



## UNICEF GOALS IN MATERNAL AND CHILD HEALTH

Statement by Mr. Maurice Pate,  
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Most of the children of the world face a short life, a sick life and a hungry life. Of the estimated 1 billion children in the world, about 750 million live in economically under-developed areas. About 80 per cent of these children live in countries where the income per person averages less than \$100 a year.

This, of course, is quite an old situation. But these days there is something new about it. What is new is that the fatalistic attitudes in these countries toward poverty and disease are giving way to new hopes and efforts. The stirrings for change, aided by a growing international conscience and awareness of the need to share materials and experience, has led for the first time to the possibility that more of the children of the world can join the present fortunate ones in a chance for life, health, productivity, and happiness. In the field of health, war and post-war discoveries of miracle drugs and chemicals enable a great deal to be done by simply-trained auxiliary personnel working under the direction of the limited number of fully trained doctors and other health personnel.

To help countries achieve their new strivings the United Nations has created several agencies in the economic and social fields, including UNICEF - the United Nations Children's Fund. UNICEF, which was established by the General Assembly as an agency concerned with children, provides aid primarily in the fields of health, nutrition, and welfare. Over the course of the years a network of co-operative relationships have developed between UNICEF

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and the World Health Organization, and also the Food and Agriculture Organization -- relationships both of a formal and of an intimate character -- to assure that the available international resources are aligned in the most effective ways possible in helping government projects. UNICEF provides supplies and technical equipment not available within the assisted countries, and also material help for the training of national personnel. WHO and FAO provide technical advice required by the governments in planning and carrying out the projects. They also provide technical advice to UNICEF. The thirty-nation UNICEF Executive Board which sets the assistance policies of the fund, also approves aid for each project; in the health field this aid is not voted by the UNICEF Board unless the plan for the project has received the technical approval of WHO. In addition to technical reliance on WHO in connexion with country programmes which both agencies are jointly aiding, UNICEF has a deep appreciation of the broader activities and leadership of WHO in the health field since these provide the foundation without which much of the work of UNICEF would not be possible.

This week one of the Committees of the United Nations General Assembly currently in session -- the Third or Social Committee -- is including in its debate the activities of UNICEF. Among the 82 nations represented there -- often divided in their views on other matters -- there is a warm and unanimous approval of this type of international collaboration. This approbation is typical of an almost universal attitude which has developed over the years toward the objectives of UNICEF. I cite this only to make a point about UNICEF's work: the point revolves around how limited resources -- at present only about \$25 million a year -- can be spread over more than a hundred countries and territories to make a lasting impact.

#### The UNICEF approach

It is hardly necessary to point out to this audience that in every country there are people in government, in the professions, in business, in private agencies, in various voluntary groups, and as individuals, who want to bring about an improvement in the lot of children. The goal of UNICEF is to encourage and stimulate their efforts and to make it possible for them to use international help as a lever for mobilizing local resources on behalf of children.

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This includes planning, and establishing patterns of national and local budgetary support and organization which will provide a sound basis for permanent and expanding services for children. In addition UNICEF provides emergency aid in times of disaster such as floods, earthquakes and drought.

Every type of aid given by UNICEF has as its purpose the improvement of maternal and child welfare. In economically under-developed countries this must necessarily be a broad concept. A primary long-term interest is to help countries establish networks of basic health services for mothers and children. At the same time, however, it is clear that in most of the countries being aided, campaigns to control or eradicate endemic diseases largely affecting children are a necessary first concern, since no health service can hope to build permanent preventive health benefits if its resources are constantly drained to treat chronic sickness. The large-scale disease campaigns aided by UNICEF and WHO are designed to do more than attack and treat a single disease. They arouse interest in modern concepts of health; they stimulate receptivity to other health activities; and they are planned so that the gains can be consolidated and integrated into permanent health services. At the same time, wherever possible, UNICEF is helping develop maternal and child health services; this is reflected in the fact that maternal and child health projects are currently being assisted in 71 countries and territories; this encompasses aid to over 7,000 rural health centres, 15,000 village sub-centres and about 700 other centres, including district and urban health centres and maternity and paediatric wards of hospitals.

