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MAJOR TRENDS IN UNICEF PROGRAMME AID:

Excerpts from UNICEF Executive Board Reports

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POLICY, CRITERIA, AND PRIORITIES
IN GRANTING AID

General

Final Report of the First Executive
Board, December 1946-December 1950,
E/ICEF/150

164. In accordance with the criteria laid down by the General Assembly and the Economic and Social Council, the Executive Board developed the objectives and policies of the aid given by the Fund, with a view to creating as far as possible lasting and permanent results. An important recurring task of the Board, as trustees of the Fund, was to allocate resources equitably, and most effectively. The Board did not decide in the abstract on principles and methods, but principles, precedents and methods emerged in deciding on actual cases over a period of four years, during which the results of many decisions became apparent...

165. With need being so much greater than resources, one of the main considerations came to be the intrinsic value of the project to be aided, but with child population also being taken into account as the main statistical indication of need. ...

168. The Board has consistently tried to select requests that represented a significant problem where needs were serious or large; to give aid in a way that would get the necessary job done; and aid it through to completion, or to a point where the Government could carry on alone, so that permanent benefits remained. ...

174. The Fund's charter was to help children, which was taken to include help to pregnant women and nursing mothers. Hence projects had to be evaluated according to their benefit to children and mothers, but the application of this principle was less obvious than might appear at first. For example, it is usually wise to organize continuing health services for children in conjunction with general community health services rather than separately. Sometimes, as in the case of supplying insecticides in order to reduce insect-borne diseases, the benefits to persons of all ages in the community are technically inseparable; for some diseases it is necessary to heal adults as well as children to prevent reinfection. Nevertheless, the Board could not judge projects as if it were administering aid to general public health. It gave a high priority to projects specifically for children, such as the expansion and equipment of maternal and child health services within the general public health service.

175., the Board always desired to assure a continuing benefit from its aid. The application of this to long-standing problems required a careful selection of projects.

176. The Board gave preference to projects which were of benefit to a large number of children. This criterion was related to the basic desire to help in the development of significant projects, and not disperse aid among a multitude of minor ones. This meant that the Board favoured action projects rather than research projects, which in any case it considered other bodies better qualified to evaluate.

177. The Board also desired to aid strategic projects dealing with basic causes of inadequate child welfare. For instance, in order to assist Governments to increase their milk supplies for child feeding, the Fund provided certain equipment for milk conservation. Equally, when a fundamental difficulty proved to be the lack of trained local personnel for maternal and child health services, the Fund helped to provide some training facilities.

178. a Government had to be prepared to put up local costs, which may be substantial before it could make a request and proposal. Its fiscal year and parliamentary procedures inevitably affect the timing and extent of the requests a Government can make. Even more fundamental is whether the administrative organization to carry out the project exists and whether trained local personnel are available. ...

179. Varying ability to prepare and execute workable plans poses a general problem faced by organizations giving international aid on the basis of need. A similar difficulty sometimes applies to local areas within a country. While the amount of aid for some of the areas in greatest absolute need might be limited because of difficulties in organizing effective projects, there was no doubt that areas which were able to produce feasible plans were also greatly in need of external aid. Moreover, successful aid to this latter group might well serve as a stimulus to the former to organize effective projects.

May 1951, E/ICEF/178/Rev.1

11. At its session in February 1951 the Executive Board, newly reconstituted under the terms of a General Assembly resolution, decided to devote a portion of its May session to a detailed consideration of policies and principles.

13. The Programme Committee and the Executive Board did not undertake a thorough examination of all UNICEF principles and policies; rather they concentrated on a consideration of additions, revisions, and deletions which they believed desirable to bring the operation of the Fund more nearly into line with the new purposes defined in General Assembly resolution 417 (V). The new policies and principles adopted by the Board are set forth below:

BROAD CATEGORIES OF PROGRAMMES UPON WHICH THE FUND WILL CONCENTRATE ASSISTANCE

14. The General Assembly has instructed the Board to allocate the Fund's resources to meet the emergency and long-range needs of children and their continuing needs, particularly in underdeveloped areas, through the provision of supplies, training and advice.

15. In undertaking the tasks with which it has been entrusted, the Board will take into consideration the development of the work of the specialized agencies and of programmes of international assistance, such as the technical assistance programme and fellowship programmes.

16. The Fund has a clearly defined, though wide objective, namely, to meet the needs of children where they are most urgent. It will concentrate predominantly on projects which cannot be financed from other sources.

17. The Board will give greatest emphasis to the provision of supplies without overlooking, however, the obligation to provide training and advice as mentioned in the resolution of the General Assembly. However, these various means of giving assistance are not necessarily mutually exclusive. For example, it would be possible and desirable for the Fund in many instances to provide supplies and equipment for a training programme.

18. The Board considers it inadvisable to suggest forms of assistance which the Fund might render in times of emergency. In such cases the form of assistance would be determined by the nature of the emergency.

19. But experience suggests that so far as its normal programmes are concerned, the Fund should endeavour to limit its activities to a small number of types of projects.

20. Wherever appropriate, of course, the Fund should seek the co-operation of interested specialized agencies.

21. The Board will concentrate, as far as possible, on two broad classes of programmes, namely, maternal and child welfare programmes and child feeding programmes. Mass health campaigns are included for convenience under the heading of maternal and child welfare.*

* The main categories of programmes assisted by UNICEF are now classified as "basic maternal and child welfare services", "disease control", and "child nutrition".

23. In dealing with applications for assistance made in accordance with General Assembly resolution 417 (V) the Executive Board will bear in mind the following:

(a) The extent to which there exist in the country serious problems of child or maternal health, nutrition, or welfare;

(b) The capacity of a country to meet its needs out of its currently available resources;

(c) The extent to which international assistance is required by the country to carry out its plans for development;

(d) The extent to which a country can effectively make use of the assistance which has been sought and the extent to which such assistance complements plans within that country;

(e) The extent to which international assistance from other sources is available for the same or similar purposes;

(f) The extent to which children have suffered through war or other calamity....

CRITERIA FOR DETERMINING PRIORITY AMONG PROJECTS

28. The basic principles recommended above for dealing with applications for assistance automatically serve to limit the types of project to which the Fund will give preference. To this are added certain other limitations regarding projects acceptable for assistance flowing from the general concepts of the Fund regarding the responsibility of governments and the trusteeship of the Board for contributions (i.e. adherence to obligations in agreements, the development of plans of operations, internal matching and other local financing, assumption of organizational responsibility for the programme). The fact that the assistance of the Fund is predominantly for supplies and equipment has likewise limited the types of programmes receiving UNICEF assistance....

29. The "Final Report" of the first Executive Board points out that emphasis in selecting particular projects came largely to be on the intrinsic value of the project to be aided. Projects which had the greatest direct impact on large numbers of children, which represented an attack on serious problems which assured long-range benefits, and which were strategic in dealing with basic lacks in adequate child care, were favoured by the Board (E/ICEF/160, paragraphs 168-177).

30. Bearing in mind the influence of these policies and practices, the Executive Board will consider the following criteria in determining priority among projects:

(a) The urgency of need for that project particularly if the denial of it would cause immediate and heavy loss of children's lives, or serious impairment of child health;

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(b) The financial assistance required in the context of UNICEF's resources and its current and future obligations;

(c) The relative importance attached to the project by the requesting government;

(d) Projects which would help to complete or perfect work already undertaken or accomplished, in preference to wholly new projects; this, however, should not preclude aid to wholly new projects meeting urgent needs, particularly when UNICEF assistance would help initiate new government activity in a given field;

(e) Projects which would be of long-term value in preference to those of short-term benefits;

(f) Projects which through continuation by the country, or solution of a problem, would not require recurring assistance from the Fund;

(g) Projects which are well adapted to the financial, technical, and administrative possibilities of the country, due consideration being given to appropriate technical approaches;

(h) The possibility of benefits of a project also being made available to other countries.

March 1953, E/ICEF/226

15. Although assistance is provided on the basis of needs these are not construed as total needs of children in general but rather as requirements for which international assistance in supplies and equipment is appropriate and can be effectively used. This implies (a) a serious problem of child care; (b) plans for effective national efforts to meet the problem; (c) a necessity for some imported supplies as an integral part of the country's programme.

16. The actual administration of operations, including technical planning and direction, is in the hands of, and remains the responsibility of, the governments of the assisted countries, or agencies designated by them. UNICEF supplies are made available on the basis of "plans of operations" drawn up by the governments and approved by the Fund, which set forth in detail how the supplies are to be used as part of a larger child care programme. International personnel aid governments in the development of the plans of operations and in the observation of the programmes.

17. In order to assure long-range values the Board favours aid for programmes which give results on the basis of low *per caput* costs, which are within the capabilities of the country to continue after the initial period of international aid, and which set local organizational patterns capable of being duplicated and extended elsewhere in the country.

95. When approving the allocation for the purchase or development of new food products for testing, the Board reaffirmed its view that financing of research was not properly a function of UNICEF...

April 1957, E/ICEF/344/Rev.1

21. In the course of the Board discussions, questions were raised regarding priorities for various types of aid granted by UNICEF and the choice of alternatives in a given situation. The importance of maternal and child welfare services and training as a type of programme of basic interest to UNICEF was reaffirmed. It was recognized that the Board, through policy discussions and through action on individual programmes, had built up a series of decisions and precedents on the broad categories of programmes within which requests were receivable. Within these categories, certain priorities were laid down from time to time. The interest and responsibility of the Government for the programme were a basic consideration in approving aid, the main role of UNICEF being that of a catalyst. The agreement of the Executive Board to aid malaria eradication campaigns on a regional basis in the Americas and the Eastern Mediterranean was an illustration of a recent type of priority decision to meet an urgent problem. Preference to projects which would help to complete or perfect work already undertaken, as against aid for wholly new projects, was another form of priority which the Board had adopted. The progress being made in programmes was still another consideration, and was the reason why periodic appraisals and technical evaluations were important.

22. Recently, a new point of view has emerged as important. Its main premise is that the needs of children are not isolated and must be viewed within the context of their family and community environment. The best programmes with which UNICEF aid can be associated are those which act on as many of the complex factors in this environment as possible in a co-ordinated manner. Since it is often not possible to devise programmes which act simultaneously on all aspects of the environment, selection of UNICEF aid in a particular situation is based upon government priorities, and such considerations as the practical possibilities of government financing and organization; the availability of trained staff and possibilities for training in the future; the efficacy, from a technical point of view, of the methods to be adopted; and the extent of long-range impact including its educational effect on the population. Action in a country will often begin on a limited scale in order to observe the experience in actually carrying out the programme; in some cases pilot or demonstration sectors should be set up in order to establish the best method of approach.

The beneficial effects of mass health campaigns can be retained only if there is consolidation and integration of the work into permanent health and maternal and child welfare services. This is best done by including this concept in the original planning of the campaign and starting as early as possible to lay a solid base for permanent post-campaign activities. Any programme directed toward a specific problem should be regarded as the first phase of an action converging with, stimulating, and acting as a balanced part of broader activities affecting the health and welfare of the child and the family and social environment in which it lives. Priorities, in the first instance, should be directed to establishing the necessary pre-conditions for broad action (i.e., clearing away the major endemic diseases hampering the functioning of effective permanent services); the training of required staff; and the planning from the outset of a basic organizational structure capable of effectively carrying out broad action.

23. A fuller exposition of the views summarized above is contained in E/ICEF/342.

March 1958, E/ICEF/368/Rev.1

28. The Board had before it a report by the Executive Director on "Review of Orientation of UNICEF Aid" (E/ICEF/356/Add.6)....

29. A major conclusion of the report was the need for recognizing that lasting results are seldom achieved in activities directed against a single problem; that the needs of children are not isolated but must be viewed within the context of their environment; that there is a need for national planning, particularly in the health field; and that, wherever possible, specific measures for the health, nutrition and welfare of children should fit into broader measures for the improvement of family and community levels of living. The various forms of international aid are most valuable when they are so co-ordinated that they exercise a mutually reinforcing stimulus upon government programmes which are comprehensive in scope, and ensure continuity of effort and consolidation of results.

March 1959, E/ICEF/380

24. In introducing his general progress report (E/ICEF/376 and Add. 1-6), the Executive Director drew the attention of the Board to some of the main challenges that would confront UNICEF in the future.⁵

⁵ The text of his introductory statement was subsequently issued as document E/ICEF/379.

He pointed to the estimated increase of 12 per cent in child population over the next five years in the countries assisted by UNICEF. In addition to the need to improve the present level of services for children, the rapid increase in child population would require an additional substantial investment in "social capital" to provide the larger scale of services necessary.

25. The disproportion between the 55 million mothers and children benefiting directly from UNICEF-aided projects and the 550 million under-privileged children in the countries receiving aid made it clear that UNICEF could not hope to provide all needy children with direct benefits, however small. He therefore suggested that more emphasis be given in the future to what was already an important aspect of UNICEF aid, namely that of helping countries organize their own permanent services. One of the most effective ways to do this would be to give increased emphasis to aid in the training of national personnel, particularly those responsible for the direction and supervision of services benefiting children.

26. It would not be enough to save children from hunger and disease: it was necessary also to help them to become better prepared for life and to become active, productive members of their community....

29. The main question engaging the attention of the Board was how UNICEF could spend its resources most effectively to achieve results of lasting benefit for children. It was agreed that the purpose of UNICEF was not only to meet needs, but to do so in a way which would help a country begin action on a continuing and expanding basis. In view of the limited resources of UNICEF, a number of representatives urged caution in adding new categories of aid lest present endeavours lose their potential impact....

There was general agreement that aid for the training of national personnel should have an increasing priority in UNICEF policy.

30. The point was made that the success of UNICEF influence could not be measured solely in terms of direct child beneficiaries but in its effect on government planning, and the provision of permanent services for the family and community in which the child lived. While the concept of the interrelation of the various needs of children and the desirability of a balanced approach towards them by Governments (see paragraph 27), as discussed in an earlier session, were generally recognized, some representatives did not believe that it necessarily followed that UNICEF, with its limited resources, was required to undertake aid in fields relating to the needs of children, such as primary education. A flexible assistance policy was urged by others, which would take into account the responsibility of the assisted Governments for the ultimate choice of the best means of achieving the most rapid advance in the countries for which they were responsible.

Local matching

November 1951, E/ICEF/184/Rev.1

Final Report of the First Executive
Board, December 1946-December 1950,
E/ICEF/160

Matching principle

170. The Board applied from the beginning two fundamental principles regarding the nature of the aid it would give: (a) that the Fund would furnish only essential imports, and (b) that the receiving Government would supply as a complement to UNICEF assistance, equivalent additional internal resources called "internal matching". These were partly devised to make the Fund's resources go further but also meant that a Government could receive assistance only by assuming additional local responsibilities.

171. As far as imports were concerned, it was an obvious decision not to provide goods of a type that the country was exporting at the same time. Furthermore, the Fund would not supply goods or services which the country could provide internally. One of the chief results was that the Fund declined to assist with the erection of buildings. Nor would it pay the salaries of local personnel, which are usually a major expense of a project.

172. Internal matching for supplementary feeding meant that the receiving country provided from local resources additional food for children equivalent in calories to what the Fund was bringing in. When the Fund began to aid health projects, the requirement was that the Government should provide additional local facilities, supplies, and services as a contribution to children's welfare, equivalent in value to the Fund's contribution of imported supplies and services. In practice, when a new programme or service for children was undertaken, the expenses of building, local staff, and general administrative organization provided by the receiving country usually amounted to considerably more in value than the essential imports provided by the Fund. Apart from making its money go as far as possible, the Board considered that it was only by getting regular local financial provision made from the start, that there was assurance that the project would be carried on and continuing value obtained. It was a practical proof that the country was interested in, and could afford, the type of programme requested.

349. The Executive Board has long recognized that a UNICEF operation is and should be a co-operative venture in which the funds contributed by UNICEF find their counterpart in local funds, facilities, services, supplies, personnel or other resources made available by the beneficiary country for the purpose of the project. The local resources thus made available have become known as "matching funds", and the principle which calls for this co-operative character of UNICEF projects has become known as the "matching principle".

350. This principle has contributed greatly to the success of the Fund. Because resources at least equivalent in value are made available locally, UNICEF assistance is in a sense doubled, and in many cases more than doubled.

351. Observance of this principle has ensured that only projects of high priority for the benefit of children are brought forward. It has stimulated the early development in many countries of projects which might otherwise have been long deferred. It has laid the groundwork which enables countries to carry on with projects after the withdrawal of UNICEF assistance.

352. The extent and character of the locally provided resources is set out in plans of operations which describe the Government's part in a particular project, the relationship of the project to national and where applicable regional programmes for assistance to children, and long-range forecasts of the overall results.

353. The Executive Board considers that, in the same sense as in the past, the "matching principle" is fundamental to the Fund's operation and that it should be re-affirmed. It is understood that in the case of emergencies the Board will continue to relax this principle in appropriate cases.

March 1953, E/ICEF/226

20. The plan of operations always requires substantial expenditure from local resources (local personnel, facilities, supplies, services, etc.) in addition to the aid given from the Fund. figures understate the amount of local commitments since they do not include the expenditures which will be made on a continuing basis for the programmes after UNICEF aid has ceased; nor do they take into account the large amounts of voluntary effort characteristic of many of the programmes.

September 1954, E/ICEF/276

228. The Board engaged in a policy discussion of certain aspects of internal matching of UNICEF aid. Part of this discussion is summarized in the Report of the Programme Committee (E/ICEF/L.690, paras. 27-41). The Board decisions set forth below make no change in basic Board policies regarding matching.

(i) *In relation to project duration*

229. In connexion with certain programme recommendations for long-range aid the Board noted that the dollar equivalent values were stated in the recommendation papers as less than the proposed UNICEF contribution. The Board noted that there were cases where this occurred in connexion with a particular recommendation forming a stage of a longer project though, if the project were considered in its entirety, it would be found that government matching was at least equal to, and frequently considerably in excess of, the UNICEF contributions. The Board agreed, therefore, that to avoid misunderstanding each recommendation for continued assistance to such projects should include a clear statement of government matching in relation to UNICEF contributions to the total project.

(ii) *Emergencies and long-range programmes*

230. The Board reaffirmed that for emergency situations, matching requirements could be relaxed. As regards long-range programmes the Board agreed that freight costs should be included in the total of UNICEF assistance to be matched.

(iii) *Long-range feeding programmes*

231. In connexion with long-range feeding programmes based upon low-cost skim milk, the Board agreed that the freight costs to be included in the total of UNICEF assistance to be matched be charged to each apportionment beginning with the September 1954 session, and be based on an estimated world-wide average cost. The Board concluded that hitherto the amount of matching had been underestimated by the exclusion from the estimates of services, local foods and supplies provided by non-governmental sources, including local parents' committees, voluntary societies, and individuals. The Board also believed that the extent of matching was obscured by inadequate presentation in the recommendation papers, since as a matter of Board policy the matching principle had always been conceived in terms of country effort rather than government effort alone.

232. The Board requested that the Executive Director in the future, (a) present the fuller estimates of the value of non-governmental as well as government matching for proposed projects and (b) improve the form of presentation of matching commitments. In this connexion the difficulties and effort involved in obtaining estimates of non-governmental matching were recognized. The Board does not desire the Executive Director to develop a complex system of obtaining these estimates which would result in an increase of the staff workload.

233. The Board recognized that the matching principle, as hitherto applied, had not included freight costs in the total to be matched in long-range feeding programmes, and that its inclusion, particularly in programmes based upon low-cost milk, might create difficulties for some governments. Unlike some other types of programmes aided by UNICEF (where substantial government expenditures are required in the early stages), in feeding programmes the larger government expenditures are usually required at a later date as the programmes take permanent root. The Board did not wish to require matching effort beyond that needed to make a project work effectively.

234. The Board concluded that the extent of this particular problem could best be judged in the light of the fuller presentation asked for by the Board for future recommendations (see para. 232 above). If matching for a proposed project should appear insufficient, other considerations might be taken into account, such as the amount of effort put forth in existing feeding programmes and continuing during the period of UNICEF

aid; the matching commitments for maternal and child welfare programmes when milk is to be provided through maternal and child welfare centres; the total matching required of a country on an annual basis for all types of UNICEF aid; the rates of exchange used in estimating dollar equivalents; and generally, the objectives of UNICEF in meeting needs and encouraging the launching of long-range feeding programmes.

Approval of projects in principle

March 1954, E/ICEF/260/Rev.1

57. In UNICEF's first years, programmes being aided were almost exclusively of a short-term relief nature. When UNICEF shifted its emphasis to the needs of children in economically underdeveloped countries the long-term approach began to evolve, since it was clear that the problems of child needs in these countries could only be solved by longer-term plans and programmes.

58. The Board believes that the trend toward longer-term planning should be encouraged. It recognizes that often as a matter of immediate practical action the scope of a project is confined to only part of a problem. A succession of project phases, however, may be envisaged as part of an over-all plan.

59. Within the framework of its general policies, the UNICEF Board considers each project proposal on its own merits. Since there are no formal limits on the period of time for which UNICEF can undertake a financial commitment for a project in a single action, the Board considers that no change in policy is necessary to encourage longer-range projects.

60. Where a proposed UNICEF allocation is for only one stage of a government project it would be desirable that the Board have an opportunity to consider the whole project. If it approves of the project in principle, future requests for continued aid would be given the priority, which under existing Board policy (E/2013, para. 30) is accorded "to help complete or perfect work already undertaken."

