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Interview II

Interview with Dr. Charles Egger*

Conducted by John Charnow

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* Biography.

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Africa

Charnow: Yesterday we talked about Africa. Is there any thing you want to add?

Colonial powers invitation to UN

Egger: I thought about it and I wanted to add a couple of points, I mentioned the reluctance of the Colonial Powers in the early fifties to invite the UN as such a large scale into Africa and start work relating to cooperation, exercising political influence, furthering human rights, etc., so they did choose to make a beginning with more technical or humanitarian organizations such as UNICEF, WHO, and later FAO, etc. They had fairly clear views as to what they wanted from these UN Agencies.

There was, however, a marked difference between the approaches followed by the territories that were under the administration of France and those of Great Britain.

French territories

Health: In the French territories, it was primarily a question to strengthen their mobile epidemic disease control units. The French had given special attention to developing their mobile health units that were in addition to their basic health system which was really primary medical care based on hospitals and rather poorly staffed dispensaries. The main focus was on the control of epidemics - of sleeping sickness; later yaws, TB, and leprosy were added.

The mobile units were well organized and were largely in the hands of French military doctors lent by France to the various territories. They were working in uniform and applied military discipline. At the beginning we were very much utilized as a supply agency for transport, spare parts, vaccines, equipment. That was our entry point in Western/Central Africa. At the beginning, we also controlled malaria, through pilot projects in areas where it was thought it could be eradicated in accordance with the then prevailing thoughts.

English territories

Health: In the English-speaking territories the approach was quite different. With the exception of Nigeria, and Sierra Leone - they did not have in East Africa and the other territories well-developed mobile epidemic disease control units. The emphasis was on building up basic health services. They did have a certain concept which forward looking doctors in particular in East Africa, and in Nigeria had developed. They did conceive, not yet of primary health care but rather in the form of quite decentralised basic health services with some degree of community involvement, and through a wide good use of paramedical staff and auxiliaries. At different levels, you found not the fully graded

doctors, sanitary inspectors and nurses but auxiliary nurses, sanitarians, medical assistants or health assistants. We learned a great deal from countries like Kenya which had the most progressive health service at that time. We came across a number of doctors that later on made their mark in WHO in disease control and primary health care. I remember of Dr. Fendel, Dr. Barton and Dr. Walker and others, who were all working in Kenya. They had been pioneers in developing a basic health service, that made far greater use of locally trained staff, introduced such elements of health education, and incorporated water and sanitation as one of the elements of a broad-based health service.

Women's activities: community development

There we also came in touch with the community development movement. Community development workers were trained to be a kind of link-agent between the administration and the communities concerned. They became more of an agent for helping communities to organize certain social welfare activites, with a great emphasis on women. Pioneering work was done to prepare women to take part in the development work, it led to the creation of women's clubs and all kinds of women's activities. Kenya and Uganda were leading in this respect. I remember some of the pioneers, like Katherine Hastings in Uganda, Nancy Sheppard in Kenya, and others from which we learnt a lot about this whole approach to help communities through their own members to participate in development.

Missionaries

We also learnt to appreciate the work of the missionary societies in many of the territories - Tanzania was then a UN Trust territory, Kenya was a directly U.K. controlled territory and became gradually autonomous. What was significant in these countries was the role of the missions of every possisble denomination, who gradually evolved in the direction of social activities. A large part of this was the curative health work. Then also the education of the community was in the hands of these missionary societies. We gradually developed a system of assisting these missions, not just haphazardly but reached agreement with the governments concerned. We intended to strengthen and reinforce some of the activities at the missions that we felt that were in line with the policies of governments, as well as be in UNICEF interests, and give priority to the preventive and public health activities and include community education.

Leprosy

It is there that UNICEF became a greater supporter of the voluntary agencies through aiding the missionary societies. In West Africa for instance, they were of great help in relationship to support for our leprosy work. It is in Africa that we learnt from governments and missionary groups what they were doing in furthering a modern approach to leprosy treatments through active

case findings with modern treatment with dapsones and regular follow-up of the patients on a decentralisation basis. I remember again some really very foresighted healing treatment introduced by both African and U.K. doctors in the field of treatment of leprosy and reintegration of patients in the society which UNICEF assisted. UNICEF learnt a great deal from it as well as WHO. Our whole approach to leprosy was markedly influenced by the pioneering and spade work done particularly in Nigeria. I remember having travelled with some of these remarkable pioneers and came to know a great deal more about the disease, the possibilities of early detection, the need for regular treatments and follow-up, as well as rehabilitation. The French relied, also, through their mobile units on early detection and treatment but their follow-up was not as systematic because of the dichotomy existing in their own services.

Paris office/Colonial Powers

In order not to create problems in the relationship with the then Colonial Powers, and at their specific request, it was decided that the Paris Office, which had already the responsibility for Europe, would also assume overall responsibility for our work in Africa. With UNICEF's gradually receding role in European countries which were making remarkable progress in overcoming post-war problems it was felt that far greater attention would be given to Africa. This gave the Colonial Powers (UK, France, Belgium) access to a Regional Office that was in a position to have a decisive role in the formulation of policy. It was from Paris that we maintained contacts with the Ministries for Overseas Development in Brussels, London and Paris. A whole network of relationships developed through the many meetings and discussions we had with the officials concerned. They came to know us, as we came to know about their policies and their work.

