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Interview with Dr. Charles Egger\*

Conducted by John Charnow at UNICEF Headquarters

On 24 October 1983

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\* Biography.



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Interview Dr. Charles Egger by John Charnow: Michelmore S:

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Charnow: In our last interview we had about completed talking about your work in our Paris office and about the opening up of our co-operation with Africa. Then when that was finished, you went off to India?

Michelmore survey: breakup Paris/Bangkok offices

Egger: Yes, that is correct. At the end of my assignment in Paris from 1952-61, we had at that time a first review of the administration and organization of UNICEF led by Lawrence Michelmore. The Michelmore review recommended a break-up of the large regional offices, Paris and Bangkok in particular, and the creation of more heterogeneous regions. Africa, the Middle East and India offices were to become separate regions.

Egger heads India Office

As a result of the administrative review, I was asked to leave Paris and transfer to India. My general reaction at first was one of disappointment that I couldn't continue the work begun in Africa. I had had no relationship with Asia. I did not think I would be able to achieve a great deal there. Within a relatively short period, I came (to my surprise) to realize that this was not a correct appraisal. In the course of time I came to like Southeast Asia and India in particular, very much. By the end of my stay there - I was almost seven years there - I became quite identified with India. Even with the modest means UNICEF had at that time, I realized that one was able to make a really worthwhile contribution, particularly if one were not only concerned with the role of UNICEF as a supply agency, but were able to think of a wider mandate.

New approaches in India

I concentrated on three aspects that were vital and important at that stage. First, it was a question to develop new concepts, new approaches in terms of programming. Secondly, we were far more concerned with building up national capacity in the form of more adapted structures, better prepared people, more effective institutions that worked because all the elements were developed from available national resources. Thirdly, and that is particularly important, we cultivated and developed a relationship with people that had influence on policy, administration, coordination and were open-minded to new development initiatives.

My period in India was one during which we witnessed a great deal of changes by approaching the India administrators and planners, not so much with what UNICEF could do in terms of providing material aid, but what we could do to help them to develop their own capacity, to experiment with new pioneering activities and to build up their capacity, to apply them on a large scale seemed to be far more acceptable to them. That is what, even with modest resources, one was able to achieve.

The Indians themselves appreciated this because it was a help to them and not an opportunity for UNICEF to exercise its magnanimous role as a children's aid agency. This is a rather lengthy process which did not come about overnight, but I was increasingly convinced that it was the right approach.

One impression struck me very much when I came back to India some years after I had terminated my assignment. People I had worked with remembered you not for what you had provided but for the type of relationship that you had been able to develop with them through informal contacts and meetings, mostly outside the formal offices. This is the characteristic they associated with UNICEF and not at all the amount of aid provided.

Another element is the sheer magnitude of the country, its physical size, its problems, its diversity, its difficulties. Somehow one came to have a better sense of proportion as to what a small organization like UNICEF could do as compared to the dimensions of the problems one faced in a country stretching from the Himalayas to Cape Cormorin. This is a rather healthy experience to have gone through, and it has left a mark in me that has prevented me from being overawed by UNICEF and its ability to provide aid but more concerned with trying to see how we can help people and those responsible in countries to go about their task of meeting the huge challenges they are faced with.

Charnow: Did you feel that this view you had about the role of UNICEF cooperation was one that was generally shared and supported by the key people at HQ and in the Board?

Egger: A process of consultation and reaching agreement is always a long-drawn out development and does not come easily. On the whole, I can say that HQ went along, by and large, and certainly the Board did too. It was a continuous process of intervention during which, in the long run, we came away (by and large) with what we wanted in terms of support from UNICEF.

#### Bangkok Board Meeting 1964

You remember that we had our first Executive Board meeting away from HQ in New York and Geneva, in Bangkok in 1964? This meeting had quite a history. As I became more knowledgeable about problems in India and also more known in India and developed a close and constructive relationship with the Government, the idea arose to eventually have a Board in session in India. The Ministry of External Affairs took a very positive attitude and was in the process of issuing an invitation when, unfortunately, the war between India and Pakistan broke out and the deterioration of general conditions made it impossible to maintain the interest. The idea as such was generally acceptable to HQ and the Chairman of the Board. Instead Thailand issued an invitation to the Executive Board, and this led to the first Executive Board meeting in a developing country.

### Board group observation tours, India

It had also been suggested that, in order to enhance the education of Board members, a number of visits to countries in which UNICEF was working would be organized. Groups of Board members would visit countries in the region and have an opportunity to learn about the conditions in countries and the views of governments, and to follow some of the UNICEF-assisted projects in action. Two such groups of Board members visited India.

We organized two circuits, one in Southern India and one that covered the North. They were, on the whole, useful and productive. As senior HQ staff also came to the Board meeting in Bangkok and participated in the visits, it helped to establish a much more harmonious climate of discussion between Board members, HQ and field staff. This facilitated the discussions very much, as all started from a common base under the influence of the country visits and observations made during their stay in Asia. This was a vital factor that helped us around that time to obtain support and interest for a number of new ventures we had been pursuing.

