



CF-RAI-USAA-DB01-HS-2006-00004

Expanded Number **CF-RAI-USAA-DB01-HS-2006-00004**

External ID

Title

SICAULT, Dr. Georges Pierre, Deputy Executive Director, UNICEF; Biography, Memo to Staff from Bertram Collins re his passing, 27 April 1957 to 1 June 1981.

Date Created

Date Registered

Date Closed

Primary Contact

Home Location **CF/RAF/ZW/I115_-____-000057252 (In Container)**

4/27/1957 at 4:12 PM

2/6/2006 at 4:16 PM

Owner Location **History Related Records =60909132**

Current Location/Assignee **Record & Archive Manage Related Functions=80669443 since 2/6/2006 at 4:12 PM**

F12: Status Certain? **No**

F13: Record Copy? **No**

d01: In, Out, Internal Rec or Rec Copy

Contained Records
Container

Date Published

Fd3: Doc Type - Format

Da1:Date First Published

Priority

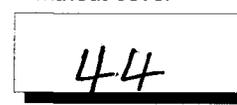
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Sicault
Planning

Statement made at Symposium on
"Children and Their World" held
at the UNICEF "Rendezvous at EXPO"
2 June 1967 under the auspices of
the National UNICEF Committee of Canada

(translated from the French)

The Needs of Children in the Tiers-Monde

by Dr. Georges Sicault,
Director, European Office, and
Special Representative in Europe of the
Executive Director

The Needs of Children in the Tiers-Monde

When in 1961, for the first time, the Executive Director of UNICEF presented to our Executive Board a study of the needs of children throughout the world, two general conclusions had already become apparent from this research. Children, more than anyone else, are victims of the static of under-development. Poverty, ignorance, sickness, malnutrition, absence of social protection, are just so many inter-reacting elements which - each being part cause and part effect - oppress the living conditions of children and youth.

There is little need to recall here certain well-known facts: unstable social conditions, and their serious consequences for the family and the child; the extraordinary infant mortality in certain countries of the world which may exceed 40%, and even 50% at least in certain seasons of the year; the extreme fragility of the child during the first years of life; the serious and sometimes irreversible damage caused by malnutrition; the low percentage of school attendance (not even 20% in certain countries); the lack of vocational guidance, and of the necessary institutions for children to be prepared to an active and useful life. All this makes the child, the adolescent, "dependent", with little hope of freedom or of being able to prepare himself actively for the role he will have to play in the relatively near future.

In 1965, in the countries assisted by UNICEF, the number of children and adolescents under fifteen years of age exceeded 621 million .

TABLE I

Estimate of total populations, and of children under
15 years of age, in 1965

<u>Region</u>	<u>Total population, all countries</u>	<u>Children under 15, all countries</u>	<u>Children under 15, in countries assisted by UNICEF</u>
AFRICA	264,916,000	114,047,000 (43.1%)	98,782,000 (43.3%)
ASIA	1,723,833,000	664,695,000 (38.6%)	329,005,000 (41.5%)
MIDDLE EAST	134,346,000	57,506,000 (42.8%)	56,776,000 (42.8%)
EUROPE	442,281,000	110,065,000 (24.9%)	36,882,000 (25.9%)
THE AMERICAS	454,350,000	167,547,000 (36.9%)	99,996,000 (42.3%)
USSR	231,415,000	71,558,000 (30.9%)	-
Totals:	3,251,131,000	1,185,418,000 (36.4%)	621,441,000 (i.e. 52% of the total of children under 15)

Source: document E/ICEF/CRP/65-10

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To these already pessimistic conclusions must be added those resulting from a study of the dynamics of the modern world, which cast still further shadows on the picture. One may cite the anarchical demographic increase, with birth-rates of over 40 per thousand in certain countries, entailing serious consequences both for the individual - who risks being deprived of the food to which every man, and above all every child, is entitled - and for the government services designed to protect the population and prepare the young for work, which cannot at the same time cope with this demographic explosion and catch up with the backlog which paralyses their development.