We had to learn a great deal about Africa, whereas they had had decades of experience. Out of these close contacts came an increasing effective relationship where we were able to influence some of their thinking in terms of health and social policy, and to some extent with regard to nutrition but much less in the field of education which they felt was something they wanted to keep to themselves. With the English-speaking territories the increasingly close relationships covered community development, women's8activities, the beginnings of rural water supply and sanitation.

Exchange of country experience

As the children's agency, we were able to learn and transmit experiences made in one country to pass it on to the others. This had not happened so much before, though an interested and neutral intermediary, they were rather working in water tight compartments and did not know too much what was going on in the other territories, if it was administered by one of the other colonial powers. It was hard work at times. A real exchange

only took place amongst the countries in the late fifties and early sixties and it was clear that the time for greater autonomy and finally independence was coming near.

Portugal/Spain

Collaboration with territories under the administration of Portugal and Spain, proved to be far more difficult. In the fifties, ('53 and '54), I remember having accompanied Mr. Pate, the first UNICEF Director to a formal visit to Portugal and Spain. We negotiated for a fortnight in Lisbon with what was then the Ministry for Overseas territories, to find a basis for a possible collaboration in the Portugese-administered territories of Angola and Mozambique. There were some groups in Portugal that wanted the UN to come in, as they had observed our work in the other countries. Other groups resisted it. It was one of the most difficult negotiations that I have participated which did not in the end produce anything, although we were very courteously received. A real breakthrough for collaboration with the Portugese territories came only after they became independent.

In Spain it was quite different. A beginning was made first to establish a basic understanding for assistance to children in Spain. This lead later to minimal aid being given to colonial territories under Spanish administration in Africa, the island of Fernando Po, Equatorial Guinea, etc. We were greatly assisted in this by a group of liberal-minded Spanish doctors who had paved the way with the Spanish government.

Biafra: Congo

A last point, UNICEF in Africa was involved in two major emergencies during the period of the early sixties and seventies. One was the civil war Nigeria between the Federal Government and the Ibo province of Biafra, and the other the intervention of the United Nations in the Congo after the breakdown of the Belgian rule and the precipitated rush towards independence and the danger of the Congo breaking up at that time, and not being able to set up a stable administration.

Learning from experience

During the period I was responsible for Africa from 1952 to 1961, there was a great advantage because neither the UN in the development field nor UNICEF in its traditional fields had much of an experience in Africa. We were able therefore from the very beginning to guide, and formulate the policy based on our learning, our own mistakes, our own discovery and in particularly associating ourselves with what we felt was positive work being carried out by the Colonial administrations and the local authorities. We did learn a lot about Africa and when the countries became independent we had a great advantage because we had been working there for almost a decade and UNICEF had earned itself a name.

We did establish a lot of personal relationship with African leaders, probably at the beginning more in the English speaking countries than in the French speaking although this also took place there at a later stage. We had participated in a number of pioneering ventures, had learned from new experiences or then tried to infuse some new dimensions to the work that was going on in the social field.

So UNICEF was on the whole better prepared than other agencies in that sense that it had been associated and worked closely with the authorities in power from 1952 onward until 1960 – 1961 when most of the countries became independent. It had also a disadvantage that we inevitably associated ourselves with the outgoing Colonial Powers and the first harvest of African governments that often did not stay too long in power.

This role started with a visit I took part in with a WHO group in West Africa in 1952 for about six weeks starting in the Cameroons and ending in Dakar. It was my very first exposure to Africa. There were many more exposures to follow later on but I felt tremendously attracted with what we saw and learned both about the problems of children, malaria and other communicable diseases, the lack of a solution to the early child and mother problems. We learned about Kwaskiorkor.

Establishing field offices

We started with the creation of one office in Brazzaville, the then HQ of the group of territories of Afrique Equatoriale Française. The regional office in Paris was still the main office for the reason I have explained.

The next office we wanted to establish was in Kenya but HQ decision was to prefer Uganda. This proved to be a wrong decision.

The third and following offices were then needed in Lagos, Abidjan and then in Dakar.

With this first network we had a pretty good contact not only with individual countries but the groups of countries of AOF, AEF, in Rhodesia, Nyasaland, East Africa Region.

The reresentatives UNICEF had been able to recruit were first class people with experience, interest, human sensitivity and willingness to learn. It was a very challenging period and shows how important the professional quality and personal calibre of our representatives counted in developing a mutual satisfactory relationship with the people and governments.

Relationship with WHO

Charnow: What would you say was our relationship with the agencies, particularly WHO.

Egger: In those years the relationship with WHO was a fairly close one particularly when it came to groping with problems of tropical diseases, systems of health services, training, research, etc. WHO had their specialist advisers, gradually built up their regional office in Brazzaville, and established a network of WHO representatives in all the various countries in Africa. The strength of WHO lay in the quality of their specialists in the field of tropical diseases. The weakness was in their role of advising the various countries in developing a planned approach to their public health services and on the lack of proper advocacy role vis-à-vis governments. They followed, like UNICEF, a project approach, concentrating on technical advice and supplies and transport, and looked at the countries to strengthen national services on a long term basis.

Training leaders

That I would not say has been the main aspect. Looking back we must ourselves admit that we did not realise that the countries would become independent so soon in 1961. Had one realised it earlier, we should have been far more in touch with the African political elements and somewhat less of the then Colonial Powers. If one could have foreseen that this development toward independence would come so rapidly we should have made a greater effort in far more adequate preparation in assisting in training, or offer opportunities for future cadres to learn more about the administrative responsibilities in the field of social services, research statistics, etc. We realised this probably too late, but later did apply this to the Portugese and Spanish territories.

