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UNITED NATIONS INTERNATIONAL CHILDREN'S EMERGENCY FUND

EXECUTIVE BOARD

SUMMARY RECORD OF THE HUNDRED AND THIRTEENTH MEETING

Held at Headquarters, New York
on Wednesday, 9 September 1953, at 10.30 a.m.

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PRESENT:

<u>Chairman:</u>	Mr. LINDT	Switzerland
<u>Members:</u>	Mr. CARASALES	Argentina
	Mr. BRENNAN	Australia
	Mr. FENAUX	Belgium
	Mr. de PAIVA LEITE	Brazil
	Mr. TEPLOV	Byelorussian Soviet Socialist Republic
	Mrs. SINCLAIR	Canada
	Mr. TSAO	China
	Mr. RYBAR	Czechoslovakia
	Mr. CONCHA-ENRIQUEZ	Ecuador
	Mr. GORSE	France
	Mr. ROUSSOS	Greece
	Mr. BANERJEE	India
	Mr. UMARIA	Iraq
	Mrs. HARMAN	Israel
	Mr. ROBERTI	Italy
	Mr. GUNDRSEN	Norway
	Mr. HAMDANI	Pakistan
	Mr. HOLGUIN	Peru
	Mr. REYES	Philippines
	Mr. DEVAKUL	Thailand
	Mr. SVIRIN	Union of Soviet Socialist Republics
	Mr. BARNES	United Kingdom of Great Britain and Northern Ireland
	Miss ELIOT	United States of America
	Mr. BRACCO	Uruguay
	Mr. KOS	Yugoslavia

Representatives of specialized agencies:

Miss SCOTT	}	Food and Agriculture Organization (FAO)
Mrs. SISMANIDIS		
Dr. Vea VEEN		
Dr. WORK		
Dr. COIGNY	}	World Health Organization (WHO)
Mr. GRANT		
Dr. SUTTER		
Dr. VERHOESTRATE		

WHO/UNICEF-ASSISTED MATERNAL AND CHILD HEALTH PROGRAMMES IN FIFTEEN COUNTRIES:
PROGRESS REPORT SUBMITTED BY THE DIRECTOR-GENERAL OF THE WORLD HEALTH ORGANIZATION
(E/ICEF/235)(continued)

The CHAIRMAN invited the Board to discuss the report submitted at the previous meeting by the Director-General of the World Health Organization concerning the progress of maternal and child health programmes in fifteen countries.

Miss ELIOT (United States of America) considered the report, which she had studied carefully, to be an extremely useful document both for UNICEF and for the countries which were developing their maternal and child health centres. That was an important part of UNICEF activities. The carrying out of programmes of that type was a long-term project, the immediate results of which it was difficult to estimate. The important thing was not so much to increase the number of services provided as to improve their quality.

The establishment and improvement of maternal and child health centres was of great importance to the community. As such centres developed, they could become community education centres where families would be told of the dangers of lack of sanitation and instructed upon what they should do to guard against those dangers. The centres might, at a more advanced stage of development, instil into mothers an idea of the psychological influence which sanitary conditions could have on their children. She drew the particular attention of the Board to certain paragraphs of the report, especially paragraph 22 on the role of MCH programmes in broadening community services, paragraph 23 and the following on the role of voluntary agencies, paragraph 30 on aid to hospitals and hospital training schools, and above all paragraphs 31 and the following on measures to expand MCH centres. Of particular significance in that connexion was the part Governments could play by giving directions, co-ordinating the activities of centres, and training personnel. She drew attention also to paragraphs 60 and following concerning the employment of national personnel and the possibilities for further UNICEF assistance in the field of maternal and child health.

Mr. CARASALES (Argentina) referred to paragraph 20 of the report, in which it was stated that in Latin America WHO had promoted the integration of maternal and child health work in the general health centres and the use for maternal and child care of personnel who were concerned with all the basic activities of the health centre.

He considered that to be the best method, for Argentina's experience in under-developed rural areas was that any very specialized centre gradually became a general health centre if one did not already exist.

Mrs. SINCLAIR (Canada) expressed satisfaction at the quality of the report and subscribed to the views which the United States representative had expressed in that connexion.

She wished, however, to know whether the figures in table 6 on page 24 were still tentative estimates or whether specific plans had been adopted. With regard to footnote 1 to Annex I on page 78, she inquired what was the proportion of the amount spent and to be spent before 1954 and whether the expenditure would be fully covered by WHO's regular budget.

