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2 June 1961

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ANNEX II

SUMMARY OF VIEWS AND PRIORITIES EXPRESSED BY GOVERNMENTS

Page 2 English version Insert at bottom of page:

ETHIOPIA

Health

High infant mortality, estimated between 100 to 300 per 1000 live births per year. High mortality among pre-school children (age 1 to 4 years) estimated at 220 per 1000. Among the most important causes of infant mortality, the combined effects of malnutrition, parasitosis and infections are mentioned. Malaria affects the children of a population of 8-10 million. Prior to control effects, trachoma in Eritrea had an average prevalence of 60-90% among the school-age population. High incidence of tuberculosis was found among the children of Ogaden and in the same region 70% of all children reacted positively to the UDRL. Great shortage of medical and paramedical personnel. The total number of physicians in the country is 204 out of which only 16 are paediatricians and obstetricians. The total number of nurses in the country is 550 out of which only 15 are employed in MCH centres. There are only 25 nurse-midwives and 15 midwives in the country. Due to lack of quali-

In view of the general shortage of professional personnel and the urgent need for health services training of medical, paramedical and auxiliary health personnel is of outstanding importance.

ETHIOPIA (continued)

fied personnel, most births are attended by unqualified personnel and very few mothers and children can be examined at MCH centres.

Nutrition

A general nutrition survey carried out in 1958 concluded that the infant and pre-school population of Ethiopia has a growth pattern which suggests gross under-nutrition from 6 months to about 4 years of age. There is about 30 per cent incidence of rickets during the first year of life. In Addis Ababa, out of a total of 260 in-patients treated in the Ethio-Swedish Paediatric Clinic during the period March 1958-February 1959, 83 were treated for nutritional disorders (gastroenteritis, malnutrition, protein deficiencies).

A National Nutrition Board was established by decree in 1959. This Board is concerned with the planning and development of a national nutrition programme.

Education

A small percentage of the country's 4 million school-age population is attending school due to shortage of schools and mainly shortage of teachers.

Establishment of additional training institutions.

Social Welfare

Increasing drift of people from the rural areas to the larger cities creating considerable unemployment accompanied by other social problems such as delinquency, vagrancy, prostitution, etc. Absence of special child welfare legislation. Lack of voluntary or professional social workers.

Training of social workers.

ETHIOPIA (continued)

Priorities

The needs, whether seen from a health, nutrition, social or any other special aspect, reflect the common problem of insufficient level of general education and lack of trained personnel. Therefore, logically the overall priority for several years to come is for education at all levels, including the expansion of primary education and for training.

Page 17 English version Insert following Uganda:

UNITED ARAB REPUBLIC  
(REGION OF EGYPT)

Health

High morbidity and mortality rates among infants and children due to diarrhoeas, gastroenteritis, malaria, rheumatic fever. Insufficient number of MCH centres. The present health education programme for pregnant women and mothers is of limited scope due to inadequate practical means of demonstration.

Rehydration centres for infants and children. Special equipment to assist in diagnosis and treatment. Provision of antibiotics and sulph compounds. Necessity to eradicate malaria. In order to expand the scope of the present health education programme, demonstration kitchens and audio-visual aids for education are needed for all 92 MCH centres of the Egyptian Region.

Nutrition

Pregnant women have a diet poor in animal protein. Nursing women suffer from anemia. 6 months-old infants suffer from retarded growth, anemia, marasmus, kwashiorkor and rickets.

Nutrition and dietary surveys of different population groups. Estimation of the dietary requirements of different population groups, including different economic levels, sex, and age groups. Researches to find the incidence of nutritional diseases. Determination of nutritive value of various local foods. Launching of a national nutrition education programme.

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