TABLE II

Estimates of world population

<u>Year</u>	<u>"Developed" regions</u>	<u>"Less-developed" regions</u>	<u>Total Population</u>
1800	208,000,000	750,000,000	960,000,000
1900	510,000,000	1,145,000,000	1,650,000,000
1950	751,000,000	1,766,000,000	2,517,000,000
1970	946,000,000	2,628,000,000	3,574,000,000
1980	1,042,000,000	3,227,000,000	4,269,000,000
2000	1,266,000,000	4,699,000,000	5,965,000,000

TABLE III

Rates of annual population increase (1960-1963) (percentage)

<u>"Developed" regions</u>		<u>"Less-developed" regions</u>	
	1.3%		2.1%
Europe	0.9%	Asia	1.9%
North America	1.6%	Southern Asia	2.4%
USSR	1.6%	Africa	2.5%
Oceania	2.2%	Latin America	2.8%

Source: E/ICEF/L.1259 (Family Planning)

To this phenomenon, of over-riding importance, must be added that of an anarchical urbanization which is not linked to a progressive development of industry but to an irresistible attraction of the towns over the countryside, and which results in the formation of proletarian masses - often unemployed - crowding together in the suburbs of the towns. Here too, the child is the main victim of the exodus, for the traditional family pattern often breaks up in passing from a subsistence to a market economy, from forms of ancestral civilisation to other superimposed forms of civilisation, generally conceived under different skies.

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TABLE IV
(Urbanisation)

1. Accra (Ghana)	: population tripled over last ten years
2. Bogota (Columbia)	: population more than doubled from 1940-1960
3. Bombay (India)	: population tripled over last twenty years
4. Caracas (Venezuela)	: population quintupled from 1940 to 1960
5. Conakry (Guinea)	: population quadrupled over last five years
6. Dar-es-Salaam (Tanzania)	: population doubled over last ten years
7. Karachi (Pakistan)	: population doubled over last twenty years
8. Lima (Peru)	: population more than tripled from 1940-1960
9. Mexico (Mexico)	: population almost tripled from 1940-1960
10. New Delhi (India)	: population doubled over last twenty years
11. Peking (China)	: population doubled over last twenty years
12. Santiago (Chile)	: population practically doubled from 1940-1960
13. Sao Paulo (Brazil)	: population tripled from 1940 to 1960

Source: Review "World Health" (February-March 1966), statistics being from the United Nations Demographic Yearbook(s)

There could thus be no question of trying to solve these enormous problems by acting on one or the other of the elements composing such misery, but only of promoting a policy for children and youth at governmental level. It was essential to co-ordinate, to the greatest possible degree, the activities undertaken in the fields of health, feeding and nutrition, social services, education, training for a trade, into a well-thought-out ensemble integrated into the over-all national planning.

Little modification can be seen, in the year 1967, as regards those conclusions. On the contrary, the findings of the meetings held in Bellagio, Bangkok, Paris, Santiago and Addis Ababa, have shown that the needs of children remain very great across the whole world, that it is difficult indeed to "quantify" them, but that they must be tackled at government level and that considerable sums must be invested in the development of these human resources without which no country can hope to find the way to real economic and social evolution.

Two particular problems have, however, been the object of lengthy discussion at meetings of our Executive Board.

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Firstly, the attention to be given to the pre-school child, or more precisely the very young child, in that period of early life when there is more exposure to sickness and malnutrition and during which he develops the first elements of a personality which will blossom forth during the school years and in adolescence. It has been recognised that the needs of this age-group should have priority, that in all programmes assisted by UNICEF - mother and child health and welfare, social services, feeding and nutrition, education of women - governments should be invited to give particular attention to both direct and indirect measures on behalf of this early childhood group.

Another age-group has also retained the attention of our Board - adolescents. Here the problem appears considerable, since it affects the future of countries in the domain both of their political stability and their development. The frequent shortage of "cadres" and the lack of skilled labour in the countries of the Tiers-Monde is well-known. Yet only 40 to 50% of the children can be admitted to school, a large proportion of these abandoning their studies after two or three years. A still more serious fact has been noted in many countries: a low percentage only of the children who have completed their primary studies can enter secondary or technical schools. The rest are in an impasse. In such-and-such a country, relatively favoured, 50,000 of the 150,000 children who finish their primary studies will have an opportunity to continue and to prepare themselves for a trade; but 100,000 others will be without hope insofar as any further training is concerned.