### Support of Headquarters

The decision-making process was a multiple one. It involved ultimately the Board members; it concerned members of the Secretariat, the Executive Director and his senior staff. At that time there were still relatively few people that mattered at HQ and that you needed to convince. The senior staff at HQ were quite open-minded. They were ready to consider new proposals and weigh arguments; they were prepared to allow a new orientation to be tested. I remember numerous discussions we had with people like Ms. Adelaide Sinclair, Dr. Borcic, Newton Bowles and Martin Sandberg, who all had some knowledge about conditions in India. My tenure was characterized by a considerable extension of UNICEF's programme activities and diversification in terms of substance and originality of programmes.

### Nutrition: lessons learned in India

In the field of food and nutrition, I had inherited the beginning of what was then called an Applied Nutrition Programme, namely, an effort to replace the distribution of surplus food, primarily skimmed milk powder, with food locally produced by the community, such as eggs, fish, vegetables and legumes. We were then probably too concerned with the protein-rich food gap rather than the protein/calorie balance and relationship.

Looking back, there are a number of things we might want to do differently. We did not sufficiently identify and analyse the problem of nutritional deficiencies among children and mothers. It was not enough related to the agricultural situation both in production, extension, etc. It was not made part of a combined approach of health education and nutrition. The process of

education and community mobilization was not sufficiently understood as to how it could influence the production process and directly affect the nutritional status of children and mothers.

It did create a great discussion on food and nutrition. It related the programme to the block development which was the characteristic Indian extension service, with large numbers of staff providing extension services to about 100 villages. On a sample basis a number of about 15 villages per block was chosen for the introduction of fish ponds, poultry raising and cultivation of legumes, vegetables and fruits that could be produced in different latitudes. In a country as vast as India, human nutrition was taught to the public health staff and nutrition was included in primary school curricula.

That led not only to a wide expansion of this programme but also in due course stimulated the formulation of a first policy in the field of food and nutrition that, as part of agricultural production, recognized the need to stimulate more the production of protein-rich food and accepted the role of health and education as vehicles of training and demonstration.

Charnow: You mean an overall UNICEF policy based on the Indian experience?

Egger: Yes, but the experience was not limited to India. The UNICEF initiative was met with considerable interest by the Indian Government. You may perhaps have heard from my predecessor, Glan Davies, about this. He was really the one that developed the idea with the then Chief Secretary in Orissa, a very capable administrator. Orissa was one of the poor States in the northeast of India and they developed this. There were special reasons to test the idea there - the poverty of the State, the large number of tribal populations, food and nutrition problems amongst the vulnerable groups, a stable administration that was prepared to innovate. Together with experiences made in other states, e.g. Andhra Pradesh, it grew into a national programme.

What I may have contributed to it was to forge the link from an experimental programme in two or three States to one that was then introduced in all States of India. This became one of our major programmes in India under the name of Applied Nutrition Programme. It became the subject of respected reviews, and everlasting criticism were levelled against it, etc. Retroactively I feel that the basic idea had a lot of merit. We should probably have developed it more thoughtfully from a first experiment to the wider application, with greater attention to its link with agricultural production rather than make it just part of the block development effort; and we should have shown greater readiness to adapt it to local conditions and not pursue a stereotyped programme with the same elements in each group of villages.

It gave a considerable boost to the concept to look at the question of food and nutrition not only from the quantitative point of view of production but also from the point of view of the proteins,

minerals, iron, and get this inserted in a vast demonstration and educational effort through participation of the communities themselves.

Special emphasis was also given to enrol women's organizations and the home services of the Ministry of Agriculture. Another facet was the participation of research groups both in agriculture and health as well as universities and applied research institutions. The programme succeeded in raising the question of child nutrition in the eyes of the public and opened the way for a variety of new approaches and endeavours through ANP as well as through other schemes.

#### Relationships with additional Ministries

Charnow: Would you like to say something about what UNICEF had to contribute in relation to national plans?

Egger: That again represented a long process of growth and development. When I came to India, UNICEF had only two major relationships, namely, with the Ministry of Health for a large variety of different health projects, and with the Ministry of Agriculture with regard to dairy development, the production of powdered or pasteurized milk to be distributed to low-income groups in urban areas. The Ministry of Health continued to remain the main responsible ministry for UNICEF. It was quite difficult to break away from it. Once their suspicion arose that we wanted to break away from health and be attached to a ministry with overall coordinating functions, the ministry clung to their assignment as having major responsibility for the formal link with UNICEF.

So we had to endeavour to develop a de facto relationship with other ministries. I mentioned to you the Applied Nutrition Programme, which was essentially a programme that we developed with Community Development, which was one of the two departments of the Ministry of Agriculture. Another relationship was with the Ministry of Food for the experimentation and development of weaning food and the industrial production of protein-rich food (soyabeans, cotton seeds, etc.).

We also entered into a relationship with the Ministry of Education through two projects: one was a pilot undertaking to provide pre-vocational training to early school leavers, and the other involved the introduction of an improved science education as part of their basic education.

So, gradually, UNICEF enlarged its range of contacts for collaboration with different government departments. For historic and purely administrative reasons, the Social Welfare Department of the Ministry of Education became at last the operating Ministry for UNICEF. Parallel to this we were also constantly interested in developing contacts with the Department of Economic Affairs of the Ministry of Finance, with the Planning Commission and, of course, the Ministry of Foreign Affairs.

Relations with bilateral aid

Charnow: And what about bilateral aid?