We were not sufficiently anticipating events and should have pursued a different approach, and worry less about the pursuit of individual projects and concentrate more on preparing leadership in terms of people, help to strengthen institutions and experiment with different concepts of structures that do. But then we were not free to act on our own and had to work within the framework of collaboration with the then responsible powers.

Bilateral aid

Charnow: And bilateral aid?

Egger: At that time the aid came from the Colonial administrations themselves. They decided and subsidised many of the budgets and therefore these had to be discussed in each of the territories with the local administration as well as their head offices. You had to see the Finance Secretary or director-in-charge of finance of the various countries to discuss the financial implications of development work you were initiating or associated with. The answer that they usually gave was that they did not have enough money to be able to maintain projects. It was only through the rearranging of budgets, by relying more on community participation, by perhaps taking into account some of the benefits to be received at a later stage that solutions could be found.

They welcomed, in general, our readiness to provide aid in equipment, supplies, in particular transport. Our expenditure for transport was considerable at that time, although the authorities did become aware of the continuing recurring cost of what we were occasioning through this relatively massive influx of cars. This created some problems.

Bilateral aid was not bilateral aid as we now know it. It was the finances that the Colonial Powers were allocating to subsidize or support local expenditures for administration, police, development, communications, etc in these countries. In some sense you can say bilateral aid came through the large numbers of voluntary agencies, mainly missionary societies working in Africa.

Aid geared to training/research

Institutes

Charnow: You mentioned training. I've heard it said that one of the problems of providing aid geared to local conditions, resulted from the fact that the people in charge in the health and other relevant ministries were Western-trained and Western-oriented, and therefore wanted to achieve Western standards. They didn't want to be treated as second class citizens.

Egger: This is a very good comment. I would say the answer to this was different depending on the territories or the influence to which the territories were exposed to. In the French-administered territories, higher training beyond the secondary school level, with very few exceptions, took place in France. Therefore, you were not able to influence them very much. There were exceptions. I do not remember exactly when the University in Dakar was created but that was the first university in the French-speaking territories that started to provide undergraduate training in various disciplines. The curricula, the system of teaching, the system of appointment, etc. were all geared and related to the system of a French University. In fact, each one of these new universities was linked up with a French university, and just translated or extended their conditions, their approaches, their curricula. They had only one idea, that it had to follow the model set in France and any other university. This was both demanded by the African authorities as well as was part of French higher education policy.

In the English-speaking territories it was rather different. From the very beginning, when universities were established in English-speaking territories while account was taken of curricula, methods of teaching that were practiced in the U.K., they developed at a far earlier stage a policy related more to suit local conditions. They were more advanced in recruiting African lecturers and professors into University ranks. These universities became more and more teaching institutions that represented the interests and were part of the national fabric of

these countries. UNICEF has certainly been one of the first outside institutions willing to support these early colleges or universities.

Makerere

You may not know the history of our involvement with Makerere College in Uganda. The academic authorities were interested in developing and extending what was then a traditional medical college, and create a department of child health and preventive medicine. Arising from discussions with a number of far-sighted University teachers, both British and African, we felt that the best contribution that we could make was to provide funds to Makerere College - later the Makerere University - so that they could employ their own staff and develop their own curriculum. We agreed in broad outline as to the type of curriculum to be pursued. We also provided some support to extramural activities to encourage experimental work in simple village health surveys, or introduce basic services etc. This at that time proved to be a rather innovative approach. It was the first case where we were actually concerned with strengthening a national university - serving the whole of East Africa , and thus influencing future training and health policies in East Africa.

WHO unhappiness: This created an enormous row with WHO. WHO saw this as an invasion of their prerogative of providing technical assistance, and through experts they were choosing themselves. We politely but firmly pursued our path because it was one in which the East African University was interested. Through the commitment of funds, we helped to establish a chair of child health and pediatrics for five years and agreed on the outline to be pursued. Because I was so much involved it came to be known as the Egger Chair which infuriated WHO. When I went back to Uganda a few years ago, I still found people who remembered that. We did not originally start with this idea, but through a series of extraordinary circumstances we came around to see this as a very innovating, intelligent contribution. Later we took it up and applied it also elsewhere. This was however one of the first instances where UNICEF helped to develop, and through the provision of funds, strengthen a national institution for teaching, research and practical experimental work in the field which we felt was in the interest of UNICEF and the countries concerned.

ICC and other institutions

Charnow: What was the role of the ICC, and was there not an Institution in London that we also helped support for training of leaders in child health and welfare in Africa?

Egger: The medical training in the universities beginning to be developed in Africa, in Dakar first and then in Abidjan, later Yaounde in the Cameroons, followed the medical colleges system and was oriented to prepare medical doctors, with emphasis on curative medicine.

The ICC and other institutions had a definite role to play; ICC tried to provide African doctors with a first orientation, in preventive health and social pediatrics. They had only during their regular medical training a rather rudimentary exposure to public health and associated discipline. This was an important element at that time.

Looking back over it I really think that UNICEF should not only have provided financial support to the ICC, but should have taken a far greater and firmer role in contributing to the formulation of policy and its practical application. This the ICC resisted during a long period. We should have really put our foot down and allowed it to come to a very serious exchange, eventually to a clash, in order to make it clear that we're not just supporting any institution with full respect for what they were doing. With the experience we were gaining, and the support of other agencies, we should have played a greater role in the formulation of their policy.

