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ACTIVITIES AND POLICIES OF UNICEF

by

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Mr. Chairman, ladies and gentlemen,

First and foremost I wish to express to you my most sincere thanks and appreciation for having afforded me this opportunity to make a statement on behalf of UNICEF in this Seminar.

For my colleague, Mr. Martin Sandberg, and myself, this is a unique occasion since for the first time in the Middle East we found ourselves in the presence of a complete team of government and international public health experts, educators and administrators which has been discussing a subject very close to the heart of UNICEF. I have been attending your various deliberations and group discussions with great interest and I believe that the ultimate beneficiaries of the fields and programmes that have been covered and discussed in this Seminar owe each of you their gratitude for the valuable contributions you have made for their health and welfare.

Of the world's 900,000,000 children, two-thirds lack adequate food, clothing shelter and protection against disease. Their expectation is a short life burdened by privation and sickness. It has been so throughout history. Even in prosperous countries, spectacular gains in longevity and health have been won only within the last century, many only within recent decades.

Mankind today is more keenly aware than ever before of the health and welfare needs of children everywhere. As all areas of the modern world become accessible, children of once remote countries become neighbours of all. The value of protecting them from disease, hunger and suffering, so that they can achieve full vigour and

productivity, gains increasing support.

Because children suffer most in countries with the least means of meeting their needs, international aid is both welcome and essential to break this intolerable pattern. Poverty is general, food scarce and disease common in these countries. Lack of health services, short life expectancy and high infant mortality rates provide a crude but sure index of the needs of children, who make up an average 40% of the entire population in the under-developed countries.

Significant gains already have been achieved for children in recent years, particularly through the use of insecticides, sulfa drugs, antibiotics and vaccines which have become widely available for public health and preventive medicine. Progress in the field of nutrition has been less dramatic while the task of training child care personnel for work in rural areas remains a long term job.

A start has been made, but the needs of children are still largely unfulfilled. That much remains to be done is a challenge that the continued growth of international cooperation can help greatly to meet. For two-thirds of the world's children this close working of national and international effort is the promise of a better tomorrow.

WHAT UNICEF IS AND DOES

UNICEF is the only United Nations organisation concerned exclusively with children. It helps meet their needs by providing essential imported supplies to implement government health and welfare programmes that will make an immediate and continuing improvement in conditions of child life. This aid goes mainly to economically under-developed countries which cannot meet the need alone. The Governments themselves provide all locally available supplies, buildings, labour and personnel for the programmes, and carry full responsibility for their administration.

Growing awareness of the needs of children has brought unprecedented activity in child health and welfare in the last decade. By far the most important contribution in the economically under-developed countries derives from these countries themselves. Many are greatly increasing their national health budgets for maternal and child welfare. In many instances countries have been stimulated by international aid to undertake projects they might not have started for years without added

technical advice and supplies.

Development of new tools such as DDT and penicillin for raising child health and welfare standards has increased the demand for such aid. Advances are being made constantly to simplify operations and reduce costs, particularly in the field of control of endemic diseases that take high toll of child life and health. The concepts and the techniques of child care aid to underdeveloped countries are new and both are still in a state of growth. In all likelihood within the next ten years more problems will be solved, even as the development of DDT spraying techniques, for example, has brought world malaria eradication within the realm of possibility.

Despite a small budget, UNICEF has been able every year to increase not only the number of countries but also the number of individual children aided. Some 45,000,000 children and pregnant and nursing mothers in more than 104 countries were being reached every month in 1957.

The major child-care problems in the under-developed countries, as you are all aware, are generally the same : inadequate nutrition, lack of basic preventive and curative health and welfare services, and lack of trained workers to staff them. To combat these problems UNICEF provides supplies and equipment to fight mass diseases, to help set up rural child health services and train needed staff and to aid nutrition programmes. Each country's needs must be met in a different way, however, building on what limited facilities and services do exist and geared to the special requirements of its people.

Communicable Disease Control

Communicable diseases whose control is now technically within reach continue to affect millions of people in countries today receiving UNICEF aid. Their toll in child mortality and sickness is particularly devastating. Because this burden of disease tends to paralyse all other efforts to raise child health and welfare standard UNICEF gives high priority to large-scale disease control campaigns.

Endemic diseases - particularly malaria, yaws, tuberculosis and trachoma - thwart all forms of progress. Their control is essential to successful development of resources in many countries and almost invariably results in increased economic activity and productivity.

In the rest of my statement I shall confine myself to UNICEF's policy in those specific fields which are the subject of your discussions in this Seminar.

Trachoma and Related Eye Infections

One of the most prevalent diseases in the world, trachoma, infects the eyes of some 400,000,000 people - one-sixth of the globe's total population.