Egger: Though the level of UNICEF resources committed to India did not compare with large-scale bilateral aid from countries like U.S., UK, USSR and Federal Republic of Germany, it did lead to a continuous exchange of experience and some attempts at coordination. We tried to be all the time in touch with major sources of bilateral aid to explain UNICEF's ideas and approaches, to get representatives of these aid agencies interested in what we were doing, in order to see to what extent some of our efforts could be of interest to bilateral aid and be pursued by them as well.

This developed further at a later stage with Gordon Carter, my successor, particularly in relation to rural water supply and sanitation. I had only been able to initiate this process by breaking away from the very limited pilot schemes that WHO had initiated in rural areas and tackling the problem for somewhat larger areas to create much greater interest in this field. In relation to the Commission, one concentrated on the group responsible for the social aspect of planning. Thanks to the interest taken by UNICEF, its advocacy and the personal relationships that had become established, quite a few of the UNICEF-aided schemes did get appropriate consideration at the level of national planning and led the way for resources to be made available by the Planning Commission, in terms of priority. This certainly helped the programme of Applied Nutrition, science education and pre-vocational training.

Cooperation with national institutions

Charnow: What about the aid to national institutions?

Egger: Anyone who stays in India even for a relatively short while must come to realize that there exists a large variety of institutions, either governmental or autonomous, sometimes also on a private basis. It represented a rich potential in terms of research, of study capacity, trained manpower and accumulated experience that one could not overlook.

The issue was really how to relate to these institutions and allow them to see the advantage of participating in these programmes. This relationship came about quite gradually. In the beginning it more directly related to institutions that could make a specific contribution to certain components of a programme, like the training in nutrition of block development staff, extension staff for ANP, or the training of science teacher educators or counsellors for pre-vocational training. It would extend, e.g. to utilize the National Dairy Development Council as a resource for the training of administrators and senior technicians of Municipal Dairy Corporations.

This was the first step. Then we came to realize that there were institutions that had a broader mandate and could become interested in helping UNICEF in the study of new programme approaches, in carrying out evaluations and training of a more general nature at the senior level. One has, of course, to find out the real capacity of an institution and then to strike a bargain. Each of these institutions had their own specialties and priorities, but they also had their own difficulties, lack of resources, a lack of maneuverability in the Indian subcontinent. We had to learn to strike a bargain with them so that our support was a direct contribution that went to a field we were interested in, e.g. a preparations phase for an evaluation of a programme that the Government of India carried out with our participation.

There the UNICEF office during my time learned a great deal. My successors continued this approach on an even wider basis. We established a collaboration with the Indian Institute of Science and Technology in Mysore, which was instrumental in blazing new paths in the introduction of protein-rich food in the South of India under its Director, Dr. Parpian, who later on joined FAO. The Indian Institute of Management, in Ahmedabad, has also made a considerable contribution in the critical renewal and evaluation of the Applied Nutrition Programme. Other institutions on urban development have prepared the way for UNICEF's role in developing pilot projects for the improvement of the conditions of children in peri-urban areas and shanty towns. Discussions only started in my time and were on a wider basis developed later.

#### Use of national expertise

Charnow: Didn't this represent an evolution in moving away from expertise by the specialized agencies provided from outside the country, to the use of national resources? Weren't we one of the first agencies to move in this direction?

Egger: Yes, you are quite correct. This was part of a gradual, long-evolving process. At the beginning, we relied quite naturally, to a large extent, on the technical assistance of the various UN specialized agencies as provided by WHO, FAO, UNESCO, etc.

#### Variety of forms; agency attitudes

Increasingly, we began to realise that we could increasingly draw on national expertise in a great variety of forms, either from governments, reliable, national institutions of research organizations, or NGOs to obtain the necessary technical support. This was at the beginning not positively looked upon by the specialized agencies concerned, and we had difficulties to get this accepted. The only way to succeed was not to ask them formally but to begin making use of available national expertise, to demonstrate that this was feasible and more economic. Therefore, it also made sense, from the country's point of view, to utilize its own capacity as this experience helped to strengthen its own technical resources.



This was done by UNICEF in a variety of ways. First of all, we were able to introduce the idea of a national professional cadre in our own personnel. Secondly, we started to recruit or make use of national technical resources from the country for technical preparation of programmes, in order to assure the necessary backstopping and review certain technical criterias for evaluation and review of programmes. Thirdly, we drew on such personnel to help the government in the execution of such programmes, administration, organization, training, etc.. This was not necessarily the most important element in India but has been applied on a broader basis in other countries.

In this field UNICEF has certainly been a pioneer amongst the United Nations agencies, in making far greater use of national resources for all elements of programme development. I have always strongly supported this trend. This was not always the best way to ingratiate yourself with our sister agencies. I am convinced that UNICEF was right in this approach and that we and the countries have drawn great benefit from it.

Each situation needed to be carefully assessed, and one had to find out where the most appropriate technical resources were available and how they could be plowed into the most constructive way into the various phases of programme development. In some cases you had to blend different technical opinions. In some cases it was appropriate to seek second opinion or to have a mixture of opinions both from the country's own resources as well as from a specialized agency. You had to learn to work with it by demanding to obtain a clear picture of the basic situation and define the objectives distinctly.

Secondly, in determining the technical support you require, you had to formulate your demands very clearly. It also requires an ability to discuss technical findings and to make sure that they are properly integrated in a programme process. UNICEF had also a lot to learn in this, but we gradually have improved our performance.