A similar development took place in our relationship with the Great Ormond Street Children's Hospital in London and the creation of the Child Health Institute. There were some first-class teachers - I remember Dr. Morley, Professor Wolf, and Heyndincks who had gained experience in Nigeria and the University of Ibadan in particular. They were the first institution to come forward with the concept of a comprehensive child health service, with the development of simple services that relied to a large extent on the mobilization and participation of auxiliary workers, and volunteers that succeeded in entailing the participation of the community, women in particular.

In Ibadan University, we helped to develop something similar to Makerere, in creating a Department of Child Health which continued the type of studies, teaching and research that Dr. Morley had himself initiated in West Nigeria. I remember to have been in contact with Dr. Morley and Dr. Hendricks rather early, and we learned a great deal in terms of simple but effective approaches for the development of appropriate child health services.

Looking back, we were so fascinated and interested in working with these pioneering institutions, that we did not sufficiently think through this process. This was not something related to a particular individual but there was a whole approach to be studied, there was experience being made, that should be applied and developed on a far wider basis.

That translation, in terms of a local experience, in terms of a new policy and its application, could have been done on a wider basis, with more far-sightedness and wisdom than we had done. But we were so much involved in learning, in participating, in developing, with perhaps a feeling that this should be gradually expanded.

Another case outside of Africa, was the Haceteppe Institute in Ankara, Turkey, which became later on the University under the influence of Professor Dogramaci So the ICC, the Child Health Department of Great Ormond Street, and of Haceteppe Institute, as well as a Polish Memorial Hospital, were the pioneers. Another institution that we learned from later was the Institute of Tropical Medicine in Antwerp, which had an outstation live in the then Belgian Congo in Keru Kiwu Province. It concentrated in research, studies, etc. in relationship to nutrition, as well as to tropical diseases. In the Spring of 1981 I was in Zaire, and saw this institution again and could still see the continuation of the early work that had been undertaken there.

WHO role

Charnow: To come back to these institutions that we helped financially, was WHO at all concerned with the broader aspects of the experience or the policy, or the relationship, what was the role of WHO? If you fault us, would you fault WHO too?

Egger: WHO's policy had always been geared to help countries at their own level in Africa. The African Regional office of WHO in Brazzaville, was really to a large extent, geared to assisting the country itself as their whole budget was built on country allocations. They were reluctant to assist institutions that were situated in the home countries of the Colonial Powers. They considered this probably as an effort to prolong the influence of the former Colonial Powers under a different disguise. This approach gradually changed but particularly under the influence of the Geneva/WHO headquarters that took quite some interest and participated in our efforts. WHO became members of the Consultative Committee of ICC, and we also consulted with them for the other institutions. The driving force remained UNICEF. WHO came along and expressed its views on technical matters, research, teaching students, etc. Later they became much more policy-orientated and balanced UNICEF's efforts far more effectively.

The strength of WHO was at that time more in the field of dealing with technical aspects of individual diseases. They were pioneering, eg. in yaws control. A man like Dr. Zahra, who had been in charge of endemic disease control in WHO, and is now the WHO coordinator in India, is a good example - I met him for the first time in the early 50's in Enugo in eastern Nigeria when he was in charge of endemic diseases control there, and pioneer in the treatment of yaws which became a major campaign of WHO thereof.

In terms of the training of local personnel WHO in the beginning, had relatively little experience. Experienced, seasoned teachers and health administrators, etc. in the countries knew far more about these problems. Only with time a core of more experienced advisers became available. It was a combination of initiative, curiosity, amateurism and common sense that led us to find the top people in the countries that were in the avant-garde of the

application of modern science, and had the proper understanding of what these African countries needed, so as to develop the manpower required in these countries on a large scale.

Content of training

Charnow: UNICEF invested quite a considerable amount of money in short-term training and we were the only agency concerned with that, if I am correct. I know that at one stage there seemed to be some concern with what was being taught - the quality of training and its relevance. There again we put in the finances but to what extent were we involved in the content of the actual training - we or WHO or local people? Could it have been better, had there been a greater interest in the exchange of experience of the courses, particularly on those which were better?

Egger: Well, this is certainly a pertinent and difficult question. I don't know how much I can answer this fully. I already indicated to you that I felt that in support of ICC the Child Health Institute in London, other institutions in Warsaw and in Turkey, we could have taken a firmer stand in relating our financial support to the orientation of their activities, to the substance to the quality of teaching and training that was being conducted, the field work, etc. That would have meant that UNICEF would surround itself with people that were capable of advising us accordingly.

This should have been WHO, of course, but we should have been really far more daring and obtained the best possible advice also from other sources.

In Africa, we were newcomers, and so we were handled with a certain degree of reservation. At the beginning, we really allowed them to carry out what they had in mind. With time this changed; from being allowed to assist materially we became more trusted partners in the development of their programmes. We could then speak more openly. We were trying to see who the people were whom we could trust and rely upon, who had a sense for a new pioneering approach, who shared a common concern for the development of new approaches and initiatives to overcome disease, hunger, lack of attention and opportunities for future advancement of children.

In a second stage, we should have been more careful and thoughtful, had a responsibility to see that the quality and orientation of the training and education improved, that the method of training was more geared towards the needs of the countries, and in particular that the training took more account of the conditions of work and resources available to the trainees when they returned. This developed only gradually and depended on the understanding our staff had of these problems as well as of the type of dialogue and collaboration one had with WHO.