61. The Board also recognized that for a few projects an apportionment for a longer-term than the usual two or three years might be of considerable aid to governments in encouraging longer-term planning and more comprehensive projects. In exceptional circumstances the Board, therefore, will consider allocations for periods up to five years, where the government makes corresponding long-term commitments; where past experi-

ence of the Fund would indicate that there is a considerable measure of probability that the programme will be successful; and where a longer-term UNICEF commitment would substantially strengthen the programme.

62. These longer-term commitments by UNICEF would ordinarily not be made at the beginning of a project but only after initial operations had established the soundness of the project, and the country's organizational and financial requirements for the programme have been ascertained by experience.

Aid for local production projects

May 1951, E/ICEF/178/Rev.1

EXPENDITURE OF RESOURCES FOR CAPITAL INVESTMENTS

31. The Board was in general agreement that in many cases it is preferable to meet children's needs by increasing local production and ensuring continued supplies in the future. In order to provide the proper safeguards for UNICEF assistance to such programmes the Board decided that, in addition to the basic principles governing UNICEF assistance generally, each proposal involving UNICEF assistance for local production programmes will be examined on its merits, taking into account the following factors:

(a) The benefits of the project should mature within a reasonable time;

(b) These benefits should accrue predominantly to mothers and children, and the output of the project should continue to be available to them at or below cost on terms to be specified in each case;

(c) Assistance should be restricted to items not locally available, or not available locally in sufficient quantity;

(d) The supply of raw materials necessary for the production process should be ensured;

(e) The plans for the project should show its relationship to the country's permanent programmes of child health and welfare, and to its general plans for economic development;

(f) The technical soundness of the project should be approved by the appropriate United Nations department or specialized agency, and the project as a whole should conform to the standards formulated by the competent international authority;

(g) The project should be financially and administratively sound and within the means of the Fund; and

(h) The need for avoiding an excessive diversification in the range of equipment handled by the Fund should be borne in mind.

Aid for new types of programmes

March 1953, E/ICEF/227

925. The Executive Board agreed as a general policy that proposals for aid to projects in types of programmes not hitherto approved by it be submitted only after there has been a formal prior Board authorization in principle. In the health field, in accordance with normal practice, this would be preceded by a recommendation in principle by the UNICEF/WHO Joint Committee on Health Policy.

Unspent balances

November 1951, E/ICEF/184/Rev.1

361....When approving a plan of operations UNICEF undertakes to provide certain supplies and other assistance as its share of participation in a country programme. The sum of money apportioned, however, is only an estimate of costs for this assistance. If this estimate of costs exceeds the actual expenditures required, the Board agreed that the excess amount should not, as in the past, be considered as part of the apportionment to the country. In order to cover the opposite situation where original apportionments are not sufficient to pay for the cost of supplies required under the approved plan

of operations, the Board is at this session approving apportionments to five countries....

362. In the future the Board will regard apportionments for programmes as being based on estimates of costs. If the apportionment exceeds the cost of the programme, or if the programme is not carried out in whole or in part within a reasonable amount of time, the unspent balance will revert to....the general resources of the Fund....

BASIC MATERNAL AND CHILD WELFARE SERVICES

General

May 1951, E/ICEF/178/Rev.1

22. The Fund's assistance in maternal and child welfare programmes will be so given that it will contribute most to the development of these activities:

- (a) *Provision of urgent supplies and equipment for basic maternal and child welfare programmes*

* The term "allocated" has now replaced the term "apportioned".

(b) *Training programmes*

Training programmes would include the training of auxiliary personnel — and in some instances, professional personnel — responsible for maternal and child health care. Such training would make it possible to overcome one of the biggest obstacles to the development of programmes for the benefit of mothers and children. It could be effected by the establishment or support of:

(i) National or regional training centres; and

(ii) Children's centres which could also be used for research into problems of child health in the region in which they are situated and as vehicles for public education in the health field.

March 1955, E/ICEF/294

40. In the development of maternal and child welfare programmes, the Board discussion re-emphasized the need for encouraging the training of personnel and utilizing, wherever possible, the enthusiasm engendered in the community development movement (see para. 108 below). The Board agreed with the Executive Director on the desirability of putting emphasis on the extension of services to new areas in countries which have not yet developed national coverage, rather than aid for the elaboration of services in areas already covered. The goal in these cases is to assure at least elementary services as widely as possible, at the same time planning for supervision and trained personnel to raise standards. This latter is especially important if the preventive functions of maternal and child welfare programmes are to be achieved and the centres themselves are to help consolidate the results of the mass campaigns.

March 1956, E/ICEF/316

59. The organization of basic maternal and child welfare services necessarily varies from country to country. In general, however, UNICEF aid is now being increasingly directed toward establishing networks of village centres technically supported and supervised by intermediate health centres which, in turn, are under the over-all direction of a district health centre and hospital. The primary emphasis is still on the village centre but UNICEF aid is also required at the intermediate and higher levels to ensure adequate training

facilities, and supervision of the subordinate village centres. Rural health services, of which maternal and child welfare is a most important element, are essential for consolidating and extending the gains of the mass disease control campaigns on a permanent basis....

October 1956, E/ICEF/330

24.

UNICEF intends to give greater encouragement to building up the maternal and child welfare aspects of permanent rural health and welfare services. Apart from their direct value, the greatest practicable extension of maternal and child welfare services is necessary to prepare for the consolidation of disease control campaigns after the mass phases are over. In addition, there is need for the extension of MCW services within community development movements, and for emphasis on the social welfare side as well as on the purely health side, particularly in the education of mothers in the care of children. . .

49. The organization of basic MCW services necessarily varies from country to country. In some the services are still provided through scattered centres and are limited in scope. In others there is a gradual transition to maternal and child welfare services integrated into the public health structure of the country and provided through networks of multi-function health centres and sub-centres accessible to the whole population. These centres have a vast potential, as yet relatively undeveloped, in providing education, particularly to mothers, in child-rearing, nutrition education, hygiene and general health education.

September 1957, E/ICEF/353/Rev.1

49. In October 1956 the Executive Board decided to review annually policies of assistance to one particular type of programme. The first such review was presented to the current session, and concerned UNICEF aid for maternal and child welfare. The documentation consisted of a comprehensive report by the WHO secretariat entitled "Review of Maternal and Child Health Activities and Related Training of Professional and Auxiliary Workers" (E/ICEF/347),¹ and the recommendations of the UNICEF/WHO Joint Committee on Health Policy, following consideration of the WHO report (E/ICEF/345, paras. 6-16).

¹ Also circulated as WHO document WHO/MCH/64.

50. While the WHO report referred in many places to the gains made in recent years, its main purpose was "to discover weaknesses and any aspects of the work which require strengthening" so that steady progress may be assured (E/ICEF/347, page 53). The report points out that the major effort thus far has been the extension of services into rural areas as rapidly as possible to provide at least rudimentary services, and the training of staff, especially auxiliary workers. While this constitutes substantial progress in many countries, coverage is still very unsatisfactory, and even in those countries where it is more extensive, there is great need to improve the quality of services. Since it is not possible to attack all the lacks at once with equal emphasis, priorities need to be established in terms of the local situation both in planning the programmes and in training staff. Assistance must be geared to the particular stage of development of a country, considering both the immediate and long-term goals and the economic capacity of the country to maintain new services. Increasingly, the programmes coming to UNICEF for aid should be of the type designed not only to meet immediate needs but to lay a sound basis for building comprehensive and continuous services. The most rewarding approach to improving the welfare of mothers and children, as pointed out by the Joint Committee on Health Policy (E/ICEF/345, para. 6), lies in the education of mothers in child care and nutrition and in the prevention and control of the most important diseases affecting children.

51. From the standpoint of administrative structure, the WHO report pointed out that more encouragement and help should be offered to Governments by WHO and UNICEF for:

(a) Provision of qualified technical leadership and supervisory services effective at all levels;

(b) Integration of MCH services into general health services, at the same time ensuring that the special needs of mothers and children are met;

(c) Co-ordination of MCH services with community development, school health services, and with social welfare and other departments serving mothers and children.

52. In terms of activities, the report made a number of specific suggestions designed to:

(a) Re-orient programmes away from concentration on midwifery to include emphasis on care of pregnant women and on child care, especially for the pre-school group. Continuing services from infancy through at least the second and third years constitute a goal for major immediate emphasis. In this connexion paediatric education for doctors and nurses should be extended and improved, and more training in child care should

be incorporated in the preparation of midwives and auxiliary workers;

(b) Give emphasis to training of all categories (physicians, nurses, midwives, traditional birth attendants and other auxiliaries) and increased attention to professional training of teaching and supervisory personnel;

(c) Give more emphasis to child nutrition, including nutrition education of mothers, and the increased distribution of milk to priority groups in countries where protein malnutrition is prevalent;

(d) Use schools more effectively to carry on health education, including adequate training of teachers in health, and provision of sanitary school environments;

(e) Engage in pilot studies to improve the health of children living in urban slums.

53. The WHO report was recognized by both the Joint Committee on Health Policy and the Executive Board as making a valuable contribution to understanding of maternal and child health problems and in providing "guidance for the future planning and execution of maternal and child health programmes to which UNICEF and WHO are devoting efforts and resources" (E/ICEF/345, para. 6).

54. The Board, in accordance with the recommendations of the JCHP, endorsed the major points of emphasis for the future as set forth in the WHO report. It approved the JCHP report (E/ICEF/345, paras. 6-16) which also made the following additional recommendations:

(a) The WHO report should be given wide distribution to all interested persons and to all Governments.

(b) Reviews of selected aspects of maternal and child health activities should be presented to the JCHP every two years. Adequate provision should be made to make it possible to obtain the information necessary for complete and factual reviews. For 1959 a study should be made of activities in MCH centres in each region, with particular attention to the extent to which child care and nutrition education are incorporated in the programmes.

(c) Adequate provision should be made to obtain full information of the actual situation in each country on problems related to the life, health and welfare of mothers and children.

(d) An extension of WHO's technical support to MCH activities is needed, and this should receive the early attention of WHO.

57. The increased emphasis on nutrition, both in the work of the centres and in training programmes, was welcomed by FAO and the United Nations Bureau of Social Affairs. FAO pointed out that this would provide considerable scope for participation by FAO, as would programmes of health education through schools which included nutrition education. FAO emphasized that just as it was important for maternal and child welfare services to be integrated with general health services, it was also important that nutrition services channelled

through MCW programmes be co-ordinated with other nutrition services channelled through other government departments, such as education or agriculture.

58. Although integration of MCW within the general health services was recognized as a major goal, there was a general recognition that the rate at which this could be achieved would depend upon existing circumstances in each country.

59. There was,, a general recognition that while UNICEF should continue to play an appropriate role in providing aid for children in urban areas through its usual forms of aid in maternal and child health, nutrition programmes and disease control campaigns, the problems of children in urban slums was larger than could be met by these programmes alone. Exploratory discussions had started with the United Nations Bureau of Social Affairs on pilot projects in one or two urban fringe areas.

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31. The three main categories of UNICEF aid (aside from aid for emergencies) have been designated as maternal and child welfare, disease control and child nutrition. At the present session it was agreed that the term "basic maternal and child welfare services" should replace the term "maternal and child welfare" previously used. All UNICEF aid is directed to the improvement of maternal and child welfare, including aid for disease control, special measures for the improvement of child nutrition, and services for mothers and children given through "health centres" or "maternal and child health centres". Use of the term "maternal and child welfare" for the latter only, has sometimes led to misconceptions regarding the general policy of UNICEF.

32. The term "basic maternal and child welfare services" covers UNICEF aid for the following activities:

(a) Establishment or improvement of maternal and child health services or medico-social services, where possible within the framework of a permanent health organization;

(b) Establishment or improvement of child welfare services through channels other than a health department, such as a community development or a social welfare department;

(c) Environmental sanitation through improvement of village water supplies, excreta disposal and related community health education;

(d) Specialized programmes, such as those for physically handicapped children and premature babies;

(e) Training of professional and auxiliary personnel for the above.

Training

November 1951, E/ICEF/184/Rev.1

363. In approving assistance for maternal and child welfare services in Brazil (para.227) the Board included a contribution to meet part of the local costs of training auxiliary child health personnel through the financing of internal scholarships. This had been recommended by the Executive Director on the ground that the necessity for expanding the number of trained auxiliary child-care personnel had been given a high priority for assistance by the Board; that the imported equipment required for such training, which was normally the limit of UNICEF assistance, represented only a small portion of the total costs of successive courses of local training; and that it would represent a good investment for UNICEF to increase its contribution for auxiliary training nearer to the point at which the Fund and the country make an equal contribution, even though it would involve UNICEF in contributing to local costs.

364. The Board recognized that the approval of assistance for a portion of local costs of the maternal and child welfare programme in Brazil constituted a departure from policy and it was made without prejudice as to precedent. It believes that the question merits a detailed discussion and it requested the Executive Director to present to the next sessions of the Programme Committee and the Board a general paper on the problem.

April 1952, E/ICEF/198

14. The small amount approved for training reflects the difficulties to date in expanding local maternal and child welfare training facilities. The Executive Board at its current session has stated its readiness, under certain conditions, to aid in meeting the local costs of training auxiliary workers (rural midwives, nursing assistants, vaccinators, child welfare workers, etc.). Some of these will man rural maternal and child welfare centres, thus alleviating one of the basic obstacles in their development ...

675. The Executive Board has before it a "Recommendation of the Executive Director on Policy for UNICEF Aid for Local Costs of Training" (E/ICEF/R.319), emphasizing the great need for trained auxiliary maternal and child welfare personnel in rural areas, and the fact that UNICEF has, hitherto, provided little direct aid to meet this need. Because the imported supplies which UNICEF can give under existing policies represents a very small proportion of the costs of a training programme, the Executive Director recommended that UNICEF should be willing to contribute to the local costs of training.

676. The Executive Board, recognizing that in many areas, and particularly in rural areas, technical services for mothers and children cannot be successfully extended without training auxiliary personnel, agreed on the following action in connexion with UNICEF aid for training of auxiliary personnel:

(a) That UNICEF co-operate fully with other United Nations agencies in the studies on training of auxiliary personnel contemplated by the ACC;

(b) That where a government is unable to bear the full local costs of a training programme for auxiliary personnel, the Administration be authorized to submit programmes recommending assistance in meeting these, provided that UNICEF principles regarding matching are maintained, and that the local costs to be financed by UNICEF would be in the form of stipends for instructors and trainees;

(c) That future decisions of the Board on such projects shall take into account UNICEF experience and any information on the action that may have been taken or studies made, bearing upon such programmes, by other United Nations bodies.

March 1954, E/ICEF/260/Rev.1

Payment for local training and supervision

(a) *General considerations*

63. The Executive Board approved in principle the payment, under certain conditions, of some of the local costs for the training of village and district workers, and for supervision. As a matter of basic policy UNICEF aid to countries is predominantly in the form of imported supplies and equipment, with "matching" by the government in the form of costs of local personnel and other services, and locally available supplies. The objective is to encourage governments to start programmes, laying a solid basis at national, provincial and local levels which will enable the countries to carry on entirely by themselves at a later stage. The Board decision is taken in order to provide greater flexibility in strengthening this objective, where necessary, without altering basic UNICEF policy.

64. The consolidation of the mass health campaigns which UNICEF has been aiding will, in the long run, depend on establishment of permanent local health services in rural areas once the mass phase of the campaigns are over. Maternal and child welfare services in rural areas have great potential value in this connexion, because the centres established, and the personnel trained, often help initiate broader public health work, and in any case contribute substantially to strengthening such work.

65. It is at this point that UNICEF aid for an initial period with certain local costs can help assure that the gains made will be extended along logical lines of development. A high proportion of the costs of rural projects consists of local expenses, mainly of personnel. These costs cannot be entirely borne by central governments which are rarely in a position quickly to expand their revenue-gathering capacities. The bulk of the burden must therefore necessarily rest upon the provinces and villages. The benefits of investing in training and supervision are ordinarily less immediately evident than investing in buildings and local staff and supplies, and therefore usually require some time to be demonstrated.

66. The working out of a system of administrative organization and control with responsibilities shared by the various levels of government, from the village up, likewise takes time.

67. The additional form of UNICEF aid, approved by the Board, in effect extends to provincial and village levels the demonstration or initial impetus approach which has been useful on the national level. At the same time it will make possible the more effective use of supplies and equipment provided by UNICEF. Projects coming forward with proposals for this type of aid would not be for the purpose of aiding training and supervision by themselves but only as part of the fulfilment of maternal and child welfare programmes, or other types of aid such as nutrition or environmental sanitation, already approved by the Board.

68. In bringing forward project proposals containing this new form of aid the Executive Director will continue to be guided by the general Board policies concerning government "matching"; the total value of UNICEF aid, including supplies and payment for local training and services will not exceed 50 per cent of the total cost of the project; the payment for local costs will be a small proportion of the total project cost; the aid will be for a limited period of time, and necessary as an integral part of the project; and the projects themselves will be of a relatively substantial character in terms of geographical extent, number of units involved, and long-range nature.

69. Project proposals containing any aid for payment of local training or supervision costs would, as is the case for other types of project proposals, require specific approval by the Executive Board on the basis of their own merits.

70. Certain representatives expressed concern that the policy approved by the Board might be considered to represent a new policy for international organizations within the United Nations. As a consequence the Executive Director was requested to undertake a thorough study of the question of financing local costs from international funds particularly the question of stipends for the training of professional personnel, payment of travel and allowances for local personnel, and the salaries of instructors. The study should pay particular attention to the policy followed in the implementation of other United Nations programmes, particularly the United Nations technical assistance programme. The Board requested that a report on this study be circulated to the Board at least by the time of the first session at which it will be called upon to approve projects which contain aid for payment of local costs as approved in principle at the current session.

(b) *Stipends for trainees and salaries for instructors*

71. Although auxiliary personnel, such as traditional midwives and nurses aides, represent the greatest need, as far as numbers are concerned, personnel with full professional training form an essential element in any long-term organization to serve rural areas.

72. In April 1952 the Board approved in principle UNICEF aid for training auxiliary personnel in the form of stipends in local currency for instructors and trainees (E/2214, para. 676) and at subsequent sessions it approved such stipends in a number of apportionments for maternal and child welfare programmes. The Board at the current session extended this policy by approving in principle UNICEF aid for stipends in local currency for the full professional training of workers engaged in types of programmes currently approved for UNICEF aid, and salaries for their instructors.

73. The main types of requests foreseen under this type of aid are for the training of public health nurses, health visitors, and midwives, in order to staff rural maternal and child welfare centres. This aid would be for the complete training of such personnel, because there are

not available, within the countries, enough nurses or midwives who could be given a supplementary training in public health nursing, domiciliary midwifery, etc., to staff these centres in the number required. Such personnel, when taking up duty in maternal and child welfare centres, would have as an important part of their work the supervision of auxiliary workers. Aid for the basic training of doctors is not included under this decision. Proposals for payment of salaries of instructors would be judged in their direct relationship to the training of personnel to work in UNICEF-aided projects.

(c) *Travel and subsistence allowances for local supervisory personnel*

74. The Board authorized the Executive Director to bring forward requests for travelling and subsistence allowances for national personnel engaged in field supervision of UNICEF-aided programmes, in arrangement with the governments concerned, and to be charged to projects costs. In some cases, the personnel might be staff already in the Government department dealing with the project; in other cases they might be of a type, so far as possible, which could be transferred to the department when it takes over the supervisory responsibility. In any event the development of plans for the aid, including the allowance scale, would be agreed upon in all cases by the Administration and the Government.

75. The situation of most immediate concern to UNICEF and the Governments (particularly in connexion with maternal and child welfare centres) is to have additional information on the functioning of projects in rural areas and to help the localities develop them to their maximum potentialities. The Governments, for the most part, have plans for expanding their supervisory systems, but in some instances it may take a year or two to have the costs incorporated in the budgets of the Ministries concerned. UNICEF aid of this type for a particular project is intended to be in effect for only a limited period of time to meet an immediate situation.

September 1954, E/ICEF/276

42.....

In March the Executive Board approved a policy of UNICEF aid under certain conditions toward some of the local costs of training village and district workers and of local supervision. A report by the Executive Director on this question at the September session (E/ICEF/L.687) clarified questions regarding this policy expressed by certain delegations at the time the policy was adopted.

March 1955, E/ICEF/294

108. The Director of the Bureau of Social Affairs drew the attention of the Board to three conclusions from her field trip to South-East Asia of direct interest to UNICEF: (a) the need for adequate personnel is so great that the training aspects of international aid can hardly be overstressed; (b) it is important to help countries amplify the social content of training for health and other types of workers; and (c) the vitality of the community development movement has not yet been fully utilized in behalf of advancing the objectives for maternal and child welfare programmes.

March 1956, E/ICEF/316

58. The aid to Kenya is for a type of programme developing in a number of territories in Africa as an attempt to organize maternal and child welfare services most suitable to the African family pattern. A considerable effort is being made to interest young women and mothers in the possibilities of improving child rearing and family life, both as homemakers and as leaders in their villages. Self-participation is an important part of this method. Pre-natal and post-natal care, protection of the child during infancy, better child nutrition and hygiene, first aid, and general cleanliness in the home occupy an important place in the syllabus of training schemes for the women. When approving the aid for Kenya, the Executive Board also agreed that the policies previously adopted for stipends for the training of auxiliary workers be extended to include those in the maternal, child and family welfare aspects of community development.