#### National TCDC

UNICEF has undoubtedly also been a promoter of the concept now known as Technical Cooperation amongst Developing Countries, but there is also a TCDC which applies within the boundaries of a large country with very different socio-economic conditions. India, for instance, at the present stage can probably provide all the technical assistance it requires, and only in very exceptional situations does it need some outside specialized expertise, for reference purposes, etc. One of my successors, when submitting a long-term important programme for India, was able to assure that 85 percent of all technical preparation and backstopping had been prepared by local Indian expertise.

#### Evolution of relations with States and local units

Charnow: During your period, did you work primarily with the national ministries? What about the State system and what about getting down to the communities?

Egger: That is a good question. When I started in India, all the discussions were at the central governmental level with visits made to the States largely for preparatory purposes, for general orientation, and in particular, follow-up of programmes. However, I became very concerned to also involve the States in the process of discussions and negotiations. That was only a first intermediate phase. We came to an understanding with the Centre that preliminary contacts, observations, visits, gathering of statistical elements, discussions of possible alternative approaches could take place at the State level. Any policy discussions or negotiations on major aspects of the framework of a programme had to be carried out at the Central Government level only. Then we reached the point where this was continued in relation with the Central Government but in association with the States concerned. During my time the first UNICEF office outside of New Delhi was established in Andhra Pradesh in Hyderabad, which was quite an initiative. Based on that precedent, UNICEF established more offices later. It has now six or seven all over India.

In this whole process of negotiations and discussions, a pattern existed when one discussed individual programme fields, e.g. one discussed basic health services, science, education and urban development, etc. Based on these earlier initiatives, agreement was reached that a more comprehensive programme could be discussed at the State level that incorporated the various elements. In certain cases for area development, the discussions were conducted at the district level. This has been an extraordinary evolution, and it would be interesting to review and evaluate this process.

The Indian Government had some reservation about this process, but India, together with other countries, did play a major role in this evolutionary process by setting up a precedent. Without necessarily always having formal agreement, we gradually moved to a stage of pragmatic regular contacts with all the States. This is particularly important in India because the subjects we were concerned with in the Indian Constitution were subjects which came under the responsibility of the States. They had to be given a much greater say in the determining of priorities, the use of their own resources, even if the Centre participated in allocating additional resources for developmental purposes.

We also realised that this in itself was not sufficient. You had to go to a lower level — the district. In a district you have subdistricts — and so-called development blocks were, at the beginning, the units on which many of our programmes were based. The district retained an important coordinating and supervisory role.

I learnt a great deal in India: development really means decentralization involving those and others who have the responsibility, the resources, possibly the interests and who are nearer to the people. The State is not sufficient. You have to go further down, to the district, which was a strong unit in terms of its powers, the level of the administration, etc. There UNICEF has certainly made a major contribution in the evolution of a process of development toward the grassroots. In the beginning it was perhaps

more empirical and pragmatic. Perhaps we did not sufficiently study it in terms of the administrative structure, the financial and legislative aspects, the budgetary procedures, etc. We probably could have made greater progress if we had had more experienced staff or sought competent advice in this field.

While the movement was started in India, some of the other larger countries like Nigeria, Indonesia, Pakistan and Bangladesh, followed. All these countries have large populations spread over a considerable area, where the process, particularly of social development, cannot be decided and finalised at the level of the capital. For me it was a tremendous experience to have realised this and to have worked in the direction which others were able to follow and further build on.

#### Roots of basic service strategy

Charnow: Would you say that some of these approaches that were evolving were, in a sense, forerunners for what we have now since called the basic services approach and primary health care, that is a community involvement, a cross-disciplinary approach and so on?

#### Involvement of women

Egger: There is no doubt about that. You have to see this as a phase in a whole process that later led to these more clearly defined and articulated concepts. Take, for instance, the applied nutrition programme, where we learnt a great deal about the importance of the practical and responsible involvement of women. You could not get a community interested in a project if you were not ready to get the women mobilized in new forms of both production and preparation of food, in the problems of how to feed their children during weaning, how to assure greater protection against health risks, etc.

As part of the ANP programme, a tremendous effort was made to strengthen and incorporate the women's programme into ANP. A whole structure of professional women was established at the State and district levels down to the women's committees at the village level. In both home science colleges, in the training centres of community development, women were oriented and prepared for these various levels of women's activities. The women's staff at the district level were of particular importance to encourage activities in their districts. I must say that I came to appreciate greatly the quality of women that we came across and developed close collaboration with many of them. Some have since joined UNICEF staff. This was one of the first rural women's programmes we supported, and it certainly paved the way for one of the key elements of primary health care.

I considered it a main task to encourage the participation of women. In this one had to apply all the principles of community participation, assume proper involvement, selecting and training the leaders, tailoring the content message of the programme to their level and range of interests and allowing them to gradually become

involved and assume certain responsibilities. All this was done by the Indian administration and the people, and it was more a question of encouragement and prodding.

#### Integration of health activities

When I came to India, UNICEF's participation in health services was a rather curious assortment of separate or more or less individualized programmes: BCG, TB control, some vaccine production, malaria, other infectious diseases, basic health services. MCH was a separate programme to support the district hospitals and reinforce paediatrics/obstetrics departments in medical faculties. There was a great variety of training programmes for paraprofessional staff; in some cases professional supervision and training led to their being prepared to do special tasks.