UK office

Charnow: Charles, in our relations with the UK Government and its colonial, and neo-colonial interests, what was the role of our UK office?

Egger: Well, I would say in the true sense, it was a good liaison office and contact office. The regional office was in Paris and we had easy access to the Ministry of Overseas territories in France, and equally with Belgium. The approach to the UK needed to be more carefully prepared. The staff in the Colonial Office, and then later in the Ministry of Overseas Territories, were usually seasoned administrators, health officials or educational administrators, in charge of education and welfare, who had spent years in the colonial territories. They were not easily moved by a visit of a UN official who had come with a couple of months of experience of travels, etc., and therefore the office in London under their successive heads, Dudley Ward, Marjorie Stephens, Sir Herbert Broadley, etc., was very helpful in preparing the ground - not just arranging meetings, etc., but really discussing and rehearsing what subjects we wanted to raise; what was the follow-up required in order to create a more lasting understanding and helpful attitudes.

The change in the attitude of the UK really came in '71, a rather late stage, when one of the key administrators of the Office of Overseas Development Mr. Mathiesson attended an Executive Board meeting in Geneva. He was quite critical of both our policy and performance in the field of education. This led, then, to the first review of UNICEF's role in primary education. We consulted with him in the preparation of this study. From a Saulus, he became a Paulus. Previously the UK was more interested in seeing that our funds were carefully spent to keep our administrative expenditures low. They were also particular that we discuss the types of projects and their implication for local budgets with the authorities of the countries.

In the fifties and sixties the role of the UK office was an office that maintained contact with the UK authorities whom we consulted for advice and follow-up. In the UK you have to develop a social rapport, imitate your partners in order to talk more openly. I would say this was a very valuable service that our London Office had performed, that we could not have done from Paris.

UNICEF staff in Africa

Charnow: Let me go back to the question of the UNICEF staff in Africa. You said, yesterday, that these were people - many of them - who had been idealists, who had experiences through the war, who were concerned with logistics, very practical-minded. What was the adjustment process to move from the supply orientation to that of influencing policy, and how did our people fare?

Egger: It's a good question. First of all, it's a question of the types of people that you do recruit, employ and train over successive periods and therefore the shift came about gradually.

Dr. Marti

In the early period in Africa, we had two previous delegates from the International Red Cross Committee, Dr. Marti and Dr. Lehner. I already mentioned Dr. Marti to you, who thanks to his human qualities, was probably the key man who opened doors in Africa to UNICEF. I cannot give enough adequate recognition to Marti's pioneering role. He was a doctor and had had a long-term experience as Delegate visiting war prisoners' camps with the International Red Cross Committee. He was also a wonderful human being with an interest, and an understanding of what colonial administrators, health and welfare officials, teachers, local personnel, etc., were doing. I think UNICEF's image in Africa has been marked by the personality of Dr. Marti. He is certainly one of the people whose role has not been sufficiently realised and appreciated. UNICEF could not have had a better missionary, and path-finder than Roland Marti, who with his typewriter and his large brief case, was really a travelling apostle as UNICEF's Representative all over Africa. He started the UNICEF office in Brazzaville, then opened up the Abidjan office; later he moved to Dakar. His last assignment was in Algiers.

Dr. Lehner

Dr. Otto Lehner did remarkable work in Nigeria; he set up and arranged the Nigeria office in Lagos. Dr. Lehner was not as hardworking, perhaps, not so much a relief worker, but he was a very shrewd man. He took a real interest in the training of local staff, and developing of long-term services; he suggested that we move beyond the support to mass disease control campaigns and take an interest in building up elements of basic health services. Interesting campaigns were being carried out in the various provinces under the leadership of the Federal Medical Service of Nigeria.

Others

I would also want to mention the name of Karl Borch, a Norwegian economist. He first worked with Dr. Marti in Brazzaville and then went to East Africa. He was one of the first ones in UNICEF to realise the potential and the possibilities of participating in building up a permanent structure where the child health and nutrition elements were being adequately considered. I also remember Dr. Pierret, a Belgian doctor, a vegetarian with a very nice Syrian wife. He was quite fanciful in his own way, and original. He took over from Dr. Marti in Brazzaville. After Karl Borch, we had a rather down to earth, New Zealand marine captain, Hewitt, who took over the office in Uganda. We also had Stewart Sutton, a Canadian with social welfare background, in Brazzaville.

Field visits

We learnt a lot in the Paris office through the constant visits we were able to undertake, and share the experiences of field personnel. At that time, I was probably four - five months every year, away on visits to Africa. This is one of the reasons why I have, to a certain extent, neglected the family and children during that period. The visits were partly sharing in the field visits, participating in visits to the authorities and analyzing and adjusting our cooperation.

Dr. Sinclair-Loutit, WHO Adviser

I was often accompanied by Dr. Sinclair-Loutit who was the WHO adviser and attached to the UNICEF Regional Office. He was quite extraordinary and eccentric person. He would not necessarily fit into a normal WHO or UNICEF post. He was brilliant in his analysis of the situation, and very resourceful in terms of ideas. WHO did not look with favour on this arrangement, because he was a WHO staff member, and often rather critical of the work that WHO Regional Office in Africa was undertaking.

