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EXECUTIVE BOARD

PROVISIONAL SUMMARY RECORD OF THE FIFTY-NINTH MEETING

Held at Lake Success, New York,
on Friday, 4 November 1949, at 10.30 a.m.

CONTENTS:

Reports by Dr. WATT and Dr. ELOESSER on work of UNICEF in the
Far East. Election of officers and Committee Members.

| | | |
|------------------|------------------------|---|
| <u>Chairman:</u> | Dr. L. RAJCHMAN | Poland |
| <u>Members:</u> | | |
| | Mr. Salvador GRAZIANO | Argentina |
| | Mr. G. A. JOCKEL | Australia |
| | Mr. M. O. ALMEIDA | Brazil |
| | (Absent) | Byelorussian Soviet Socialist Republic |
| | Mrs. D. B. SINCLAIR | Canada |
| | Mr. P. Y. TSAO | China |
| | (Absent) | Colombia |
| | Mr. Jiri NOSEK | Czechoslovakia |
| | Mrs. N. WRIGHT | Denmark |
| | Mr. Jose A. CORREA | Ecuador |
| | Mr. Eugene AULTIER | France |
| | Mr. B. THEODOROUPOULOS | Greece |
| | Mrs. S. AL-KHOJA | Iraq |
| | Miss M. WITTEVLIEN | Netherlands |
| | Baron S. VAN NIECKSTRA | Netherlands |
| | Mr. W. B. SUTCH | New Zealand |
| | Mrs. Aase LICHMANS | Norway |
| | Mr. C. AREVALO-CARRERO | Peru |
| | Mr. Claes I. WOLLEN | Sweden |
| | Mr. J. F. WAGNILLER | Switzerland |
| | (Absent) | Ukrainian Soviet Socialist Republic |
| | Mr. C. E. BAHN | Union of South Africa |

Members:

(continued)

Mr. V. KOBUSHKO

Union of Soviet Socialist
Republics

Mr. R. T. D. LEDWARD

United Kingdom of Great Britain
and Northern Ireland

Miss Katherine F. LENROOT

United States of America

Mr. Louis K. HYDE, Jr.

United States of America

(Absent)

Yugoslavia

Also present:

Dr. M. S. INGALLS

World Health Organization (WHO)

Mr. McDOUGALL

Food and Agriculture Organization
(FAO)

Mr. Martin HILL

Representative of Secretary-
General

REPORTS BY DR. WATT AND DR. ELOESSER ON WORK OF UNICEF IN THE FAR EAST.

1. The CHAIRMAN opened the meeting and explained that the Report of the Programme Committee, Item 1 on the agenda (report of Programme Committee Session held 2-3 November 1949) would not be ready until noon, the report of the Special Committee on the Children's Centre in Paris would not be ready before the afternoon and the report of the Committee on the Administrative Budget was still in gestation. He proposed that the Board take this opportunity to hear Dr. Watt and Dr. Eloesser report on their work for UNICEF in the Far East. If the Board desired, the meeting might afterwards proceed to the election of officers and committee members.

2. Dr. WATT (Director of the UNICEF Headquarters for the Far East in Bangkok) said that he had already had the privilege of addressing the Programme Committee on the work of UNICEF in the Far East. He would therefore endeavour not to repeat himself unduly but would approach the subject from a slightly different angle and with some new material.

3. Some concern had been expressed at the slowness with which programmes were being developed for the Far East. Delay was inevitable for various reasons: the countries concerned were not so well organized as those in the West; doctors and hospitals were mostly confined to urban centres and were few and far between in rural areas; experts were necessarily preoccupied with their immediate work and found it difficult to give the time to develop plans of this kind; political disturbances had affected productivity, export trade and finance in most countries which

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had to budget for the maintenance of law and order so making it difficult for the Governments to meet UNICEF requirements as regards "matching". Lastly in the Far East the emphasis was not on emergency measures such as feeding but on long range medical projects and the training of health workers. Planning for this purpose was slow and had to be undertaken in conjunction with the World Health Organization.