#### Disease control

At present about 45 per cent of UNICEF aid goes for control of communicable diseases. In disease control UNICEF helps with those diseases which have a high incidence among children and are a serious menace to their health; for which effective prevention or mass treatment is possible; where the costs per person are relatively low; and where the countries concerned would be able to continue on a permanent basis in the consolidation of the gains made in the mass campaigns. In a number of instances action in a country begins with a pilot project in order to gain experience with the effect of local conditions on campaign strategy, and also to train staff for the expansion to

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follow.

The largest expenditures in the last several years, and for at least several years to come, are for malaria campaigns. This reflects the decision of the UNICEF Board taken in 1955 to join with WHO in a large-scale programme of helping countries eradicate malaria as early as possible, in order to reduce the danger of resistance to insecticides by malaria-bearing mosquitoes and reduce the economic burden to countries of recurrent expenditures under the old-type control programmes. Next year UNICEF will allocate close to \$10 million for malaria campaigns, providing insecticides, vehicles, sprayers and drugs, while WHO provides the necessary technical support, including various types of advisory services, training, and international staff to help in the operation of projects.

Despite important advances in the fight against tuberculosis it still remains a leading cause of death and suffering in the world. UNICEF and WHO have aided in the vaccination of almost 120 million children with BCG. Of great hope for the future because of lack of treatment facilities in the countries aided by UNICEF, is the possibility of home treatment with drugs. Pilot projects are now trying to work out effective and economical methods of home treatment which will make possible large-scale programmes. In the meantime UNICEF and WHO are providing aid for national tuberculosis prevalence surveys for the planning of tuberculosis control programmes, and for pilot area projects where general control methods can be adapted to local conditions, and personnel trained. UNICEF aid consists of vaccine, tuberculin, drugs, and vehicles, and WHO provides the technical support required in planning and carrying out the programmes.

A similar division of aid between UNICEF and WHO exists in the other main disease control programmes jointly aided by the agencies -- yaws, leprosy, and trachoma and related eye diseases.

Of the estimated 200 million persons exposed to yaws in the rural areas of the tropics, about 100 million have already been brought under survey in programmes aided by the two organizations. Nearly all the countries and territories with a high incidence of this disease have undertaken campaigns which in due course will cover all their affected areas and reduce yaws to a minor health problem.

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In leprosy, of the more than 10 million cases in the world UNICEF aid is as yet reaching less than a million, mostly in West Africa, through large-scale ambulatory treatment which replaces the old system of segregation. These campaigns are well under way and will be expanded to cover all affected areas in the countries. Little, however, has yet been done for the large endemic regions of Asia.

For trachoma and related eye diseases, also, only a start has been made, with UNICEF aid reaching but 2 million out of the estimated 400 million affected. It is hoped that a break-through in finding simple, cheap, and effective methods for treatment will open up the possibilities of large mass campaigns in all endemic areas of the world. The recent isolation of the trachoma virus may, perhaps, prove to be a turning point in developing effective immunization.

It is clear from the foregoing that although considerable progress has been made in disease control, the tasks ahead are still formidable if diseases which cause widespread death and suffering to children, enormous destruction to human energy and productivity, and are obstacles to the development of effective permanent health services, are to be controlled or eradicated.

#### Basic maternal and child welfare services

The first emphasis in maternal and child health programmes aided by UNICEF and WHO was in safe delivery of babies; the goal now is to have services go beyond this, at the very least to give more pre-natal care and to reach young children in the especially vulnerable age from weaning through to pre-school period. As I have indicated earlier, the objective is not to help single centres, but rather to help in a network of services which are an integral part of local, provincial and national public health services. It is hoped that these in turn will be co-ordinated with nutrition, agricultural and home economics extension, schools, social services and public works programmes within the country. In a number of countries community development movements have started to foster a comprehensive approach to strengthening community and family levels of living, combining the initiative of the people themselves with the help given by technical and other services. Wherever possible UNICEF seeks to aid maternal and child health services within this broader concept.

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Although at first the aid to maternal and child health services was confined to basic technical equipment, supplies, drugs and diet supplements, it soon became clear that the potential of maternal and child health centres to provide education, especially to mothers, in better health and nutrition practices and child-rearing would not be realized unless better trained staff were available. As a consequence UNICEF has also been steadily increasing its emphasis on aid for training. In addition to teaching materials, and some equipment for training hospitals and field practice, UNICEF may provide stipends for within-country training courses. There is a great need to train personnel capable of giving leadership and supervision to the programmes not only at the national level but at all levels throughout the service. The training schemes so far aided by UNICEF have been mainly for traditional birth attendants, midwives, nurses, and health visitors, and various types of auxiliary nurses and child care aides. A start has also been made in helping selected schools of medicine and public health strengthen their teaching of paediatrics (especially social paediatrics) and preventive medicine, and provide graduate training in these subjects for medical officers serving in health centres. As in other fields of joint aid WHO provides the technical advice needed for these projects; for training schemes it provides visiting professors and other international teaching staff required to start the schemes off on a sound basis.