59..... The chief obstacle to a more rapid expansion of maternal and child welfare services is the shortage of trained staff, particularly midwives, nurse-midwives, public health nurses, and home visitors. UNICEF aid in overcoming this shortage through the provision of teaching aids and equipment for training centres (and through training stipends when they constitute only a small proportion of the total allocation) has been helpful, but a higher rate of progress would be desirable.

October 1956, E/ICEF/330

53. The Board recognized that an important obstacle to the expansion of effective MCW services was the shortage of trained staff. For some years UNICEF has helped overcome this shortage through the provision of teaching aids and equipment for training centres, and training stipends for auxiliary workers, nurses and midwives. While considerable progress had been made (in Asia in 1956 some 13,000 nurses and midwives would have attended institutions which received UNICEF aid), the Board was convinced that more must be done by UNICEF in promoting training, particularly for senior staff to assume positions of leadership and supervision in MCW.

54. The Executive Director accordingly proposed (E/ICEF/L.996) that the Board extend its existing training policy by approving in principle grants-in-aid to selected schools of medicine or public health, for periods of up to five years, to help them create or strengthen the teaching of pediatrics (with special reference to social pediatrics), and preventive medicine. The objective would be the training of persons to serve in the rural health organization in leading and in supervisory positions. UNICEF help would be given for training in undergraduate medical education, for graduate and refresher training of doctors, and for the training of future teachers of pediatrics and preventive medicine. The aid proposed would be supplementary to that available from WHO and through technical assistance, and would, as usual, be planned in close consultation with WHO. The Board decided to examine the proposal at its next session (spring 1957).

55. In order to see how the Executive Director's proposal would work out in specific instances, the Executive Board authorized the Executive Director to bring forward to the next session of the Executive Board from one to three actual project proposals, without prejudice to the Board's decision on the principle involved in UNICEF aid for this type of project. The requesting Governments would be informed by the Executive Director that the proposals could only be acted upon on their merits by the Executive Board after the Board had considered the principle involved and had accepted the type of aid as desirable for UNICEF to provide. To facilitate consideration of the subject, the Executive Director was requested to summarize for the next session of the Executive Board the UNICEF aid thus far provided for training in maternal and child welfare.

April 1957, E/ICEF/344/Rev.1

27. At the present session, the Board took a further step in aid to overcome the shortage of trained staff in maternal and child welfare services. It approved in principle an extension of aid to strengthen the training in paediatrics and preventive medicine of paediatricians and medical officers who are needed in increasing numbers in many countries for the planning and supervision of expanding networks of health services (particularly as they concern maternal and child welfare), which UNICEF is already aiding substantially in other respects.

28. This aid is a logical extension of other types of MCW training aid provided by UNICEF, summarized in E/ICEF/338. That document points out that UNICEF aid for training in maternal and child welfare began with short-term post-graduate refresher training for doctors and other highly qualified professional persons in Europe, and with post-graduate fellowships for study abroad for doctors and other professional persons in Asia. Later on, UNICEF virtually ceased giving fellowships for study abroad as other donors entered the field. However, at present UNICEF is aiding two permanent international training centres: the International Children's Centre in Paris, which carries on short-term post-graduate refresher training for professional persons in responsible government positions from all parts of the world; and the All-India Institute of Hygiene and Public Health in Calcutta, which is becoming a regional training centre giving one year post-graduate courses in the broad field of maternal and child welfare for doctors, nurses, and midwives. More recently UNICEF has become interested in strengthening within-country training through the following methods: emphasis on short-term training for the traditional village birth attendants and other auxiliary workers; aid for training of nurses, midwives and health visitors in schools giving one- to three-year courses; improvement of facilities in hospitals and urban and rural practice fields to train nurses, midwives, health visitors and, in some cases, doctors, in obstetrics and paediatrics. UNICEF aid takes the form of technical equipment and supplies, transport for supervision and, under certain conditions, training stipends.

29. The extension approved by the Board was embodied in a recommendation by the Executive Director (E/ICEF/L.996) originally presented by him to the Board in October 1956 and deferred for consideration until the present session. Certain clarifications regarding the policy are set forth in paragraph 31 below. In considering the extension of the policy, the Board had before it a note by the Director-General of WHO (E/ICEF/L.996/Add.1) pointing out that the WHO Executive Board had endorsed the proposal, and analysing ways in which UNICEF and WHO could collaborate in carrying out this aid. In order to see how the policy might work out in a specific instance, the Board had before it a recommendation for strengthening paediatric training in Madras, India (E/ICEF/L.1014). The Board approved this aid after accepting the general principle involved.

30. The new type of aid provides for grants-in-aid to selected schools of medicine or public health, for periods of up to five years, to help them start or strengthen the teaching of paediatrics (with special reference to social paediatrics) and preventive medicine, at the undergraduate or graduate level. The projects would as usual be planned in close consultation with WHO whose technical help would be essential. The aid can help create a chair of paediatrics or preventive medicine through grants to supplement the salary of the professor; the training of future professors through grants for the salary of assistants to the professor; some technical equipment for the teaching hospital and urban and rural demonstration centres used by the school; stipends for one-year graduate training in paediatrics and preventive medicine for medical officers serving in the health services; and stipends for medical officers taking refresher courses.

31. Discussion in the Board brought forth the following clarifications of the policy:

(a) *Length of project.* The grant-in-aid to any school would not extend beyond the period set forth in the allocation (in no case beyond five years). The equipment provided would not be renewed and the plan of operations would state formally the intention of the school to continue from its own resources the positions of professor and/or assistants for which financial assistance was given for an initial period. If part of the grant was used to increase the salary for existing posts, this would be related to freeing the occupant from the necessity of private practice, so that he would accept the obligation of giving exclusive time to the post. The use of UNICEF funds for the payment or part-payment of faculty salaries was accepted because of the importance to projects being assisted by UNICEF of training in paediatrics and preventive medicine, and did not imply that UNICEF would wish to extend the principle to other fields. Because of the obligation assumed by the school, the grant for these purposes would not be renewed. This would not, of course, preclude the possibility of UNICEF continuing to give fellowships tenable at the school for the training of personnel.

(b) *Selection of projects* would be recommended in this field in relation to the need for training and recruiting into the health services physicians with a broad knowledge of paediatrics and preventive medicine in order to develop on a firm basis health programmes being aided by UNICEF—a need already felt in many programmes. Projects would not be recommended simply because of financial difficulties encountered by the school in question. Projects would have to be further selected in relation to the quality of the rest of the medical school, to assure a proper balance in the teaching of paediatrics and preventive medicine, and would have to be carefully worked out in collaboration with WHO. Hence it was not at present envisaged that UNICEF would aid more than several schools in each continent. A sum of \$500,000 to \$600,000 could be taken as an annual ceiling, which would not be reached in the first year or two.

(c) *Measures for implementation.* The implementation of the principle of aid to training in paediatrics and preventive medicine should vary with the conditions of the country concerned. The projects recommended over the next few years would be developed as pilot projects, and the operation and results carefully appraised. The Fund should proceed pragmatically in this field, as it had in many others. Not all types of aid set forth in the policy proposal would necessarily be given in each instance. Aid would be confined only to what was required in each case.

(d) *Internal stipends.* In general, fellowships tenable inside the country were not given by other international organizations. However, because the training of personnel was a basic condition for the success and continuation of aided projects, the Board had previously decided to give stipends for the within-country professional training of public health nurses and midwives. Within-country stipends were less costly than overseas fellowships and it was frequently more effective for training to be given in conditions similar to working conditions. Hence in extending aid to training of physicians in paediatrics and preventive medicine, it would, in many cases, be necessary to include internal stipends as part of the project; otherwise the objective of training persons to work in health services would not be fully realized and part of the value of the increased training facilities would be lost. Holders of stipends for one year or longer would be bonded to work in the health services for an appropriate number of years thereafter.

September 1957, E/ICEF/353/Rev.1

56. In connexion with the training of health personnel in all categories, the United Nations Bureau of Social Affairs pointed out that greatly increased numbers of social workers are also required if the goal of integrating the work of the centres with broader community programmes is to be achieved. Since the supply of trained social workers is bound to be inadequate for a long period, increased attention should be given to including certain welfare concepts and techniques in the training of health personnel. It seems particularly important to train health personnel to contribute, in the course of their health activities, to the process of developing local initiative and self-help in the communities in which they work (E/ICEF/L.1148, para. 5).

March 1958, E/ICEF/368

36. Recognizing that the most important component in basic maternal and child welfare services is personnel, the Board expressed considerable interest at the present session in the effectiveness of measures to intensify training. The Executive Director stated his intention of discussing with Governments a fuller use of the types of assistance for training approved by the Board. The possibility that the United Nations Bureau of Social Affairs would give closer attention to certain aspects of this training (see para. 40) was welcomed by the Board.

Community development and child
welfare

March 1956, E/ICEF/316

56. The integration of UNICEF maternal and child welfare aid with community development programmes was welcomed by the United Nations Bureau of Social Affairs, which has for some time been coming forward in support of community development activities initiated by an increasing number of Governments. Execution of specific programmes, such as maternal and child welfare and nutrition education, within a general programme for all-round development has already been found by experience to yield the most fruitful results.

October 1956, E/ICEF/330

49. In those countries which have community development movements an integration of MCW services into the framework of community development affords effective opportunities; such integration not only provides directly for the well-being of children, but also indirectly forms part of a balanced and comprehensive approach, strengthening family and community life and drawing upon the enthusiasm and initiative which the community development movement engenders in people. . . .

51..... the Director of the Bureau of Social Affairs suggested the following practical ways in which UNICEF could contribute to the integration of MCW in broader community programmes:

(a) By planning country programmes and projects in co-operation with all international officials and national ministries concerned with community development programmes (such as Central Planning Boards, Ministries of Health, Agriculture, Education and Social Affairs);

(b) By assistance in improving the social aspects of the training of health and nutrition workers at all levels, and in providing support for increased health and welfare training for other personnel working with children (such as home economists and community workers); and

(c) By encouraging co-operation between the MCW centres and other community programmes at the local level.

April 1957, E/ICEF/344/Rev.1

26. The assistance to maternal and child welfare in Uganda, approved at the present session, will use the possibilities of a women's club movement within a programme of community development for the education of mothers in mothercraft and homecraft along lines previously approved for Kenya. The programme provides an interesting example of using social welfare as well as health department channels to reach the mother in the village. A report will be presented by the Executive Director to the spring 1958 session of the Board on the contribution of this type of programme to improved maternal and child welfare.

March 1958, E/ICEF/368

34.....
Aid within the framework of community development was also approved for Tanganyika for a mothercraft and homecraft programme under the direction of the Women's Section of the Social Development Department. The Board had before it a report from the Executive Director (E/ICEF/361) on progress in similar mothercraft and homecraft programmes in Kenya and Uganda for which allocations had previously been made. It requested a further report at a later date. Action by the Board in approving closer collaboration between UNICEF and the United Nations Bureau of Social Affairs in programmes of this type is set forth in paras. 37-41.....

37. The Executive Board approved a procedure for formalizing and strengthening the closer contacts which had gradually grown up in recent years between the UNICEF secretariat and the Bureau of Social Affairs of the Secretariat of the United Nations (E/ICEF/363). This procedure, prepared by the Executive Director in agreement with the Bureau, provides:

(a) That there will be regular discussions on policy between the two Secretariats to which both sides would contribute;

(b) That the Bureau of Social Affairs is to be informed by the UNICEF staff, at the earliest possible date, when new types of programme aid, or individual country projects appearing to have important social aspects, are likely to come forward. These will be discussed at Headquarters level in the first place. The Bureau will seek to keep UNICEF informed of social data and trends which may affect the work of UNICEF.

(c) In cases where the Bureau wishes and is able to participate in the field development of projects, its technical approval of their social aspects will be secured before the request is submitted to the UNICEF Board. If for any reason the Bureau cannot participate in the preparation of the project in the field, UNICEF's subsequent action with respect to the project will be based upon the Bureau's advice in regard to its social aspects.

38. Community development projects are among those envisaged as coming within the scope of the new procedure. This is a field in which UNICEF is increasingly interested in providing aid for basic maternal and child welfare services, and one for which the Bureau has a special responsibility.

39. There are many sides to community development. Where UNICEF is helping predominantly on the health side (as, for example India) it works with Health Ministries and WHO in the project development, and looks to WHO to provide technical approval of the project. Should UNICEF aid be predominantly for nutritional aspects, it would seek technical approval from FAO and WHO. Where the philosophy and methods of community development have an important bearing on the project, UNICEF will look to the Bureau of Social Affairs for technical guidance and approval in the development of projects. In many instances, it is expected that the advisory services of the relevant agency² will be requested by the Government not only in the planning stages of the project but in its implementation. All the general principles laid down by the various technical agencies will be followed, although in most cases it is expected that technical approval for the project will be given by the one agency most concerned. However, where more than one

² The term "agency" as used here refers to the United Nations Bureau of Social Affairs as well as the specialized agencies.

agency has sufficient interest to merit participation by its own personnel in the field investigation and preparation of the project, each agency will give technical approval for the technical aspects with which it is concerned, and procedures for consultation will be developed whereby the agencies will keep each other informed.

40. In addition to aid within a rural community development framework, other types of UNICEF aid having social aspects in which the Bureau might participate under the procedure approved in paragraph 37 above, will be aid in urban fringe areas, and aid for training. Interest in the latter would be in the training of village level polyvalent workers as well as other professional or auxiliary personnel whose work could be made more effective by incorporation of social welfare or community development concepts and techniques in their training.

September 1958, E/ICEF/374

33. The Board welcomed the steps being taken to implement the procedure adopted by the Board in March for strengthening co-operation between the Bureau and UNICEF.

34. The Director of the Bureau pointed out that the main fields in which the Bureau could collaborate usefully with UNICEF (and with the co-operating specialized agencies) were: community development; the welfare aspects of maternal and child health; nutrition education, especially with regard to the training of social workers who could be a channel in the education of mothers; the training of health service personnel in the welfare aspects of their work; and disease-control campaigns, such as those against tuberculosis and venereal diseases, in which the social aspects were an important element.

35. The degree of the Bureau's participation in those activities would depend on both the adequacy of the Bureau's staff resources and travel funds, and the extent to which requests from Governments for social welfare personnel at the country level could be met through existing technical assistance resources.

36. The Board believed that it was essential for Bureau staff and travel funds to keep pace with the requirements of Governments requesting UNICEF aid, if effective collaboration was to be achieved....

38. Since by its very nature community development involves health, agriculture, nutrition, education and welfare, projects receiving UNICEF aid may include advisory services to the Governments, and technical approval of projects, by several international agencies; in some cases it may also include several fields of competence within one agency. The Board noted that the various agencies concerned had begun exploring ways

of simplifying their methods of working together on these projects. It expressed the hope that later reports would show that substantial progress had been attained in actual practice.

Social services for children

March 1958, E/ICEF/368

43. The United States delegation drew the attention of the Board to the desirability of considering ways in which UNICEF aid could be extended more directly in the area of social services for children. One such area is the care of children in institutions and day-care centres. In many under-developed areas changes in family structure as a result of rapid urbanization and industrialization have led to increases in the care of children through residential institutions (both congregate and specialized), and through creches and day nurseries. In many areas residential institutions constitute the only practical method in the immediate future for meeting the needs of children deprived of normal home life.

44. The United States delegation proposed that a study be undertaken of how UNICEF aid with equipment, supplies and training of staff could improve both the physical care of children, and the programmes of the institutions and day-care centres so as to provide more adequately for mental and emotional growth of the children. It was recognized that technical guidance in developing UNICEF aid of this type would need to come from the Bureau of Social Affairs. WHO, through its maternal and child health staff, would also be able to provide technical advice.

45. The Board requested the Executive Director to seek the help of the Bureau of Social Affairs, and WHO, to explore the possibilities for UNICEF aid in this field, and to prepare some estimates of the cost of this type of activity. The proposal would be considered for approval in principle by the Board at its March 1959 session. It was recognized that a programme of aid to institutional and day care of children might be only a beginning phase of a broader programme of child welfare and social services for children, and that ultimately the Board might wish to develop a comprehensive policy of aid in this field. The Executive Director was requested to keep this broader goal in mind in the study.

September 1958, E/ICEF/374

40. The Board looked forward to receiving at its next session the report, currently under preparation, on possible UNICEF aid for social services for children, with particular reference to improved care of children in residential institutions, day-care centres, or through other methods of caring for children outside their homes. A number of representatives emphasized the importance of guarding against the implication that the care of children in residential institutions was an ideal method of child care, and hoped that the study would take sufficiently into account the possibilities of alternative methods....

March 1959, E/ICEF/380

105. In accordance with a request made by the UNICEF Board in March 1958 the United Nations Bureau of Social Affairs submitted a report to the Executive Board prepared by a special consultant on possibilities of UNICEF aid for social services for children, with particular reference to institutions, day-care centres, and other methods of caring for children outside their homes (E/ICEF/377). A preliminary report on the health aspects of such services was also submitted to the UNICEF Board by WHO (E/ICEF/378 and Corr.1). The representative of the Bureau of Social Affairs called attention to the fact that an expert group on social services, convened early in 1959 in accordance with Economic and Social Council resolution 663 G (XXIV), had been asked for its technical opinion on the report. This group welcomed the possibilities of UNICEF aid in this field. Technical comments and suggestions by the expert group for work in this field are summarized in the report of the expert group submitted to the Social Commission at its twelfth session (E/CN.5/333, annex III).

106. The main conclusion of the report of the Bureau of Social Affairs was that international material and technical aid could usefully be given (a) to improve existing services for children, and (b) to develop necessary new services, particularly those of a preventive nature. The aid would not be justified unless it were conceived of as a beginning towards a broader and more fundamental objective, namely, that of assisting countries to develop well-organized national systems of social services which would help preserve and strengthen family life and foster opportunities for the healthy growth of the personality, abilities and social habits

of the child. Within this basic theme (which was developed in some detail in various sections of the report) the conclusions and recommendations of the report were:

(a) *Quality*: There is an immediate and urgent need for the improvement of the quality of care in many existing children's residential institutions and day-care centres in economically under-developed countries.

(b) *Extent of services and needs*: In most of the under-developed countries the need for services very considerably exceeds the services provided, and there is a large latent need. The most probable first effects of attempts to meet this need will be pressure to put more children in residential institutions unless special measures are undertaken to develop other services.

(c) *Preventive measures*: Most children requiring care outside their own homes are not full orphans. There is therefore great need for preventive measures to enable children to live in their own homes with their own families, including:

(i) More day-care centres, particularly for children of working mothers and those living in poor environments, such as urban slums and certain rural areas;

(ii) The use of all existing community resources and services having direct contact with people (churches, schools, health centres, home economics extension, etc.) for education in family living and help to individual children with whom they come in contact;

(iii) Gradual development of basic social services that help to strengthen family life, improve the care of children in their own homes, and keep the family together, such as neighbourhood and community centres, family counselling and parent education services, youth clubs, and play grounds.

(d) *Where prevention fails*: Even with emphasis on preventive measures, the need for more remedial services will remain. Caution is needed in increasing the number of residential institutions since they provide a solution of second choice, particularly for infants and younger children for whom it is especially important to grow up in a family setting. Hence attention should be given simultaneously to possibilities for encouraging other forms of care for children that offer an alternative to residential institutions such as family placement, group homes, and adoption. Aid for experimental projects to gain experience with various forms and techniques of foster family placement and group homes, adapted to the possibilities within the country, would be especially valuable.

(e) *Organization in each country*: Many Governments have plans, partial or complete, to improve services along the lines recommended in the paper, and would be in a good position to make effective use of international aid. Each country needs an organization for progressively surveying and analysing its needs, getting agreement on a plan of action using both governmental and voluntary resources, and setting standards and supervising their application.

(f) *Co-operation with voluntary agencies:* A close and co-operative relationship between governmental and non-governmental agencies is essential. Non-governmental agencies can be particularly helpful where the Government is not yet in a position to take increased responsibility.

(g) *Personnel:* The quality of personnel in the services for children surpasses in importance the physical standards, and presents the best opportunity for action. Greater attention needs to be given to selection of personnel; training facilities need to be largely expanded; the content of courses specifically adapted for all categories of personnel; and remuneration needs to be increased.

(h) *International assistance:* Technical assistance provided by the United Nations Bureau of Social Affairs and the specialized agencies is needed in many countries in planning the improvement and extension of services, and in launching training schemes. It is also hoped that some international non-governmental organizations (or their national branches engaged in overseas activities) will be in a position to provide technical or material assistance.⁹ Material assistance from UNICEF would have the greatest benefit if it was used in the first place to support the necessary development or expansion of training. Training facilities would need to be made available and this might be accomplished through aid for the expansion of existing social work training programmes, including schools of social work and training institutions carried out under the auspices of government social service agencies or councils of social agencies....

107. The report of WHO (E/ICEF/378 and Corr.1) supported the findings of the report of the Bureau of Social Affairs, calling attention to some of the health, nutrition, and mental health aspects of care in residential institutions....