4. The position regarding the development of programmes was not, however, as bad as would appear at first sight. Fully programmed plans had been approved for Brunei, Sarawak, and Malaya. Borneo and the Philippines had also been fully programmed, but the plans awaited final approval. Partially programmed plans had been developed for India, Pakistan, Hong Kong, Thailand and Indonesia. India was awaiting technical advice on a tuberculosis control project which would complete its programme; Pakistan had plans for a tuberculosis control and a maternity and child health project almost ready for presentation; Hong Kong was developing plans for tuberculosis control, Thailand for yaws and tuberculosis control and Indonesia for yaws and maternity and child health projects.

5. Still unprogrammed were Ceylon, Burma and Indo-China. Plans for Ceylon, however, were under discussion at the moment; there was much progress in those for Burma and, though no active steps had yet been taken in Indo-China, it was hoped that discussion would begin in the near future. The introduction of UNICEF in the Far East had involved much education, but it was hoped that the next phase would be far more speedy and that the further available allocation would soon be put to use.

6. The programmes fell into a common pattern and it was hoped that money and effort would be put into long-term projects closely related to the needs of the people and with real residual value, for example, campaign for the control of tuberculosis, yaws and venereal disease.

7. Feeding projects had been started in the Philippines, where there were some 18,000 beneficiaries; Hong Kong (900 beneficiaries); India where about 18,000 children were being fed in refugee camps near Delhi; Pakistan where 2,900 children and 240 mothers were being fed in refugee camps in Karachi; Indonesia where 20,000 children were being fed on the island of Lombok in Dutch territory and 3,200 infants on Jogjakarta in Republican territory.

8. Fellowships had mainly been implemented. The system worked smoothly and placement by WHO was well handled. Some countries had yet to make their nominations, since it was not always easy to find the right type of student. India with 14 fellowships approved had 11 fellows in

training and 3 to begin in 1950; Pakistan had referred 4 fellows to WHO for placement; Thailand with 7 fellowships had 2 fellows already trained and 4 in training, while one awaited placement; Hong Kong had selected 6 fellows but not yet submitted their names for approval; Singapore had had 4 fellowships approved and one consultant but had made no selections; in Malaya 6 medical and 7 child welfare fellows had been approved but not selected; in Dutch Indonesia 3 fellowships had been approved and 2 already trained while in the Republic 6 had been approved and were awaiting selection; in the Philippines 10 fellowships had been approved of which 3 have been placed, 3 recommended and 4 awaiting selection.

9. In India two health vans had been supplied at a cost of 30,000 dollars to supplement the Government's scheme in New Delhi.

10. The principal effort was being put into demonstration control projects for diseases which constituted major problems of the Far East, such as malaria, tuberculosis, yaws and ~~venereal disease~~. In India four ^{teams} were demonstrating malaria control by DDT residual spraying of houses and that country had asked for equipment and supplies to enable the setting up of two more teams. Pakistan was greatly interested in projects of the kind; it already had one team and had asked for another. Lastly Thailand had one team. These control projects represented a combined effort between UNICEF, WHO and the Government concerned. UNICEF provided vehicles, laboratory and other equipment and insecticides, WHO sent technical experts such as malariologists, entomologists, sanitary engineers and public health nurses, the Government "matched" by paying the subsistence of the specialists and by setting up understudy teams.

11. A second major control project was that of tuberculosis. Though it offered great hope, BCG vaccination was only one aspect of the matter. UNICEF could help in developing dispensaries or clinics with diagnostic X-ray and laboratory equipment and public health nurses to supervise contacts and patients under treatment in their own homes. Tuberculosis was very serious in the Far East, taking especial toll of children and expectant and nursing mothers. Singapore, Hong Kong and Thailand had shown keen interest in BCG campaigns. In India, Pakistan and Ceylon, BCG campaigns were already in operation. To a lesser extent such work was carried on in the Philippines by United States Public Health experts in conjunction with the Government.

