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Page 121
Date 2003-Nov-04
Time 3:44:10 PM
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CF-RAD-USAA-DB01-2000-06638

ill Document Register Number [auto] **CF-RAD-USAA-DB01-2000-06638**

ExRef: Document Series / Year / Number **E/ICEF/1953/224 (PDF-Eng)**

Doc Item Record Title

C.A. Egger - Statement to Executive Board (Africa)

Date Created / On Doc
1953-Mar-24

Date Registered
1997-Jan-01

Date Closed / Superseeded

Primary Contact
Owner Location **Office of the Secretary, Executive Bo = 3024**
Home Location **Office of the Secretary, Executive Bo = 3024**
Current Location **Record & Archive Manage Related Functions=80669443**

1: In Out Internal, Rec or Conv Copy?

Fd2: Language, Orig Pub Dist **English , L.Avail: E,F ; L.Orig: E-?**
Fd3: Doc Type or Format

Container File Folder Record
Container Record (Title)

Nu1: Number of pages
0

Nu2: Doc Year
1953

Nu3: Doc Number
224

Full GCG File Plan Code

Da1: Date Published
1953-Mar-24

Da2: Date Received

Da3: Date Distributed

Priority

If Doc Series?: **CF/RA/DS/USAA/DB01/2001-0024**

Record Type **A04 Doc Item: E/ICEF 1946 to 1997 Ex Bd**

Electronic Details

No Document

DOS File Name

Alt Bar code = RAMP-TRIM Record Numb : **CF-RAD-USAA-DB01-2000-06638**

Notes

Document Format Series/Year/SubSeries/Number/Rev: E/ICEF/1953/224; Doc Series/SubSeries/Year/Number/Rev: E/ICEF/1953/224
Doc Series: E/ICEF; Series Valid date on import: 01-Jan-1946; Doc Year: 1953; Doc Number: 0224; Doc

Print Name of Person Submit Images

Signature of Person Submit

Number of images without cover

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UNITED NATIONS
ECONOMIC
AND
SOCIAL COUNCIL



GENERAL

E/ICEF/224
24 March 1953

ORIGINAL: ENGLISH

UNITED NATIONS INTERNATIONAL CHILDREN'S EMERGENCY FUND

Executive Board

UNICEF AID TO AFRICA
STATEMENT TO UNICEF EXECUTIVE BOARD, 10TH MEETING,
19 MARCH 1953 by DR. CHARLES A. EGGER, DIRECTOR,
UNICEF REGIONAL OFFICE FOR AFRICA, EASTERN MEDITERRANEAN AREA & EUROPE

1. Last time I had the opportunity to give to the Board some impression of the general background against which our first projects were moving ahead in Africa. Now I would like to review briefly the progress made since the last meeting with regard to those first programmes and deal in the second part with the general considerations pertaining to UNICEF work in West and Central Africa. I would like also to discuss certain trends regarding possible future activities of UNICEF in this new Continent.
2. With regard to present programmes, a start has been made in combatting malaria and nutritional deficiencies in West and Central Africa. Although at this stage it is too early to evaluate results, upon looking back to the development already taking place, I feel that work has already been planned and a good beginning has been made. Noting the progressive development of the French malaria programme, this programme was first approved by the Board in April 1952. Immediately thereafter advance procurement began. Then a joint visit was undertaken by WHO and UNICEF to French West African Territories, Togoland and the Cameroons which allowed for a more detailed analysis of the situation and a working out of plans of operation both with local and metropolitan territories in the autumn and winter of 1952. The bulk of supplies was being procured and they have now been arriving during the period November 1952 - February 1953. As a whole, considerable preparations were also made by the territories themselves to assure a start in the mass campaigns and in concentration on pilot projects for which data had to be gathered. In the Cameroons, where we have the largest campaign, there has been some delay because of the difficulty of WHO in recruiting suitable experts to advise both on the pilot project in the center as well as on the broader aspects of the two mass campaigns. It is the view of WHO that we should now allow these programmes to proceed as planned for during their first period including two spraying cycles. The programmes have been

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well prepared and perhaps by the end of the year a first evaluation of this important aspect of our work in Africa will be forthcoming.