The combination of the three elements, Dr. Sinclair-Loutit, myself, and the local representative with whom we travelled reviewed and examined the situation in the countries. It was a kind of travelling group whose review brought the various elements together in order to determine the policy to be pursued; how we could move from too much a supply-oriented agency to a children's agency.

Changing staff perceptions

The combination of these factors contributed a lot to change the views of our staff and their counterparts as well as to find the type of personnel that was open-minded, began to have better training; had not only supply or relief experience, but gradually assumed a planned development approach, and began to have a greater understanding of the social fabric of these African societies that we were working with.

At the beginning we were too concerned with a purely technical point of view in health matters without sufficient attention to the real situation of the people, their reaction to these schemes and the way they were perceiving these efforts. This came about only gradually at a later stage, and was not necessarily an aspect that we were in the first place interested in.

However, there were already hints coming particularly from the training and research institutions that we were in touch with, primarily in the English-speaking countries who were advocating a greater degree of sensitivity in working with Africans, learning to see the teaching and training modules more in an African context and to respond to African needs and perceptions. Some institutions in French-speaking countries also opened our eyes and naturally our contacts with Africans themselves.

Regional Office/Headquarters relations

Charnow: In all this discussion you haven't mentioned UNICEF Headquarters, the Front Office, Programme Division or the Board. I take it that you had a good deal of independence in developing the work in Africa, and that it was then your task to transmit these ideas to Headquarters and the Board and they were fairly supportive?

Egger: It sounds a little presumptious to say right away yes, but by and large, probably this was the case. The Board members at that time did not travel much. Their first exposure to Africa came about when visits were arranged in conjunction with the meeting of the Board that took place in Addis Ababa in 1965.

For a number of countries in West and East Africa, Headquarters, through occasional visits, certainly participated in our work in Africa, but it was more a question to catch up with developments, to see the type of paths we were following, the conclusions we were reaching, etc. The people in Headquarters had also been associated with our work in Africa through a great deal of exchanges by correspondence, discussions, etc. But it is true, I had a fair amount of autonomy, therefore responsibility. However, looking back there was not enough of a real and constructive dialogue.

I had a lot of discussions with Dr. B. Borcic, Dr. M. Sachs and Mike Schmittlinger who had been very encouraging during the initial period. We did not have very high calibre people in the Africa Section of the Programme Division at that time. I remember as a result of discussions with Dr. Borcic, Mr. Pate was encouraged to visit a number of countries in West Africa. He was very receptive and interested and became very supportive of our work.

We were together during an official visit in Conakry, in the late fifties. It was an awful place at that time - we were eating rather lousy Russian bread and Portuguese sardines for breakfast and some juice, because that was the only thing that we could have. We had our first visit with the President, Sekou Touré, who was still in his prime. Maurice Pate was equally visiting in The Ivory Coast and Senegal.

Therefore, in answer to your question, Headquarters and the Board on the whole, accepted our policies and programmes proposed for Africa, at times a little suspicious and concerned, but also very interested.

There was also not much of a possibility to counter what we put forward because we were able to gradually bring about new developments, and were able to back it up with reasonable arguments and documentation that fitted into a framework of agreed policies and financial resources.

Looking back - you're quite right - we had a great deal of leeway, and obtained considerable understanding and support, but there was perhaps not enough of a hard-boiled dialogue and critical review as should have been taken place. But we got away with it and I think it was not the worse for UNICEF though probably a number of mistakes have been made.

Allocations for Africa

Charnow: Was there any conflict between the amount of money for Africa as against Asia and Latin America, in that period?

Egger: That's a good question. I think, Jack, it is only after 1961 when the country approach gradually became to be developed that some appropriate criteria were established amongst the Regions, and then also for the countries. I think it was a question of keeping within an agreed range already established.

But one had to fight for additional resources, particularly for the new countries becoming independent and with new types of development being initiated. We did get a fair amount, but probably had to argue a lot about this. I can't complain about the amount of money that we eventually got with the type of project approach we had at that time.

As I said earlier, had we realised that we were in a vital period that led to all these countries becoming independent, we would probably have scrutinized our programmes more critically, and could have in the long-run required more money. UNICEF at that time did not have very large resources. Only in the sixties did UNICEF pass the $ 50 million mark; at that time, we were dealing with 35 - $40 million per year, which was thought already to be already quite generous as seen by contributing countries.

Recent changes in Africa

Charnow: Charles, you said that you have been back to Africa several times since the period that you were responsible for our programmes. What would you say you think are the basic differences you found from the UNICEF point of view, and to what extent you think UNICEF contributed in some way to these differences?

Diversity among countries

Egger: One of the first differences that you could see is the far greater diversity between the various countries. Previously we used to deal with the group of French-speaking countries in West Central Africa , the English-speaking group in East Africa, with Rhodesia and Nyasaland; this has given way to a much greater differentiation in the way they have planned and managed their developments.

Some countries - and they were the minority - have had a relative political stability, like Cameroon, the Ivory Coast, Senegal.

Others have experienced constant upheavals, changes, etc., with one group replacing the others, like in Mali, and also Upper Volta, to a certain extent Niger, Sierra Leone, Zaire, the Congo Brazzaville, Uganda, etc. This was often aggravated by man-made catastrophes.

Others were exposed to bloody changes, often military or dictatorial regimes, brutal and ruthless, etc., where one group of military officials had been in charge for a certain time until they were thrown over by the next group that came into power, so this has tremendously altered the situation.