Dr. WENIGER (World Health Organization) said that the figures in table 6 represented proposed objectives. He was sorry he could not reply immediately to the second question but he would give the exact figures later.

Mr. ERENNAN (Australia), commending the quality of the report, observed, in connexion with the survey of results achieved in terms of the assistance provided, that it was difficult to achieve immediate results in that particular field. It appeared from the figures in paragraph 26 that the number of people served by all the MCH centres in Burma, India, Indonesia, Pakistan and the Philippines amounted to some 28 million. That was an encouraging figure despite the fact that it represented only a small percentage of the total population of those countries. The figures pertaining to personnel and

confinements were also satisfactory. Attendance at the centres seemed rather low, however, and he would like to hear what the WHO representative had to say on that point. He wondered whether the situation could not be improved and, in that connexion, he referred to the figures in table 2 on page 12.

Dr. VERHOESTRATE (World Health Organization) said that the statistical data in paragraph 26 had been included in the report in order to give an exact idea of the present situation. The desired degree of perfection had obviously not yet been achieved: pre-natal care had not been sufficiently developed and so far the centres had treated only a very small percentage of older children and of babies. The domiciliary care was also very limited. There was no doubt, however, that UNICEF and WHO assistance would help to improve the situation.

Miss KAHN (Department of Social Affairs), commenting on various points in the report, agreed with the statement in paragraph 22 concerning the important role MCH programmes could play in community development. She emphasized the importance of training auxiliary personnel and the need for an adequate qualified staff to supervise the work of that auxiliary personnel. She readily subscribed to the suggestions in paragraphs 54 to 56, particularly with regard to the assignment of consultants for a specific period to assist the maternal and child health teams in nutrition problems. A central governmental service should be established in each country to promote the establishment of centres, to co-ordinate their activities and to encourage them in their work. The service should not be unduly rigid but should be adopted to the conditions prevailing in the country. Home visiting services should be developed, particularly in rural areas, and UNICEF should encourage governments to request the services of supplementary personnel in the centres, so that more people might be served.

With regard to the training of personnel, she felt that many countries could usefully base themselves upon the methods used in Pakistan (pages 35 and 36). She was pleased to note that in Brazil the Government had been so successful in promoting the training of auxiliary personnel that many of them were taking advanced courses to improve their training.

In conclusion, she felt that UNICEF might concentrate on the following activities: it should encourage governments both to develop their home visiting services and to examine the work done in some centres so as to formulate principles upon which future programmes might be based.

Mr. de PAIVA LEITE (Brazil) thought that it was unrealistic to evaluate on the basis of figures and percentages the results achieved in fields such as those covered by UNICEF, particularly in the early stages of the work. In the north-east region of Brazil particularly, maternal and child welfare work had only recently been initiated and it would be idle to expect appreciable results in the first few years. He agreed with Miss Kahn that collaboration between the maternal and child welfare centres and social centres in general was important. In the north-eastern region of Brazil, with which he was very familiar, he had observed that the maternal and child welfare centres exercised an influence far exceeding the scope of their activities: in some centres mothers' associations had been formed to deal with health questions affecting the whole community.

He noted that the report revealed a certain anxiety on the subject of the employment of personnel. He himself thought that there would always be an adequate number of posts open to trained personnel and that, even if some of them later abandoned their profession, their training would not have been in vain, for they would continue to exercise an influence on the communities where they lived.

In conclusion, he thanked UNICEF and WHO for the outstanding services which those two organizations had rendered, not only in Brazil but in all countries of Latin America.

Dr. VERHOESTRATE (World Health Organization) was fully conscious of the value of Brazil's efforts in the field of maternal and child welfare. He pointed out, however, in connexion with employment of trained personnel, that the Government should create permanent posts and, particularly in the case of personnel in rural areas, should offer salaries that were sufficient for their maintenance in the country.

UNICEF PARTICIPATION IN PROGRAMMES FOR HANDICAPPED CHILDREN: STATEMENT
SUBMITTED BY THE INTERNATIONAL SOCIETY FOR THE WELFARE OF CRIPPLES (E/ICEF/NGO.8)

Mr. ACTON (International Society for the Welfare of Cripples) submitted to the Executive Board a statement in which the International Society for the Welfare of Cripples expressed its gratitude to UNICEF on behalf of all concerned with the welfare of cripples and put forward some recommendations with regard to an extension of the Fund's work in that field (E/ICEF/NGO.8).