From 1951 through 1955 efforts to control trachoma and related eye infections received only 2 per cent of UNICEF's total programme allocations. Because these diseases present such a vast health problem with such dire consequences for children UNICEF is giving increasing support to efforts for their control. For these campaigns UNICEF provides antibiotics, sulfa drugs and transport.

Economic and effective control of trachoma and related eye infections is only beginning to be developed. The successful campaigns now being carried out in countries of the Mediterranean basin and Asia show that many forms can be cured with antibiotics. But the problems of organisation and supervision connected with such intensive treatment are considerable. Cost of trachoma treatment has not yet fallen below \$1.00 with UNICEF providing drugs to the value of about 30 cents per patient.

Maternal and Child Health

In rural areas, where 80% of all children live in the countries now aided, the combined effort of ignorance, lack of medicine and insanitary living conditions result in much preventable sickness. Few children have access to even elementary health services. Few mothers get competent help in child birth, or in caring for their children in the first crucial years.

UNICEF help to MCW programmes has come later than assistance to mass health campaigns because in most countries it was logical to help with the control of major epidemic diseases before trying to set up permanent rural services.

The different aspects of Maternal and Child Welfare programmes to which UNICEF may provide assistance include the following:

- a) maternity care including midwifery;
- b) care of the infant and pre-school child;
- c) school health or services for school-age children;

- d) health and nutrition education;
- e) control of communicable diseases (through immunisation of children)
- f) environmental sanitation;
- g) in special circumstances, dental health.

The ideal MCW programme should include all of the above activities. In practice, the actual content of a programme will vary from country to country, and within each country depending on the funds and personnel available, the related social services that can be drawn upon, and the needs. The range of UNICEF aid, covering both services and training, will, in turn, depend on the scope of programmes in different countries.

As in all programmes, the bulk of UNICEF assistance will be in the form of equipment, supplies and transport. In special circumstances, too, UNICEF can pay stipends for local training of midwives and public health nurses.

As an example, for a rural centre having a nurse or midwife in attendance and supervised by a doctor, UNICEF provides simple basic technical equipment, including baby and adult scales, instruments, sewing machines and utensils. UNICEF also provides specific modern drugs, powdered milk and fish liver oil capsules and soap over a period of years.

Aid to basic services for children and mothers has been approved for some 70 countries. Supplies and equipment have reached or are planned for well over 13,000 centres.

Environmental Sanitation

Because water supplies, waste disposal and related sanitation bear directly on the health of children, particularly to intestinal infections and parasitic diseases, UNICEF also provides aid to environmental sanitation projects where they are closely coordinated with overall health efforts. In many countries, for example, the staff of the health centre will include a sanitarian and the centre itself will carry on hygiene education. In such projects UNICEF provides digging equipment for wells or latrines; water pipes for tube wells; or for limited schemes of piping water into the villages from adjacent sources; hand pumps; tools and a limited amount of transport and cement.

Training

The drastic shortage of child care workers is the major hurdle to quick expansion. A maternal and child health programme is only as good as its staff, and no amount of equipment can make up for their lack. There are relatively few doctors or fully trained nurses in the cities of under-developed countries, and virtually none in the villages where the need is greatest. Before sufficient personnel could be trained at the professional level to man rural health services several more generations of children would be deprived of basic care. Instead the ranks must be filled with trained auxiliaries who can be turned out fast enough to get the job done.

UNICEF assists training courses of a simple practical nature for auxiliary personnel to work at the village level.

UNICEF also assists in the full-term training of nurses, nurse-midwives and public health nurses through provision of teaching aids and equipment for nursing schools and for hospitals which give training in their maternity and pediatric departments.

Specialised Child Care

A few countries are receiving UNICEF assistance in specialised aspects of child care, particularly in the rehabilitation of handicapped children and in the care of premature infants. UNICEF provides supplies, equipment and training fellowships to assist in treatment and therapy for handicapped children, incubators and other specialised equipment are provided for care of premature infants.

Nutrition

Although nutrition is the most pressing and serious problem of child health, remains the most difficult to solve, especially where milk is scarce and other protein-rich foods suitable for the feeding of children are not in common use. In many countries where malnutrition curbs the health and life expectancy of nearly every child, the problem cannot be met by continuous imports of food. Most food products, furthermore, are not within the economic reach of the mass of the population. The most practical solution lies in developing and making better use of local foods of satisfactory nutritive value through intensive programmes of

agricultural extension, nutrition education and home economics.

The widespread prevalence of under-nutrition and mal-nutrition in many areas of the world is not due wholly to the inadequate supplies of food and the low economic levels which prevent large numbers of the population from obtaining satisfactory diets. Faulty food habits, arising from deep-rooted traditions as well as from ignorance of what constitutes a good diet and how available foods can best be utilised, play a major part. Education is, therefore, an essential part of any effort to improve nutrition.