12. An anti-yaws campaign was suggested as the principal medical project for Indonesia and Thailand. A small medical sub-committee had been set up by the Indonesian authorities to develop the plan of operations. The sub-committee included Netherlands as well as Republican representatives and would be guided on the technical side by Professor Leiby, a consultant supplied by WHO.

13. Burma and Thailand were interested in anti-V.D. projects. There again there was great need for supplies and equipment.

14. Internal training was beginning to feature more and more in Government proposals. There was a need for teaching equipment and other special equipment and supplies for teaching hospitals and maternity and child health clinics. The services of foreign consultants, including Mid-wives and Public Health and Dental nurses were badly needed also. Schemes had already been approved for internal training projects for Brunei, Sarawak and Malaya, and others for Pakistan, Borneo and Indonesia were under discussion. It was also proposed to set up a rural demonstration health unit in Manila in conjunction with the University of the Philippines, the Institute of Nutrition, the School of Nursing and the various Medical Schools. This unit, with Government assistance, would give a complete training in Public Health. UNICEF was being asked to provide equipment and supplies for a maternity and child health clinic and to send staff (a specialist Pediatrician and a Public Health nurse) who would help to initiate the scheme.

15. The additional allocation of 4,000,000 dollars should make it possible to assist every country in the Far Eastern region in developing proposals for the internal training of Health Workers. Such a scheme might well include the provision of a model health unit and the furnishing of equipment and supplies for Maternity and Children's Hospitals. Maternity and Child Health Clinics etc. That perhaps was one of the most valuable ways of using the additional allocation.

16. Another fruitful proposal discussed with the Indian Government was the establishment in Calcutta of an international training school on the lines of that in Paris. The suggestion was that the course

should be established in association with the All-India Institute of Hygiene and Public Health in Calcutta. It would involve some development of an existing rural unit twenty miles from Calcutta and the setting up of a new urban unit in Calcutta itself. The course would be used by people who already possessed a basic education in maternity and child health. The plan would involve the provision of additional lecture rooms, and of more library and museum space and the building up of teaching hospitals to give better instruction in pediatrics and obstetrics. The Indian Government had expressed its keen interest, and was considering a contribution of 1,000,000 dollars towards the scheme if UNICEF gave a like amount. That sum should make it possible to operate for five years, after which the scheme should be independent.

17. Miss WITTEVEEN (Netherlands), on behalf of her Government, thanked Dr. Watt for the splendid work accomplished in the Far East and particularly in Indonesia, where the programme included feeding projects, fellowships and other forms of aid. The Government of the Netherlands and the Nationalists alike had co-operated in an attempt to do everything possible for Indonesian children. The spirit of unity and the work of Dr. Watt and Mr. Bergithon, in conjunction with WHO and FAO, had turned the programme from a project to a happy reality. Miss Witteveen wished to express her country's gratitude also to Mr. Pate, the Executive Director who had worked so hard for the Far East, and to the members of the Board and their Governments for all that had been done to alleviate the lot of children.

18. Mr. LEDWARD (United Kingdom) associated himself with the representative of the Netherlands in her tribute to Dr. Watt. Though most exacting, his work had been fruitful and his achievement showed what could be done with the resources of the Fund. The effort had been a snowball and its effects cumulative in the countries concerned. Before 1949 hardly any funds had gone outside Europe, but the United Kingdom had always been anxious that an effort should be made to meet the needs of the East. Eastern countries were backward in putting forward requests of any kind. UNICEF funds might be likened to a bag of sweets -- Eastern Europe was agile and asking, whereas the Far East was lame and hobbling in approach.

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Thanks to the United States and Canada it had now been possible to replenish the sweets. To some extent a former lack of balance in the schemes had been remedied, but more could be done in that direction. Dr. Watt's report had given much food for thought. He would like Dr. Watt's views on the places in the Far East where the type of work done by Dr. Eloesser in China could be undertaken. Another question he would like to put concerned the supply of doctors to help in the projects begun. That problem might be a bottle-neck affecting WHO, and it would be interesting to know how far universities and colleges in the Far East could be asked to help. The extension of the work done by the University of Calcutta to rural areas and the activities of Public Health nurses seemed to him of great significance and he wondered how far the Universities of Hong Kong and Singapore could be called in.

