dr. Brock and Dr. Autret. Their conclusions were accepted by the WHO-FAO Nutrition Committee in April 1951. As for malaria control programmes, the Kampala Conference in November 1950 convened by WHO and the Governments responsible for African territories laid the basis for increased attention to be given to modern methods of combatting malaria.

It is expected that UNICEF representatives will be visiting the various areas when developing the detailed plan of operations in collaboration with the specialized agencies. However, it is important to mention that the recommendations before the Committee are the result of extended and close negotiations and consultations between UNICEF, the specialized agencies and the metropolitan Governments. In the future this double approach, i.e., the contact with the local authorities as well

as with the metropolitan authorities responsible for all policy and general questions, must be continued in following up on these programmes as well as discussing any new requests received. This is particularly important for territories where the ultimate source of authority from a constitutional and administrative point of view lies with the metropolitan authorities and has been delegated by them in various degrees to the administrative authorities working in the field.

It will be noted that the plans submitted to this Board meeting are all alike in the sense that they attempt to outline the problem which UNICEF has been called upon to meet, as such, and develop corresponding plans of operations extending over a period of several years during which international assistance is required. The actual recommendations for financial assistance, however, are limited to the first period of operation, covering an experimental phase and a phase of primary expansion. Later, recommendations will come before the Board requesting international assistance to develop further phases, depending on the experience gained. During the initial stages of the programmes, developments will be assessed, both in regard to the immediate benefits resulting from the project and the related benefits such as training of personnel. It should be clearly understood, however, that the Board is being asked at this time to pronounce itself on the total plan for assistance covering several years.

It should be remembered that these are territories in which Governments have already made great efforts in the fields of economic and social development. Otherwise it would not have been possible for UNICEF and the other specialized agencies to consider concentrating all their resources on a small number of types of programmes, requiring large scale efforts by the Government, not only to provide matching funds for these programmes but ultimately to continue them on their own. It may be interesting to note the efforts made by Governments particularly since the Second World War in terms of funds spent for social and economic development of

Territories a sum of \$434 million has been set aside in the years from 1947 through 1951 of which \$31 million are for health work. Apart from these funds, provided by the French Metropolitan Government, the territories themselves have reserved additional sums for health work, amounting to \$74 million during the same period. The Belgian Colonial Development Programme for 10 years is investing \$560 million of which \$10 million are for health work.

The present recommendations are limited to programmes that have been requested by the Belgian, the French and the Liberian Governments. In the past months interest has also been expressed increasingly by other Governments; the United Kingdom has expressed interest in possible projects to be developed in British West African territories. It has been the desire of UNICEF to keep all Governments currently informed on the decisions taken at the last two Executive Board meetings with regard to the target budget for Africa, the projects to which UNICEF would like to give priority in terms of programmes to be developed, and so on. The British Government has requested appropriate documentation by which means their health and social welfare authorities for the various territories may be directly informed on the policies and objectives of UNICEF; and which will allow them to study the possible forms of aid that might be requested in line with their own health or nutritional programmes.

As far as possible, the trend of future programmes will still be in the fields of campaigns against malaria and nutritional deficiencies. A problem has been brought to the attention of UNICEF with regard to the rising incidence of tuberculosis along the West African Coast where BCG vaccination of children might be appropriate.

With regard to administrative arrangements, UNICEF is proposing to establish an Area Office in Brazzaville responsible to the Paris Regional Office. This office

would work in close collaboration with the WHO Regional Office and actually be located in the same office, and to a certain extent share the administrative facilities. An initial request has been submitted to the French Government requesting approval for the establishment of such an office. It is expected that their answer will be in the affirmative. The U.N. Division of Social Affairs has stated its intention to assign a Social Welfare Adviser to Brazzaville, to advise Governments and UNICEF on welfare aspects of programmes.

Concerning the programmes to meet nutritional deficiencies which have been recommended for provinces in the Belgian Congo and Ruanda Urundi, as well as in certain parts of French Equatorial Africa, it has been stated above that they have resulted from the conclusions, accepted by WHO and FAO, of a survey carried out in 1950-51 in Central Africa. Very small quantities of milk have been sent for experimental purposes to a number of hospitals and clinics by UNICEF. These are being consumed at present, but no final results are yet available. The short-term aspect of these programmes are described in the recommendations before this Board meeting. It is intended to utilize part of the skim milk as a medicament of a curative and preventative nature for children of the age groups from 1 - 5 years suffering seriously from kwashiorkor or showing signs of protein deficiency and for mothers. The channels for the distribution of this milk are the existing network of hospital dispensaries, clinics, maternity stations, etc. The programmes have been based on the present known numbers of people in those categories attending these centers. Should the attendance, as a result of first satisfactory experience be increased, it is most likely to affect the size of the programme in the future. Particular attention must be paid to the long-term aspect of this programme, as a supply of skim milk will only be a short-term pallative measure to treat patients showing signs of serious malnutrition because of lack of protein. The only solution in the long run can be found in the local production of animal and vegetable protein.

In the preliminary discussions the attention of Governments has been brought to this important factor, and FAO's advisory services offered to them. UNICEF's assistance is only justified in helping to close a gap between the present dire need for protein food and the expected local production at some later date. The Belgian programme particularly gives hope that after a period of two to three years the production of protein-containing food in various forms will make it possible for the indigenous population in protein deficient areas to receive an adequate intake of protein in their normal diet. In French Equatorial Africa, efforts are also being made, although the question will require further study and investigation, if the population is to have rapidly at their disposal sufficient quantities of indigenously produced protein-containing foodstuffs. For both programmes UNICEF is being asked to assist an expanding pilot project during the first year on the understanding that further allocations will cover the latter parts of the programme. It is also expected that satisfactory results of the use of skim milk will encourage Governments to make increased efforts to take over this responsibility themselves.