Feeding Programmes

When UNICEF first shifted its main emphasis to under-developed countries, it was clear that mass supplementary child feeding programmes, which had been effective in Europe, would not be practical. With UNICEF's limited funds and the vast number of children involved, and the limited resources and distribution facilities of most governments, such a general approach needed to be modified, in favour of selection of projects which gave promise of having a lasting impact on community nutrition habits and standards.

Because of the availability since 1953 of United States surplus skim milk powder at nominal cost, or free at shipside, UNICEF continues to export considerable quantities of milk to such carefully selected programmes. Able to help governments plan for several years duration, UNICEF is directing this milk where it seems likely to stimulate more permanent solutions.

In 1955, for example, UNICEF shipped some 118,000,000 pounds of dry skim milk for child feeding, representing about 15 per cent of the world's yearly export. Of this amount 42,000,000 pounds went to Korea, 7,000,000 pounds for disaster relief in several countries, the remaining 69,000,000 for school feeding programmes, and the distribution to infants, pre-school children and mothers through rural maternal and child welfare centres. In schools and rural centres milk distribution is beginning to be coupled with nutrition education on diet needs and how they can best be met. In school lunch programmes the milk provided by UNICEF is matched by locally provided foods such as bread, fruit and vegetables. School and community gardens are sometimes developed as part of the programme.

UNICEF's ability to supply milk in quantity depends directly on the availability of low cost surplus stocks. Since this situation may not last indefinitely, various other means of nutrition aid are also being developed.

Milk Processing and Conservation

In Europe UNICEF followed up child feeding aid with assistance to restore and expand local milk processing and conservation facilities. Supplies of safe milk for children were increased in nine countries through provision of equipment for 145 plants, where part of the product is now being distributed free or at subsidized prices to children and mothers.

Outside of Europe, and particularly in hot climates, such aid to improve child nutrition was first thought impractical. Many countries had almost no dairy industry and little apparent dairy potential. Expert examination by representatives of FAO and in some cases by other members of the inter-Agency (FAO/UNICEF/WFP) Working group on Milk and Milk Products, and by representatives of the International Dairy Federation have shown, however, that milk supplies for human consumption were often low not so much because of inability to produce milk, but because of special difficulties of collection, treatment and distribution of the perishable milk. Modern milk handling equipment, together with new livestock breeding diseases and insect control techniques, would make dairying practical and profitable in many apparently non-dairy countries.

When UNICEF projected plants are in full operation, free or low-cost milk will go to almost five million children and pregnant and nursing mothers. Many times this number will benefit from the availability of safe milk.

As a result of these developments, UNICEF has been able to aid some 31 milk drying plants of which 17 are in operation and 142 fluid milk plants of which 12 are in operation. Where possible, drying plants are favoured over fluid milk plants because of the ease of handling the dry product, particularly for distribution to schools and maternal and child welfare centres all over the country. Drying equipment also makes possible maximum use of flush season yields.

The milk processing and drying plants serve to vitalise the agricultural economy of the country by creating steady and enlarged markets for milk and providing

centres for educational programmes to help dairy farmers improve milk production practices. The plants also serve as logical places for the introduction of sanitary regulations as part of a national legislation aimed at improving the quality of milk. By creating a reliable outlet for milk, as well as providing a centre for organising production, collection, processing and distribution, the plants indirectly tend to reduce the cost of milk production and, in due course, open up possibilities of increasing milk consumption as part of the normal diet.

For aid to milk processing and conservation for child feeding, UNICEF provides essential imported equipment for pasteurising, sterilising, bottling, refrigeration and drying. FAO provides the services of experts in the planning and building of the plant, and to help train administrative and technical personnel, develop fodder production and conservation, organise livestock breeding and introduce legislation and milk quality control measures. The countries themselves supply buildings, auxiliary equipment and labour - usually exceeding several times over the value of international aid.

Other Foods

UNICEF is also working with FAO and WHO in the development for children of other safe protein-rich food supplements which can be produced locally and which will be both economical and acceptable. This is especially important for areas in which there appears little immediate prospect of developing a local milk supply of sufficient quantity. In countries where there are large fish resources, methods for producing highly nutritious cheap and palatable fish flours are now being found. These products can then be incorporated into commonly used dishes and breads to enhance their nutritive value and to counter protein deficiency. After a period of careful study and experimentation, UNICEF's first allocation for aid of this type was approved in September 1955 for a fish flour plant in Chile.

Before I conclude I wish to say that UNICEF has considered it a privilege to have been able to participate in Mother and Child Welfare programmes in 15 countries in the Eastern Mediterranean region, including North-East Africa.

Out of an estimated child population of 40 million in these countries, in 1956 4,700,000 children and mothers benefited directly from UNICEF-assisted feeding and disease control programmes. Several countries in the Area are now conducting long-range development plans affecting various economic and social aspects of the countries growth, including health and welfare. Considerable new opportunities for UNICEF aid to maternal and child care are, therefore, opening up within this framework.