Natural catastrophes

Then there have been natural catastrophes of unprecedented dimensions that struck the Sahara Belt, West Africa, Sudan, right through to Ethiopia, in the early seventies - '72, '73 - which led to an unprecedented relief operation without sufficient consideration as to how to tackle the roots of the problem and help the countries to formulate far more long-range plans to prevent or mitigate natural disasters of such a type. This has thrown out of gear many of the development efforts that we were associated with. Think of the catastrophic drought situation in Ethiopia, which contributed to the downfall of the Emperor and his constructive government. It led, with other reasons, to the oil crisis, terms of trade, unbalanced development effots, etc., continuous impoverishment of countries in the Sudanese and the Sahelian belt.

Economic problems

Other factors have contributed, over the last ten years, to this downward trend, the adverse terms of trade, the increasing costs of vital and other imports, the decreasing value of their own exports of raw materials or semi-finished products, neglect of traditional agriculture, unsuitable policies of development, mismanagement, etc. All this really brought many of these countries near to bankruptcy or at least into extremely difficult situations where social services were the first ones to be reduced. They were not able to maintain a minimum standard, in terms of paying the salaries for their staff; assure enough petrol for the cars; for maintenance of equipment or buildings, and so forth. Many of the services we had helped to build and equip were seriously affected. The urge to earn enough foreign currency to allow for much needed imports.

However imports often benefited unduly only a small elitist group, has favoured the trend to extend agricultural cash crops that could be exported, and not basic traditional crops that helped produce the food that the people needed. The imports of food that the African governments now have to make, spending much needed money just to keep the urban population satisfied is tremendous.

UNICEF's influence

Differences from early days

All of these reasons, political instability, economic difficulties, rising expectations, have made UNICEF's work in Africa far more difficult. When we started in the fifties, we had the challenge of reaching independence, the enthusiasm that followed and also the desire of the first group in power to consolidate their position, there was a period of euphoria in making ambitious plans and accepting too easily the western-inspired models of development.

Foundations laid by UNICEF

All the same, in some of the countries the development of social services based on what had been started in the fifties and sixties, led to create good foundations. In Senegal the initiative of the administrative reform, with the delegation of authority to the provinces, and a greater participation of local elected bodies in both the preparation of budgets, administration and use of fund, with also a greater coordination of the various sectorial activities to which UNICEF has contributed in a very essential way, has been a real milestone. It's certainly an interesting and encouraging example of UNICEF's contributive role with its stress on the building up of social services, but seeing it as part of a wider development process which considered the administration and financial structure with the first entry points of local level participation.

Beginnings of PHC

Also, the very idea of practical application of primary health care has been influenced by the pioneering work done in a number of African countries. In the fifties Nigeria had done valuable spadework as well as Kenya. Niger had made a real beginning of primary health care before anybody spoke about it. In Senegal, the local village pharmacy was introduced where the Government helped to pay the first investment and then the community was expected to replenish it; after having been trained the local midwife was rendering a better service to the community as she was attached to a maternity home from where she also received simple drugs, etc. These are elements of a practical nature, which contributed to the concept of Primary Health Care in Africa.

ICC training centre, Senegal

We have also to consider the work of the International Children's Centre in this context. We have been at times critical of the ICC where the Centre organized orientation courses for ten days, etc., and then everybody went home.

As a result of our visits in Africa, Dr. Sinclair-Loutit, Dr. Marti and myself conceived the idea of building up an area in Khombol, Senegal, where the ICC would support a permanent study and a training centre as a kind of demonstration area. We succeeded in getting Professor Debré, the President of ICC, and the Director, Dr. Berthet, interested in it. Some of the development that one sees coming along in Senegal go back to that particular project which was later attached to the Department of Pediatrics at the University of Dakar.

Water

One element of our aid package that grew enormously was rural water supply. We did not give too much attention to larger water supply and sanitation projects in the fifties and sixties. It was first of all seen as an effort to provide drinking water on a pilot basis.

Then the idea grew to link it up with basic health services as an opportunity to be seized to educate the people in terms of maintenance of water installation, safeguarding the quality of the water, learning about the use of waste water, etc. This gradually developed into a new element, which contributed a great deal to provide services in which people were clearly much interested if it was alone on a sufficiently large scale and became part of local structures.

I've just come back from the Sudan, where UNICEF in recent years has made a major effort in the development of rural water supplies for people in the difficult provinces of the Sudan. Water was raised from the ground through wells fitted with pumps or through preservation of rain water in the forms of locally built small dams. One had to make sure, through certain filtering systems, that the water was fit for human consumption.

Based on earlier efforts of ad hoc training, UNICEF and WHO have gone into developing systematic training in many countries, and educated staff not only in the engineering and technical aspects but also to relate the water systems to the existing Public Health and whenever possible primary health care services.

Mass campaigns/integration

The mobile, cavalry type of epidemic disease control services have, to a large extent, become more integrated with existing basic health structures. This represents a big change. Before this there was a clear separation - one approach was the cavalier French, military-trained mobile units who were in charge of all epidemic control, and little relation to the state services of the "Assistance Médicale Aux Africains" operating from small hospitals and dispensaries who had all the curative work to perform. With the help of WHO, this has become a more unified service where the various elements were being integrated. Earlier, we looked at and decided on the merit of individual projects.

Now the questions are, let us see what are the basic problems of the country, which objectives does it want to pursue, what are the resources available, what is the suitability of the structure, what is the overall health policy the country wishes to pursue, how can the various elements more effectively be combined into an effective system, what are its specific objectives, etc. This is a vast improvement that has taken place, and a real review and planning system has been introduced. Really good examples are still probably too few but a method has been developed which can be improved upon and establishes clear guidelines that can be accepted by all partners concerned.