The first of those recommendations was that the Fund should continue to provide assistance to projects for the rehabilitation of handicapped children, in co-operation with the United Nations and the World Health Organization, employing selection criteria of the type which had been used in the past. In that connexion, he stressed that the establishment of an adequate rehabilitation service depended on local interest and leadership as well as competent personnel and adequate facilities. When those necessities had been secured or at least brought within sight, relatively small grants of aid were frequently sufficient to bring an effective programme into operation. There were many examples to prove that the community rarely refused support to an undertaking whose value had been demonstrated. UNICEF's assistance was in accordance with those principles and it was doing much, in combination with the United Nations Division of Social Welfare, the World Health Organization, ILO, UNESCO and certain non-governmental organizations, to stimulate and support the development of programmes for the benefit of handicapped children.

The second recommendation of the International Society for the Welfare of Cripples was that UNICEF should endeavour, within the framework of its programme for maternal and child welfare, to develop services for diagnosis, treatment and

social rehabilitation of handicapped children. He was pleased to note that that recommendation was in harmony with views expressed by representatives of the Division of Social Welfare and the World Health Organization concerning health and welfare services as a part of community organization programmes. It was too often believed that, in order to assist handicapped children, a comprehensive and specialized rehabilitation service must be established. That was of course to be desired when it was possible, but a beginning might be made in the meantime on some programmes of service for the benefit of handicapped children, using existing medical, health and welfare services, together with training facilities within the framework of other programmes affecting the family and the community. Assistance in that matter might well be provided in connexion with UNICEF/WHO-assisted maternal child health and welfare projects.

The International Society for the Welfare of Cripples had been led to submit its third recommendation - concerning the preparation of a report on the work of UNICEF for the development of services for crippled children - because it knew that in many countries, particularly in those which had been ardent supporters of UNICEF, there were extremely well-developed and effective bodies of public opinion concerned particularly with programmes for handicapped children to whom it would be most helpful to know the results obtained hitherto by the Fund in that field of action. Almost every phase of UNICEF's work was important in the prevention of crippling and in the development of services to assist handicapped children and too much stress could not be laid on the importance of obtaining wide support for those activities.

The representatives of the United States, Canada, WHO and the Division of Social Welfare had pointed out that voluntary organizations could play an important part in the development of maternal and child welfare services. He, in his turn wished to emphasize that that was especially true in the case of handicapped children, where community interest and support was so vital. It had been the pleasure of the International Society for the Welfare of Cripples and several of its affiliated national organs to co-operate in UNICEF activities and they wished to assure the Board of their continuing desire to collaborate in every way possible.

Mr. PATE (Executive Director) said that UNICEF had always been, and would continue to be, deeply concerned with the work of rehabilitation of handicapped children, as was shown by the increased allocations for that work.

Mr. ROUSSOS (Greece) congratulated the International Society for the Welfare of Cripples on its valuable contribution to the work of UNICEF; his delegation thought that the Society's recommendations deserved the full consideration of the Executive Board.

Miss ELIOT (United States of America) associated herself with the tribute paid by the representative of Greece. It was right that the treatment and rehabilitation of handicapped children should occupy an increasingly important place in long-range activities for child welfare.

REPORT OF THE UNICEF/WHO JOINT COMMITTEE ON HEALTH POLICY (E/ICEF.228)

Miss ELIOT (United States of America) presented the report of the sixth session of the UNICEF/WHO Joint Committee on Health Policy.

At the opening of the session, the Director-General of WHO had stressed the cordial relations existing between WHO and UNICEF; those cordial relations had been clearly manifested throughout the session.

The Committee had been of the opinion that the presentation of reports on the completion or progress of the projects approved by it was of great value: those reports laid particular stress on the problems which remained to be solved if progress was to be achieved.

Proceeding to a detailed analysis of the report, she stressed that two of the principal difficulties to be overcome in order to carry out successfully the BCG vaccination campaigns lay in the recruitment of an international staff and the recruitment of national staff.