TABLE V

Country	Children under 15 (1963 estimated)	Primary education	Secondary and technical education	% of children under 15 enter- ing primary school	% going on from primary to secondary and/or technical education
	(1)	(2)	(3)	(1) to (2)	(2) to (3)
Algeria	5,169,000	854,774	80,581	16.5	9.4
Congo (Rep.)	321,000	115,950	5,481	36.1	4.7
Dahomey	1,040,000	97,116	5,776	9.3	5.9
Ethiopia	8,694,000	176,522	7,587	2.0	4.3
Liberia	469,000	63,989	2,925	13.8	4.5
Madagascar	2,452,000	450,105	26,213	18.3	5.8
Morocco	5,533,000	950,389	95,515	17.1	10.0
Tunisia	1,941,000	483,837	55,537	24.9	11.4
Afghanistan	6,336,000	213,676	18,840	3.3	8.8
Cambodia	2,533,000	602,586	29,597	23.7	4.9
India	186,492,000	32,019,594	9,271,998	17.1	28.9
Indonesia	41,719,000	9,642,886	900,087	23.1	9.3
Philippines	12,611,000	4,197,489	658,750	33.2	15.6
Thailand	12,024,000	4,092,256	346,866	34.0	8.4
Iran	9,346,000	1,554,554	309,972	16.6	19.9
Iraq	3,184,000	856,837	161,292	26.9	18.8
Libya	549,000	126,226	14,485	23.0	11.5
Syria	2,438,000	518,756	103,138	21.2	19.9
Ecuador	2,104,000	608,814	71,093	28.9	11.7
Haiti	1,871,000	238,982	19,250	12.7	8.05
Mexico	17,595,000	5,368,247	379,646	30.5	7.1
Peru	4,775,000	1,391,952	178,251	29.1	12.8
Uruguay	689,000	313,891	82,308	45.5	26.2

Sources: Basic-Data 1964-5
Basic-Data 1965-1

There is perhaps no problem more difficult to solve than this one. The right of the child to education has been recognised; he should have access to knowledge, and be prepared for a trade. But can one, and should one, extend such education, which for many of them leads to nothing? Can one do so without the risk of uprooting the child from a traditional environment, and creating within him a psychology of failure? Should the financial resources at the disposal of countries be used for over-all schooling, or should one consider first the creation of an élite and of cadres? And what can be envisaged in these cases?

The first need would seem to be to seek and formulate a general policy for children and youth, based on sociological surveys in which motivations would be studied so as to find the levers to be used for encouraging the young to play their part in the development of the world of tomorrow.

Too often, inaction at the village level and that apparent inertia of the populations is the major obstacle to "development". The setting to work of these hundreds of thousands of listless young people and men is a difficult task; one must find themes which can inspire enthusiasm, and on which effort can be based. It is not only a question, therefore, of developing technocracy for economic ends which are incomprehensible to the masses, but of creating a strong current of opinion in such a way that everyone will participate actively, at the village level, to this economic and social upward swing from which each and every one will reap direct benefit.

Already experiments in 'animation' and community development have illustrated that the venture is worth trying. We have known for thousands of years that it is possible to inculcate ideas in the young, and that they are capable of sacrifice to defend their convictions. 'Animation' work in the form of civilian team labour, youth centres, rural girls' clubs, can provide the key to simple solutions leading to a will to action which is at the very heart of development.

Thus, in conclusion, when we bring our attention to bear on this vast problem presented by the needs of children across the globe, we can reach a dual conclusion:

1. Those needs are enormous; they are so interlocked that there is no question of satisfying them by means of unharmonised 'sectorial' programmes; there must be, then, a policy for children and youth. Moreover, and whatever may be the importance attaching to the rights of the child, action on behalf of children and youth cannot yield results unless it is integrated into the framework of development of the country. A synergy must be created between this development of human resources, indispensable to the nation, and the economic evolution which must provide the country with the means of a social policy. All this policy must be seen on a long-term basis; it must bear not on the two or three years ahead, but on the twenty years which will follow, in such a way that the measures taken to help these young people fit in with the ensemble of governmental strategy designed to promote greater economic and social well-being.

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2. Such needs cannot, in the majority of countries, be met by governmental authorities for some long time to come. The populations must be inspired toward self-help. It is the young, harbingers of change, receptive to novelty, enthusiastic, who must be the keystones of this 'animation' of the populations, without which all hope of improving their conditions of living might as well be abandoned.