110. The Board approved in principle the extension in UNICEF policy, as recommended by the Executive Director (E/ICEF/R.678), so that requests could be accepted along the lines set forth in the report. Various points emphasized in the report were also approved as a guide in deciding which of the proposed projects should receive first claim to UNICEF aid; these were: priority on training for all levels of workers; services which reach the more vulnerable age-groups, namely infants and young children; the improvement and extension of day-care and other preventive services which might enable children to live with their own families; the improvement of existing residential institutions and caution in encouraging the creation of new ones; and encouragement of planning and co-ordinating bodies on which governmental and private agencies are represented.

111. The division of responsibility envisaged between the various international agencies in providing a combination of technical and material aid to countries in planning, developing standards, and training for institutions and services is set forth schematically below. The Board approved in principle the provision by UNICEF of the types of aid shown in column (2):

⁹ A number of non-governmental organizations made statements on this general subject, some of them indicating a willingness to develop a form of co-operative activity....

AID FOR PLANNING AND ESTABLISHING STANDARDS

(To be developed at the national level with the help of UNICEF and the expert advice of the United Nations Bureau of Social Affairs and interested specialized agencies.)

<i>United Nations Bureau of Social Affairs</i> (1)	<i>UNICEF</i> (1)	<i>Specialised agencies</i> (3)
(a) Technical advice.	(a) Honoraria for national staff engaged on full-time basis for a period of time in planning surveys and establishing standards and organization.	(a) Technical advice in field of interest.
(b) Fellowships for observation abroad for key national personnel.	(b) Fellowships for attendance at regional seminars (when not available from other sources).	(b) Co-operation with Bureau of Social Affairs in organization of regional seminars.
(c) Organization of regional seminars for key national personnel; fellowships for attendance at regional seminars.	(c) Loan of transport for staff engaged in planning and establishing standards and organization.	

AID FOR TRAINING

<i>United Nations Bureau of Social Affairs</i> (1)	<i>UNICEF</i> (2)	<i>Specialised agencies</i> (3)
(a) Technical advice in planning, organizing and conducting basic courses, short-term refresher courses, seminars, and in-service training schemes.	(a) Stipends for within-country training.	(a) Co-operation with Bureau of Social Affairs in (a), (b), (c), (d).
(b) Organization of regional seminars for trainees.	(b) Sharing costs of national teaching personnel for limited periods of time.	
(c) Technical advice in training content, and use and production of training materials.	(c) Financial support for regional seminars for key training personnel.	
(d) Provision of international teaching for limited periods of time.	(d) Provision of teaching materials, educational aids and books.	
(e) Fellowships for observation and study abroad for key personnel who will act as administrators, supervisors, and organizers of training schemes.	(e) Transport for field practice of students and training supervisors.	

112. In addition to the UNICEF aid shown in column (2) of the above chart, the Board also approved in principle the provision by UNICEF of imported equipment and supplies for health services, recreation and play, and handicrafts and pre-vocational training. These would be provided in institutions and services which serve demonstration and teaching purposes, or in

which there is assurance that they will be used as part of a general plan for the upgrading of staff and improvement of the quality of services. The supplies and equipment for health services would be given only where there is adequate medical supervision, which ordinarily would mean a close link with a neighbouring health centre. The provision of equipment and supplies for

recreation and play and for handicrafts and pre-vocational training presupposes a knowledge (either existing or acquired through training) on the part of the staff on how to use them effectively. It is expected that much of the recreation and play material can be made locally; however, for prototype and demonstration and teaching purposes some of the equipment and supplies would need to be provided by UNICEF, including in some cases equipment for local production of these materials. A number of supplementary feeding programmes for which UNICEF provides powdered skim milk and vitamins reach residential institutions and day-care centres; the Executive Board requested the Executive Director to examine the possibilities of extending this in each country where a supplementary feeding programme was currently aided by UNICEF.

113. The importance of making possible the care of children—especially infants and younger children—in a family setting rather than in a residential institution was emphasized in the report of the Bureau of Social Affairs, which referred to action taken in some places to develop small experimental projects for this purpose. The Executive Board approved UNICEF aid for such projects, including the sharing of personnel costs, where the experience from them would seem to be useful for broader application.

114. It was agreed that no project would be submitted to the UNICEF Board for approval unless it had the technical approval of the Bureau of Social Affairs. The specialized agencies would participate in the planning and implementation of the projects from the point of view of their own interests, and would be signatories to the plans of operation of a project when providing staff, equipment or funds for a project.

115. It was likewise agreed that UNICEF could not entertain requests in this field unless appropriate technical advisory services were forthcoming in the development of the project requests. The Bureau of Social Affairs stated its willingness to undertake the responsibilities involved. However, in planning its staffing requirements for 1959, the Bureau had not taken this requirement into account and was therefore not in a position to finance the costs of an adviser and provide travel funds, which are estimated at a total of about \$15,000 for the remainder of 1959. As a consequence, in order to proceed with the development of projects, the Board authorized the Executive Director to reimburse the United Nations Bureau of Social Affairs for the costs of a technical adviser in this field and required travel funds for the balance of 1959. The Secretary-General would include in his regular budget estimates for 1960 consultant funds to continue this service for five to six months in 1960. It is not clear at present whether a special technical adviser will be required beyond that period, or whether by that time requests could be handled by the Bureau with its regular staff.

In any case, the Bureau would undertake to provide the technical advice and travel funds which might be required beyond the initial period for projects in this field. Where the implementation on projects would call for international technical experts, these would either be provided by the Bureau and the specialized agencies from their own regular staff, or, if this were not possible, the Governments would need to place the provision of such experts sufficiently high in priority in their technical assistance requests to assure their availability.

116. The Board was informed by the Executive Director that it appeared possible that from four to six project proposals might be developed during the latter half of 1959 and 1960, which might involve allocations up to about \$135,000. If the experience is favourable, it is expected that a similar number of projects and a similar total allocation might be made in 1961.

Environmental sanitation

September 1953, E/ICEF/243

38. The Executive Board approved in principle UNICEF aid for environmental sanitation in accordance with the principles and criteria set down by the UNICEF/WHO Joint Committee on Health Policy (E/ICEF/228, paragraphs 20-22).

39. The Board at a previous session had expressed considerable interest in the possibilities of UNICEF aid for environmental sanitation related to child welfare but had decided that final decision should await recommendations by the Joint Committee on Health Policy (E/ICEF/212, paragraphs 643-646).

40. The Joint Committee on Health Policy pointed out that environmental sanitation is basic to all maternal and child health work and has a direct bearing on the morbidity and mortality of children, particularly with regard to parasitical infestations, intestinal infections, and trachoma. The Joint Committee on Health Policy pointed out that environmental sanitation might be associated with a programme for maternal and child health work, either (a) as an independent environmental sanitation programme; or (b) as an integral part of a maternal and child health undertaking (E/ICEF/228, paragraph 21(5)). The Board agreed that in the examination of requests for aid with environmental sanitation programmes, the Administration should determine in the first instance whether or not they could be related to existing UNICEF-aided maternal and child welfare programmes; if this were not possible, the requests should be considered on their own merits.

Handicapped children and prematures

September 1957, E/ICEF/353/Rev.1

62. Certain considerations in connexion with some of the maternal and child welfare programmes approved by the Board at the present session emerged in the Programme Committee discussion and are summarized in the Report of the Programme Committee (E/ICEF/L.1149, paras. 8-17). One of these considerations, of a general nature, related to UNICEF aid for specialized MCW programmes, such as those for handicapped children and premature infants. In countries with high infant mortality rates, it was pointed out, specialized programmes of this type were relatively less urgent. Moreover, as they involved relatively high *per caput* costs, it seemed desirable that requests for aid in these fields should be brought forward with caution; such programmes should be to help training of specialized staff for national programmes rather than for purely service activities.

September 1958, E/ICEF/374

31. Two of the programmes approved at the session are for the care of premature babies..... The Board reaffirmed its policy that requests for aid in this field should be brought forward with caution and should be primarily for help in the training of specialized staff. It recognized that programmes can vary considerably, those aiming at saving premature babies of relatively low weight requiring more highly specialized organization and costlier care than programmes designed to save premature babies with a relatively high birth weight. The Board requested WHO to develop criteria, which might be reviewed by the UNICEF/WHO Joint Committee on Health Policy, or what constitutes a good programme in this field, and guide-lines to determine under what conditions a country is ready for a premature-care programme involving highly technical elements.

SCHOOL SERVICES

School health and nutrition

September 1953, E/ICEF/243

25. Considerable interest was also expressed in the Board on the study being initiated by the Executive Director on the development of simple methods of expanding UNICEF aid through schools for other-than-educational services to children. The possibility of simple aid in the fields of school feeding, school gardens, school water supply and latrines, and personal hygiene and health education will be examined as ways of using schools as an institutional channel for reaching the 6-12 year age-group. Consultations were under way with interested specialized agencies and the United Nations Department of Social Affairs. This would be further reported on at the first Board session in 1954.

March 1954, E/ICEF/260/Rev.1

34. The Executive Board had before it a report by the Executive Director on "Expanding UNICEF Aid to Primary School Services" (E/ICEF/249). This report pointed to the possibility of combining into an integrated programme centring around rural schools activities in: feeding and vegetable gardens; health, nutrition education, and personal hygiene; environmental sanitation; and orientation of teachers and others as auxiliaries for school services work. Combining several types of aid now provided by UNICEF, a more comprehensive approach such as here envisaged will, it is hoped, increase the effectiveness of each type of aid, and by marshalling community cooperation around the school, encourage better standards of child and community health.

35. The Executive Board welcomed this new approach and noted that the United Nations Department of Social Affairs and the specialized agencies were cooperating in its development. There was a general recognition that not all the problems which are likely to emerge can yet be clearly foreseen. The Board therefore endorsed the view of the Executive Director that before large programmes are undertaken in any country, useful experience should first be gained on a relatively modest scale. Aid would be given to countries where a sense of community action and other favourable conditions already existed on which to develop this approach....

Certain aspects of primary educationSeptember 1958, E/ICEF/374

71. The Board approved a proposal by the representative of Pakistan that the Executive Director study the possibilities of UNICEF aid for primary education and present a preliminary report on it to the Board at its session in March 1959. Such a study would be carried on in consultation with UNESCO.

72. The Board would then be in a position, on the basis of the report and any proposals which the Executive Director might wish to make, to decide whether, and in what form and scope, UNICEF might encourage primary education.

March 1959, E/ICEF/380

95. In response to the request of the Executive Board at its September 1958 session the Executive Director presented a report, prepared in consultation with UNESCO, on possibilities of UNICEF assistance to primary education in the under-developed countries (E/ICEF/R.632). The report of the Executive Director briefly reviewed the main arguments which had been advanced against and in favour of UNICEF aid for primary education, the general problem of lack of primary schooling, the efforts made by Governments, the activities of UNESCO, and the practical possibilities of UNICEF aid.

96. The Executive Director concluded that UNICEF, acting jointly with UNESCO, could help Governments develop and carry out a plan of action in that field which would have highly beneficial results in preparing a child to make fuller use of his potentialities for improving his standard of living (see paras. 26-27 above). The Executive Director recommended that UNICEF aid in that field, which would be primarily for the training of teachers, should be extended progressively and with caution, and that requests should be received in 1959 up to a maximum of \$250,000 and in 1960 up to a maximum of \$500,000. If experience proved to be favorable, larger sums might be included in the forecast of requests for allocations in future years. The aid could be given within the framework of projects in community development and nutrition assisted by UNICEF; or as part of projects already being assisted by UNESCO (for example, the major project in Latin America); or it could be embodied in new projects.

97. The aid proposed to be given by UNICEF would be mainly in the form of training stipends and the provision of teaching aids for teacher training schools; equipment for demonstration and other primary schools under the influence of the teacher training schools; equipment and supplies for the production of audio-visual and other teaching aids; and the expansion of present forms of UNICEF aid for school health, nutrition, home economics, and environmental sanitation programmes, including, in addition, the provision of equipment and supplies for training in manual arts. Special attention would be given to the education of young girls and to projects for rural areas.

98. In a statement to the Executive Board the Director-General of UNESCO welcomed the scheme put forward, in which the aid of UNESCO and UNICEF would be complementary, and pledged the co-operation of UNESCO if the UNICEF Board approved the Executive Director's recommendations (E/ICEF/SR.219). The Director-General pointed out that, as set forth in the Executive Director's report, the pattern of relationship envisaged between UNICEF and UNESCO would be similar to that in effect between UNICEF and other specialized agencies. The aid given by UNESCO would be in the form of technical guidance and, in some cases, technical assistance, while UNICEF would provide the supplies, equipment, and material aid in training.

99. The Board engaged in an extensive debate on the subject, elaborating many of the views both for and against the proposals which were summarized in the paper before the Board (E/ICEF/R.632, paras. 4-6). There was general agreement on the importance of the education of children but a difference of opinion as to whether aid for primary education would be appropriate for UNICEF at the present time.

100. A number of representatives were in favour of the recommendations. Some believed it essential that UNICEF be ready to help the intellectual as well as the physical growth of the children and stressed the extent to which social progress, including progress towards better health and nutrition, was inhibited by ignorance and illiteracy. Some emphasized the importance of allowing Governments latitude to choose among different types of aid related to the basic needs of children, in accordance with the particular requirements of the country concerned.

101. A number of other representatives were opposed at the present stage to UNICEF aid for primary education, or had reservations about it. Their main concern was that the limited resources of UNICEF were needed for the large tasks ahead in the field of child health and nutrition, and they feared the effects of too great a dispersal of UNICEF activities. There was also uncertainty about the amount of any additional contribution UNICEF might be asked to make to malaria eradication

projects it was assisting. Some pointed to the enormous cost of extending primary education, to which UNICEF could contribute only on a minute scale. Others thought that the problem of teacher training could best be left to Governments, with the help of UNESCO and outside sources other than UNICEF.

102. There was general agreement that first priority on UNICEF resources should, as suggested by the Executive Director, be for the completion of country projects in which UNICEF was already engaged. Some representatives took the view that even if large resources were not available for primary education, more limited aid for the strategic element of teacher training would have long-range value. Because UNICEF was supported by voluntary contributions, some representatives were of the opinion that, in the long run, aid for primary education would lessen the appeal of UNICEF to some Governments for financial support; other representatives, on the contrary, believed that it would increase support.

103. Despite the differing views on UNICEF aid for primary schooling in academic subjects there was general agreement that UNICEF aid could be usefully given to improve primary education through teacher training in subjects related to the fields in which UNICEF was already giving assistance, such as health and nutrition education, home economics, management of school lunchrooms and school feeding programmes, and use of school gardens, and that special emphasis might be given to the education of girls in practical subjects such as child care, home economics and food preservation.

104. A Working Group was established to reconcile the various views expressed. The Board adopted the following statement, as formulated by the Working Group:

"*Considering* that age-old needs of children arising from hunger, disease and ignorance are interrelated and that each evil is part cause and part effect of the others, the Executive Board welcomes the report of the Executive Director (E/ICEF/R.632); believes that UNICEF should concern itself with certain aspects of the struggle against ignorance; and thanks the Director-General of UNESCO for his advice and assistance to the Board in its consideration of this question.

"*In view of* the limited resources at the disposal of UNICEF, the Executive Board:

"1. *Considers* that the activity of UNICEF in the realm of primary education should be confined at this stage to improving the standard of training of primary school teachers of both sexes in order to strengthen UNICEF's work, in connexion with its traditional fields of interest, such as health, nutrition, hygiene, home economics, etc.; and to the extension of UNICEF's existing assistance to primary schools in such fields in the light of developing needs.

"2. *Decides* that the Executive Director should be authorized to consider, in consultation with the competent specialized agencies, requests from Governments for assistance on the above lines; and be asked to submit a limited number of trial projects for consideration at a future session of the Executive Board, with full details, including initial and continuing costs.

"3. *Recommends* that these trial projects should, so far as possible, be within the framework of already existing programmes such as those aided by UNESCO, FAO, WHO, or UNICEF itself."

NUTRITION*

Supplementary feeding

Final Report of the First Executive Board, December 1946-December 1950, E/ICEF/150

5. The first substantial aid granted by the Fund was for skim milk, whole milk (for infants), fats, fish-liver oils, and some meat products, for children in thirteen war-devastated countries in Europe. This began in December 1947 and reached a peak of nearly 7 million beneficiaries (excluding those receiving cod liver oil only) during the spring of 1950 in Europe, Asia, Latin America and the Middle East. Subsequently the numbers of beneficiaries began to decline owing to the ending of mass feeding projects in Europe....

..... During 1949 and 1950, assistance was started in Asia and Latin America for a number of smaller-scale feeding projects, mostly demonstrations but including refugee camps in India and Pakistan....

* No section on milk conservation is included, since the Executive Board at its September 1959 session is considering a "Review and Evaluation of the FAO/UNICEF-Assisted Milk Conservation Programme" (E/ICEF/384) which summarizes policy and major trends.

March 1954, E/ICEF/260/Rev.1

18. In Latin America, new long-range feeding programmes were started in nine countries, based upon the use of low-cost milk, and aid was continued for two others. A progress report by the Executive Director on the use of low-cost milk* approved for Latin America in September 1953 by the Board (E/ICEF/L.555/Add.1) indicates that the continuity of programmes based upon low-cost milk appears assured in most countries where it has been provided and that the imported milk has had beneficial effects in stimulating milk conservation and maternal and child welfare programmes.

19. In Asia, a review by the Executive Director of experience with long-range feeding programmes (E/ICEF/L.555/Corr.1) shows that at present most countries cannot hope to develop child feeding programmes on a national scale and that efforts must be limited to small local projects.

20. Attention was drawn to the magnitude of the problem existing in Asia because of the basic inadequacy of food. This makes the need for nutrition programmes all the greater. The limitations of national budgets mean that insistence on the eventual assumption of all supplementary child feeding responsibilities by the government would involve commitments far beyond their resources. This would be the case, though to a lesser degree, even where the government was engaged in large scale and systematic plans for increasing food production.

22. In 1953, UNICEF allocated approximately 100 million pounds of skim milk powder which represents approximately one-quarter of the surplus production in the United States in that year. The Executive Director informed the Board of the expectation, that low cost milk would be available for purchase from the United States through at least 1956 barring the development of a severe drought. He pointed out that milk produced in 1956 could be used through the middle of 1958. This gives the possibility of establishing programmes of four years duration. It makes it appropriate for UNICEF to re-examine the possibilities of the use of skim milk where there are prospects of starting long-term projects by this means, or of securing other long-term advantages.

* This was a reference to surplus skim milk powder which was obtained at that time from the U.S. Government at nominal prices. Beginning in 1954 the U.S. Government, and beginning in 1958 the Canadian Government, made surplus skim milk powder available to UNICEF free of cost at the port of exit.

September 1955, E/ICEF/306

31. The current UNICEF policy on the provision of skim milk for child-feeding programmes has evolved against a background of the availability of powdered skim milk from United States surplus stocks at nominal cost or free at the port of exit. (At present the milk available is free, and for UNICEF involves only ocean freight costs, averaging less than 2 cents per pound.)

32. In 1954, it became probable that surplus milk powder would be available to UNICEF so as to give the possibility of establishing programmes of at least four years' duration, which in many places seemed adequate to arouse community interest, establish local organizational and financial arrangements, and generally to serve as both a stimulus and a nucleus for more permanent solutions to child nutrition problems. Moreover, the Board was aware of the fact that the use of surplus milk through UNICEF-aided programmes was one of the more desirable methods of distribution, since it did not replace local production or interfere with international trade.

34. School feeding programmes for which skim milk is provided by UNICEF are showing children and their parents the value of proper nutrition and are stimulating community interest and the development of organizational and financial arrangements for better child nutrition. Through maternal and child welfare centres it is possible to reach pregnant and nursing mothers, as well as children in the crucial post-weaning and pre-school ages. In addition to treating individual cases of malnutrition, the centres have the merit of being able, through their distribution programmes, to provide practical instruction in infant-feeding practices, and general nutritional information.

April 1957, E/ICEF/344/Rev.1

63. The importance of using . . . feeding programmes as a means for nutrition education received considerable emphasis at the current Board session. School feeding programmes when rightly conducted can be a valuable means of showing proper nutrition to children and their parents and of stimulating community interest in better nutrition. This is particularly true when the feeding is related to practical instruction (to mothers as well as children) on ways of improving nutrition with locally available foods.

64. The Board believed that school feeding programmes are most likely to prove effective when they are based upon preliminary studies of the country's nutrition problems; in which the competent educational, health, and agricultural authorities of the country participate; and which include parent and community activity in execution. Experts from FAO could help Governments conduct surveys, plan the organization of feeding programmes, select the most economical and nutritionally needed local foods to be used in the feeding programmes, establish the content of nutrition education, and train personnel.

65.
It was evident that an orientation in this direction could open up important possibilities in the future, although to exploit this approach more fully would require more help from both FAO and UNICEF.

66. The attention of the Board was likewise directed to the importance of improving the nutrition of pregnant and nursing mothers and of children during the crucial post-weaning and pre-school ages. Such an improvement would be even more valuable, from a health point of view, than improvement of the nutrition of the school-age child. The opportunities offered through maternal and child welfare centres to improve this situation were great, although it was clear that, with a few exceptions, relatively little had thus far been done in taking advantage of these opportunities.

