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UNICEF



UNITED NATIONS ECONOMIC AND SOCIAL COUNCIL



GENERAL E/ICEF/314 12 March 1956 ORIGINAL: ENGLISH

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UNITED NATIONS CHILDREN'S FUND Executive Board

(4p)

Statement by Maurice Pate, Executive Director to

the Executive Board 153rd Meeting March 12, 1956

I will comment on a few highlights from the report of the Administration to the Board and will also do some looking forward with respect to what the future holds in the way of opportunities for UNICEF services.

Against a goal of 32 million which we had planned, the actual number of children and mothers benefiting from the various types of UNICEF-assisted programmes in 1955 was 32,500,000. Our goal for 1956 is 38.3 million children and mothers as beneficiaries. If we succeed in reaching this goal, the number of beneficiaries in 1956 will be 50 per cent above the actual number of beneficiaries in 1953.

Our income from all sources in 1955 was the equivalent of 17.5 million dollars, an increase of 2.5 million dollars over 1954. The governments of 72 countries and territories supported us in 1955 as compared with 61 in 1954. Our financial picture for the moment is sound. But with requirements foreseen for 1956-1957 and onwards, if we are to carry out our responsibilities and desire to cope with really valuable opportunities before us, we should be raising our vision with respect to financial support.

The U.S. has pledged 9.7 million dollars for this calendar year. Pledges from other governments are expected to exceed 7 million dollars. This, together with revenue from voluntary contributions and from other sources, should bring our income for the year 1956 in the range of 18.5 to 19 million dollars.

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We have in hand or in prospect the resources to meet requirements for solidly developed plans this year. However, the advance studies we have made in the field indicate growing possibilities for service in the further future. In the first place, malaria control and malaria eradication have fired the minds of governments and of the peoples in many countries. This year we will be proposing allocations of the equivalent of probably 7 million dollars in the battle against malaria. We now see that from 1957 onwards an average of approximately the equivalent of 10 million dollars per year can be wisely used over the coming four or five years.

Besides the social and humanitarian benefits of these campaigns, the economic returns are so considerable that I hope the Board will continue to encourage this method of investment of our funds.

The Morld Conference on Yaws in Nigeria last November has opened our eyes to further large possibilities of action in this field. Africa, with an estimated 25 million cases of yaws and 90 million exposed contacts, has the largest continental reservoir of this crippling tropical disease. Over a period of some years UNICEF equipment and supplies to the value of 5 million dollars in Africa could bring about a valuable result in reducing and, over a longer period of time, eventually eliminating this disease. At the same time, of course, all of the going campaigns against yaws will continue until the goal of conquering yaws is achieved. Requirements in the present anti-yaws campaigns will approximate \$750,000 annually for some years to come apart from new campaigns in which we will be called to participate.

In countries of all continents community development work is being pushed forward either in pilot or larger scale projects. UNICEF is being asked to participate in its segment of these community projects, all of which ties in with the work of encouraging rural MCH centres on which we are already extensively embarked. At this meeting of the Board allocations are being recommended for UNICEF participation in two community projects, one in India and one in Kenya in Africa. These recommendations will be only a start of what may eventually be done. It is conceivable that a few years from now we could wisely be using 5 million dollars a year as our part in the continuing encouragement of the maternal and child health side of rural health services, including these within the framework of country community projects.

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In the field of child nutrition, in partnership with FAO and WHO, we have been laying a foundation for some months now which should bear valuable fruit in the future. The necessary manpower is being built up by FAO, WHO and ourselves. In addition to an allocation which is being recommended to this meeting of the Board in order to get ahead in the field of nutrition, we are endeavouring to bring in the participation of major foundations. By the Fall meeting of the Board it is possible that there will be some further concrete news regarding this participation of foundations. Dr. King and Dr. Sebrell have been rendering most valuable services in helping FAO, who and ourselves toward the building up of a strong group which can have an important impact for the better nutrition of children.

Last year we moved 115 million pounds of skim milk. Since the beginning of our operations until now we have moved about 700 million pounds of either skim or whole dried milk. To visualize to you physically what this means, if these 350,000 tons were loaded in freight cars here, it would be a solid train 100 miles long, or more than the distance from New York to Philadelphia. This is a large amount of protein. Converted into liquid milk it has warmed the stomachs of a large number of children in 85 countries and territories. It has not only strengthened their bodies and given them alertness but it has taught their parents and their countries the great value of protein in milk.

The important thing now is to convert this lesson into a long term programme of helping countries to produce more and better milk. And in those countries where conditions are not favorable for sufficient milk supply, we, FAO and WHO would work with the countries to help them develop vegetable or animal proteins other than milk. In milk conservation, production of other protein-rich foods, and child feeding we may be able to wisely spend up to 6 million dollars annually in the next 5 years. Knowing the view of this Board, that nutrition is the foundation of health, this would seem a proportionately moderate sum.

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We have spent up to now about 12,000,000 dollars in anti-tuberculosis Work, most of this in helping to furnish equipment and supplies for the examination up to March 1 of 162,000,000 children and the ECG vaccination of 62,000,000. We have furnished equipment for a limited number of anti-tuberculosis centres. Now a number of countries, and in particular India, are anxious that UNICEF help them in the fight against tuberculosis by working beyong the ECG stage. If the economically underdeveloped countries are able at considerable sacrifice to further step up their anti-tuberculosis work, and if further exploration with WHO proves international aid to be feasible for the large scale treatment of tuberculosis, it would seem reasonable that we try and find the means to provide supplies and simple imported equipment to enable them to do this. In a few years from now we might be spending as much as two million dollars a year for this purpose.

In the meanwhile UNICEF would be continuing its activities against trachoma and leprosy with some extension, both to new countries and in size of campaigns.

At this time I think we might be looking forward to the year 1960. I am not prepared to make a concrete proposal to the Board this early. I realize our work must evolve in a natural way. We would encourage only work which simultaneously has both social and economic value. We will have to see in the years ahead how our relations of confidence continue to develop with respect to our donors. However, I think there would be nothing extraordinary in the fact that, if we build solidly and cautiously, we might by 1960 approach an annual target budget of assistance of the equivalent of 30 million dollars.