Thus, the needs of children and of adolescents are not only those inscribed in the solemn declaration of the Rights of the Child, unanimously adopted by the General Assembly of the United Nations. They are those of all humanity, whose evolution will be conditioned by them. The young are the pillars of the future. To reduce the gap existing between the developed and the developing countries, which is widened by the technological and often inhuman evolution of the world of today, satisfaction of the needs of children and youth must be sought. Such efforts on their behalf must be integrated into the framework of the development of each country, and represent the best long-term investment that can be made for a happier tomorrow.

Dr. G. Sicault,
Director, UNICEF European Office

May, 1967

**UNITED NATIONS
ECONOMIC
AND
SOCIAL COUNCIL**



Distr. *file*
GENERAL *Scott*

E/ICEF/342
27 April 1957
ENGLISH
ORIGINAL: FRENCH

**UNITED NATIONS CHILDREN'S FUND
Executive Board**

GUIDING PRINCIPLES OF UNICEF AID

Note by the Executive Director

1. The statements of various representatives, in particular those of Canada and Switzerland, have indicated the importance the Board attaches to the principles on which the Secretariat proposals concerning the distribution of allocations are based.
2. Although the broad principles by which the Administration is guided may not be readily apparent in the many recommendations presented relating to a wide range of activities, the Board first laid down the principles underlying UNICEF's long-range policy as early as 1951 (E/ICEF/178/Rev.1).
3. The Board recommended that, in assessing need, the criterion on which the Fund's policy was to be based, consideration should be given to such factors as infant mortality rates; life expectancy at birth; per capita income; per capita expenditure for welfare; the number of public health doctors, nurses and midwives; the country's development possibilities; etc.
4. In making allocations, the Board recommended that account should be taken of the intrinsic value of the project; the urgency of the project, from the point of view of infant mortality; the financial participation of the country concerned, relative to the allocation; the relative importance attached to the project by the Government; the project's long-term objectives; and work already undertaken in the same field. The Board further recommended that priority should be given to projects well adapted to the financial, technical and administrative possibilities of the country and to projects the benefits of which could be made available to other countries. The technical soundness of the project should be approved by the appropriate United Nations department and the project as a whole should conform to the standards formulated by the competent international authority, although technical approval of a project submitted by a Government would not imply automatic adoption

by the Board.
57-13353

5. In accordance with these recommendations, UNICEF has taken an active part in national programmes drawn up, wherever necessary, with the assistance of specialized agencies, such as WHO and FAO, and Technical Assistance, the programmes being established in accordance with Government priorities and directed to the basic problems of mother and child welfare envisaged in its broadest medical and social aspects. It was also been recognized that the services rendered should meet the special needs of the child in his social, family and community environment. In other words, it has been considered necessary to maintain a proper balance between services directly affecting the child and services affecting his welfare indirectly through the family and the community.

Health problems

6. In the under-developed areas and areas in process of development, the most important problems are those of health and nutrition. In such areas infant mortality figures are appallingly high. Besides the accidents of pregnancy or confinement, the diseases of infancy and early childhood and gastro-intestinal diseases of all kinds, mothers and children are exposed to endemic and epidemic infections, such as: malaria, which still afflicts over 100 million children annually; yaws, by which over 50 million persons between the Tropics of Cancer and Capricorn are affected; leprosy; trachoma, which afflicts over one-sixth of the world's population and, whether or not complicated by some form of infectious conjunctivitis, frequently results in loss of sight.

7. It has also been recognized that the mother, the child's natural protector, is herself a prisoner, caught in a tight net of traditions and superstitions often harmful to the child, and that no valid action can be undertaken without first eradicating ignorance and educating the mothers.