March 1955, E/ICEF/294

Vitamin enrichment of dried skim milk

90. In many under-developed countries, the intake of vitamin A is low and vitamin A deficiency is common. The enrichment of skim milk with vitamin A would therefore be sound from a nutritional point of view. The enrichment, however, of ordinary imported skim milk presents certain problems. These problems were discussed at the Joint FAO/WHO Expert Committee on Nutrition at Geneva in October-November 1954 and the conclusions of the Committee were called to the attention of the Board (E/ICEF/281, paras. 52-57).

91. As soon as tests develop an acceptable method, the Executive Director will bring to the attention of Governments receiving UNICEF aid for milk-drying plants information about vitamin A enrichment. The Executive Director will also pursue the possibilities of enriching imported skim milk powder in the reliquefaction process when it is done on a sufficiently large and controlled scale to make this practicable and safe.

September 1958, E/ICEF/374

61. Interest in the possibility of fortifying skim milk powder with vitamins A and D had been expressed from time to time at Board sessions. In many under-developed countries the deficiency of these vitamins constitute an important child nutrition problem. The Board was informed that progress was being made in the search for effective and economical processing techniques. The objective is ultimately to provide enriched milk powder for feeding programmes in all countries requesting it; at the outset, however, priority would be given to those countries in which the need was greatest.

High-protein foods (other than milk)

March 1955, E/ICEF/294

85. The Board was informed of various proposals for further development of vegetable proteins in a form suitable for assimilation by young children, and expressed the hope that they would be systematically investigated in the appropriate regions of the world. One of the problems in connexion with foods which require industrial processing is to produce them cheaply enough to be widely used in countries where most of the population is rural and produces the bulk of its food with its own hands. However, large amounts of nutritious food for children are contained in presently non-fully-utilized by-products of the edible oil industry. Practical methods for making these protein-rich foods suitable for child feeding and at low cost are under careful investigation, for example, a flour made from the "presscake" remaining after commercial oil is extracted from groundnuts, cottonseed, sesame or sunflower seed. These refined high-protein products could then be incorporated in local foods. . . .

September 1955, E/ICEF/306

30. The urgent need of an expanded effort on the part of the co-operating specialized agencies and UNICEF to develop further resources of non-milk high-protein food supplements for children, was emphasized in the Board discussion. Although the potentialities for milk-conservation projects in under-developed countries have proved to be considerably greater than was originally assumed, there are nevertheless many areas in which there appears to be little prospect of the development of a dairy industry large enough to supply national requirements.

36. the Board viewed with considerable interest the findings of the Princeton nutrition conference and the efforts currently being made by UNICEF and co-operating specialized agencies to develop a united and expanded effort to find high-protein food supplements which are economical, locally available, and acceptable. . . .

39. Where soya beans are readily available, the development of soya bean products is recognized as one of the best possibilities for developing high-protein foods. In Central and South America, Africa, the Eastern Mediterranean area and India, there are good prospects for developing protein foods of good quality for human consumption from other plant sources. The press-cake materials left from the production of edible oils offer a promising source of protein if they can be converted into human food, since they constitute a large reservoir of protein. They are at present used as animal feed or fertilizer and are relatively cheap. The press-cakes of cotton-seed, ground-nuts and soya beans are of greatest current interest.

40. Whenever new foods are developed for widespread use, there are many technical problems which must be overcome, and a series of tests must be made in order to furnish safeguards against health hazards and unnecessary delays and economic waste. The chemical composition of the foods after varying methods of processing has to be determined; biological tests must be made with animals to establish the nutritional value of the food and its freedom from unsuspected toxic materials; the tolerance of the human body to the foods must be established under strict medical supervision; and, through field tests, their acceptability to the population of a given region must be determined. Since the crucial period of protein deficiency is generally in the post-weaning and pre-school stage of child development, special attention must be given to the problem of the child's adaptation to the family diet.

March 1956, E/ICEF/316

91. At the present session, the Executive Board approved a supplemental allocation to Indonesia (which produces practically no cows' milk) for a plant that will produce a dried "vegetable-milk" powder (based upon soy protein) for very young children. This product will be somewhat comparable in composition to cows' dried whole milk (E/ICEF/L.904). In September 1955, the

UNICEF Board approved an allocation to Chile for a plant to produce fish flour which can be incorporated into commonly used dishes and breads in school lunches to enhance their nutritive value and counter protein deficiency. It is expected that this plant will serve as a pilot project for the development of similar plants in other countries that have large fish resources.

92. In addition to these products there has been considerable interest on the part of Governments and the three United Nations agencies in finding practical methods for making use of certain by-products of the edible oil industry, which are now used largely for animal feeding and fertilizer. The development of flour from

the presscakes remaining after commercial oil extraction of cotton-seed, ground-nuts, and sesame offers considerable promise.

93. Various types of testing are required, however, to ensure that the new products will have no toxic or harmful effects on infants and young children. Testing is also required to establish the biological value of the nutritive elements in the new products. The WHO Advisory Group on Nutrition (see para. 72) met on 19 and 20 March with representatives of FAO and UNICEF to consider the policies that must be followed in the evaluation and testing of the proposed new food products and to establish rigid safeguards against toxicity and other harmful effects before any product is released for consumption by children.

94. In order to make these tests, pilot batches of new food products are required in some quantity. At the present session, the Board approved an allocation of \$100,000 (E/ICEF/L.894) to purchase such pilot batches and, where necessary, to provide supplementary equipment for laboratories which will produce these testing materials. It is hoped that private foundations will provide some of the funds required for carrying out the various chemical, animal, human, and other tests necessary, including tests to be performed in the areas of the world where the proposed food products would be consumed.

April 1957, E/ICEF/344/Rev.1

78. UNICEF has sought to encourage the use of both imported and indigenous milk to the maximum extent possible. However, it has become clear that sources of protein-rich foods in addition to milk are necessary and UNICEF, FAO, and WHO are jointly seeking to help Governments develop these sources. There are many countries where milk cannot be produced, or where there is little hope of producing enough. Inadequacies in transport and storage facilities, not to mention economics, further limit the range of practical usefulness of milk in many areas of great need.

79. The criteria accepted by FAO, WHO, and UNICEF in selecting additional resources of high-protein foods are as follows:

(a) They must be already available locally or be capable of local production,

(b) They must be within the economic means of the particular population group to produce or to buy,

(c) They must be easily transportable and have a long storage life without refrigeration under conditions of heat and humidity,

(d) They must be completely free of any toxic or other deleterious influence,

(e) They must have characteristics of taste, odour or physical properties which would make them acceptable food products,

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(f) They must have nutritional values such that they would be expected to be effective protein supplements, and

(g) They must be products not already being used maximally as human food.

80. On the basis of these criteria, five foods have been selected for study. These are : fish flour, soybean products, peanut flour, sesame flour, and cottonseed flour. Many others may be added to this list ; however, they have been eliminated for the time being either because their nutritional properties are not well known, because the amount of the raw material is too small on a world basis, or because a satisfactory and economical process is not yet available.

81. It is clear that a considerable amount of research and development is necessary to evaluate fully the usefulness of these high protein foods as supplements to various types of human diets. The grant of \$250,000 from the Rockefeller Foundation in April 1956 has made it possible to start the necessary research, using the \$100,000 allocated by UNICEF to procure the food products needed. With these resources a co-ordinated plan of research and testing is being developed by FAO, WHO and UNICEF.

September 1957, E/ICEF/353/Rev.1

69. Except for fish flour, the high-protein foods being studied are of vegetable origin. Important findings have already emerged from the research done so far. There had been some question whether the protein quality of these vegetable products was high enough to meet the exacting requirements of children suffering from protein malnutrition, or of rapidly growing infants. Convincing evidence has been produced that mixtures of these vegetable proteins can be made which have a sufficiently high nutritional quality to cure fully-developed protein malnutrition. This provides an assurance that the FAO/WHO/UNICEF high-protein food programme is on a sound footing in attempting to develop these vegetable proteins for the prevention of protein malnutrition. This encouraging development brings the practical application of the programme one step nearer.

90. two important aspects of UNICEF aid for better child nutrition, in co-operation with FAO and WHO, are the promotion of the wider distribution of milk through supplementary child feeding programmes and milk conservation, and the finding of other suitable manufactured sources of protein.

91. At the present Board session a third aspect was introduced, namely that of teaching the rural family to make the best use of available and possible local food resources, taking into account the social and cultural customs of the people. This involves education in the field of nutrition both for producers and consumers for the 80 per cent of the population in under-developed countries which has no money purchasing power and grows its own food. A number of channels (community development, agricultural extension, home economics, schools, health and social centres) can be used to reach people in the villages for this task.

92. The Board looked forward at its September session to considering a more detailed outline of needs, and a plan for possible courses of action in this field now being formulated jointly by the secretariats of FAO, WHO and UNICEF.

September 1957, E/ICEF/353/Rev.1

70. At its session in April 1957, the Executive Board devoted considerable attention to the "great need for additional practical action to improve child nutrition". It looked forward to considering at the September 1957 session a "plan for possible courses of action" (E/ICEF/344, paras. 60, 92). At the present Board session the Executive Board, upon the recommendation of the Executive Director (E/ICEF/L.1123) approved in principle certain new types of UNICEF aid to help Governments improve maternal and child nutrition. The recommendations were formulated after extensive consultations with the secretariats of FAO, WHO, and, at several stages, with the United Nations Bureau of Social Affairs.

71. The measures themselves are not new, and FAO and WHO have long been giving technical assistance in their application. An extension of UNICEF material aid in this field would help countries to apply such measures to rural areas now being reached by community development, rural health services, schools, or extension services. No claim is made that this aid will cover all the types of international assistance required for raising levels of maternal and child nutrition.

72. The aid is designed to help Governments in programmes designed to be effective at the village level and to stimulate local self-help activities. It is a complement to other UNICEF aid in milk distribution, food conservation, and in finding other suitable manufactured sources of protein. Its objective is to encourage Governments to develop long-range, broad-scale programmes which will at the same time be simple and practical, consistent with local needs and possibilities, and in harmony with the Governments' over-all plans for long-range development.

73. UNICEF aid will be given to the following related national measures to improve maternal and child nutrition:

(a) *Nutrition surveys* to establish the facts on which practical programmes must be based. UNICEF will provide laboratory equipment, supplies, and transport (E/ICEF/L.1123, paras. 23-24);

(b) *Training* of appropriate national personnel at various levels to carry out nutritional programmes. UNICEF aid will be supplementary to that available through FAO and WHO and will be granted in relation to national or district nutrition programmes to be aided by UNICEF. The aid will include stipends for students and, if necessary, national instructors; teaching aids; demonstration materials and materials needed for their local production; local language textbooks; and transport where essential for field training (E/ICEF/L.1123, paras. 25-28);

(c) A broadened support to *nutritional education* at the village level with particular emphasis on the education of mothers and children, through simple, practical recommendations directed at the nutritional practices most in need of change. This would include education about the foods required for health, suitable methods of producing and storing certain foods (on a home subsistence scale), and methods of cooking and processing traditional and new foods of greatest value and promise for improving diets. Among the channels to be used would be mothers' classes or parent groups associated with health centres; schools and parent-teacher associations; community development; adult education; and agricultural extension and home economics. UNICEF could provide teaching aids such as flannelgraphs and film projectors; assistance for the preparation of local teaching materials such as filmstrips, local language texts; equipment and supplies for use in gardening demonstrations and cooking demonstrations; and transport;

(d) Practical *nutritional activities* in the villages giving some help to people to put into practice what they are learning from nutrition education. These projects would be directed to helping the main nutritional problems of the districts, along one or more of the following lines:

(i) Assistance to home, school, community or co-operative *gardens* during an initial period, in order to increase the production of vegetables in relation to specific nutritional deficiencies, e.g., legumes in areas where they are the most practical vegetable source of protein, or selected vegetables and fruits as sources of needed vitamins and minerals. UNICEF could provide garden tools, seed, fertilizers, insecticides and pumps for raising water (E/ICEF/L.1123, para. 35);

(ii) Assistance with *fish culture* in areas where protein deficiency is an important problem, and fish culture a significant contribution to remedying it. UNICEF could provide essential imported supplies (sluice gates, pipes, tools, etc.) for fish pond construction programmes (E/ICEF/L.1123, para. 36);

(iii) Assistance with nutritional activities as part of community development by the extension of *small animal or poultry raising* on a household scale and assistance with village kitchens and *home food storage and preservation demonstrations*. UNICEF could provide items such as chicken incubators for village or co-operative use and equipment for village kitchens or bakers (E/ICEF/L.1123, para. 37);

(e) Limited *vitamin supplementation* directed against endemic deficiency diseases seriously affecting children and pregnant women and nursing mothers. Such aid would be regarded as a temporary measure to be applied until more permanent, long-range measures such as nutrition, education, improved food production, or better processing methods are effective. Staple foods would be enriched through vitamins such as thiamine, vitamin A, niacin, riboflavin or ascorbic acid, or these vitamins would be distributed directly through health centres. UNICEF aid would include, as appropriate, supplies of the vitamin during an initial period; equipment for pre-mix plants and mixing units; equipment for extraction or synthesis of a vitamin within the country (E/ICEF/L.1123, para. 38).

74. In order to ensure proper co-operation between UNICEF, FAO and WHO in this plan, the Board adopted the following principles:

(a) The speed with which UNICEF projects under any nutrition policy adopted by the Board can go forward must depend upon availability of technical advice and assistance from FAO and WHO, taking account of the technical resources of the Government concerned;

(b) As FAO, WHO and UNICEF, together or individually, are asked by Governments to support project proposals, there should be joint planning in the country between the United Nations agencies and the Government concerned;

(c) Plans, teaching materials and equipment should be approved by the appropriate technical agencies;

(d) The UNICEF administration should consider with the technical agencies involved how basic policy with respect to programmes in nutrition and how over-all long-term co-ordinated planning for improving nutrition of mothers and children can best be implemented. This might be accomplished by some form of FAO/WHO/UNICEF joint policy committee, or a sub-committee of the UNICEF/WHO Joint Committee on Health Policy, or by some other mechanism mutually acceptable to the three agencies involved.

75. In approving the proposal, the Board recognized the importance of a point made by FAO, namely, that it would be profitable to embark on activities at the village level only when extension services or community development programmes have been sufficiently developed to provide a mechanism for educational work in the villages and communities and for continuing and further expanding the activities started with the initial UNICEF assistance (E/ICEF/L.1123/Add.1)..

77. In a statement before the Executive Board supporting the extension of UNICEF aid in these fields, the representative of FAO pointed out that the Director-General was fully aware of the implications which this increased work in the nutrition field would have for his limited staff and resources, and would endeavour to see that FAO was equipped to meet the increased responsibilities. To that end the Director-General was placing certain proposals before the FAO Conference in November 1957. The extension of UNICEF aid was also welcomed by the representatives of the United Nations Bureau of Social Affairs, WHO and UNESCO, who pledged the co-operation of their agencies. The latter pointed out that UNESCO's work in fundamental and primary education offers a natural channel for nutrition education. Specifically UNESCO could furnish expert assistance in the production and testing of reading and audio-visual materials dealing with nutrition.

March 1959, E/ICEF/380

79. The Joint Committee's report called attention to the importance of country surveys to ascertain the magnitude and nature of nutrition problems, to assign priorities to action programmes, and to serve as a basis for planning and implementing these programmes (E/ICEF/R.622, paras. 22-38). The UNICEF Board had previously approved support to nutrition surveys in the form of equipment and transport, and stipends for the local training of national personnel in survey techniques (E/ICEF/353/Rev.1, para. 73). The Joint Committee called attention to the fact that sometimes national personnel could not be used in survey work because of financial or other reasons. The Committee believed that honoraria would be of value in solving this difficulty since they would enable qualified national personnel to give a limited period of full-time work to the collection and analysis of information and the conduct of surveys.

80. The Executive Board approved in principle the provision by UNICEF of honoraria for this purpose. Because of reservations on the part of some delegations on the provision of honoraria by UNICEF on the ground that payment of local staff should be a responsibility of the Government involved, the approval was on the understanding that the honoraria would not be made available as a general rule but only in special cases upon the request of Governments and would, in each instance, require the approval of the Board as part of UNICEF assistance to the survey.

81. The Joint Committee's report also called attention to the fact that there were few institutions of higher learning which provided training in nutrition specifically related to the problems existing in under-developed

countries. The Committee considered that this difficulty might be overcome by strengthening certain training facilities already in existence. Although such centres would be administered on a national basis, they would be expected to receive students from neighbouring countries. The Executive Board approved the recommendation of the Committee that this question should be studied by FAO and UNICEF with the co-operation of WHO. The study would be considered by the FAO/UNICEF Joint Policy Committee, whose recommendations on it would then come before the Executive Board.

Endemic goitre

October 1956, E/ICEF/330

99. The JCHP at its session in Geneva in May 1956, after discussing the problem of goitre agreed "that if countries put forward properly planned projects to prevent endemic goitre, assistance should be given by UNICEF" (E/ICEF/319, para. 15). The Executive Board agreed in principle to consider aid for projects to control endemic goitre along the lines set forth in a recommendation on this subject by the Executive Director (E/ICEF/L.962).

100. Endemic goitre is a food deficiency disease occurring in many regions of the world, in some of which it constitutes an important public health problem. It is most common in mountainous and highland areas where soils are deficient in iodine. The most important factor in causation of goitre is physiological iodine deficiency. Goitre is likely to have serious effects on the physical and mental development of children and, in the case of pregnant women, the mother's goitre may affect the child.

101. The most effective and economical method of prevention is to enrich salt with iodine. This method has not until recently been feasible for most endemic goitre areas of underdeveloped countries which use coarse salt, since the enriched product has been found to be unstable. Recent research, encouraged by WHO, has now shown that coarse salt can be enriched without loss of stability if iodine is added in the form of potassium or sodium iodate.

102. UNICEF aid would include blending machinery for enriching the salt, and in some cases an initial supply of iodate and other materials. As "matching", the countries would provide for the labour and materials required, and undertake the necessary administrative arrangements to ensure that substantially all the salt going into the goitre prevalent areas is enriched. The capital expenditures of such a programme are very low—about six-tenths of a cent (US) per beneficiary; the recurrent costs would be about four-tenths of a cent (US) per beneficiary per year.

103. The Board was impressed by the fact that endemic goitre, which causes much suffering and economic loss, can largely be eliminated by relatively small expenditures. It hoped that the impetus of UNICEF aid, in collaboration with WHO and FAO, would provide a valuable example to Governments uncertain on how to proceed in solving the problem.

(5) To recommend methods by which programmes assisted by FAO and UNICEF may be more effectively co-ordinated with the United Nations technical assistance programmes within the country, particularly at the planning stage;

(6) To review the manner in which FAO and UNICEF divide their efforts in carrying out joint projects, and call attention to any instances where either agency duplicates, or is apt to duplicate, the functions of the other;

(7) To receive and review, primarily from the viewpoint of co-ordination, progress and evaluation reports on the different types of jointly assisted programmes;

(8) To consider any other matters of joint interest to FAO and UNICEF;

(9) To submit to the FAO Council and to the UNICEF Executive Board recommendations or conclusions in relation to (1) to (8) above (E/ICEF/R.622, para. 8).

Terms of reference - FAO/UNICEF
Joint Policy Committee

March 1959, E/ICEF/380

DISEASE CONTROL

78. The report of the first session of the FAO/UNICEF Joint Policy Committee (E/ICEF/R.622 and Corr.1) was noted by the Executive Board. The terms of reference proposed by the Committee in its report were approved by the Board as follows:

(1) To recommend general principles to be followed by FAO and UNICEF within their respective spheres of competence in jointly assisting Governments to improve the nutrition of mothers and children;

(2) To recommend to the UNICEF Executive Board the types of country programmes of interest to FAO to receive UNICEF support;

(3) To recommend to the FAO Council and through it to the Conference the participation required from FAO in joint undertakings, drawing attention to budgetary implications;

(4) To recommend and review from time to time the measures needed to plan and co-ordinate the assistance provided jointly to Governments by FAO and UNICEF, taking into account problems that arise from different procedures for programming as well as from the different timing of the sessions of the governing bodies, and also the interests and activities of other international agencies, especially WHO, UNESCO and the United Nations Bureau of Social Affairs in their respective spheres of responsibility;

General

May 1951, E/ICEF/178/Rev.1

22. The Fund's assistance will be so given that it will contribute to the development of...

(c) *Mass health campaigns*

These campaigns would aim to fight diseases affecting children, such as tuberculosis, malaria, venereal disease, trachoma and yaws, and would include projects such as the provision of antibiotics, insecticides, etc., as well as the provision of equipment for their production.

The success of such campaigns depends on the selection of a well-defined objective; the adoption of sound medical and health principles adequately publicized; the institution of an administration devoted to its task; the institution of proper co-ordination between national and international administrations and the correct training of teams.

Malaria

March 1955, E/ICEF/294

Increased UNICEF aid for malaria eradication

41. The question of increased UNICEF aid for malaria eradication was placed before the Executive Board,...

42. Following recent experience in several countries, Governments of Member States of the World Health Organization have become concerned about the potential danger of development of resistance to DDT by malaria-bearing mosquitoes. Conferences in Asia and the Americas reflecting the collective opinion of responsible public health administrators and malariologists have urged Governments to eradicate malaria so that the spraying campaigns can be safely terminated before resistance occurs. Another important factor leading to the new emphasis on malaria eradication (rather than malaria control) is the economic burden of recurrent expenditures for residual spraying under control programmes. Considerable difficulties have been encountered by public health administrations in securing funds for the continuation of a programme, year after year, when the disease is no longer a major cause of sickness. With the possibility of limiting large expenditures to a few years under eradication programmes (leaving only the need for maintenance programmes at a considerably lower level of expenditure), the development of nationwide campaigns would be encouraged.