19. Dr. TSAO (China) said that, as the only representative of a Far Eastern Government present at the meeting, he wished to thank Dr. Watt for his understanding attitude and the efforts he had made in carrying out his duties in that area, which was under-developed from the point of view of medical facilities and organization. The utilization of the Fund had been less than in Europe and, in making allocations to the Far East, the Board should show special consideration and sympathy.

20. Mr. JOCKEL (Australia) wished, on behalf of his government, to pay a further tribute to Dr. Watt. The Board had on many occasions expressed its appreciation of his work. It was to be hoped that its development would assist others also, and that the Fund might continue to progress in the Far East thanks to his pioneer work. He was glad that, in Dr. Watt's opinion, the establishment of programmes would be speeded up.

21. The CHAIRMAN asked which of the projects operated in the Far East was the largest.

22. Dr. WATT (Chief of UNICEF Mission in the Far East) replied that it was the one operated in India, which had 4 anti-malaria teams in different regions, a feeding project for 18,000 children, a health education project and one for fellowships. The total allocation for India exclusive of the special funds for malaria control and B.C.G. was \$750,000.

23. Replying, at the Chairman's request, to the questions put by the representative of the United Kingdom, Dr. Watt said that the question of personnel had not been discussed with WHO. The need for nurses and Public Health nurses was greater perhaps than that for doctors, and he did not think WHO would have much trouble in recruiting suitable people.

24. One international training school in the Far East was enough for the time being. National schools, however, with somewhat different functions could well be established in the various countries. The universities would, of course, be called upon to help in developing such national training schools and would have to provide the services of specialist doctors and teachers.

The CHAIRMAN thanked Dr. Watt on behalf of the Board for his valuable report.

25. Dr. ELOESSER (Chief representative of the UNICEF Mission in China) associated himself with the tributes already paid to the achievements of Dr. Watt.

26. He then gave an outline of the background upon which UNICEF and WHO had been acting in China.

27. In December 1947, with one companion, Miss Ruth Ingram, former Director of Nurses at Peking Union Medical College, he had gone into Northern China on a teaching mission for WHO; he had worked there for five months, in a hospital hidden away in a small village having no outside communications. That had proved a valuable experience and he had gained an insight into conditions in rural China that would otherwise have been unobtainable. In May 1948, he had returned south, and on the way had been fortunate to have the opportunity of discussing the medical needs of the country with Dr. Ssu Chin-Kwan, Director of Health for Northern China. On the basis of their talks it had later been concluded that the \$50,000 dollars set aside by UNICEF for that part of China might most profitably be used for a medical programme.

28. It was evident that the sum available would not suffice to reach the millions of children and mothers who needed help and that more benefit would be obtained if the money were expended for medical aid. It was also evident that neither personnel nor funds would warrant

attempting ambitious schemes of curative medicine with a system of doctors, nurses, hospitals, etc. It had been thought that the school should be of service in a modest endeavour to help the Chinese people to help themselves, by focusing their attention on preventive rather than curative medicine.

30. The average span of life in western countries is about 60 years; in China it is between 20 and 30 years; nearer 20 than 30. Communicable diseases and infant mortality account for the reduced span of life of the Asiatic peoples. Most communicable disease is preventable, and even the ordinary forms of communicable disease, ordinary midwifery and the ordinary care of the newborn demand no extraordinary techniques. It was thought that the necessary technical procedures could be learned in a few months by any person of ordinary intelligence. Hence, it had not seemed unreasonable to attempt purely technical training on a simple level and to propose to UNICEF and the authorities in Northern China that the available funds should be used, first, for simple courses in training Public Health workers, adapting such courses to large numbers of students of ordinary grammar school education; secondly, for the purchase of medical supplies needed to carry on the work of such trainees; and, thirdly, to foster production of such supplies as could be produced locally, especially perishable supplies, such as sera and vaccines, demanding rapid transportation.