Each one of these programmes was administered separately. One had to discuss and argue both at the central and state level in each case. I tried to bring these more on to a major common denominator called basic health services. We had to learn to see all these elements as part and parcel of a wider approach. It was too costly and uneconomical to treat one type of programme separately from the other in terms of technical aspects, in terms of some of the administration and supervision at the State and district levels, in terms of evaluation, in terms of supervision. There were, of course, differences in content and objective, but ultimately at the district and village levels, all the various health activities came together and were in touch with the people through the basic health unit and its sub-unit elements. At the district level there was one supervisor for all these activities.

We then started to propose a certain degree of coordination and integration. A certain differentiation had to be accepted at the higher level as far as technical concepts, production, etc., were concerned, but a common approach needed to be applied in the relationship with the people, in the communication of the messages to reach the people and the supervision exercised at the district level.

It was a rather extraordinary fight against established fields both within the Ministry of Health, within WHO, etc., that treated these matters separately and led also to specialists for each domain. Gradually we were able to make some headway.

The intermediary step to primary health care was, in fact, basic health services, which meant to decentralise the health services nearer to the base line, without considering a wide utilization of primary health care workers and a concentration on minimal effective service and real participation and decision-making of the communities themselves. There was some question of helping to educate the community and to some degree get them involved without at this stage going further. In a number of instances some concepts of basic health service began to have other elements which became later so characteristic of primary health care.

Working with NGO's

In India also I came to realize the importance of working outside the formal government structures, with voluntary agencies. Not so much voluntary agencies that were affiliates of international voluntary agencies but essentially Indian voluntary agencies. Some of them had a national character like the Indian Red Cross in emergencies, or the Indian Council of Child Welfare, Indian YWCA, etc. Some of these voluntary societies had a religious or humanitarian background, e.g. the Ramakrishna Society, which is one of the best voluntary agencies that I have ever come across. There were also local or regional voluntary agencies in the various States that it proved to be very profitable to work with. We argued with the Government of India that for new types of programmes it would be worthwhile to experiment with a voluntary agency and see what they were able to make of them. Often this could be done in a way parallel to larger-scale government efforts, and they would take the character of special projects of an experimental and reference character. In a number of new departures like pre-vocational training, ANP, science education at primary school level, urban projects, some of the Indian voluntary agencies had already done a pioneer work. In my opinion, they gave both the government and us a far better opportunity to learn from implementation. Voluntary agencies gave a better guarantee for correct performance; their staff were more motivated and were certainly more sincere in demanding results and reviewing failures.

No doubt UNICEF had always enlisted or proclaimed collaboration with voluntary agencies. This was, in the first place, primarily on an international basis to encourage voluntary agencies to support the objectives of UNICEF, to participate in fund raising and educational campaigns, to allow for some exchange of experience, etc. Here we agreed to involve them in the work in the same way as described in Africa, where we were able to obtain the cooperation of the missionary societies as part of their regular work while accepting the special aims of UNICEF.

While there were some missionary societies, there were in India largely lay societies of Indian origin and staffed by Indians. This was the basis of some of the most positive and interesting experiences that we had, although the Government of India had some initial hesitation. Under this existing system the Central Social Welfare Board assumed some coordination, provided these voluntary agencies with financial grants but without, however, enough attention to their own development, the introduction of new concepts, sharing of experiences, and the training of their staff. UNICEF brought into this new elements which more advanced voluntary agencies were quick to take up and put to good use.

Local training; lessons learned

Charnow: Charles, is it correct to say that UNICEF has been perhaps the sole agency, certainly the pioneer in the United Nations family, for training of staff with local stipends, the grass-roots type, the

middle-level type? Would you like to comment on that and your feeling about the impact that has had? The problems this presented also?

Egger: Well, it is true that UNICEF was the agency that put emphasis on the training of staff for social services, particularly staff at the middle and lower level. We encouraged training in the countries, and we were able to assist them not only with some technical assistance, like WHO, but with supplies, equipment, teaching materials and then with training grants which represented the biggest expenditure.

This trend developed gradually within UNICEF. The aid, as one of the few sources for such financial assistance at the local level, was much appreciated. At the beginning we were too enthusiastic and eventually a little bit naive in the sense that we expected too much from a combination of a few expatriate technical advisers, and materials and financial assistance. In many cases they did bring interesting new concepts in training and played a pioneer role in the development of new ideas of health structures.

We did not give enough attention to the building up of the required teaching capacity. We also neglected the development and adaptation of the required curricula, and the changes in methods of teaching suited to the mentality of the students. Training should have been conceived not so much in terms of perpetuating what existed already in terms of concepts of services and structures but rather to help to evolve curricula and training concepts towards new goals and approaches. This, of course, had to be done by national governments. We could only act as a key advisor or ideas bank. It required long-drawn out discussions, experiments, arguments, etc. Gradually one can say that we did make some considerable contribution to this process.

#### Tatechenko

Probably we had not utilized enough the potential. We had to really strike a bargain between our not unimportant financial support and the acceptance of certain criteria for changes and new orientation of training. We had a first-class Russian paediatrician, Dr. V. Tatechenko, as a staff member in our office. He became well known in UNICEF circles. He was the Russian staff member at that time who stayed with us for about three and a half years. He possessed an extraordinary ability in developing the orientation training in social paediatrics and obstetrics, attempting to give a public health orientation that took students outside the hospitals and basic health centres. He advocated the need to get the training down to the village level, to make far larger use of small district hospitals and to involve them in simple types of studies, encouraging them to look more carefully at statistics and develop an interest in environmental health, rather than to take just an interest in sick children in hospital beds.