3. With regard to the nutrition programmes, we are assisting in developing pilot phases of this project in French Equatorial Africa north of the Congo and in certain provinces in the Belgian Congo as well as in the trust territory of Ruanda Urundi. Adequate packaging of supplies had to be arranged in advance to meet climatic conditions and many trans-shipments have been necessary but these procurement and shipment questions have now been successfully carried out. Great efforts have been made by central and local authorities on the spot to organize smaller scale pilot campaigns for distribution of the milk to beneficiaries, though under difficult conditions. You will remember that the Joint Advisory Mission consisting of FAO, WHO and UNICEF representatives visited these pilot phases in September and October last year and a report was submitted early in January to the governments concerned. Although as yet it is too early to expect outstanding results, the first impressions of the members of the group are interesting and indicate that a slow beginning is being made. It is comforting to note that the dry powdered skim milk was very acceptable to the children. It was a pleasure to see how willingly they took the milk regularly. The same cannot be said of their mothers, who were sometimes directly opposed to the consumption of milk. It may be necessary at a later date to reconsider certain elements of this programme, particularly with reference to the age groups to whom the milk goes. It is generally believed that post pre-school period is also most affected by nutritional deficiencies of protein. Limitation to the pre-school period may have to be changed and extended to the early school ages of 6 to 7 or 8 years. It has also been found important to devise simple and appropriate methods of preparing the milk in those areas which would take account of the simplicity of existing facilities and the lack of knowledge in preparing such food. When we come to distribution systems under varied climatic conditions on a permanently maintained basis, it will probably be necessary to widen the existing network and include stations not considered in the first place.

4. What has struck us most, even in spite of manifest difficulties, is the general interest in the nutritional problems which has been generated not only in those acquainted with the programme as such but throughout the territories in all social welfare authorities, etc., and this in itself is most encouraging. It is our belief that we should be able to carry out this pilot phase as planned. Some

/ time during

time during the summer a re-evaluation should take place, which will allow the administration of both French Equatorial Africa and the Belgian Congo to draw up more comprehensive plans of operation than has been possible in the early stages we are facing now.

5. With regard to the progress of the Liberian programmes, I should like to refer you to the Executive Director's Progress Report. From the visits undertaken by UNICEF and WHO staff to West and Central Africa we have felt that for the development of the future work it would be most desirable to establish at the earliest possible moment, together with the specialized UN agency involved, direct personal contact with the authorities concerned. Past experience has borne out this fact and we have been gratified in being able during our first visit in West African Territories to learn a great deal about the problems of children and at the same time pass on to the authorities concerned information about the possibilities UNICEF and UN Specialized Agency assistance offer for assisting programmes. One of the first impressions I would like to relate is the importance for UNICEF to integrate its own efforts into the existing development programmes which have achieved such prominent scope in those territories. These development programmes are being financed both from metropolitan and territorial resources. For the British Territories in West Africa such development programmes have been formulated for the ten-year period 1946-1956 to ensure a balanced development of economic resources and improve the living standards of people. UNICEF and the other Specialized Agencies are coming into contact with these territories when the programmes have already been laid down and pursued for 7 years out of the total 10. Therefore, it is very important that we do not upset the planning already taken place. We must integrate our own efforts in relation to what has been worked out. Nonetheless, the representatives of those territories have indicated real interest for cooperation with the Specialized Agencies of UN and UNICEF. A participation of UNICEF at this stage even on a somewhat reduced scale will be valuable to gain necessary experience in the promotion of child welfare projects which may be increasingly expanded at a later date. Also this would be particularly helpful for the introduction of mass campaigns against yaws and malaria and in the development of mother and child services in such areas. We have been greatly encouraged at this stage by the attitude of the various authorities concerned toward the early establishment of contacts with the Specialized Agencies of the UN and UNICEF, all the more as in British West Africa these territories are definitely moving towards self-government.

/6. Another element

6. Another element for further attention is the health policy, which is undergoing certain basic changes at this moment. Considerable attention had been paid in the past to develop and improve curative services such as hospitals by the establishment of high-grade training centers, for the facilitation of research in various fields of health, and through organizing a mobile field service to check epidemic diseases. This is presently being reviewed and efforts are being made to promote more understanding for the preventive aspects of health work. In the Gold Coast, for instance, a thorough analysis of the health needs of the population concluded that hospital facilities should not be expanded beyond the programmes now being operated, that decentralization of the health work to Rural Health Centers should be instituted to service more simply and adequately the rural areas in much larger numbers, that the number of mobile field units be increased to deal with endemic diseases affecting those territories, that much more emphasis be put on training of auxiliaries, and that greater attention be paid to the improvement of facilities affecting the health of the community. This trend is characteristic not only in the Gold Coast but in all other British West African as well as the French territories. The Gold Coast Government must be congratulated for having called for such a report and that adequate steps are being taken to implement this report in its main elements.

7. Against this background we must visualize the possibilities existing for UNICEF to contribute to the development of permanent child welfare services. We must agree that the suggestions outlined for the Gold Coast represent very much the emphasis UNICEF would like to see stressed. The same applies to Nigeria, but Nigeria is further advanced. Here again, with hospital programmes approaching their present maximum, mobile field staff being now available for increased efforts in rural areas, after a long fight against the main prevailing epidemic diseases as sleeping sickness, yellow fever, the work should be carried further. Under the energetic leadership of Dr. Manuwa, the African Inspector General of Medical Services, efforts are being directed toward fighting endemic communicable diseases and the further establishment of a rural health organisation adapted to the country's requirements. Last summer a request was presented for UNICEF and WHO assistance to deal with yaws, malaria and leprosy, and training activities. At this moment UNICEF and WHO advice and UNICEF material assistance can become of real value for the advance and extension of appropriate MCH services to the rural areas in the three regions of Nigeria,

/8. In discussing

8. In discussing the various projects for British Nigeria, I would like to add that I have been greatly impressed by the quality and character of their technical medical services in the fields of malaria and leprosy which have been instrumental in formulating the projects before you. Both services have concentrated primarily on research activities, field studies, training programmes for auxiliaries and act as technical advisors to the public health authorities on the technical aspects of carrying out malaria and leprosy programmes.