Referring to paragraph 39, she pointed out that the measures envisaged in the programme to combat leprosy were mainly directed towards the treatment of patients, but that nevertheless they were bound to contribute to the protection of children, who ran the greatest risk of contamination.

With regard to the terms of reference of the joint committee, she hoped the Board would approve the recommendations in paragraphs 42, 43 and 44 of the report.

Dr. SUTTER (WHO) stressed the value of epidemiological studies as a preliminary to mass campaigns (paragraph 7) and the desirability of forming special teams to estimate the results of the campaigns (paragraph 13).

The session of the Joint Committee had taken place in an atmosphere which was most favourable to the working out of a harmonious programme of action; he, like Miss Eliot, hoped that the Board would approve the recommendations relating to the terms of reference of the Joint Committee.

Mr. de PAIVA LETTE (Brazil) stated that the Brazilian delegation gave its wholehearted approval to the suggestions in paragraphs 24 and 25 concerning assistance to hospitals.

With regard to environmental sanitation (paragraphs 19 to 22), Brazil had approved the execution of a three-year programme for the construction and financing of a piped water system to supply 700 small localities of not more than 5,000 inhabitants with drinking water. The federal Government could count on the full co-operation of the states in carrying out the work, which would cost at least 120 million dollars. That programme was the joint work of sanitary experts, engineers and economists, who had based themselves on the principles set out by the Joint Committee in paragraph 21 of the report. That identity of attitude between a group of international experts and a group of national experts working independently suggested that it would be desirable for an international organization such as UNICEF to extend its assistance to sanitation projects, which formed the basis of any attempt at maternal and child welfare.

Mr. ROUSSOS (Greece) thought that the Joint Committee's recommendations, which were of a practical nature, should be approved; it would be the responsibility of the Administration to put them into operation bearing in mind the particular circumstances of each country.

Mrs. HARMAN (Israel) drew the Board's attention to the section dealing with the hygienic control of milk (paragraphs 29 to 35). The training course referred to in paragraph 32 would be very useful to countries carrying out milk conservation programmes.

With regard to the principles upon which environmental sanitation might be associated with maternal and child welfare (paragraph 21), sub-paragraphs 4, 5 and 9 should be emphasized. Those programmes might help to turn maternal and child welfare centres into true social centres; that being so, it would be preferable for the programmes to form an integral part of maternal and child welfare (sub-paragraph 5 b).

Mr. KOS (Yugoslavia), referring to paragraph 19, said that intestinal infections were the cause of 19.3 per cent of child deaths in Yugoslavia. For the reasons given in that paragraph, it would be appropriate for UNICEF to participate in the carrying out of sanitation programmes. The State should play an important part in the carrying out of those programmes; not only was it the responsibility of the State to take the initiative, but it must also ensure that the work it undertook with the temporary assistance of UNICEF and WHO would be continued. For that reason very particular attention should be given to the principles outlined in sub-paragraphs 2, 4, 6, 8 and 9 of paragraph 21.

Mr. GORSE (France) stated that the French delegation was glad to note the action of the Joint Committee and the close co-operation between WHO and UNICEF. The quarters concerned and the governments should attach great importance to the Committee's recommendations with regard to the campaigns against tuberculosis and leprosy, milk control, questions of priority, and community sanitation problems.

With reference to paragraphs 42 and 43, the French delegation hoped that the Executive Board would take the Joint Committee's suggestions into consideration.

In reply to a question by Mr. de PAIVA LEITE (Brazil), Dr. SUTTER (WHO) stated that paragraph 43 was not meant to imply that sessions of the Joint Committee should necessarily be held always in the same place; it was the responsibility of the Directors of the two organizations to decide on each occasion, according to the agenda of the session, what would be the most suitable place.

Mr. BRENNAN (Australia) said that, having regard to Dr. Sutter's explanation, the Australian delegation approved the recommendations in paragraphs 42 and 43.

The CHAIRMAN had pleasure in stressing the fact that a true friendship linked the representatives of WHO and UNICEF, which was a great help to co-operation between the two organizations.

Reverting to the Joint Committee's report, he said that the Programme Committee would study most of the recommendations in it but it was the responsibility of the Board from then on to take a decision on those that concerned the holding of yearly sessions of the Joint Committee and the choice of place for those sessions.

The Executive Board of UNICEF unanimously approved the recommendations of the UNICEF/WHO Joint Committee regarding yearly sessions of the Joint Committee and the choice of place for those sessions.