#### Expanding nutrition work

In the countries which receive help from UNICEF, malnutrition is a major cause of infant and child mortality, stunted growth, mental apathy, and weakened resistance. One of the most serious problems is that of protein deficiency of children during the critical post-weaning and pre-school ages.

For some years UNICEF has been providing powdered skim milk for distribution through schools and maternal and child health centres. This has been made possible through the availability to UNICEF of surplus milk powder from the U.S. and Canada free of charge at the port of exit. UNICEF paid the ocean freight. This activity is now being considerably reduced because less milk is available. UNICEF has also aided in the development of milk conservation schemes to stimulate the local production of safe milk and make larger quantities available to children and nursing and pregnant women, particularly in the low-income groups.

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In many countries, however, there is little hope in the immediate future of producing local milk in sufficient quantities, and powdered skim milk distribution dependent upon the availability of surpluses cannot be counted on.

The assistance of UNICEF, therefore, in co-operation with FAO and WHO, has been directed recently into two additional channels. One of these, in which the Rockefeller Foundation has also been a partner, has been to develop for widespread use presently untapped additional sources of high protein which are safe for children, can be produced locally and distributed at low cost, and will be accepted as foods. Included among these products are fish flour, soy products, peanut flour, cottonseed flour, sesame flour, sunflower seed flour, and coconut protein. From the developmental work already done it is clear that this programme will open up substantial new resources for the improvement of human diets in areas where improvement is greatly needed, particularly for infants and young children in urban areas.

The other approach, and one which is fundamentally of even greater importance, is to help villagers make the most of their available and potentially available food resources to improve the nutrition of their children. Through the expansion of maternal and child health services and schools, and through community development and agricultural extension and home economics extension programmes, new channels are now being opened for teaching to villagers simple practical ways of improving nutrition. To help the people put these ways into practice UNICEF aid is given at the same time for school and community gardens, fish culture, raising of poultry and small animals, and home food preservation and storage. UNICEF aid also includes training of national staff who will plan, supervise, and carry out these programmes, and nutrition surveys to establish the facts on which practical programmes must be based.

#### Looking ahead

These, then, aside from relief in emergencies, are the major ways in which UNICEF seeks to improve the health, nutrition, and welfare of children. What are the major new possibilities which appear to be emerging for the future, given an increase in material support commensurate with opportunities? These might be summarized as follows:

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- a) We appear to be at the threshold of a number of new medical and technological developments in health and nutrition which may create possibilities for large-scale practical application in the technologically under-developed areas, provided that international aid is available.
- b) There will be increasing emphasis on training local staff in order to improve the quality as well as the quantity of service; on programmes which have prevention as their principal objective; on programmes which have an enduring educational effect on the population, particularly the mothers and children, and in whose work the people actively participate.
- c) There will be more and more recognition that while children have special needs requiring special measures, the welfare of the child is not divisible into separate compartments, and that specific measures for health, nutrition and social services of the child should be an integral part of broader measures for the improvement of family and community levels of living.
- d) While it is important to save children from hunger and disease it is equally important to find ways in the future for international aid to contribute to the better intellectual and emotional growth of children in order to help them grow up to a more productive and worthwhile life for themselves and the succeeding generation.

I find it difficult to conclude any discussion of UNICEF without reference to the importance of more adequate financing. The work of UNICEF is basically dependent upon annual voluntary contributions by governments. Many of them, including the United States, which has pledged a contribution of \$12 million for 1960, have so far been generous. In the light, however, of the large unmet needs of children, the growing successful experience with the use of UNICEF aid by the countries, and the more comprehensive planning which many governments are undertaking, it is clear that there are far larger opportunities for effective use of aid through UNICEF. Increased resources would not only permit pressing forward with present endeavours, but also make possible a forward-looking and energetic approach toward new and better ways of helping children.