43. After several years of achieved malaria control, residual spraying can be safely discontinued if proper safeguards have been set and the whole campaign has been planned toward the objective of eradicating malaria. An indication of what is involved in this new approach is contained in the following excerpt from an official statement on the subject by the Chief of the WHO Malaria Section (*WHO Bulletin*, Vol. 11, No. 4-5, 1954, pp. 515-516):

“First, within the area to be controlled, every locality where transmission is possible should be under control. It has been customary in many countries not

to spray villages with very low spleen-rates or those that were too remote from the highways. This procedure would jeopardize the possibility of discontinuing the campaign, because it would leave sources of infection within the controlled area.

“Secondly, the assessment of results should be so organized as to make it possible to ascertain if and where a total interruption of malaria transmission has been achieved. It is felt that the usual malariometric survey methods are not sufficiently sensitive for this purpose. As a matter of fact, it might be said that such methods lose much of their utility both where transmission is extremely intense and where it is at vanishing point. In the latter case, infant parasite-rates may have reached zero, though some transmission is still occurring. Therefore, it seems necessary that the localities should be visited regularly and that all subjects having fever or having had fever during the intervals between visits should have their blood examined. This active search for cases, such as is being carried out in Greece, seems necessary; but it should be started at least one year before interruption of the spraying campaign is envisaged, in order to be as sure as possible that such interruption will be applied only where appropriate.

“Thirdly, malaria control should be implemented with the greatest technical, thoroughness, all at one time and in as large an area as possible, preferably bordered by areas where, naturally or as a result of control, there is also no transmission.

“Fourthly, appropriate safeguards, such as those indicated in the fifth report of the Expert Committee on Malaria, should be introduced to ensure rapid detection of any case of malaria and prompt elimination of possible transmission.”

The statement concludes by pointing out (p. 518):

“It is realized that this new pattern of planning, which must be conceived of in terms of huge areas, of total coverage, of great thoroughness of control, and of a minimum of years, will be difficult and that its implementation will require more funds, more trained personnel, greater efficiency of operations, and better systems of epidemiological surveillance than are necessary now. Further, it may require inter-country coordination of programmes. These difficulties would be compensated for, however, not only by better and quicker results, but also by the hope that after a few years of intense efforts, malaria control would no longer represent an important item in the yearly budget of the health administration. Should this new and bold planning not be adopted, the penalty might vary. In the more favourable cases, house-spraying would remain effective, but would have to be continued year after year; in the unfortunate cases, insecticide resistance would develop, increase, become polyvalent, and the whole programme might ultimately end in failure.”

44. Estimates by WHO show that approximately 309 million persons in reporting countries have yet to be protected against malaria. Of this number, the UNICEF Administration estimates that about 135 million are in countries that may request UNICEF aid. During the period 1955-1959, aid may be sought from UNICEF for some 49 million of these, although not more than 40 million would be covered in any one year.

45. The cost of international aid for anti-malaria campaigns has been between 10 cents to 20 cents per person protected per year, with an average of about 12 cents. On the basis of these estimates, the cost to UNICEF of aid for malaria eradication would be about \$5 million per year.

46. The Executive Board was impressed with the evidence of the economic importance of the campaigns as called to its attention by the Director of the Pan American Sanitary Bureau, Regional Office for the Americas (E/ICEF/282, paras. 7-10):

"... In its malignant form, malaria is highly fatal, particularly among the young, and is still one of the world's great killers of children. Although other diseases may decimate, only malaria depopulates. In the past, malaria has caused large areas to be abandoned to the jungle, and the development of enormous fertile tracts has been prevented. Survivors of severe malaria, and of repeated mild infections, may suffer the life-long debilitating effects of chronic infection. Malarious populations tend to live on a bare subsistence basis, contributing nothing to the common good. Even where the incidence of infection is relatively low, there is a surprising inhibition of both mental and physical effort."

"Malaria is a serious burden on the economy of every malarious country. It has been well said that, where malaria fails to kill, it enslaves. It is an economic disease. No infected area may hope to meet the economic competition of non-malarious regions. In agriculture and industry, labour is inefficient and the output is often reduced by one-third to one-half and even more. ... As a primary basis of economic development, malaria must be suppressed."

47. the Executive Board endorsed the general proposition that UNICEF provide increased aid to enable Governments to intensify their control programmes in order to achieve malaria eradication. It requested the Executive Director to continue to prepare requests on the same UNICEF principles as in the past but at the increased tempo which Governments may desire. The Board would continue to receive requests on the same basis from all parts of the world.

48. The Board believes that through this means a very important opportunity is offered UNICEF for a fundamental contribution to the welfare of children. The Board expressed its appreciation for the planning reflected in this new approach which, in the long-run view, will be more effective and economical.

49. In order to meet the unusual need for allocations in this field, project allocations would be made annually for one-year periods (instead of for two or three years, as had been the case in the past). At the same time,

however, the Board would give approval in principle for its participation in a country programme over a period of years.

50. The Board is conscious that, once full-scale eradication programmes have begun with its aid, UNICEF will bear a heavy moral responsibility for ensuring that aid is continued until success is achieved.

Technical aspects

51. It is apparent that successful eradication requires planning involving large areas, total coverage, and great thoroughness of control with all that this implies in terms of such elements as the willingness of Governments to participate as fully as possible (including Governments of countries in which the incidence may not be regarded as serious); prior surveys of the malaria situation; the availability of trained personnel; the development of efficient and economical organization; the assurance of low per caput cost; the formation of better systems of epidemiological surveillance; the degree of inter-country co-ordination of programmes required, etc.

52. It is the practice of the UNICEF Board not to embark upon large-scale commitments of a long-range nature without a full understanding of how the UNICEF investment would produce desired results both on an over-all basis and in specific country application.

53. The Board was grateful for the technical assurances bearing upon these points which were given by the representatives of WHO at the Board and Programme Committee meetings, including assurances that required technical personnel would be available in the Americas, and that only a short period of training would be needed for the bulk of local personnel....

54. Nevertheless, in view of the seriousness of the obligations proposed to be undertaken by UNICEF, the Board wished to have greater assurances than could be given at the current Board session that UNICEF would be taking the proper steps in the proper way, and that these steps were in accordance with an over-all plan for co-operation among countries, as well as effective plans at country operating levels.

55. As a consequence, the Board proposed that a special meeting of the UNICEF-WHO Joint Committee on Health Policy be convened for the purpose of clarifying for UNICEF the relevant technical and policy aspects of malaria eradication programmes and, in particular, indicating to UNICEF the areas in which such programmes might usefully be undertaken in the near future.

56. It was generally recognized that the problem called for urgent action. Therefore, the Board proposed that the special meeting of the JCHP be convened in the near future so that its report would be available to the Board for its September session and could in the meanwhile, serve as a guide to the UNICEF Administration in bringing forward requests to the September session.

*Effect on UNICEF aid for other types of programmes
and to geographic regions*

57. The Administration pointed out that during 1954, \$17 million gross was allocated by UNICEF, including \$2 million for malaria work. If it should become necessary to allocate \$5 million for malaria, this could be done without disturbing past patterns if sufficient contributions were obtained to carry allocations to the Board's target level of \$20 million. It was the earnest hope of the Board that Governments would increase their contributions to UNICEF so that the \$20 million level would be achieved...

59. As far as possible, adjustments would be made on other health programmes, thus maintaining the overall proportion of aid to long-term nutrition programmes (including the development of new protein sources).

60. The Board recognized that the proposed commitment of \$5 million annually for malaria control would, at best, result in a hold-the-line operation for other types of activities and constitute a departure for UNICEF in its trend of expansion and increasing impact along a variety of lines, some of which hold promise of new and fruitful approaches. Moreover, should the international phase of aid for malaria eradication programmes take longer than anticipated, the disproportion both as between types of programmes and areas would continue.

61. the Board decided that such disproportion as may result between regions should be regarded as temporary and not as establishing a precedent; and that the Board would, at a later stage in its development of annual target programmes of allocations, give increased attention to the needs of regions to which UNICEF aid had been less as a result of the eradication programmes. In this connexion, the Board recognizes that target programmes are not regarded as inflexible, but rather as a guide, subject to changes by the Board on the basis of new information and experience.

September 1955, E/ICEF/306

20. The Executive Board's approval, at its March session, of substantially increased UNICEF aid for malaria eradication had been made contingent upon the clarification by the UNICEF/WHO Joint Committee on Health Policy (JCHP) of certain technical and policy aspects of malaria-eradication campaigns. The JCHP met at United Nations Headquarters on 6 May 1955, and its report (E/ICEF/297) was approved by the Board at the September 1955 session.

21. The main recommendations are as follows: UNICEF, in giving aid to new anti-malaria projects, should give first priority to eradication programmes. Support of control campaigns now in operation could be continued for a period during which efforts would be made to transform them into eradication campaigns. In Africa south of the Sahara, where the technique of interrupting transmission has not yet been completely worked out, control campaigns should be supported with a view to establishing the technique. This would involve an extension of the area of control campaigns now in operation.

22. In submitting requests for aid in eradication campaigns, countries should be prepared to establish an adequate national malaria service for whatever period may be necessary; introduce the necessary legislation; and pledge local financial support to complete the eradication programme.

23. In planning nation-wide malaria eradication, it is usually necessary to visualize four years of residual spraying followed by at least three years of special surveillance. A national malaria service with full authority and technical responsibility must be maintained through the periods of spraying and surveillance. Since, under average conditions, progress will be slower in some areas than in others, the special organization for nation-wide malaria eradication should probably be planned for a period of ten years.

24. New legislation will be needed in countries where existing legislation is related to the older methods. For eradication, the national malaria service needs authority to enter houses for survey or to carry out anti-malarial measures. Malaria must be a notifiable disease in areas where the objective is eradication.

25. The UNICEF Board's decision to give approval in principle for an entire eradication programme carries with it the assumption of a moral obligation to continue UNICEF assistance during the period of spraying. Allocations will normally be made for shorter periods, usually for one year's provision of insecticide plus a reserve stock for a further four months as a precaution against unforeseen delays in delivery.

26. The Board's assumption of responsibility for continuing assistance throughout an entire eradication programme must be matched by the Government's pledge of financial support for the duration of the programme. The Government's pledge does not call for funds to be appropriated in advance for the total programme. The pledge does, however, entail a firm commitment to provide the necessary personnel and finances to spray specified areas beginning in specified years, and to repeat the operation until spraying can be discontinued and replaced by a system of surveillance. The plan of operations confirming these commitments is to be regarded as an international obligation.

March 1956, E/ICEF/316

(vii) *Recapitulation of malaria requirements*

127. The total required for malaria during the period 1957-1960 is estimated at an annual average level of approximately \$10 million....

128. At the time the Executive Board decided to give high priority to malaria eradication programmes it had been estimated that the annual cost to UNICEF would be \$5 million (E/ICEF/294, para. 45). The forecast for the amount required in 1956 is \$7 million. The underestimation was due to two factors:

(a) In the Americas, in addition to coverage of the previously unprotected population, there are considerable costs, originally underestimated, for more thorough coverage in existing control areas. The requirements for the Americas were estimated at \$3 million annually. They are now foreseen approximately as: 1956, \$3 million; 1957, \$5 million; 1958, \$4.4 million; 1959, \$4 million; and 1960, \$1.7 million.

(b) In the Eastern Mediterranean, the area of the second regional eradication approach, programmes are beginning in 1956 and 1957, earlier than originally thought possible. This coincides with the peak effort in the Americas instead of following it, as had been expected.

129. The countries undertaking eradication in the Americas and the Eastern Mediterranean should have substantially completed the stage of over-all spraying by 1960, and the need for UNICEF aid should then be considerably reduced. Requirements for malaria eradication after 1960 would depend on when eradication was undertaken in new regions and, in particular, when the technical problems of eradication were solved in Africa south of the Sahara....

136. It was agreed that the Fund should not allow requirements for programmes it was encouraging to increase to the point where the Fund would be obliged to cut back its aid to those programmes, or appeal to Governments for additional support to prevent cut-backs. The Board believed that commitments for malaria eradication ought not to go beyond \$10 million a year. It requested the Executive Director to examine malaria aid proposals with due regard to the need for maximum economy. It also requested the Executive Director to exercise caution in submitting other new projects beyond those already foreseen which would involve large continuing requirements. It was generally agreed that allocations of \$10 million a year for malaria eradication and control would be more acceptable, from the standpoint of the desirable balances described above, if total resources were in the neighbourhood of \$25 million a year rather than \$20 million.

April 1957, E/ICEF/344/Rev.1

42. In tropical Africa, the techniques of interrupting transmission of malaria and thus achieving eradication of the disease have yet to be worked out. UNICEF aid for control programmes in Africa, which is currently about \$1 million a year, has been given mainly with the object of working out these techniques. However, in most places, the usual methods of house-spraying with residual insecticides have not resulted in a fall of malarimetric indices as expected. There are a number of technical problems still unsolved, which are believed to contribute in varying degrees to the relative failure of the method of house-spraying in Africa to date. These technical problems relate to the adsorptive reaction of wall materials with insecticides; the outdoor resting and biting habits of certain vector mosquitoes; the living habits of the population; and the resistance to one or other class of insecticide in some strains of vector mosquitoes.

43. WHO recommends a renewed effort to complete knowledge of these factors by thorough experimental work in field trials of different methods to find out how malaria transmission can be interrupted in local conditions. These recommendations by WHO are being discussed with Governments administering the UNICEF-aided anti-malaria campaigns in Africa, South of the Sahara. Among the new recommendations is that any mass campaign against malaria should be preceded by testing in a pilot zone to select the method to be used in each campaign area. In some cases the tests will include the use of anti-malarial drugs.

44. WHO has further recommended that no extension of existing programmes should receive international support in advance of satisfactory conclusions resulting from the work of the related pilot zone. In the light of this modified approach to the malaria problem in Africa, South of the Sahara, it is anticipated that UNICEF will be asked for more support for the work of the pilot zones and that there may be some temporary decrease in the extent of mass campaigns.

45. The Executive Director confirmed at the Board session that the allocation ceiling for malaria of \$10 million a year would continue to be maintained during 1957-60. The forecasts of allocations for malaria which had been noted at the October 1956 session of the Executive Board (E/ICEF/330, paras. 15 and 21) would not be exceeded.

..... UNICEF was only one of the sources from which countries drew external aid for anti-malaria work, apart from the technical aid of WHO. Bilateral aid was several times greater than that of UNICEF. The channelling of requests had generally been arranged in accordance with the financial resources and mandates of each agency. For example, bilateral aid was given to a number of countries in Asia with large populations where effective campaigns would be beyond the possibility of UNICEF assistance.

September 1957, E/ICEF/353/Rev.1

94. In 1955 UNICEF allocated approximately \$4 million for anti-malaria work. In 1956 this rose to \$6 million and in 1957 to \$8 million.^a For the years 1958, 1959, and 1960 the allocation forecast is about \$7.5 million annually. In 1957 it is estimated that some 56 million persons will be protected in UNICEF-aided anti-malaria programmes. Because of the great needs still to be met in the field of malaria, the complexity of the problems involved, and the relatively large financial effort envisaged for UNICEF, the Board believed it important for the Executive Director to do everything possible to assure the closest possible co-ordination between all interested international and bilateral aid agencies working in this field.

March 1958, E/ICEF/368/Rev.1

49. The Board noted the important acceleration in malaria eradication work made possible as a result of the United States Government making available a sum of \$23.3 million for this purpose in 1957-58, doubling its previous annual contribution. Of these funds \$5 million has been given to WHO and \$2 million to the Pan-American Sanitary Bureau, the rest being used for bilateral aid. The increased funds available to WHO and PASB will considerably strengthen the investigation, training and advisory services they will offer. The total aid available for malaria work through international and bilateral channels is thus expected to be approximately \$33.9 million, as follows :

	<i>(In millions of US dollars)</i>
WHO Special Malaria Eradication Fund.....	5.0
WHO Regular and Technical Assistance.....	1.6
Pan American Sanitary Bureau (PASB).....	3.0
UNICEF.....	8.0
US bilateral aid.....	16.3
	33.9

50. Informal meetings are held twice a year for co-ordinated planning between WHO, PASB, the United States International Co-operation Administration, the United States Public Health Service and UNICEF, both at the Headquarters level and the regional level in the Americas. In a number of countries national co-ordinating committees have been established.

^a Includes \$110,000 available from an allocation previously made for DDT production.

51. Malaria eradication programmes have four phases: preparatory; attack; consolidation; and maintenance. The preparatory phase commonly lasts one year during which an initial survey, planning, and preliminary operations take place. The attack phase consists of total coverage spraying and surveillance, and this phase ends when cessation of malaria transmission and emptying of the parasite reservoir has been achieved; it often lasts four years. The consolidation phase ends after three years of active surveillance have shown the absence of any new indigenous cases; consolidation is often assumed to last three years after the end of total coverage spraying, but it may be more, or less. Maintenance lasts as long as malaria exists in the world, but it can be done by the regular health organization. The first three phases of the programme constitute the "campaign" for which a special organization is required, and on the above basis the campaign would last about eight years. Where the malarious area of a country is so large that it has to be divided into zones to be tackled successively, the campaign in that country will of course extend over more years. In countries being aided by UNICEF, assistance may be required for the preparatory phase, and is always required for the attack phase in the form of insecticides, sprayers and transport for spraying, and, in some cases, transport for the surveillance organization, which has to start operation during the attack phase. The continued operation of the surveillance organization during the consolidation phase is expected to require mainly expenses for personnel and for operating vehicles. Need for assistance of the type provided by UNICEF will be much reduced during this phase but some countries may request insecticides (for spraying residual foci) and anti-malarial drugs.

52. In a number of countries there have been initial delays in getting campaigns started due mainly to organizational and financial problems. There is also a tendency for costs to increase over original estimates due to such factors as more houses to be sprayed; the use of chemotherapy in certain cases in conjunction with spraying; and the need for a thorough evaluation organization in each campaign to bring to attention any area where transmission is not being interrupted.

53. These increased costs will affect the Governments and also the assisting agencies—UNICEF, PASB or the U.S. International Co-operation Administration. On the other hand, UNICEF has been able to make bulk purchases of insecticides at prices lower than originally estimated. It is expected that in order to fulfil commitments which UNICEF has assumed for malaria eradication programmes in the Americas, in the Eastern Mediterranean area (including aid for several countries not yet included in the regional approach), and in Asia (Afghanistan and Burma), and for control programmes in tropical Africa, UNICEF will exceed the forecast at the Executive Board in September 1957 of \$7.5 million a year for the period 1958 to 1960. Allocations will not, however, exceed the maximum of \$10 million a year set

by the Board. On the other hand, because of the later starting of some campaigns to which UNICEF aid is committed, assistance will extend beyond 1960—in some instances until 1963.

54. It was clear that the Board would need, at a later stage, to reappraise its role in the financing of malaria campaigns. In the meantime the Board noted that the Executive Director had informed WHO not to count in its planning for malaria work beyond 1960 on more than \$4 million to \$5 million annually from UNICEF. UNICEF could not now foresee its resources beyond 1960, or the demands upon them for other types of aid, sufficiently clearly to advise a higher planning target.

55. The WHO representative noted with some concern the intention of UNICEF to lower its contribution for malaria work after 1960. He called attention to resolution EB21.R45 of the WHO Executive Board, which expressed the hope that UNICEF would continue to give maximum assistance for malaria eradication in the future...

September 1958, E/ICEF/374

46. When the Executive Board decided to increase its expenditures for malaria programmes in order to facilitate a regional approach towards eradication in the Americas and in the northern countries of the Eastern Mediterranean, it had been expected that under favourable conditions total coverage spraying under a given programme could be discontinued after four years. In principle, UNICEF commitments for individual programmes and forecasts of future allocations were based upon this assumption.

47. It was clear at the Board's session in September 1958 that the eradication effort would take a longer time and the costs would be higher than originally expected; a major factor affecting costs was the possibility that four years of total coverage spraying might not suffice in many cases. The four-year period is predicated upon the achievement of interruption of transmission after the first year of over-all spraying, thus leaving a three-year period in which the interruption of transmission is maintained in order to allow the reservoir of parasites in the population to die out. In some programmes it has now been found that transmission has not been fully interrupted after the first year's spraying.

48. As a consequence the possibility arises that for some eradication programmes requests may come forward for UNICEF aid for total coverage spraying beyond the four-year period for which a UNICEF commitment was originally made...

53. A close and thorough study of the position will be required by the Board in September 1959 when it reviews the next forecast of allocations in the light of anticipated resources and the balance between aid for various types of programmes. The Executive Director assured the Board that in the course of the next year the matter would be closely studied by the UNICEF secretariat, together with the Governments concerned and WHO. A number of representatives expressed concern at the possible inflexibility which might be introduced into UNICEF programming by the prolongation of the total spraying phase of eradication campaigns, as well as other cost increases. The view was expressed that every effort should be made to increase financial contributions for eradication activities from alternative sources in order not to hamper the development of UNICEF activities in other fields.

