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UNITED NATIONS
ECONOMIC
AND
SOCIAL COUNCIL



LIMITED

E/ICEF/292
29 April 1955

ENGLISH ONLY

UNITED NATIONS CHILDREN'S FUND

Executive Board

STATEMENT BY CHARLES A. EGGER, DIRECTOR OF THE
REGIONAL OFFICE FOR AFRICA, EASTERN MEDITERRANEAN AREA AND EUROPE,
AT THE 143RD MEETING OF THE UNICEF EXECUTIVE BOARD ON 17 MARCH 1955

UNICEF Assistance to the Eastern Mediterranean Area

Progress in Long-Term Planning

Remarkable progress has been made in a number of Eastern Mediterranean countries with regard to long-term planning and coordination of various activities in the economic and social field. This is a very encouraging sign.

You find examples of this in the Executive Director's Report (E/ICEF/281/Add.1). In Egypt there has been established a "Council for the Development of Social Services" which has worked out a five-year plan for the strengthening of integrated social services in rural areas. A development agency in Iran, known as the "seven-year plan", has existed for a certain time. With its renewed outlook on economic improvement, it would have available resources to plan a further development phase which will be of considerable importance. In Ethiopia, likewise, there has been an improved attempt to group the various departments and agencies together to make better utilization of financial assistance on a bilateral and multilateral basis. I am referring to these examples because they necessitate a somewhat different approach when we provide aid for programmes.

/The increasing.....

The increasing interest on the part of the governments, and the increasing demand from the population to go ahead with countrywide development, imposes upon international agencies a certain urgency in coming to decisions even though we might wish to devote more time and careful consideration to projects submitted to us. Since the programmes concern not only the advance of child welfare services but also a number of related fields in public health, education, agriculture, social service, etc., we need to seek the collaboration and advice of our various sister agencies.

We are naturally anxious to be quite sure that the form in which projects that are being presented for aid have reached a firm basis. They should not represent an intermediate stage, but a firm plan from which firm commitments will evolve. A number of governments, with the assistance of international agencies, have started preliminary studies on a pilot basis. It is our desire that the result of such pilot studies be considered at the time when one has to determine the position of an organization with regard to a much broader programme. Under its terms of reference, UNICEF can only participate to a certain extent in such a programme; it is important, however, that the UNICEF part be related to the broader aspects of the programme.

In a number of cases, these plans are being developed for a considerable period of time -- periods of five to ten years. The plan of health service in Iran, for example, has been established on a ten-year basis. We have to be rather careful to what extent we discuss firm commitments on our part. While presenting the programme to the Board in all its aspects, and for the whole period of duration, for approval in principle, it will only be possible, under Board policy, to recommend an allocation for a first phase, which may extend over a period of one to three years.

In addition to our own analyses, we have been assisted by experts available on the staff of TAA, who advise on the financial implications of proposed programmes, not only for the initial investment required of governments but also for the period of maintenance, so that there is every assurance that we will not load undue burdens onto governments -- burdens that the economies of the countries would find it difficult to absorb.

Malaria Control

Very encouraging progress has been made in Egypt, Iran, Iraq, and Syria as to the numbers of people being protected. One of the governments in the Eastern Mediterranean Area that obviously enjoys a very quick service of circulation of UNICEF documents (Iraq) has been so interested by the new approach toward malaria discussed before the present Board session that a special meeting was called by the Coordinating Committee of Health to examine possibilities of strengthening existing malaria services. A special Malaria Board was established with much more direct responsibility in carrying out malaria work in Iraq in accordance with this new concept, and endowed with authority to cut across any existing administrative and financial hierarchy in order to implement malaria work on a broad and thorough scale. This is certainly encouraging information.

I would like to refer to the map with regard to malaria control and to the possibilities of malaria control in an area that we have not touched upon — the southern part, primarily, of Eritrea, Ethiopia, and Sudan, which are adjacent. In all those territories, primarily Ethiopia and Sudan, and along the coast of French Somaliland there is no doubt that malaria is a serious problem. Out of 8 million people in the Sudan, roughly 1 million people have been seeking treatment for malaria. Probably more than two-thirds of the population of the Sudan live in malarial areas.

