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UNITED NATIONS
ECONOMIC
AND
SOCIAL COUNCIL



LIMITED

E/ICEF/291
10 May 1955

ENGLISH ONLY

UNITED NATIONS CHILDREN'S FUND
Executive Board

STATEMENT BY CHARLES A. EGGER, DIRECTOR OF THE
REGIONAL OFFICE FOR AFRICA, EASTERN MEDITERRANEAN AREA AND EUROPE,
AT THE 142ND MEETING OF THE UNICEF EXECUTIVE BOARD ON 17 MARCH 1955

UNICEF Assistance to Africa

The general development of our work in Africa is described in the General Progress Report, E/ICEF/281/Add. 2. I would like to concentrate during this presentation on the visit I undertook to the eastern part of Africa, in particular to Somaliland and to a number of territories in East Africa. This is not so much an account of UNICEF achievements (because we have only started work in East Africa) as it is an effort to give you a broader background of our projects which have been submitted to the present Executive Board session for the two Somaliland territories and to take a look at problems that lie ahead of us.

Somaliland

Malaria Control

Something like 2 million people live in British Somaliland and Somaliland (Italian Trusteeship). This is a relatively small population scattered over a very large area. The people there are primarily nomads -- 90 per cent in British Somaliland, and about 75 per cent in Somaliland (Italian Trusteeship). It is also an area characterized by a camel economy. The nomadic way of life there is a characteristic of both territories; in British Somaliland there are about two camels per head of population. The search for water for the herds of camels and for sheep and goats dominates the life of the people. In the spring the people

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leave the permanent watering places and follow the rains southward. When the dry months come, the nomads go back to the watering places. In doing so, they move into a malaria-infected area. Malaria transmission continues for an average of two or three months, a period insufficient for the population to develop effective immunity. The result is malaria of an epidemic and killing nature. This is the background on why, in both territories independently, the problem of malaria is put as the first priority for which international assistance is sought.

The economic development of the countries is very much affected by the problem. The authorities in both territories are very anxious to help the nomads change their way of life gradually from a pastoral to a subsistence economy. There is a great interest on the part of the authorities to encourage families to grow maize, vegetables, and some sorghum, in order to complement whatever they now live on: camels' milk, meat, etc. This development into a subsistence agriculture is very much dependent on the availability of water; but with water there is again the malaria problem.

In Somaliland (Italian Trusteeship) there is a programme (aided by U.S. bilateral assistance) of digging wells in the savannah area. This constitutes an impressive attempt to help the nomads to change over their way of life.

Another reason why it is so important to carry out a really large-scale attack on malaria is that it will open the way for a more permanent approach to development of adequate health measures for the population, since it will provide a basis for cooperation between the population and the health authorities.

Tuberculosis

The nomadic tribes that only irregularly come in touch with market places, water stations, etc., have no natural immunity against tuberculosis. The disease is spreading and is a matter for considerable concern among the people and the authorities. Knowledge of how it spreads among the people on the coast and in the interior is incomplete, and the proposed tuberculosis survey should give us a clearer picture of the problem and how to meet it.

Rural Health Services

We can expect requests in the future from the territories for the development of simple rural health services which will devote greater attention to preventive work. In British Somaliland an interesting attempt is being made to develop some kind of rural health service. The health department is asking the tribes to nominate interested members of the tribe to undergo a relatively short course for training as tribal aides. In four or five weeks, for instance, they are taught to diagnose certain diseases. This is a very rudimentary way to give auxiliary training. It is only of a transitory nature and applicable in territories which will be nomadic for some time to come.

Participation of International Agencies

In 1960 the Italian Trusteeship ends and the territory becomes independent. Apart from a study and report made by a Technical Assistance mission in 1951, the United Nations (with the exception of UNESCO, which has been working on an education project) has hitherto done relatively little to participate in the economic and social development of the Trust Territory. I believe that we have a high moral obligation to lend whatever aid we can. I was therefore glad that a representative from WHO and the U.N. Social Affairs Adviser have begun to draw up a long-term programme of assistance. I believe we should take an active and positive interest in associating ourselves in the development of social services for the benefit of mothers and children.

East Africa

East Africa is quite different, and here UNICEF has already been active to a certain extent aiding in the three main territories that compose East Africa — Kenya, Uganda and Tanganyika. We have been assisting in training, in upgrading certain institutions, and equipping certain centres that carry out a policy of decentralized rural health work. I am happy to report to the Board that this modest beginning has resulted in a rather satisfactory first start. One naturally realizes that our contribution can only be modest in relation to the burden on the

/governments.....

governments for staff, for construction, for teaching institutions, etc. We had an opportunity to visit most of the training centres where midwives, sanitary inspectors, etc., are being trained, and we came away with an excellent opinion of the quality of the young, enthusiastic staff being trained. Emphasis in training is being given to the practical side, with trainees being continually out in the field and in the hospitals. In Kenya it is interesting to see a very direct relationship established between the staff being trained, those working in rural areas, and the teaching authorities.

We had a chance in Kenya (which, incidentally, is the most advanced of all the territories in rural health) to see some of the health centres. There is in Kenya a rather natural balance between curative and preventive services. We found health visitors who spend part of their time at the centre also in the community talking to women, giving lectures on health and infant care and feeding. We found the midwives not only in the centre but, thanks to bicycles, out much of the time assisting at births or giving pre-natal or post-natal advice. We found also health or sanitary inspectors attached to the centres.