ORS advocate: He was the first adviser who taught us about the importance and simplicity of simple diarrhoea control. In India in the sixties he explained that there were simpler solutions to the treatment of children with acute diarrhoea than were being taught in medical schools with the use of intravenous fluids. He spoke to us of a simple solution based on a balance between sugar and salt with distilled or clean water and became its major advocate. He had a direct influence on developments in India, but neither WHO nor the medical profession was prepared to follow him enthusiastically - UNICEF missed an opportunity to throw its weight full-scale behind him.

Lost opportunities

So in answer to your question, if we had some influence on training — undoubtedly yes. We should have had more, yes, a great deal more, if we had been sufficiently aware of our own potential, if we had been more daring and tried to mobilize the best possible support for first-class technical advice from any source outside and within the countries, from both established teaching institutions and others that were pioneers. Some of the medical education for professional cadres carried out in private medical colleges in India was far superior to the education in government medical colleges. On the whole, we should have done a lot more in this respect. We were not bold enough when it came to arguing with distinguished bodies, e.g. the Indian Agricultural Research Council, the Medical Research Council, the Educational Centre for Development and Research, bodies responsible for the curricula at university or senior technical school level. They were often composed of the seasoned, respected but also traditional professional elements. We should have driven a harder bargain, but also important was the constant pressure and emphasis which then helped in a certain evolution of curricula, to which UNICEF has undoubtedly contributed.

Charnow: Are your comments about training in India during your period there generally applicable for a later period when you had opportunity to follow what was going on in many countries, when you were at Headquarters as Deputy Executive Director?

Egger: Unquestionably. The experience I gained first in Africa, then in India, had a great deal to do with the type of outlook, concern, and understanding of policies we were developing later from New York. I was also continuously challenged by regular visits to all five regions in which UNICEF was working, but the Indian experience had the greatest influence on the outlook that I brought back to Headquarters later.

Charnow: Do you feel now in retrospect that we not only did not do as much as we could have done in the training in India, but also generally in UNICEF? Do you think our field people had the same kind of experience that you indicated, in not taking greater initiatives on the quality and objectives of training?

Egger: Well, I do not think that my experience in India was unique. In many other parts of Asia, Africa and Latin America, similar

experiences were made and led to a reconsideration of our role in training, which was fed by many sources.

UNICEF did certainly modify and improve its policy in supporting training in the countries. In certain exceptional cases we also assisted training schemes outside the developing countries, e.g. our aid to the International Children's Centre in Paris, to the Institute of Child Health attached to Great Ormond Street Hospital in London, to the Hacettepe Institute in Ankara and the Institute del Nino in Uruguay. Later we developed particular interest in regional institutions serving specific purposes in a region of which they were part.

Generally, our interest in the training of staff has been developed in a larger number of countries. India, being one of them, yielded a great deal of fruitful experiences. You may remember that we had initiated a study to be undertaken by WHO and UNICEF in evaluating our experience in the field of training paraprofessionals and auxiliary staff for the Joint Committee on Health Policy. This proved to be not only an extremely interesting study but also very valuable and productive for both organizations, if you remember the discussions in UNICEF and WHO arising from the report of JCHP. It certainly contributed to the formulation of more advanced recommendations and presented again a valuable element of preparation for primary health care.

#### Family planning

Charnow: As I recall, India was interested in getting WHO and UNICEF to be more active in family planning at a stage when we had not yet adopted a positive policy, and the Indian Minister of Health came to a Board session in Addis Ababa in 1966 to convince us to move forward. Would you like to comment about your experiences with the Indian Government during the period both before and after the policy changed?

#### Indian position/cautious UNICEF position

Egger: UNICEF's general reaction to the idea of family planning at the beginning was rather cautious and reserved. We were concentrating on mother and child health care, health education — although the idea of spacing of children had already come up — with concentration on the children that had been born. We underlined that family planning was really a national prerogative, that UNICEF should not get too involved in this because of the reaction of many of the traditional industrialized countries. There was also a considerable lack of understanding of the whole process, demographic development and family planning and the possible measures to slow down this development. Rather late, we came to realise the tremendous problems related to the whole approach to family planning.

I remember the Board meeting in Addis Ababa quite well. It was attended by the Minister of Health of India, Dr. Sushila Nayar (who had been the personal physician of Mr. Gandhi. She appears also in



the film on Mr. Gandhi in a scene in Calcutta.) She really wanted to encourage UNICEF to take a greater interest in the problem of family planning. However, she had in mind support for her own policies, which included in a general way distribution of contraceptives, provision of equipment for sterilisations, if not abortions. All of this was simply too early for UNICEF to accept. Unfortunately, some of the Board members, like Switzerland, Italy, Belgium, etc., reacted very conservatively, if not sourly and violently, and accused the Minister of Health of forced labour camp policies for people to undergo compulsory sterilisation, etc, etc.

This was not quite true, although she was not very adept enough in presenting and arguing her case and pointing out the serious nature of the problem for India. It should have led UNICEF to take this more seriously. As a result the whole development of a more positive policy was delayed several years.

#### UNFPA and evolution of UNICEF position

Later came the creation of UNFPA, and UNICEF reacted too quickly in stating that population questions and family planning were much more the concern of UNFPA. UNICEF should concentrate on the protection of the health of children that had been born. UNFPA was the agency to provide support to those governments that had decided on a positive family planning policy. However, many of us were not happy with this rather conservative attitude of UNICEF.