31. The World Health Organization had assigned him to UNICEF for the purpose indicated and in November 1946, together with Mr. Berg, another representative of UNICEF, he had returned to the northern provinces of China and obtained ready acceptance of UNICEF proposals by the provincial authorities.

32. In November 1948 the first course had been started with 20 students, and had lasted for approximately three months.

33. Four graduates who had shown special promise had been selected to act as assistant instructors for future courses. By preparing promising students from each course as instructors for subsequent ones, it was felt that the courses might be expanded fairly rapidly.

34. Following the rapid military advance the school had been moved to Peking and the second course was started in July of the present year. It was divided into four sections, (1) sanitation, (2) communicable disease and child health, (3) midwifery, and (4) nursing, etc. There were approximately twenty students in each section of the course with a total of over 80.

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The experience/ been very valuable. It had been found that in a period of from 3 to 4 months young persons without medical preparation could be taught to recognize ordinary forms of infectious disease by standard laboratory methods and to immunize and vaccinate against ordinary communicable disease, as well as to apply the standard forms of treatment. Similarly, such students could be taught ordinary midwifery and ordinary sanitation, including regulation of water supply, construction of latrines, some forms of insect control and food inspection. The knowledge and experience gained in those two training courses might prove to be valuable assets to UNICEF and WHO. By using the most promising trainees as teachers, the number of trainees would increase rapidly and new centres could be developed from existing ones. If the plan carries on, China's most urgent needs for health personnel should be filled in 2 or 3 years. In regard to training, he emphasized that nurses proved more suitable than doctors to give the type of training indicated.

36. Definite proposals for the future could not be made at the present stage. A new Government had just been formed in China and the question whether and how UNICEF should participate in the activities indicated would be taken up in due time with the appropriate authorities. The training programmes would go on, but the expansion and development of activities remained to be determined. The Government of China already had plans for training large numbers of medical men in the northern provinces and elsewhere with whom UNICEF trainees could co-operate.

37. The Chinese medical authorities had indicated their desire for drugs and equipment for an anti-kala-azar campaign. That was a simple and fairly inexpensive matter and offered a field for assistance by UNICEF. The present needs for production of vaccine and serum were covered.

38. The situation in regard to tuberculosis prevention and control was as follows: production of BCG vaccine was under way and BCG vaccinations had begun in Peking, Tientsin and Shanghai. In the two first-named cities, some 9,000 school children had been vaccinated and in Shanghai and other cities a survey of some 160,000 people had been made. That survey showed that from 2 to 4 per cent of the people examined were suffering from tuberculosis. On the basis of those and other figures available it might be calculated that China had some 10 to 20 millions of tuberculosis sufferers needing attention. Those approximate figures showed something of the extent of Chinese needs.

39. He paid a magnificent tribute to the work that had been carried out on similar lines in China by Dr. Bethune, a Canadian doctor, who died there in 1939. He felt that Dr. Bethune's name deserved to be known to all on account of the excellent work he had done.

40. The CHAIRMAN expressed the Committee's thanks to Dr. Eloesser.

41. Dr. SUTCH (New Zealand) felt it was one of the outstanding days in the history of UNICEF: the preliminary organization of relief in an area extending from Pakistan through Indonesia to the Philippines had been carried out by Dr. Watt and the foundations for activities in Northern China had been laid by Dr. Eloesser, whose remarkable story had moved them all. The members of the Board tended to think in terms of allocations and finance and sometimes were in danger of losing sight of the humanitarian aspects of the work. Dr. Eloesser's statement had brought to their notice the extent of the need for help in China, where a very large percentage of the women and children came within the purview of the Fund.

42. He spoke in the highest terms of the almost revolutionary methods used by Dr. Eloesser in developing preventive medicine in an area where it had not previously existed. The Fund was exceedingly fortunate to have the services of such a man.

43. He had been interested to note Dr. Eloesser's statement that nurses were more suitable than doctors to carry out the type of training he had initiated in China. It should be kept in mind that the most pressing need in the Far East was for technical personnel to train others.