Nutrition problems

8. Nutrition problems have also received attention. A large proportion of the world's population suffers from under-nourishment and malnutrition and the most vulnerable group are certainly the children, who need proportionately more food than adults throughout the period of growth. The consequences of malnutrition are most serious in the first years of life. Apart from cases where the mother's milk is inadequate during the nursing period, the most serious disorders caused by lack of proper nourishment appear during weaning:

9. Protein deficiency is the most common, but by no means the only, type of deficiency. In some areas and at certain times, quantitative deficiencies may be so serious as to cause apparently irreversible malnutrition syndromes in children. Deficiencies of vitamins A, B and D also occur in many countries. The effects of such nutritional deficiencies on children are thus extremely serious.
10. It has been found that the causes of such malnutrition are extremely complex. It is not a problem of production only or of the bad distribution of food resources. Surveys in various countries have shown that the population's level of education and development is also important. In some countries abundant sources of food, particularly of proteins, are available to families, but serious nutritional deficiencies, including protein deficiencies, exist.

Educational problems

11. It has accordingly been realized that in the field both of health protection and nutritional improvement, nothing can be done to change the environment without educators, whether the problem is one of natural soil conditions and crops or stock-raising, social conditions of which mothers are still the prisoners, deadly traditions and dangerous taboos. The evolution of the population must be promoted at all levels, and the necessary personnel must be trained.

Complexity and interplay of mortality factors

12. As early as 1951, the Board recommended that the causes of infant mortality should be studied. A very important document on the subject has been published by the United Nations.^{1/} It shows that during the last few years there has been a general decline in infant mortality in all the countries of the world, the rate of decline varying from country to country. This decline has been spectacular in those areas where during the last few years there has been an improvement in living conditions, as regards both sanitation and economic and social factors. If countries are classified by infant mortality rates, it is found that high infant mortality (over 130 per 1,000 live births) is associated with a very high rate of infant mortality relative to total mortality. The same is true of the ratio between the mortality of young children under five and total mortality, as is shown in the following tables.

^{1/} Foetal, Infant and Early Childhood Mortality, Volume I, The Statistics, Volume II, Biological, Social and Economic Factors (United Nations, New York, ST/SCA/Series A/13, ST/SCA/Series A/13/Add.1).

Country	Year	Absolute infant mortality rate	Ratio of infant mortality to general mortality
First group			
Union of South Africa (white population)	1915	86	25%
	1948	36	3.1%
United States of America	1915	99	17.8%
	1949	31.3	7.7%
Denmark	1915	95	17.9%
	1949	34.5	7.3%
Canada	1920	121	26%
	1949	42	12.5%
Second group			
Egypt	1936	163	29%
	1949	135	29.8%
Costa Rica	1915	177	35.2%
	1949	97	33.9%
El Salvador	1915	169.2	23.1%
	1949	93	27.9%
Mexico	1922	223	27.7%
	1949	106	26.9%
Puerto Rico	1932	131.3	24.7%
	1949	67.7	24.8%
India	1935	162	23.9%
	1949	122	20.5%
Israel	1922	132	32.3%
	1949	50.3	22%

Average mortality rates at various ages of infancy and early childhood for four main groups of countries, 1936-1945 ^{1/}

Age	Infant mortality over 70	Infant mortality between 70 and 99	Infant mortality between 120 and 129	Infant mortality over 130
Ratio of infant mortality to general mortality 0 to 1	8.0	7.3	18.4	24.0
Ratio of the mortality of children under 5 to general mortality 0 to 5	10	9.2	30.4	42.5

13. However, the parallel between infant mortality and general mortality is not as close as these statistics would seem to indicate. The evolution of mortality rates shows that a distinction can be made between:

- (i) countries or population groups in which there has been a substantial decline both in the absolute infant mortality rate and in the ratio of infant to general mortality, reflecting the dual progress in the general health of the population and in the health of children;
- (ii) countries in which there has been a decline in infant mortality without a parallel decline in the ratio of infant to general mortality, reflecting the general improvement in health conditions without any special progress in the field of child welfare.

^{1/} Ibid.

14. The decrease in child mortality thus appears to be connected with two types of factors, those which affect the general health of populations (such as communicable diseases) and those which more specifically affect the health and well-being of children. We have singled out the factors which seem to play an essential part in under-developed countries, namely, problems of health, nutrition, poverty and ignorance. However, there are certainly many others, the importance of which should not be underestimated, such as endogenous and hereditary factors. "Morbidity and mortality are known to be associated with a multitude of factors of diverse origin. Indeed, there appears to be a complex interplay between the various social and economic factors and the morbidity and mortality of young children within a given community. Family size and structure, housing conditions, nutrition, family income ... are a few of the many determinants of the frequency of early death ... Progress in public health is inseparably linked with economic and social progress. Better nutrition and housing, widespread education, good sanitation and adequate financial resources are all needed in the battle against excessive reproductive wastage.^{1/} ..."