March 1959, E/ICEF/380

40. The attention of the Board was directed to a number of factors leading to an increase in the cost of the campaigns over the amounts originally estimated. Included were the need to enlarge the areas being protected and to extend the period of the total coverage; the higher costs for the insecticides necessary in areas where vector resistance occurs; the use of chemotherapy; and the need for a thorough evaluation organization to be set up early in each campaign.

41. The UNICEF/WHO Joint Committee on Health Policy which reviewed malaria eradication activities at its last session (E/ICEF/R. 623, para. 9) expressed concern regarding the danger of reintroduction of malaria in areas where it had been eradicated, and the danger of dissemination of insecticide-resistant anopheles across frontiers.

42. The Director of the WHO Malaria Division pointed out that resistance had occurred in many countries and that WHO had intensified its study of new insecticides belonging to different chemical families. In the Board's discussion the need for serious and urgent study of the problem of resistance was emphasized. The Board was informed that WHO was developing a programme of laboratory research and for practical testing in the field, the results of which would be available to the UNICEF Board in due course.

43. He also called attention to the uses of chemotherapy which was filling the combined role of securing public collaboration for surveillance operations, of reducing infection, and of acting as a substitute for insecticides in the event of their failure for any special reason. Research was proceeding to discover drugs with longer action as was research on the use of medicated salt.

44. The Board noted that the JCHP report (E/ICEF/R.623, para. 8) expressed concern at the insufficient support given by some Governments to their eradication programmes. It pointed out that eradication was not merely a project of a ministry of health, and recommended that both WHO and UNICEF strive to convince Governments of the importance of giving eradication programmes unstinted support. This would include ensuring efficient co-operation between all government departments concerned; promoting suitable legislation and applying it; and giving the necessary autonomy, authority, and budget to the National Malaria Eradication Service. The JCHP was of the opinion that only if such measures were sanctioned and applied could the plan of operations of the malaria eradication programme be carried out successfully according to schedule. Where such measures were not carried out, spraying operations would be prolonged with increased expenditure for the Government and the assisting agencies and increased danger of insecticide resistance.

45. The need of adequate surveillance was emphasized by the JCHP as an integral and essential part of eradication programmes. Surveillance is mainly concerned with the search for residual or imported cases of malaria while spraying operations are in progress or after they have been discontinued, together with the measures to be taken after any such foci have been detected. The Committee stated that it would not be justifiable to give international assistance to programmes for which the national Government had not pledged all financial and administrative support to the surveillance operations until the end of the "consolidation" phase.

46. The attention of the Executive Board was directed to a resolution of the WHO Executive Board at its last session to the effect that UNICEF would find it possible... "to maintain, until global malaria eradication is achieved, the allocation for malaria eradication at, or above, the level reached in 1958" (EB 23.R.12). The Director-General of WHO in a general statement to the UNICEF Board referred to the fact that it was now considered that eradication in any given country would take longer than originally believed. Intensified field research carried on since 1955 held out real hope for the interruption of malaria transmission on the African continent, which until recently had been generally considered as outside the purview of the eradication programme. Thus, the broadened eradication work would call for a further commitment of both national and international resources (E/ICEF/SR.215).

Tuberculosis control including BCG vaccination

March 1955, E/ICEF/294

38. The Executive Board was also interested in further information concerning the possibilities of UNICEF aid for the treatment of tuberculosis with drugs. At the last session of the UNICEF/WHO Joint Committee on Health Policy held in April-May 1954, the Committee recommended that WHO and UNICEF should consider favourably a limited number of requests for pilot projects for protection of the child population against tuberculosis by treating their immediate infective contacts with drugs. Such projects would necessarily have to be in carefully selected areas, limited in size and conducted on strictly scientific lines (E/ICEF/263, para. 12). The Executive Board believes that it is desirable that the Joint Committee on Health Policy re-examine its criteria in the light of the further extensive experience in the last year with drug treatment of tuberculosis and proposed that this item be placed on the agenda of the next session of the JCHP.

September 1955, E/ICEF/306

44. In accordance with the recommendations of the UNICEF/WHO Joint Committee on Health Policy (E/ICEF/297, paras. 14 to 20), the Board approved, in principle, UNICEF aid for: (a) drugs for existing tuberculosis control centres; and (b) pilot projects for the development of simple preventive control measures in which home care, including drug treatment, forms an important part. In accordance with the Board's usual policy, each project will be considered on its merits and be subject to the normal provision of WHO technical approval.

45. At the JCHP session it was pointed out that a distinction must be drawn between the beneficial effect of drugs on individual patients and the control of tuberculosis in a community from a public health point of view. At the present time, because of the large number of unknown factors, it is not possible to predict whether or not the community load of tuberculosis infection would increase or decrease after applying drug treatment to all known cases of tuberculosis. The JCHP concluded, therefore, that it would be premature to embark upon programmes of mass ambulatory chemotherapy. The Committee noted that special studies are to be initiated which are to be planned, conducted, and evaluated along scientific lines and which it is hoped will give a better basis for consideration of the question of mass treatment at a later stage.

46. While support of mass treatment does not at present seem realistic, the JCHP noted the highly curative effect of drugs like isoniazid on pulmonary tuberculosis, and felt that simple preventive measures against the spread of the infection from the patient would be possible, and that adoption of those measures in any programme could be effective from a community point of view.

47. The centres for which drugs would be provided by UNICEF (see para. 44, item (a) above) would be those which direct prophylactic tuberculosis control work. The pilot projects (see para. 44, item (b), above) would have as their main purpose the development of simple methods for tuberculosis control in countries where the facilities for hospitalization are limited and where, therefore, the patients must remain in their homes. The problems requiring study are: the feasibility of home care with drug treatments, night isolation of the patient, and instruction in prophylactic measures to avoid the spread of infection. The type of personnel to be chosen for the supervision of the patient and the training to be given to such personnel should also be studied. The projects should be planned to last for a considerable period of time, not less than five years, and special attention should be given to the keeping of exact records.

September 1957, E/ICEF/353/Rev.1

79. UNICEF aid in tuberculosis control takes the form of aid for BCG vaccination campaigns and, to a limited extent, domiciliary treatment of tuberculosis, including chemotherapy. As stated below, the BCG vaccination programmes require modification in accordance with the advice of WHO to the UNICEF/WHO Joint Committee on Health Policy. The need is recognized for a reorientation of existing BCG campaigns; pre-planning surveys before starting new campaigns to define the area of operations; and periodic re-vaccinations in areas of high or medium prevalence of tuberculosis. The JCHP also recommended a broadening of UNICEF support for tuberculosis control projects in which more extended use of chemotherapy is proposed...

NEW EMPHASIS IN BCG ANTI-TUBERCULOSIS CAMPAIGNS

82. The UNICEF/WHO Joint Committee on Health Policy discussed the future planning of BCG projects on the basis of a paper by the WHO secretariat reviewing results of the campaigns in the light of present knowledge and some ten years' experience (JC10/UNICEF-WHO/4). The JCHP was of the opinion that, in view of the evidence of the protective value of BCG, UNICEF should continue to give support to mass BCG vaccination.

83. However, some changes to be instituted by WHO in technical procedures and campaign strategy will have practical consequences in the planning and organization of programmes receiving WHO and UNICEF aid. These changes relate to selection of persons eligible for

vaccination; selection of age groups for vaccination; selection of geographic areas for vaccination; and the need for periodic re-vaccinations.

84. More persons will be eligible for vaccination in the future since some who had previously been excluded on the basis of reactions to a tuberculin test, are deemed to be able to benefit from vaccination. An effort will also be made in future campaigns to reach a larger number of children in the age group one to seven.

85. In the selection of geographic areas for vaccination it has become clear that preliminary surveys should be made before undertaking a mass campaign in an area, since in areas with a stable population and low incidence of tuberculosis infection, priority for other public health problems needs to be considered before embarking on a mass vaccination campaign. Much attention is now being devoted by WHO to developing methods for the examination of persons in pre-planning surveys in order to arrive at reliable methods, which can be standardized, for estimating the degree of prevalence of tuberculosis in a population. WHO proposes in the pre-planning surveys to distinguish between three categories of prevalence with the following practical consequences:

(a) *High prevalence groups*: It will be necessary to plan not only for a mass vaccination campaign, but also for the most effective use of all other measures of tuberculosis control;

(b) *Medium prevalence groups*: Campaigns would be planned along the lines of present projects;

(c) *Low prevalence groups*: In general, no mass vaccination campaigns should be planned. Exceptions may be considered in certain areas, for example, those where rapid urbanization is taking place, or where there is considerable immigration from low prevalence into high prevalence groups.

While it would be relatively easy to adopt this approach in countries where no mass vaccination has yet been started, a change based on information derived from reliable surveys may be found necessary in countries where projects are already in progress.

86. Re-vaccinations on a mass basis are necessary for several reasons:

(a) the protection afforded by vaccination is believed to decrease measurably after three to five years;

(b) re-vaccinations can reach persons missed and children too young to have been included in the first round.

WHO proposes that in areas of high prevalence a mass vaccination campaign should be repeated periodically; where possible, this campaign should be fully integrated into a more extensive tuberculosis programme. In population groups with medium prevalence, a mass vaccination campaign should be repeated every five years. No mass re-vaccination campaigns are indicated in areas of low prevalence.

87. In the light of the above, it is thus apparent that a period of re-orientation is necessary, based upon surveys to ascertain the prevalence of tuberculosis. It is likely that the areas for which UNICEF aid will be required in the future will be more limited through the exclusion of areas of low prevalence. On the other hand, periodic mass re-vaccinations will be required in other places with a regularity not previously envisaged.

HOME TREATMENT OF TUBERCULOSIS

88. In accordance with the recommendations of the Joint Committee on Health Policy in 1955, the Board that year approved UNICEF aid in principle for:

(a) Drugs (isoniazid) for tuberculosis centres engaged in home treatment of tuberculosis and fulfilling certain technical criteria for proper diagnoses and regular treatment and follow-up; and

(b) Pilot projects for the study of simple preventive control measures, which could be developed on a large scale, and in which home care, including drug treatment, plays an important part.

89. Despite the beneficial effects of isoniazid on individual patients, there were a number of unknown factors which were important from the point of view of a public health approach, and the JCHP therefore was not in a position to recommend aid for programmes for use of drugs on a mass basis in the home treatment of tuberculosis (E/ICEF/306, paras. 44-47).

90. Since that time UNICEF has approved the provision of isoniazid for two pilot projects (Kenya and Tunisia), and for seven tuberculosis centres — Burma (2), India (3), Indonesia (1) and Pakistan (1). The two pilot projects are to be started shortly, and are expected in about two years to yield useful information on the organization and administration of a home treatment service.

91. The JCHP at its May 1957 session agreed that UNICEF should broaden its support of projects in which a somewhat more extended use of drugs is proposed (E/ICEF/345, para. 26). This may mean an increased number of tuberculosis centres receiving UNICEF aid, as well as a larger number of persons treated by each centre. However, the criteria adopted earlier for aid to centres would still be maintained, namely, a reliable diagnosis of cases, and adequate domiciliary supervision of patients to ensure that the treatment will be correctly applied and continued for a sufficient length of time. Thus, the Board, in adopting the JCHP recommendation for more extensive provision by UNICEF of isoniazid, is not at this stage changing the criteria under which the drugs are provided, or proposing their mass use.

March 1959, E/ICEF/380

50. In the report on its last session, the UNICEF/WHO Joint Committee on Health Policy re-emphasized the importance of prevalence surveys (E/ICEF/R.623, para. 10.2). The Board approved aid for tuberculosis prevalence surveys in two countries, Argentina and Jordan. The JCHP also recommended that UNICEF should assist national pilot area projects in which methods and organization were tried and adapted for later application in a national scheme, and which served as training-grounds for personnel for full-scale operations. The Board approved aid for a pilot project along these lines in Tunisia. Pending the gaining of more experience,

the Board reaffirmed that UNICEF should not assist campaigns involving mass application of domiciliary chemotherapy.

51. Two representatives questioned the wisdom of confining UNICEF aid to national pilot area projects⁶ and expressed the belief that in countries where tuberculosis was a principal health problem, nation-wide programmes were an immediate requirement. The representatives of WHO pointed out that developments in tuberculosis control had been very rapid in recent years and new methods had emerged involving problems to which answers had not yet been found; further research and experiments were needed before modern drugs could be applied for domiciliary treatment in countries where hospital facilities were very limited. The UNICEF secretariat pointed out that in addition to these technical considerations the financial implications of large-scale assistance would need to be considered by the Board.

52. The WHO Chief Medical Officer on tuberculosis, speaking on certain aspects of the present situation with regard to tuberculosis control, stated that WHO considered BCG vaccination and the use of anti-tuberculosis drugs to be of almost equal importance and, therefore, a tuberculosis control programme usually combined both measures. He pointed out that considerable experience had been gained in the use of anti-tuberculosis drugs for the treatment of tuberculosis. The effects, and the side-effects, of these drugs had been defined in clinical trials. However, knowledge of how to achieve the maximum effect in a public health programme for tuberculosis control was still incomplete, and research was still needed. A number of problems were under study in the pilot projects jointly assisted by UNICEF and WHO.

53. In addition, WHO was assisting other projects — the Chemotherapy Research Centre in Madras, India, and a project in Mauritius — from which valuable information and experience were expected. One of the problems under study in these projects was the effectiveness of domiciliary treatment compared with hospital treatment in which the same drugs were given. This problem was first studied in the Madras project and the results were encouraging. From the Madras project, also, information will be available about the relative effect of different drugs and drug combinations in patients treated in their own homes. This will help WHO to decide which drug it should recommend and in particular to determine to what extent the use of isoniazid alone was justified for domiciliary treatment.

⁶ A national pilot area project is limited to a well-defined, but not too large, part of a country and includes rural as well as one or more urban areas. Its location is determined by the results of a prevalence survey, and the incidence of tuberculosis in the area is higher than for the country as a whole.

54. The question to whom drugs should be given was not a simple one to answer. There were three different uses for anti-tuberculosis drugs which must be considered in public health programmes : (a) chemotherapy for the treatment of cases of tuberculosis ; (b) prophylactic chemotherapy for the treatment of suspect cases ; and (c) chemoprophylaxis, which involved the giving of drugs to persons without any signs or symptoms of tuberculosis.

55. Chemotherapy created the least problem since every case of tuberculosis should have treatment, although problems arose in the definition of tuberculosis cases. When a discharge of tubercule bacilli had been demonstrated there was usually no doubt.

56. Prophylactic drug treatment presented two problems, both of which were under study. The first was to ascertain whether it was possible on the basis of X-ray pathology to divide suspect cases into sub-groups with different probabilities of developing definite tuberculosis. This was important, since while prophylactic treatment could be justified for persons who had a considerable chance of developing tuberculosis, it was less so for persons whose chances might be as low as 1 in 100. The second problem was to ascertain whether it would be possible by prophylactic drug treatment to prevent the occurrence of cases of tuberculosis in groups with a high, or a relatively high, risk of developing tuberculosis.

57. In chemoprophylaxis the problems were essentially the same as in prophylactic chemotherapy, but they were even more difficult to assess because the groups being dealt with had a smaller risk of developing tuberculosis, and consequently the groups under study must be much larger.

58. In addition to these problems, which were medical in character, there were many problems of a more organizational or social nature. They were related to the general objective of developing simple, inexpensive, and practical—but nevertheless effective—measures for public health programmes. Included among those problems were the detection of cases to which drugs should be given ; the enlisting of community co-operation so that a reasonably high proportion of the persons eligible came for examination ; the organization and supervision of domiciliary treatment to include home visits and follow-up examinations, and to make sure that people took the drugs regularly for one year or more ; and the determining of the type of personnel needed for projects and the provision of appropriate training.

59. In the present situation there were two kinds of important practical assistance which WHO and UNICEF could jointly provide for countries : assistance to tuberculosis prevalence surveys for the planning of tuberculosis control programmes and aid for national pilot area projects with a view to adapting general control

methods to local conditions and for the training of personnel. Lack of trained personnel in all categories was the greatest obstacle in most countries to the initiation of tuberculosis control programmes. Therefore, the training of personnel must precede the initiation of a country-wide tuberculosis control programme.

Yaws

September 1953, E/ICEF/243

30. The special progress report on UNICEF/WHO-assisted anti-yaws campaigns (E/ICEF/233 and Corr.1) points out that with modern methods of control there is now no reason why millions of people throughout the world should be affected with this disease. Mass campaigns, moreover, pave the way for acceptance by the people of other health measures and for the long-range development of rural public health activities.

March 1955, E/ICEF/294

39. The Board noted with satisfaction that progress was being made in planning future anti-yaws work to include the treatment of contacts and latent cases so as to avoid the later appearance of new infectious cases.

October 1956, E/ICEF/330

66. In Africa, which is considered to have the greatest continental reservoir of yaws, aid has now been approved for campaigns in seven countries, and good results are apparent in the campaigns under way. In Asia, campaigns against yaws are under way in all countries where the disease is prevalent; eleven country programmes are being aided, involving a population of nearly 100 million persons, of whom 65 per cent are in Indonesia, 10 per cent in the Philippines and 10 per cent in Thailand. In the Americas, aid for yaws control has thus far been confined to countries in the Caribbean (usually combined with syphilis control). For the future the possibility is being explored of UNICEF aid to several countries in South America where yaws is prevalent.

April 1957, E/ICEF/344/Rev.1

52. The value of appraisals of the results of yaws campaigns at various stages of their development, and the planning of further campaign strategy on the basis of these appraisals, was called to the attention of the Board in the Evaluation Chapter of the Executive Director's General Progress Report (E/ICEF/336/Add.1, paras. 23-40) where the activities of WHO in this respect were cited. Special attention was directed to the yaws campaign in Indonesia, where from its origin the specialized programme was connected with polyclinics, and in the consolidation stage, presently under way, it is becoming an integrated part of their work.

September 1957, E/ICEF/353/Rev.1

95. Anti-yaws campaigns are currently being aided in twenty-six countries and are proceeding over wide areas of Africa and Asia. While in a specific area the campaign does not usually take more than two or three years until the consolidation stage is reached, there are nevertheless countries in which, owing to the large number of areas to be covered, the campaigns will take a number of years before their mass phases are concluded.

March 1959, E/ICEF/380

60. In 1959 approximately 6.4 million persons are expected to be treated for yaws in UNICEF-aided projects, involving examinations of some 39.7 million persons. The number of children and mothers to be treated is estimated at 3.2 million, involving the examination of 19.9 million.

61. The great reservoirs of the disease are in West Africa and South-East Asia. Nearly all the countries and territories with a high incidence have undertaken campaigns which will in due course cover the affected areas and reduce yaws to a minor public health problem. Of the 200 million persons exposed to the infection, approximately 68 million had, by the end of 1958, been examined in campaigns jointly aided by WHO and UNICEF, and treatment had been given to those needing it.

Trachoma and related eye diseases

October 1956, E/ICEF/330

74. The Board noted the JCHP's conclusion that the campaigns offered a very valuable protection against the development of blindness and other serious and disabling sequelae of trachoma and bacterial conjunctivitis (E/ICEF/319, para. 17). It noted also with interest that experience with various types of treatment schedules gave prospect for finding simpler and cheaper methods, thus opening up new possibilities of effective mass campaigns in large areas of the world in which no control programmes had as yet been developed.

March 1958, E/ICEF/368/Rev.1

60.... At the present time trials are being made of various methods of trachoma control with intermittent treatment with a view to finding cheaper and simpler methods adapted to the needs of individual countries. Experience has shown that techniques which are effective in one area need to be modified elsewhere in accordance with the local epidemiology of the disease. Extension of trachoma activity awaits evaluation of the present techniques....

March 1959, E/ICEF/380

62. About 400 million persons in the world are estimated to be suffering from trachoma and related eye diseases, with much blindness resulting. ...

.... Currently UNICEF is assisting 11 projects against trachoma and conjunctivitis (3 in Africa; 3 in Asia; 3 in the Eastern Mediterranean; and 2 in Europe). In 1959 these projects are expected to provide treatment for 2.2 million persons, including 1.8 million children. In 1958, UNICEF allocated about \$200,000 for trachoma and related eye diseases.

63. The Board was informed of progress in trachoma activities through the report of the last session of the Joint Committee on Health Policy (E/ICEF/R.623, para. 6), and through a statement by the WHO Director of the Division of Communicable Diseases (E/ICEF/SR.221). It was clear that from the experience of the past six years there was every justification for continuing and extending international assistance for the control of trachoma and other major communicable eye diseases.

Well-substantiated claims of isolation of the trachoma virus had been reported and this might lead to new approaches in trachoma control. One important general problem was the lack of epidemiologists with a knowledge of trachoma, and of ophthalmologists with a knowledge of epidemiology. A large training programme was essential on the national as well as on the international level.

64. The objectives of trachoma projects were to develop, through field studies and trials, control measures which would be effective, practicable on a large scale, and suited to the economic resources of the country concerned. Since in many countries trachoma was associated with conjunctivitis, a further objective was to control the widespread seasonal epidemics of conjunctivitis. The epidemiological aspects of the problem had been largely neglected. Trachoma was not highly contagious; it became endemic only when environmental factors favoured the transmission of infection. The identification and control of such factors were at least as important as the treatment of cases in a mass campaign.