The authorities are very much concerned about approaching the problems of medical care and health not only through a network of centres giving service but also through health education which will make the people considerably more health conscious. In Kenya, Uganda and Tanganyika at the headquarters level there is a section which is primarily concerned with working out policy on health and education. I was impressed to see how actively and imaginatively the health education sections have gone about preparing health education materials.

Kenya authorities are making a considerable effort to improve the well-being of women. In Nairobi, in a typical African village, women from all over the county with natural qualities of leadership are invited to attend a year's course. They come with their children and household effects, and are being trained there by a staff of health visitors and nurses in all aspects touching upon the health of the child, including preventive health measures and home economics. We were very much impressed by this movement. More than 20,000 women are said to have been trained in this way who have been the nucleus for creating women's clubs in their own home villages.

/It is interesting....

It is interesting generally to see the whole atmosphere in Kenya. The authorities and the people have realized how important the development of the territory is. Various forms of aid have actively been taken up by the Kenya authorities in a relatively short time. There was a real expression of interest in nutrition. Further expansion of health services for the nomadic tribes is contemplated. Tuberculosis is spreading and is a matter for considerable concern among the people and the authorities. Knowledge of how it spreads among the people on the coast and in the interior is incomplete, and the proposed tuberculosis survey should give us a clearer picture of the problem and how to meet it.

Rural Health Services

We can expect requests in the future from the territories for the development of simple rural health services which will devote greater attention to preventive work.

Tanganyika is in a somewhat different situation. It is one of the largest territories here in East and Central Africa (in which you can easily place Germany and France) with a population of hardly 8 million people. The health work in Tanganyika is carried out to a large extent by religious missions subsidized by the Government. The Government is primarily encouraging training activities and greater emphasis on the preventive aspects of health work, both in urban and rural areas. As compared to West Africa, the picture of needs is of a more diversified nature. Special services operating within the framework of the Health Department for dealing with specific single diseases such as yaws, malaria, tuberculosis, etc., do not exist.

Malaria Control

Malaria work is done primarily along the traditional patterns of control known before the utilization of insecticides on a mass basis. Under the guidance of the East African High Commission Malaria Unit in Amani, with the support of WHO and UNICEF, pilot experiments are being carried out in a highly endemic area. These experiments will not yield results before approximately four years. Only one limited mass campaign is in progress in two districts of Kenya where, due to the altitude, malaria assumes a seasonal character of epidemic spread. In general, the attitude of the health authorities is dictated by their desire to await the result of the experiments going on in Amani to see to what extent malaria in a given area

/can effectively.....

can effectively be brought under control and re-infection prevented. The Territorial Administrations, however, are beginning to show a growing interest in what is going on in terms of modern anti-malarial work abroad and are likely to discuss the possibilities of applying this experience in East African territories as well.

Tuberculosis

We find here similar problems to those which we have discussed in Somaliland. According to hospital statistics, tuberculosis is spreading in ports, towns,^{and} urban concentrations, and the health authorities are increasingly concerned. Few basic facts are known, however, for the area as a whole regarding the incidence of tuberculosis, its spread, its reaction to the known modern methods of preventive treatment, etc. The policies pursued with regard to tuberculosis control vary greatly from territory to territory. All are anxious about the problem and at the same time realize its implications in economic terms if any large-scale treatment scheme is to be adopted on a broader basis.

Nutrition

Nutrition is becoming a fashionable word in East Africa. However, little is known about the real basis of known deficiencies in proteins, minerals, and other elements. Some studies are going ahead under the responsibility of the East African High Commission Medical Research Group. We feel that, as far as UNICEF is concerned, the problem should be tackled wherever there is a practical opportunity to develop a specific project to meet a particularly serious situation.

UNICEF has been involved in assisting to meet an emergency when a serious famine threatened to break out in the central province of Tanganyika, and an emergency allocation was voted by the Board last summer for milk to be shipped and mixed for the local diet. The authorities in Kenya have expressed interest in studying the nutritional situation of their school children. This might possibly be extended to nutrition problems affecting children generally in Kenya. Both FAO and ourselves are interested in meeting this demand, and we are examining the possibilities of engaging in a joint study to be made regarding this problem, on the pattern of the preliminary work which has led to the recommendation for school feeding in Libya.

/Conclusions.....

Conclusions

Similar to West Africa, territories in this part of Africa have given most of their attention to the development of a health policy along curative lines. However, the trend in the last several years is definitely towards a more preventive approach. Efforts have been made through decentralization to meet the problems of countries as a whole, with more understanding of the educational and social aspects of programmes. While training of staff has called for the major part of UNICEF resources so far allocated to East Africa, we may expect to participate in developing the further phases of extending the health services and to provide a wider coverage throughout the country. While this will absorb our main attention for the time being, it will not obviate the necessity for UNICEF to study, with its technical sister agencies in the territories concerned, the two problems which are believed to be the next major ones to take up, namely, malaria and nutrition. Both will require the development of a really bold, constructive and realistic policy, as well as major efforts to fulfill them in this part of Africa.