15. It may, therefore, be concluded that a child welfare policy can in no way be isolated from a general policy for improving welfare in regard to family living conditions. This problem arises not only (and specifically) in the public health field, but also in the field of nutrition, education and improvement of living conditions.

16. The long-term solution, however difficult it may be to carry out, consists in applying a whole series of co-ordinated measures. It is essential not only to protect the health of the child, but also that of the family, on which the life of the child so essentially depends. The environment must be made healthier; the standard of living must be raised by trying to influence the economic and social factors which condition it (agriculture, stock-breeding, industry, social legislation); teaching and popular education must be promoted; in short "polyergic" programmes with far-reaching repercussions must be introduced. But of course

1/ Ibid.

these are ambitious aims and it is seldom possible to tackle so many various factors simultaneously.

17. Accordingly, an attempt should be made to place them in order of importance and first to take action on those which seem to be at the root of the child's troubles. The responsibility for the choice rests with the responsible Governments.

18. In order to establish an order of priorities, it is clearly necessary to analyse the living conditions in each country, and even in each province, before taking action, since some of the factors frequently encountered may assume a vital importance in one place, while in others they may represent an almost negligible element in the fabric woven by sickness, ignorance and poverty.

19. Investigations made on the spot, on the national or international level, show the importance of a given problem and - less often, it is true - the relative importance of the various needs which have made themselves felt.

20. However, the choice is also guided by the practical possibilities of action (particularly knowledge of the sources of government or private financing); by the value of the remedies proposed (for example, the efficacy of antibiotics in mass campaigns or of insecticides in anti-malarial campaigns), as confirmed by the World Health Organization; by the results which may be expected within short, medium or long periods; by the staff available; by the future prospects for training staff; and by the reaction of the population, which must be ascertained or estimated.

21. When all is said and done, however, it is on the national plane that the order of priority is determined. International assistance is given in accordance with the priorities, and in the specific sectors, defined by the responsible Governments.

FIELD ACTIVITIES

Assistance in health programmes

22. The question has been asked why such importance has been attached in UNICEF programmes to contagious disease control campaigns.

23. Is it conceivable that in under-developed countries where life is often paralysed by inveterate disease such as sleeping sickness or malaria, health

organizations should be set up for children only, without taking into account the intimate bond between the child and its mother, between the child and its family environment and natural surroundings, and between the child and the adult? Is it possible, artificially to dissociate the serious factors, and to keep children healthy when reinfection through family contamination destroys the results as fast as they occur?

24. Actually, such programmes are often merely the overture to broader policies, to complex, interconnected operations which complement one another and make it possible to obtain valuable results.

25. And can the line of approach be very different? What proportion of the funds should be earmarked for mass campaigns against an endemic disease? What proportion should be set aside for environmental sanitation? What proportion should be used for the long-term medico-social policy which establishes basic infrastructures and provides the country with permanent installations and organizations? What proportion should be reserved for the medico-social policy designed to protect the child and to bring about the development of his family background?

26. These are hard questions to decide a priori, since the choice of methods rests with the country concerned. Countries are given technical advice by the World Health Organization, and such advice varies according to local conditions. Nevertheless, two extreme cases may be considered. First, there are the countries where all economic and social life is paralysed by one such disease, say malaria. Does it not seem obvious that in such countries, assuming that methods of control, or better still, of effective eradication, are feasible, all efforts should be concentrated on the particular disease, since unless this is tackled at the outset nothing else is possible? At the opposite extreme, there are countries whose conditions are more favourable and where a child's future depends more on social environment than on natural surroundings, on family conditions than on the extirpation or otherwise of deadly epidemic diseases. It might be wise to concentrate on the establishment of a medico-social organization to protect mothers and children during pregnancy, confinement and periods where their lives are most in danger, by educating the mother and by trying to improve family living conditions through a whole series of interrelated measures.

Mass campaigns

27. Thus, following a careful study of these problems by the Joint Committee on Health Policy, a large part of UNICEF assistance has been directed towards supporting mass campaigns to combat specific widespread infectious diseases, and, if possible, to eliminate them from a given region or country.