65. As the epidemiological pattern differed from country to country, effective control was not possible unless an epidemiological study of trachoma and associated conjunctivitis was undertaken in the first instance. In the search for economical control methods, several methods of treatment had been tried. A short treatment period which was sufficient to eliminate the conjunctivitis also had proved effective in treating trachoma. This had led to trials of the "intermittent" treatment schedule (local application of aureomycin or terramycin, 1 per cent ointment twice daily on three consecutive days each month, for six months), which applied less than 4 grammes of ointment per case, as compared with the continuous treatment method (three times daily for sixty days), which applied 18 grammes per case. Results had proved to be good in Morocco, but in other countries it had appeared that, mainly owing to absenteeism from various causes on the part of those requiring treatment, the treatment had had to be given on five consecutive days instead of three. Intermittent treatment was now being used experimentally in other countries. In some countries where trachoma was not, or was to a lesser degree, associated with conjunctivitis, the results did not seem to be so good, but the critical trials had thus far not been sufficient to be conclusive, and the trials were being continued.

66. Through experience it had been learned that if the prevalence of trachoma was above a certain level it was preferable to treat whole population groups rather than to exclude those who were free from the disease. This critical level varied from 50-70 per cent, according to the local epidemiological pattern. Where the prevalence was below this level, treatment was carried out on a selective individual or family basis.

67. There were several types of treatment operations in current use:

(1) *School treatment programmes:*

Where trachoma was below the critical level, a systematic programme of case-finding, selective treatment and follow-up were pursued.

Where trachoma was above the critical level, routine collective treatment of all school children during each of their first two years at school, and follow-up were required.

(2) *Mass treatment of the population in areas of high trachoma prevalence:*

This was performed either by assembling the population at given places, or by systematic house-to-house visits. This scheme used the intermittent treatment. In one country (Morocco) where there was long experience of it, in the first year such mass treatment was applied by assembling the population at given places. During the second year, ointment was applied only once every month for five months, the patients being instructed to apply it themselves for the other days of treatment. In the third year, after one free distribution of ointment and instruction by the teams, the people purchased the ointment from village shops at a reduced price subsidized by the Government. This method of mass treatment reached the important pre-school age group.

Another example of mass treatment was seen in Taiwan, where in relation to larger school programmes "blanket treatment" of families was applied in communities with a particularly high trachoma prevalence and low level of living.

(3) *Mass case-finding and selective treatment of trachoma in areas where the prevalence of the disease was moderate or low.*

(4) *Contact tracing and self-treatment on a family basis:*

In areas where the incidence of trachoma was moderate or low, where affected families were scattered over wide areas and where resources in personnel, transport, etc. were limited.

68. The WHO review of trachoma activities which had been endorsed in the report of the JCHP pointed out that participation of international agencies in projects should be subject to the following conditions: the carrying-out of a preliminary survey with the help of a WHO expert; provision for a pilot phase; and the agreement of the Government to appropriate sufficient funds and provide personnel and other resources to continue the project after international aid ceased.

69. The JCHP made recommendations regarding epidemiological research, field surveys, further training of auxiliary personnel, the development of methods for reaching pre-school children and family contacts, and

more remote areas where schools do not exist. It also recognized the need for programmes of environmental sanitation and health education as parallel activities, and the importance of estimating *per caput* cost in the evaluation of control programmes (E/ICEF/R.623, para. 6.3 (b)).

of Oceania and Central and South America. While the Board recognized that adequate plans for the new methods of out-patient treatment will require time to develop in many areas, it expressed the desire that the development of such plans should be encouraged by the Administration and WHO.

Leprosy

March 1958, E/ICEF/368

September 1953, E/ICEF/243

41. The Executive Board approved in principle UNICEF aid for large-scale modern leprosy control measures. The nature of the aid to be provided would vary in each individual case along the lines laid down by the UNICEF-WHO Joint Committee on Health Policy (E/ICEF/228, paragraph 39). Although the UNICEF Board had approved aid for a leprosy control programme in Nigeria in March 1953, the action at the September Board session constitutes the first approval in principle for UNICEF aid for programmes of this type.

61. In Africa virtually all the countries and territories in the large area stretching from French West Africa around to French Equatorial Africa are now engaged in large-scale campaigns of case-finding and treatment, generally through a special service in the health department. Patients have generally recognized the efficacy of the new treatment made possible by sulphone drugs, and their outlook has been improved by removal of fear of life-long segregation. On the other hand, the difficulties of assuring regular treatment over the long period required, and the problems of education of communities which still look upon the disease with dread, create difficulties in some areas.

42. In tropical under-developed areas leprosy is among the important public health problems. The opinion is generally held that leprosy is more commonly acquired during infancy and childhood than in later life. The control of leprosy is a complex problem but modern leprosy control measures, primarily dealing with child protection, and including health education, early case finding and diagnosis, adequate sulphone therapy, organization of dispensaries and domiciliary care, and home isolation with institutional treatment and hospitalization for selected cases, are helping to eliminate great obstacles to leprosy control. The modern approach permits the patient to maintain a fairly normal life in his own community during treatment.

March 1959, E/ICEF/380

70. There are an estimated 10 million cases of leprosy in the world. . . .

UNICEF is currently assisting 25 projects against leprosy, with a goal in 1959 of treating about 800,000 persons (including 385,000 mothers and children). Of these, 18 projects—the largest ones—are in Africa, where an estimated 700,000 persons of all ages will be treated in 1959. . . .

March 1955, E/ICEF/294

37. the Board was considerably interested in encouraging new possibilities for UNICEF aid in leprosy control as set forth by the Executive Director (E/ICEF/281, paras. 19-27)

71. The problems of leprosy control and the general approach recommended were called to the attention of the Board in the report of the JCHP (E/ICEF/R.623, para. 7) and in a statement made to the Board by the WHO Chief Medical Officer on leprosy (E/ICEF/SR.221). The efficacy and lack of toxic effects of sulphone treatment have made practicable the mass ambulatory treatment of leprosy cases by auxiliary medical personnel, without the use of compulsory segregation.

. . . . The development of relatively cheap and effective means of ambulatory treatment of leprosy patients is an innovation of great importance, since it could replace the old ineffective system of segregation which tends to keep persons contracting leprosy away from contacts with medical authorities. The disease, which usually is contracted during childhood, has more than five million victims throughout the world, mainly in Asia, Africa, the islands

72. It was pointed out that the aims of the leprosy control campaigns are: (a) the finding and recording of all leprosy cases; (b) the regular treatment of all cases found, so as to reduce the reservoir of bacilli and prevent fresh infections; (c) the protection of healthy individuals exposed to infection by direct contact; and (d) the social reintegration of leprosy patients and the physiotherapeutic and surgical rehabilitation of cases with curable disabilities.

73. In leprosy control projects assisted by UNICEF and WHO, patients are being treated with sulphone tablets and repository sulphone injections. The search for media with longer repository effects may make it possible in the near future to use only one injection a month in mass campaigns. The efficacy of this treatment was demonstrated by the increasing number of arrested cases in all campaigns in progress during the last few years, and recently it was reported that in one country the prevalence of leprosy had been spectacularly reduced. The tolerance of this treatment, moreover, was very good.

74. In countries where there were inadequate data about the prevalence and distribution of leprosy, a preliminary survey was needed to provide information for the planning of any action required. In countries with higher prevalence, pilot projects needed to be started in which the medical and auxiliary personnel necessary for the expanded programme could also be trained. In countries in which mass campaigns were already in operation, it was necessary to select certain areas in order to assess, by periodic, careful surveys, the results of the campaign.

75. In certain countries the development of public health services and the leprosy campaign allowed the integration of the care of the registered leprosy patients into the rural health units, both for continuation of treatment and for surveillance of arrested cases.

76. Paralysis of the upper limbs due to leprosy was probably greater than that from all other causes put together, including poliomyelitis and nerve injuries, and a serious effort was needed to obtain the social, economic and physical rehabilitation of leprosy patients.

77. The WHO representative pointed out that the need to modify legislation in regard to leprosy was stressed at meetings on leprosy control held in 1958, namely the 7th International Congress on Leprology, and the WHO Interregional Conference on Leprosy at Tokyo. Many Governments were now proposing to modify their legislation so as to abolish compulsory and indiscriminate segregation. Special measures were needed to protect children in contact with leprosy parents. Repeated examinations (at least every six months) of all children of leprosy patients were required so that treatment of newly discovered cases could be begun at once. Careful studies to determine the value of BCG prevention and chemoprophylaxis of contact children were planned.

Bilharziasis

March 1959, E/ICEF/380

BILHARZIASIS CONTROL

117. On the basis of recommendations by the UNICEF/WHO Joint Committee on Health Policy (E/ICEF/R.623, para. 8), the Executive Board approved in principle UNICEF aid for certain types of pilot projects for the control of bilharziasis. The JCHP recognized the magnitude and difficulty of the problem from the viewpoint of public health and called attention to the fact that children were the principal victims of the disease. The disease is caused by a small parasitic worm living in the blood vessels of persons; these parasites use aquatic snails as intermediate hosts, and man acquires the infection by coming into contact with water infested by the snails. The JCHP emphasized the need for co-ordination of the activities of the public health, irrigation, public works, agricultural, fishery, education and other relevant authorities with a view to preventing the spread of the disease.

118. The WHO expert on bilharzia informed the Board that bilharziasis, which was widespread in Africa, the eastern Mediterranean, some countries of Latin America and the western Pacific, was now recognized to be second in importance only to malaria as a parasitic disease. Some 150 million persons throughout the world were suffering from it. The disease was spreading and its incidence increasing. The spread of the disease has been increased by the change of irrigation schemes from periodic to perennial and by the concentration of populations in newly irrigated regions as a result of migration. The disease was widespread among children, who were often responsible for its transmission, particularly in rural areas, where they played in the water. Bilharziasis, because of its damage to various organs of the human body, affected the physical and mental development of children and greatly diminished the strength and economic capacity of adults, making them an easy prey to other infections. Because of its debilitating effect, the disease was a deterrent to the development of new agricultural areas and to the economic development of countries. Experience had shown the value of combined control measures, such as molluscicide application, mass therapy, health education and environmental sanitation. Bilharziasis might be controlled successfully when local epidemiological factors were known and when available control measures were adapted to local conditions. The necessary information could be obtained through pilot projects.

BASIC RESOLUTIONS OF THE U.N. GENERAL
ASSEMBLY ON UNICEF

Resolution 57 (1) - December 1946

57 (1). Establishment of an International Children's Emergency Fund

I. The General Assembly,

Having considered the resolution adopted by the Economic and Social Council at its third session recommending the creation of an International Children's Emergency Fund to be utilized for the benefit of children and adolescents of countries which were the victims of aggression, and recognizing the desirability of establishing such a Fund in accordance with Article 55 of the Charter of the United Nations,

Decides, therefore:

1. There is hereby created an International Children's Emergency Fund to be utilized and administered, to the extent of its available resources:

(a) For the benefit of children and adolescents of countries which were victims of aggression and in order to assist in their rehabilitation;

(b) For the benefit of children and adolescents of countries at present receiving assistance from the United Nations Relief and Rehabilitation Administration;

(c) For child health purposes generally, giving high priority to the children of countries victims of aggression.

2. (a) The Fund shall consist of any assets made available by UNRRA or any voluntary contributions made available by Governments, voluntary agencies, individual or other sources. It shall be authorized to receive funds, contributions or other assistance from any of the foregoing sources; to make expenditures and to finance or arrange for the provision of supplies, material, services and technical assistance for the furtherance of the foregoing purposes; to facilitate and co-ordinate activities relating thereto; and, generally, to acquire, hold or transfer property, and to take any other legal action necessary or useful in the performance of its objects and purposes;

(b) The Fund, in agreement with the Governments concerned, shall take such measures as are deemed appropriate to ensure the proper utilization and distribution of supplies or other assistance which it provides. Supplies or other assistance shall be made available to Governments upon approval by the Fund of the plans of operation drawn up by the Governments concerned. Provision shall be made for:

(i) The submission to the Fund of such reports on the use of supplies and other assistance as the Fund may from time to time require;

(ii) Equitable and efficient dispensation or distribution of all supplies or other assistance, on the basis of need, without discrimination because of race, creed, nationality status or political belief;

(c) The Fund shall not engage in activity in any country except in consultation with, and with the consent of, the Government concerned;

(d) The Fund shall appeal to all voluntary relief agencies to continue and intensify their activities and shall take the necessary measures in order to co-operate with these agencies.

3. (a) The Fund shall be administered by an Executive Director under policies, including the determination of programmes and allocation of funds, established by an Executive Board in accordance with such principles as may be laid down by the Economic and Social Council and its Social Commission;

(b) The Secretary-General of the United Nations shall appoint the Executive Director, in consultation with the Executive Board;

(c) The Executive Board shall be composed of representatives of the following Governments:

Argentina, Australia, Brazil, Byelorussian Soviet Socialist Republic, Canada, China, Colombia, Czechoslovakia, Denmark, Ecuador, France, Greece, Iraq, Netherlands, New Zealand, Norway, Peru, Poland, Sweden, Ukrainian Soviet Socialist Republic, Union of South Africa, Union of Soviet Socialist Republics, United Kingdom, United States of America, Yugoslavia.

The Economic and Social Council, on the recommendation of the Executive Board, may designate other Governments as members of the Board. Membership may be changed by the General Assembly, on the recommendation of the Economic and Social Council, at any time after the first three years of the Fund's existence. The

Board may, as occasions arise, invite representatives of specialized agencies for consultation on matters within their competence;

(d) The Board may designate from among its members such committees as it deems advisable in the interest of effective administration.

The Board shall elect its own Chairman and its Vice-Chairmen, and shall meet whenever convened by the Chairman, or upon the request of any three of its members. The first meeting of the Board shall be convened by the Secretary-General of the United Nations, at the earliest date feasible after the adoption of this resolution. Each member of the Board shall have one vote. A majority of the Board shall constitute a quorum and it shall vote by a majority of the members present and voting. Subject to the foregoing, the Board may establish its own rules of procedure.

4. (a) Staff and facilities required for the administration of the Fund shall be provided to the Board by the Secretary-General. The Fund may also utilize such staff, equipment and records as may be made available by the United Nations Relief and Rehabilitation Administration during the period of its existence;

(b) The United Nations shall make no charge to the Fund on account of staff and facilities, so long as these can be provided from the established services of the Secretariat and within the limits of the United Nations budget. If additional funds are necessary, money for such purposes shall be provided by the Fund;

(c) To the maximum extent feasible, the utilization of the staff and technical assistance of specialized agencies, in particular the World Health Organization or its Interim Commission, shall be requested, with a view to reducing to a minimum the separate personnel requirements of the Fund.

5. The Secretary-General shall not pay from the funds received to finance the United Nations budget any claims arising from the operation of the Fund, but the Executive Board is authorized to pay from the Fund, claims arising from its operation.

6. The Secretary-General shall submit to the General Assembly an annual audit of the accounts of the Fund.

7. The Executive Board shall make periodic reports of its operations at such times and in such form as the Economic and Social Council shall provide.

8. A report shall be submitted to the fourth session of the Economic and Social Council containing a recommended programme and estimate of expenses incurred and to be incurred for the Fund for 1947 which shall be subject to the approval of the Council.

9. The activities of the Fund shall be reviewed by the General Assembly at its second session upon the basis of a special report from the Economic and Social Council.

II. The effective operation of the Fund is dependent upon the financial resources which are put at its disposal;

Therefore,

The General Assembly expresses the earnest hope that Governments, voluntary agencies and private individuals will give the Fund their generous support.

*Fifty-sixth plenary meeting,
11 December 1946.*

Resolution 417 (V) - December 1950

417 (V). Continuing needs of children: United Nations International Children's Emergency Fund

The General Assembly,

Having considered resolution 310 (XI) of the Economic and Social Council in the light of resolutions 57 (I) and 318 (IV) of the General Assembly,

Recognizing the necessity for continued action to relieve the sufferings of children, particularly in underdeveloped countries and countries that have been subjected to the devastation of war and to other calamities,

1. *Reaffirms* its approval of the policy of the Executive Board of the United Nations International Children's Emergency Fund to devote a greater share of the Fund's resources to the development of programmes outside Europe;

2. *Expresses* again its gratitude to governments and individuals for their generous contributions enabling the Fund to carry out its tasks;

3. *Renews* its appeal to governments and private persons to continue their contributions to the Fund, and to the various officials and private international organizations interested in child welfare to collaborate with the Fund in every possible way;

Resolution 802 (VIII) - October 1953

4. *Recommends* to Member States that they develop and improve their national child welfare services, providing, if possible, the necessary funds for that important purpose under their respective budgets;

5. *Requests* the Economic and Social Council, in consultation with the appropriate specialized agencies:

(a) To give greater emphasis to support of national programmes designed to aid children within the framework of existing United Nations activities for promoting the economic and social development of under-developed areas;

(b) To explore the means of procuring and financing supplies incidental to such programmes, especially those needed for demonstration purposes;

6. *Decides*:

(a) That the Executive Board of the Fund shall be reconstituted as from 1 January 1951 to consist of the governments of the States represented on the Social Commission and the governments of eight other States, not necessarily Members of the United Nations, to be designated by the Economic and Social Council for appropriate terms, with due regard to geographical distribution and to the representation of the major contributing and recipient countries;

(b) That during the period of the Fund's existence, as provided in paragraph 6 (e), the Board, in accordance with such principles as may be laid down by the Economic and Social Council and its Social Commission, shall, with due regard to the urgency of the needs and available resources, formulate the policies, determine the programmes and allocate the resources of the Fund for the purpose of meeting, through the provision of supplies, training and advice, emergency and long-range needs of children and their continuing needs particularly in under-developed countries, with a view to strengthening, wherever this may be appropriate, the permanent child health and child welfare programmes of the countries receiving assistance;

(c) That the Executive Board shall take all necessary steps to ensure close collaboration between the Administration of the Fund and the specialized agencies, pursuant to the agreements between the United Nations and the specialized agencies;

(d) That the Administration of the Fund shall, as appropriate, obtain from inter-governmental and non-governmental organizations having a special interest in child and family welfare the advice and technical assistance which it may require for the implementation of its programmes;

(e) That the General Assembly will again consider the future of the Fund at the expiration of three years, with the object of continuing the Fund on a permanent basis.

*314th plenary meeting,
1 December 1950.*

**802 (VIII). United Nations Children's Fund
(UNICEF)**

The General Assembly,

Considering the world-wide disproportion between the magnitude of social service tasks to be undertaken and the available means of implementation,

Considering the role that the United Nations International Children's Emergency Fund plays in the whole international programme for the protection of the child,

Considering that the Fund's activities are useful, not only because they realize some of the high objectives which have been adopted by the United Nations, but also because they create favourable conditions for the development of the long-range economic and social programmes of the United Nations and the specialized agencies, particularly the World Health Organization and the Food and Agriculture Organization of the United Nations,

Considering the urgent need for continuing the work of UNICEF, particularly in the under-developed regions of the world,

Considering that the number of governments making contributions to UNICEF has increased constantly since 1950,

1. *Affirms* that the regulations which govern the activity of the United Nations International Children's Emergency Fund have enabled it to achieve satisfactory techniques, to acquire valuable experience and to accomplish its task successfully;

2. *Reaffirms* the pertinent provisions of General Assembly resolutions 57 (I) and 417 (V), with the exception of any reference to time-limits contained in these resolutions;

3. *Decides* to change the name of the organization to the *United Nations Children's Fund*, retaining the symbol UNICEF;

4. *Requests* the Economic and Social Council to continue to review periodically the work of UNICEF and to make recommendations to the General Assembly as appropriate;

5. *Requests* the Secretary-General:

(a) To ensure that the programmes carried on by UNICEF continue to be co-ordinated effectively with the regular and technical assistance programmes of the United Nations and the specialized agencies;

(b) To report thereon to the Economic and Social Council in 1954 and subsequently as appropriate;

6. *Commends* UNICEF, the United Nations Secretariat and the specialized agencies concerned for the close working relations which have developed progressively and requests them to strengthen those relations in giving full effect to the desires of the Assembly as expressed in resolution 417 (V) and the present resolution.

*452nd plenary meeting,
6 October 1953.*

Resolution 1038 (XI) - December 1956

**1038 (XI). Membership of the Executive Board
of the United Nations Children's Fund**

The General Assembly,

Having considered Economic and Social Council resolution 610 B (XXI) of 1 May 1956,

Noting that the number of Governments making voluntary contributions to the United Nations Children's Fund has increased steadily since 1950, and has thus far in 1956 reached seventy-eight,

Considering that it would be desirable to separate the membership of the Executive Board of the United Nations Children's Fund from the membership of the Social Commission in order to provide for the direct election of all members of the Executive Board,

Decides to replace paragraph 6 (a) of General Assembly resolution 417 (V) of 1 December 1950 by the following:

"That the Executive Board of the United Nations Children's Fund shall be reconstituted as from 1 January 1957 to consist of thirty States, Members of the United Nations or members of the specialized agencies, to be designated by the Economic and Social Council for appropriate periods, without prejudice to the terms of the States already elected and with due regard to geographical distribution and to the representation of the major contributing and recipient countries".

*612th plenary meeting,
7 December 1956.*

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