Education

A brief historical summary

One aspect of UNICEF's work that I've not spoken about, is our role in education. We were not asked to deal with education in the fifties because that was firmly in the hands of the Colonial Powers. This came at a later date, in the course of the sixties, I remember in particular, UNESCO's contribution to the development of auxiliary teachers for primary schools in countries that had no teachers of African origin. A classical case for this was the Belgian Congo, (later Zaire) and Algeria, Ethiopia, etc.

In Algiers, UNICEF and UNESCO helped the country to develop adapted short-term training courses for moniteurs or auxiliary teachers. In Zaire it was UNESCO primarily who sat in the teacher seminars with the same purpose.

Ideas developed questioning the relevance of education, the search to find an educational system that geared itself more to the needs and objectives of the countries that was within the range of resources that were available. This came only in the late sixties, early seventies, when, with UNESCO's technical help, a number of major education programmes were developed that centred around a reform of basic education, trying to both extend education to larger numbers, geared it to the environment and understanding of the people and was in line with general development objectives.

But there you run against the reluctance of the elite who preferred to have the best educational system for their children comparable with Western standards. They did not want to have what they feared to be second-rate education. This discussion is not yet terminated, and education continues to be in a very difficult stage. In fact our previous Regional Director for West and Central Africa, Ahmed Mostefaoui was a teacher himself, had been a UNESCO expert in Zaire, was so concerned about the uncertain educational policy that he never wanted to get UNICEF too much involved in education. I did not altogether agree with

him, and felt we should take more efforts to experiment and help with different innovations until clearer solutions were appearing on the horizon.

UNICEF's involvement in the field of education in Africa is certainly interesting and has come up against tremendous difficulties. We were interested at the beginning in improving the quality of teaching of untrained teachers. Then we became increasingly concerned with the content of education, the method of teaching.

We learned about the preoccupations of countries with a lack of adequate preparation for life. An interesting example is the work we've done in Tunisia, where we have helped to develop a concept of pre-vocational education which started first a parallel system, and then became gradually part of the process of education with introduction of different types of manual crafts in the field of education. This is now expanding and developing, and Tunisia is one of the few countries that have succeeded in giving a much more practical aspect to the development of education without neglecting educational principles.

There was also the famous case in Upper Volta, of the introduction of a separate type of rural education in the late fifties, while I was still Regional Director for Africa at that time. Some African rural educators, in order to break away from a carbon copy of Western education, began to develop the idea of a separate rural education that would be set up in areas where there was no other form of education. It also included a kind of practical preparation for rural life combined with the principal elements of basic education for the introduction to typcial agricultural activities of cotton growing, millet planting, etc. This principle of a separate system of education that the government of Upper Volta wanted at that time, was bitterly fought by UNESCO, being against the principle of different systems of parallel education without proper links between them and barring children from one system to find access to secondary education. It was a famous battle with UNESCO, where the government of Upper Volta, with our help, won in the short run.

The ultimate experiences with this type of education have however not been too satisfactory. It did provide very valuable experiences and showed the needs to bring about basic changes in both the forms and content of education, that must relate more to national objectives and take into account the environment and the resources available. In the Federation of Cameroons, in Niger, and the Abidjan (Ivory Coast), and a fourth one in the Central African Republic, UNESCO with some UNICEF help, formulated some major projects for the improvement, reform and expansion of primary education. Neither of these have been entirely successful. UNESCO either lost its interest, lacked resources and were not able to follow through sufficiently effectively but I remember the endless discussions at meetings we took part in with participating countries for the elaboration and

administration of these projects. The Ivory Coast was to utilize television as a means of spreading education. It was beginning to modernize the expansion of education, make better use of source programme and innovating teacher resources but at the beginning with little change of substance. This proved to be a basic mistake which was only inadequately corrected later.

In Niger, the emphasis was on the preparation of a new type of rural teacher who was far better prepared to deal with problems of the environment who know something about community interests, and was also trained in community development. This led to very interesting experiences which unfortunately were not pursued. I met later some of these teachers in Niger who were far better prepared to meet the problems and needs of children, and the communities concerned in which they were working, and established quite a reputation for themselves. The original ambitious effort in the Federation of Cameroons, broke down because of the consderable resistance of the parents who did not want to have a different kind of education for their children, and of the elitist-orientation of those in power in government that wanted their children to follow a school system which allowed them to be recognized in France and follow higher studies in Paris.

Current dilemma

Our whole involvement in the field of education - and I've really given you a few examples that I remember - has been a rather difficult one. It has however permitted us to learn a great deal without necessarily always finding the right answer. We are still, to a certain extent, in the same position today, as UNESCO and other educational institutions are, all meeting serious problems to help governments to find concepts that would improve and adapt education to what the countries require and what they themselves are willing to adopt.

Generally education in Africa - this is not necessarily limited to Africa - is in a real crisis, and UNICEF has somewhat elegantly withdrawn from its former major interests in basic education, and shifted to concentrate on the development of the young child - to concentrate on selected elements in the field of education that relates to elements of primary health care, nutrition of the young child, health risks to children, water for drinking purposes, preparation of girls for motherhood.It is a basic problem that has not yet been sufficiently thought through and where the earlier work and concern is somehow left in mid-air.