28. UNICEF aid to mass campaigns has been given in accordance with the following criteria:

- (i) Incidence of the disease as sufficient to warrant classifying it as one of the major infections attacking children;
- (ii) Seriousness of the disease, as liable either to cause death or to constitute a serious obstacle to the child's development, e.g. blindness;
- (iii) The therapeutic outlook - the possibility not only of individual treatment of cases, but also of effective mass treatment of the whole population, or even of eradication of the disease;
- (iv) The cost of these therapeutic or prophylactic methods as effectively used by mobilizing the resources of the country as well as international assistance.
- (v) The likelihood that the country can take care of the consolidation of the mass campaigns.

29. At recent sessions, some delegates have laid stress on the basic organization of maternal and child welfare.

30. It is obvious that maternal and child welfare should be organized to include, as soon as possible, a network of specialized assistance with a view to combating the specific causes of morbidity or mortality, creating infrastructural systems and integrating them whenever possible in the general public health system.

31. It is obviously preferable to take action affecting the population as a whole under a programme which closely associates maternal and child welfare with the general protection of the health of the population, rather than to try, by setting up special organizations, to give specific assistance to children, while neglecting the physical and social surroundings which strictly condition their lives.

32. Moreover, such rural health services would make it possible, on a more or less long-term basis, to integrate other activities, especially mass campaigns, within

the framework of public health. There can be no doubt that a prophylactic campaign for combating a specific disease must sooner or later reach a stage of consolidation, the purpose being to maintain health controls, give residual treatment, conduct examination, make supervisory surveys, etc.

35. However, the establishment of such health "infrastructures" does not depend only on the volume of international assistance. The experience of recent years has shown that it is easier to make rapid use of the funds intended for a campaign against infectious diseases than to use those intended for vocational training or for health training equipment. The establishment of rural health services requires expenditure by Governments on investments, operations and also considerable numbers of staff, who usually have to be trained.

34. Nevertheless, the need progressively to establish infrastructures seems to be undeniable, and it seems likely that the proportion of UNICEF expenditure aid devoted to this type will increase from year to year, not only on paper, but also in actual funds.

Vocational instruction

35. In order to put such programmes into operation it is obviously necessary to have skilled staff at all levels of public health and paediatrics. However, the reports received both from national administrations and from experts studying health problems in countries in the process of development agree on one point: shortage of staff has been observed at all levels, and especially in the case of doctors and nurses in the public health services.

36. The new prospects before UNICEF in the field of vocational training, to which so much effort has already been devoted (see document E/ICEF/338), should make it possible to achieve greater efficiency.

Nutrition programmes

37. Long debates were devoted to the nutrition policy during the session. With technical advice from FAO and WHO, UNICEF assistance has been directed towards the expansion of these activities. A document on the subject will be submitted to the September session.

38. UNICEF policy is directed towards the possibility of coping with the basic causes of malnutrition. It was stressed that many of these, such as economic

causes, fall outside the scope of international action, at least to some extent. What can be done to deal with systems of monoculture such as prevail in this or that part of the world, or to remedy the barrenness of the soil? There are also social causes, such as the inadequacy of living standards in countries where the population is very poor.

39. What remedies can be applied? Can wages and incomes be improved? That would seem to be a very difficult task. But fortunately there are other factors which have a considerable bearing on the nutritional shortages observed in many countries, namely sociological and cultural factors such as the persistence of age-old traditions, not all of them conducive to well-being; religious or perhaps merely social taboos; the maintenance of ancestral customs, or, conversely, the introduction of new methods which can be disastrous when misapplied (e.g. the replacement of nursing by artificial feeding of babies in the proletarian centres of under-developed countries). Then there are other factors related to the mothers' ignorance not only of nutrition, but of child care and health, and to the unsatisfactory environment of the child in his first years of life. All these things can be influenced by proper education; and international assistance can stimulate and promote activities of this kind.

40. However, it is also possible to intervene actively in other areas. Large-scale milk distribution programmes, the establishment of milk conservation plants, research to discover low-cost protein foods, the introduction of simple, more nutritious foodstuffs at the village or family level can produce substantial results as part of a long-term policy.