9. Leprosy in particular in Nigeria has presented for many years a serious problem. It is characteristic and shows the quality of the Leprosy Service how the work of a small-scale, excellently staffed technical group has been implemented on a large scale as part of the Nigeria Public Health programme. The service has developed a clearly determined overall policy which was carried out by the Federal Regional Health Authorities, the local administrations, the voluntary societies and missions. Based on an entirely new psychological approach of treating leprosy on a voluntary basis and of utilizing the modern sulphone treatment, leprosy in Nigeria has been most effectively dealt with.

10. Visits to the other territories in British West Africa, the Gold Coast, Sierra Leone and Gambia have allowed us to see that there was a definite interest in cooperation with the Specialized Agencies and UNICEF in strengthening their efforts to deal with yaws and malaria and in developing basic facilities for MCH in rural areas. From contacts with these territories we may expect at some later time to be approached by more concrete proposals for mass campaigns.

11. Relative to malnutrition, I had the opportunity to spend time in the Asbanti province of the Gold Coast and see there a hospital reserved entirely for the care of children suffering from nutritional deficiencies. This hospital has received from UNICEF some gifts of skim milk powder which is now becoming an integral part of the hospital supplies. Just to show the importance of malnutrition in certain parts of the Gold Coast it is interesting to note that more than 25% of the children in the outpatients' department show signs of inadequate nutrition.

12. Looking at the geographical extension of our work as it developed over a period of 18 months, it can be seen that a start has been made in French West Africa, Equatorial Africa, Liberia and the Belgian Congo and is now proceeding to the British territories in West Africa. At the request of certain British East African Territories which have been greatly encouraged by the Colonial Office, we are presently undertaking a joint visit to these territories through our area

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representative, Dr. Marti, accompanied by the P.H. Advisor of WHO, Dr. Austin. We hope this preliminary visit may establish the same basis for future cooperation as has been the case in West Africa.

13. Considering the work ahead of us, with which we will be confronted during this coming year, one of our primary tasks together with WHO will be first evaluation of malaria work, and a detailed study of the pilot phase of our nutrition programme. Definite plans for large-scale distribution in areas where nutritional deficiencies are evident will have to be drawn up. We will, further, have to follow up on preliminary requests to be received from British West and East Africa.

14. As far as the type of programmes is concerned, I do not think they will change from those already being assisted, and work against malaria and yaws will be in the forefront. More attention will have to be paid to the fact that the governments are likely to give low priority to such campaigns where the population is thinly spread over large areas and the cost risks to be too high per head for the governments in relation to the people reached by such a campaign.

15. Relative to tuberculosis work, it is the view of WHO that further technical studies are needed before extensive approach into this field could be recommended.

16. It is furthermore evident that nutrition is a real problem which must be considered in the light of the practical experience of the present campaigns. In the future the character of such aid may have to be altered and we may be asked to participate in smaller campaigns which would first have the objective of collecting the necessary experience in the encouragement of local food production and the utilization of imported foreign foods.

17. Participation in maternal and child welfare activities will be of increasing concern to UNICEF in Africa. We will probably be asked to assist in extending an appropriate health organization into the rural areas through training midwives and other auxiliaries, setting up mobile field units, organizing Health Centers, etc. This type of assistance will be of great interest to UNICEF and should have our support.

18. Cooperation with WHO has continued to be very close. Both organizations are now established in the same office in Brazzaville and close contact has been maintained both in the planning and implementation stage. We have much appreciated the experts who have been put at the disposal of UNICEF in dealing with the problems coming up before this Board meeting by WHO, Headquarters as the Regional staff is still very limited.

/19. Concerning

19. Concerning the Basic Agreements, covering our operations in Africa, an extension to the existing Basic Agreement has been signed on March 13th in Paris which will extend the provisions of the existing Agreement to cover all operations in French Territories in Africa. We also hope in the near future to have both those with the Great Britain and Belgian territories signed.

20. We have been increasingly encouraged by the positive attitude taken by governments responsible for African territories and have been pleased by the good contacts established on the field level as well as with the Metropolitan powers. It gives us the assurance that the Government programmes, which will require great joint efforts to see us through the active stage of programme implementation, will develop to the satisfaction of all concerned and ultimately to the benefit of African children.

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