Only when we had the first woman adviser for women's welfare and family planning, Mrs. Titi Memet, the former Minister of Social Affairs of Indonesia, did we come to develop, in the course of 1970, a more positive policy of family planning. It outlined that the problem of population was one that concerned the whole of the UN system, that UNICEF had equally a role to play in it, that there ought to be a sharing of responsibilities between the various agencies concerned, e.g. WHO, UNFPA, UNDP and UNICEF, etc. So a much more open-minded and positive approach was gradually developed and accepted by HQ and the Board. You do find a reflection of this in a number of policy documents that were issued by UNICEF. The organization would naturally be guided by the decisions made by the countries themselves. There had to be a sharing of responsibilities between the Government and the various UN and other organizations concerned. UNICEF would not limit itself to MCH, health education, etc., but could contribute to public health services in dealing with problems of family planning. We could help to buy contraceptives on a reimbursable basis. We were somewhat shy of aiding abortions, and I don't think this was the most important element, though it got undue exposure in the press. We could, in particular, concentrate far more on girl's and women's education. Our general policy on reduction of infant mortality rate was also considered a very important factor in allowing parents to concentrate on fewer children.

A lot of education throughout UNICEF was required to take this approach seriously and to look upon our total involvement in the health and education field as one that could make an essential complementary contribution to family planning; that our interest in training and education of women and girls plus education of young people of marriageable age, our positive approach to protect the health of a child being born, have all had an essential role to play. It was equally important that UNICEF take an unequivocal and positive stand on family planning and our policy to support it.

Neither the countries nor UNFPA at that time had enough resources in support of family planning, and they were interested in UNICEF support and were active in helping to reformulate UNICEF's policy in this regard.

In the second half of the seventies we reached a positive and practical approach to family planning. However, with a new Executive Director, greater emphasis was given to the reduction of infant mortality as possibly the most important indirect contribution to family planning. With UNFPA's growing resources, this somewhat unilateral policy and the way it was interpreted gave the impression that UNICEF was somewhat less concerned about its role in family planning. Frankly, I've never been too happy about this apparent change in emphasis, creating the impression that UNICEF was side-stepping some of the issues because of the fear of reactions in some of the contributing countries which we ought to have faced squarely and diplomatically, and because of the fear that it might detract from the major issues now advocated in the child survival revolution.

Charnow: Are you implying that this was tied up in a way with our feeling about contributions from some of our larger more conservative European countries who might have been looking with reservation on our getting more actively into family planning as such?

Egger: This certainly had something to do with it, but I felt that UNICEF did not sufficiently realize that the interest in family planning and population problems all over the world was increasing. The development of UNFPA's own policies — the response they received from many countries and organizations — was clear testimony that world public opinion was changing. UNICEF should have been more courageous, and I think would have earned a great deal more respect and recognition if it had taken a more positive stand. A number of countries were rather concerned about this lukewarm or somewhat reserved attitude that UNICEF was taking in the latter part of the seventies. I don't think this is a laurel leaf in UNICEF's hat. HQ was too much influenced by the over-reaction of our information people to critical comments in US and Canadian voluntary agencies and religious groups that represented really only isolated elements.

Charnow: I discussed some of these questions with Titi Memet recently in an interview, and she felt that with the creation of UNFPA and with large amounts of bilateral aid available, that governments themselves would say, "Ah, family planning; we'll turn to either bilateral aid or UNFPA; we won't turn to UNICEF. UNICEF is for

children." What's your feeling about that, not only on our side but also on the government's side, the officials who were involved in trying to get aid in this field?

Egger: I think this is an interpretation which I respect. On the other hand, you cannot so easily make a distinction that family planning would become UNFPA's concern and UNICEF would concentrate on children, leaving sensitive aspects of family planning to bilateral aid. Children and mothers are part of a single concept. As indicated earlier, there are many ways in which UNICEF can contribute to a rational sharing of responsibilities. There are, however, also common concerns that should be shared by all and require a coordinated approach. Some of the things that UNICEF does very well could have dovetailed with and become part of a total package.

UNFPA's overriding concern with its fund-raising role and therefore its image, did not always help, and our own staff, who had many worries on their plate, did not necessarily run out to look for more work in trying to come to a combined approach with other agencies in contributing to a coherent counter-programme. This required joining forces in a joint analysis, in terms of jointly discussing with the government an acceptable strategy for all that had to be translated into a practical work plan. This should have represented a common effort between UNFPA, UNICEF, WHO, UNDP, etc. Unfortunately, this was not quite the way it was played, largely for reasons of susceptibilities of agencies with their image, fund raising, etc., including personality problems amongst heads of agencies.

While in principle we did agree, and established a consultative arrangement with UNFPA, it was not really fully followed through neither by our own field staff nor UNFPA, and governments always have a tendency to play one agency against another. There was basically a certain lack of courage and daring in stating its case very clearly and positively on behalf of UNICEF.

Charnow: In an interview I had with Julia Henderson, she referred to the agreement with the International Planned Parenthood Federation which you signed on behalf of UNICEF. She thought it was a good agreement for using the IPPF as an advocate and for developing services in the countries. However, on the whole she was disappointed in the results — that it had not amounted to anywhere near what she had hoped.