STATEMENT BY THE REPRESENTATIVE OF THE UNITED NATIONS FOOD AND AGRICULTURE ORGANIZATION (FAO)

Dr. Van VEEN (Food and Agriculture Organization) wished to supplement the FAO Report on Progress of Milk Conservation Programmes, submitted to the Executive Board on the previous day, by giving a general review of the many fields in which FAO, UNICEF, and usually WHO, co-operated within the framework of the maternal and child welfare programme.

UNICEF had been established to cope with an emergency period. FAO and WHO had then been called upon to advise UNICEF on how its resources might be used to bring the maximum nutritional benefit to the maximum number of children. Milk had appeared to be the answer, since that was the food of unquestionable importance in the diet of children and supplies of dried milk had at that time been available at low cost. It might well be that in the later long-range programmes the importance of milk had sometimes been somewhat unduly stressed, at the expense of other foods of high nutritive value.

The success of the emergency feeding programme in Europe had given rise to the desire to help those countries to continue their feeding programmes. That had led to a close and fruitful collaboration between FAO and UNICEF in the carrying out of milk conservation programmes. The expansion of UNICEF aid to other areas had followed a somewhat similar pattern, namely, the provision by UNICEF of dried milk for child-feeding programmes, followed by milk conservation work in countries such as those of Central America, South America, and the Middle East where such an undertaking was worth while.

There had been, as the Board knew, a gradual shift in UNICEF activities to programmes which would be of lasting value to children. New fields of close co-operation had thus been opened between UNICEF, FAO and WHO. There had been close co-operation between FAO and UNICEF in school feeding, which had culminated the previous month in a school-feeding seminar sponsored jointly by UNICEF and FAO in Costa Rica. Moreover, FAO intended shortly to publish a report on school feeding which would probably prove to be of practical use to UNICEF and WHO.

The three organizations also worked together in the prevention of protein malnutrition in mothers, infants and children. At the end of 1950, FAO and WHO had made a survey of kwashiorkor in Africa: the results of two other surveys, in Central and in South America, had not yet been published. A lack of good quality protein was the cause of that deficiency disease. At the moment, milk-feeding programmes were being carried out in the Belgian Congo and French Equatorial Africa to cure and prevent kwashiorkor in those regions. Protein malnutrition still offered many problems, but it was already clear that the consumption of foods with a high protein content was the best safeguard against the disease. UNICEF, WHO and FAO were therefore much interested in supplying first quality protein to mothers, infants and children.

FAO was also interested in maternal and child health programmes which concerned nutrition. It was clear from the report on maternal and child welfare that the Board had just discussed that it was not yet known which was the best way of dealing with nutrition problems in maternal and child health programmes. FAO was interested in the question, because food production, distribution and preparation, as also the study of food habits, came within its terms of reference. Weaning diets did not consist of milk alone; other foods had to be included, depending on local food habits and agricultural possibilities. The problem of how to find the best possible weaning diets was therefore one that differed from country to country.

During the last year, UNICEF and FAO, together with WHO, had been interested in feeding schemes based on local foods other than milk. FAO intended to make a statement on the subject later on.

FAO had also been co-operating closely with WHO and UNICEF on the nutrition problems of the Arab refugees.

As the Board knew, FAO had always shown great interest in nutrition education, and a report on that subject which had been published two years earlier was still one of its best sellers. During the last two years FAO had become more and more interested in the training of workers. The previous month it had organized, together with UNICEF, a milk training course in Costa Rica, in conjunction with the school-feeding seminar. A similar training course, jointly sponsored by FAO and UNICEF, was to be held in Rome in October and it was hoped that a third training course would be held in the Far East in the course of 1954.

The training of auxiliary workers in nutrition had been discussed at the second session of the FAO/WHO Joint Expert Committee on Nutrition held in Rome in 1951. The report it had published was not well known, but it had formed the basis of discussions at the Third Regional Nutrition Meeting in South and East Asia, held in Indonesia in June 1953, under the joint auspices of WHO and FAO, at which much attention had been given to the training of local nutrition workers; the report of the meeting would be available shortly. As a result of that work, it was probable that in 1954 WHO and FAO would convene a regional seminar for the exchange of information on methods and techniques for the training of auxiliary nutrition workers.

The meeting rose at 1.10 p.m.