Naturally, the authorities concerned have not as yet had the opportunity of learning about the possibilities of malaria control experienced in other parts of the world. In Sudan, malaria control still functions in the traditional approach toward control of larvacides, general sanitation work and, to a certain extent, to protection on a spotty basis of towns through house-spraying. Little is done with regard to malaria control in Ethiopia. There are roughly 16 to 17 million people in Ethiopia; 8 million in the Sudan; 1.8 million in Eritrea, and therefore a potential population of 23 to 25 million people at risk who certainly deserve consideration in developing the new approach to malaria eradication.

Conditions in the central part of Arabia are presently being examined by a small WHO group in Saudi Arabia. The serious picture here is that the African vector, *Anopheles Gambiae*, has been carried across the Red Sea.

/In spite of....

In spite of the fact that control programmes are developing on a regional and national scale in Iran, Iraq, Syria, Turkey, and Jordan (UNRWA), there is little that has been done in this southern group. I think this problem will require considerable effort on our side. At the present moment, however, there are only two WHO malaria advisers active in joint campaigns. It will require more qualified, expert staff if we want to make this approach.

BCG Anti-Tuberculosis Vaccination

The goal for this area is set at 19 million children to be protected, whereas only 6 million have been reached through tests, and 2-1/2 million have actually benefited from vaccination. In Sudan, a BCG team has been working for the past year in testing in every province a sampling of the children, vaccinating negative reactors, and doing some sputum control, in order to get a representative picture of the incidence among children. We expect that this work will be terminated by this spring and that, on the basis of a careful evaluation by the WHO Tuberculosis Research Office, it will be possible to draw up a countrywide control programme for which the Sudanese Government has already expressed its desire to have UNICEF assistance.

In Ethiopia, we started with a limited BCG mass campaign. We still have not solved the problem of how to cover rural areas that are inaccessible. There may be a possibility of having a mobile preventive field service group to cover the rural areas. The two most encouraging campaigns which really follow the precept of national coverage are the ones in Iraq and Turkey. The final objective in Iraq is to reach all children of the age groups in which we are interested and to establish a system that will make BCG operations a permanent feature of tuberculosis control work.

In Iran, difficulties have been encountered, i.e., the number of negative reactors observed in rural areas has been so high that the question of the justification of the campaign as such has been raised. Through the BCG assessment team, careful sample tests are being taken that should yield information on what basis to establish a more thorough or definitive approach to the extension of BCG vaccination services.

/The large number...

The large number of children still to be protected indicates that this is a field of activity for which we will continue to provide assistance for a number of years. It also raises problems of how best to integrate BCG vaccination work with tuberculosis control and with the inadequately-developed health services in rural areas when the mass campaign is over.

Maternal and Child Welfare

The number of projects that we are assisting has increased. The basic problem is one of training personnel.

It is encouraging to note, for example, that, under the WHO/UNICEF-assisted programme in Libya, we have been able to include more people as midwives than had originally been envisaged. It is encouraging to see that governments realize that programmes have to be accomplished on the basis of meeting the needs of the territory as a whole. We are planning with WHO to have a conference of the international and national advisers, possibly at the end of this year, in order to allow for an exchange of views on the experiments being made. We hope the solutions found may overcome current difficulties, and that out of such a conference conclusions will be drawn that will be useful for the planning of further phases in this particular field.

Emergency Aid

As a last point, let me refer to one aspect of our emergency programmes: the aid to the borderline villages in Jordan and to the population in Gaza, which might be of certain importance in UNICEF assistance to these groups. The possibility of a large amount of surplus food from United States sources that may become available to American organizations actively participating in relief work in those areas will help stretch our own supplies and may eventually make unnecessary certain parts of our support.

General Assembly Resolution 818(IX), paragraph 6, provides that the Director of the UNRWA study and report on the problem of assistance which should be given to children and needy inhabitants along the demarcation lines. We assume such consultation will also include UNICEF and that possibilities may be discussed to transfer to UNRWA responsibilities so far carried by UNICEF.

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