Egger: She is probably correct. But you know, it has to do with the somewhat lukewarm attitude in UNICEF toward population and family planning. We could have cooperated with IPPF and its national affiliates far more in encouraging them to go forward with some support from our side in countries that did not have as yet a family planning policy. When I was in Lebanon this year, I got to know the Lebanese Family Planning Association and saw some remarkable things they were doing in this field without calling it family planning. It was a kind of a well-adapted primary health care approach with a

very clear emphasis on family health, MCH, women's development, etc., and the training and utilization of large numbers of voluntary workers from the communities. The president of the Lebanese Association started an impressive pilot project in South Lebanon amongst the Muslim Shiite population.

I think we missed an opportunity to work with IPPF. Although there was a signed agreement, we may not have sufficiently actively promoted it with our own staff. We did not seize upon this opportunity, but it has also to do with what was perceived as sort of 'don't go too far' attitude in family planning, which I think was quite pervasive at headquarters.

Insufficient headquarters support

Charnow: Is there not also a broader question? I had felt that over many years we worked hard to get the Board to approve a policy, and then in a number of cases having approved the policy, we did not give explicit responsibility to one person at headquarters or to specific people in the regions to be aggressive and vigorous in promoting it — to be advocates, educators, advisers, handholders, conveyers of experience. Follow-up then fell upon a busy, overworked staff. It is only in recent years that we have seen the need for having somebody push something for a period of time. In the case of family planning, it was quite a period from the time the policy was adopted until we got a family planning person at headquarters; perhaps even when we did, it was not aggressively and vigorously pursued.

Egger: Well, there's a fair deal of truth in what you say. Retrospectively, if I criticize my own period at headquarters, I would say that this is a point that could be made with a great deal of justification. We were probably involved in developing too many policies and did not have enough staff, resources, and administrative capacity to apply all these policies in practice. But you know the attitude at headquarters at that time was, "No growth at headquarters and everything goes to the field." This was after the SIAR review in 1977/78. In our budget discussions we would emphasize greater delegation of responsibilities, etc. to the field while the same staff at headquarters Programme Division had the responsibility for developing new policies and seeing them acted upon. We did not have enough means, time and eventually also the technical competence to pursue the essential policies more vigorously and follow up on their implementation. Your remark is, on the whole, justified.

The appointment of Mrs. Titi Memet was a direct realization of this, and I think her contribution was invaluable but has not always been sufficiently realized and recognized. We certainly made some progress in the field of women's development as well as family planning, but we were able also to have women's advisers in regional offices and some of the country offices. They were helpful to start

giving attention to women's activities, including family planning, in regions where this was quite acceptable. It would have required a real task force at HQ and more effective support and priority by HQ to move the organization along the broad lines of a policy Mrs. Memet had rather carefully formulated in her policy papers.

Charnow: Am I correct in my understanding that in order to get the Board to go along with a UNICEF family planning policy with WHO's blessing, that our policy was geared, at the beginning, pretty much to MCH but that we had in mind at the time, or certainly very shortly afterwards, a much broader concept of family planning involving schools, women's activities, extension services and so on?

Egger: I think you see it very much in the right way. It was too narrow in the beginning. Colleagues like Mrs. Titi Memet did contribute a great deal to enlarging our own vision, to drawing attention to the need to involve UNICEF far more in women's and girls' education, etc., in drawing attention to reaching young people before they reach the marriageable age, to find dramatic ways to reduce infant mortality, to underline the responsibility of parents, to advocate child survival that all goes far beyond MCH. That really made it possible for UNICEF to come in in many more ways than only MCH. At the same time, it had to be admitted that UNICEF should take advantage of the many possibilities that would have existed in MCH itself. I feel that our early enthusiasm for primary health care did not sufficiently include maintaining some of these key family planning elements in MCH that represented a basic concern for the health of the mother and the young child.

#### Suggestions for the future

Charnow: The UNICEF secretariat is now in the process of reassessing our whole approach and activity in family planning. Based upon our past experience, what kind of specific advice would you have to offer?

Egger: I feel that we need to do a lot more in educating our own staff on the problems not just of family planning but of population growth, demographic trends, the interrelationship between population growth, development of the role played by the educational level of girls and women. This, I fear, we have not sufficiently done. I am glad to see that the most recent interpretation of GOBI in the State of the World's Children of 1983 spells out the principles far more clearly than was the case in the message of 1982. There is still too much concentration on the advantages of reductions in infant mortality and not giving equal attention to the need for proper education of women and girls.

UNICEF could do a lot more with UNESCO with the educational authorities of the countries, as far as informal education of girls and women is concerned, to help introduce proper understanding of population growth, demographic trends, family planning and parental responsibilities in line with national priorities. The collaboration with IPPF should be reactivated. If we are promoting primary health care, the training of large numbers of para-professional and auxiliary personnel of health volunteers,

etc., we should give attention to efforts that have a more commensurate role to play in terms of fertility reduction and raising the status of women. UNICEF's interest in the field of young child nutrition, in the problems of nutrition of the mothers, should have an appropriate relationship with problems of population growth and family planning.

In other words, we ought to go back to some of the clearly spelled out concepts that had been developed and promoted in terms of our involvement in family planning in the second half of the seventies, to which Mrs. Memet has made an important contribution. I do think that many of these ideas are still valid, and they could be promoted and integrated with our approach to the promotion of primary health care and MCH AND IMR reduction.

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