44. He was in agreement with Dr. Eloesser's suggestion that the Fund should await events in China: it would be advisable not to take precipitate action and to follow the normal procedure of awaiting requests from the authorities concerned.

45. Mr. HYDE (United States of America) wished to add his praise for the remarkable and heroic work of Dr. Eloesser and his staff in China. When the proposals had first come before the Board, it had been felt that in theory the system was excellent. It had now been proved to be effective in practice and under very trying conditions.

46. He wished to associate himself also with the tributes paid to Dr. Watt.

47. Mrs. SINCLAIR (Canada) joined in the general praise of the work carried out by Dr. Watt and Dr. Eloesser. It was extremely important for the Board to have the opportunity to meet members of the staff working in the field. The reports they had heard were extremely encouraging and stimulating, and it had also given them reassurance as to the type of people working in the field.

48. Mr. JOCKEL (Australia) echoed the sentiments of the preceding speakers, in particular those expressed by the representative of New Zealand. He asked Dr. Eloesser whether the kind of techniques he had evolved in China could serve as a lesson for other areas in the Far East.

49. In reply, Dr. ELOESSER thought his experiments would prove of value for any country not having sufficient doctors. He observed that it was perhaps a little early for the Fund to ask a newly-formed Government to submit programmes.

50. Mr. TSAO (China) expressed the gratitude of his country for the great work carried out by Dr. Eloesser under very difficult circumstances.

51. It was the policy of the Chinese Government to have quick relief work carried out, either in feeding programmes or medical projects, in any part of China, whether under Government control or the control of local authorities. The need of Chinese children was very great, as had been borne out by Dr. Eloesser's statement.

52. In regard to the time element that had been mentioned, his Government felt that the Fund had been created to deal with just such circumstances as existed today in China. It had been created to deal with the aftermath of the last war and the present situation in China was the result of that war and of political disturbances. He felt, therefore, that the Fund, in consultation with his Government, should take action on the spot to deal with the situation.

53. In conclusion, he stated that his Government would be prepared to carry out any project practicable which would help the children of China.

54. The CHAIRMAN said that, in addition to the efforts he had described with such modesty, Dr. Eloesser had been called upon to give professional services of an entirely different kind. He had been present on many occasions during actual warfare and, being an eminent surgeon, had

carried out operations often from morning till night. He had served the public cause in many parts of the world: hence his observations and advice were all the more valuable to the Fund.

55. He agreed that the Fund should give assistance in China for the carrying out of a planned programme presented by the authorities of the country. From Dr. Eloesser's remarks, it would appear that plans were already being worked out and there was thus a possibility of the Fund being able to render real service.

56. In view of the inevitable time lag between the allocation of funds and the actual commencement of operations, he urged that an effort should be made by all in the Organization to speed up the discussion of plans. Their motto should be to proceed as soundly as possible and without undue slowness.

ELECTION OF OFFICERS AND COMMITTEE MEMBERS

57. Mr. WAGNIERE (Switzerland) proposed that the countries represented on the standing committees of the Fund, namely, the Programme Committee, the Committee on Voluntary Contributions and the Administrative Budget Committee, together with the Chairman and Vice-Chairmen of the Executive Board and the Chairman of the Programme Committee, should be re-elected. In view of the stage reached in the activities of the Fund and the decisions to be taken regarding the carrying on of its work for children, his delegation felt it would not be an appropriate moment to make any change in the Fund's Officers and Committee Members.

58. The CHAIRMAN observed that, according to rule 36 of the rules of procedure, a secret ballot was necessary for the election of officers and committee members.

59. Mr. HYDE (United States), invoking rule 60, proposed that the rules of procedure should be waived.

60. Mr. Martin HILL (Representative of the Secretary-General) stated that the Secretary-General offered no objection to the waiving of the rules of procedure on the occasion.

The proposal of the representative of Switzerland that the existing officers and committee members be re-elected was put to the vote.

It was adopted by 14 votes to none, with 5 abstentions.

The meeting rose at 1 p.m.