Complex programmes

41. Analysis of children's needs and of the programmes shows, as does analysis of the statistical data, the complexity of the factors which cause disease, malnutrition, lack of education etc.

42. This is no doubt why community development has proved one of the most effective forms of action the international agencies have assisted. Community development seeks to awaken population groups which have long been apathetically resigned to a life of crushing poverty and to arouse a spirit of self-help and a desire

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to improve family and community living conditions. Community development projects take the form of a psychological offensive, but the latter is accompanied at the physical level by a group of measures designed to bring hope of a better life and the means of achieving it. The object is to achieve a concentration of effort at the economic, social and cultural level.

45. Community development involves the improvement of agricultural conditions, methods of tilling the soil (through irrigation and the use of fertilizers) and animal husbandry (through veterinary measures, the establishment of demonstration centres, improved breeds of cattle, artificial insemination); it involves the organization of local industries or the revival of traditional handicrafts. It involves a health programme under which mother and child welfare facilities are established as part of a broader organization capable of controlling communicable diseases, promoting environmental sanitation, and providing medical care for the people. It is the expression of a social policy designed to promote family welfare and to educate the people, particularly the mothers.

46. None of these measures taken singly would be sufficient to overcome the latent inertia. In combination, working together, they can transform the family's living conditions and thus promote the welfare of the child.

"THE FUTURE"

45. No one questions the need for international organizations capable of assisting countries not only by means of counsel and advice, but also by the provision of supplies and equipment which they cannot readily obtain themselves, for various reasons (budget, exchange control). Should UNICEF extend its activities in the future? If so, in what sectors? Compared with the unsatisfied needs of children throughout the world, the voluntary contributions which UNICEF uses to provide assistance are obviously very little.

46. Its assistance is based on knowledge and adapted to conditions in the areas where it operates. In assisting governmental programmes, priority is given to activities likely to have broad repercussions on the position of children from the economic and social points of view. Except in emergencies, UNICEF action usually begins with an initial experiment on a limited scale, possibly in a pilot sector. Subsequently, the field of action is expanded both in space and time.

47. Examination of expenditures in recent years shows that the share of maternal and child welfare was 18.6% in 1952, 25% in 1953, 23.7% in 1954, 23.8% in 1955, and 21.9% in 1956. It is expected to reach 24% in 1957.

48. With regard to mass campaigns, the importance assumed by malaria campaigns became apparent from 1955 onwards. Expenditure for disease control, which amounted to 32% of the total in 1952, 39.8% in 1953, and 37.2% in 1954, increased to 42% in 1955 and 44% in 1956. In 1955 and 1956, 20% of the total allocations went to nutrition. This would appear to be an acceptable balance, having regard to the expenditures for malaria eradication.

49. It is reasonable to assume that after 1960 the percentage allocated to maternal and child welfare (in the narrow sense of the term) will increase, while there will be a parallel decline in the percentage allocated to mass campaigns.

50. The situation is not likely to change between 1957 and 1960 (E/ICEF/337).

51. As has been seen, this distribution is less a reflection of trends in policy in regard to the establishment of medical-social services than of the difficulties experienced by countries in this respect in the matter of finance and staff.

52. However, ultimately, the resources of UNICEF are the real problem. In order to oblige Headquarters to make its intentions clear, a representative smilingly asked what the Administration would do if the scope of the Fund's activities had to be reduced and if the choice had to be narrowed.

53. The Fund's freedom of manoeuvre would undoubtedly be restricted by the need to meet commitments, and the task would be extremely difficult. The choice of programmes lies, in the first instance, with the country and cannot be made in absolute terms.

54. The "background" of endemo-epidemic diseases afflicting a country must be considered first, for no useful action can be taken while diseases paralyse the country's economic and social development. Subsequently, the relative importance of the various factors involved, disease, social conditions, nutrition, would undoubtedly determine the choice.

55. Within the priorities determined by the country, UNICEF's final selection would undoubtedly retain long-term programmes, personnel training, infrastructure development, assistance to community development projects, where such programmes exist.

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56. It is, however, more useful to consider the broad fields of activities which are open, and among which UNICEF will have to make a choice, to the extent that its resources permit.

57. In the health field malaria campaigns are being carried on in some parts of the world only, and other territories could benefit from UNICEF assistance. There appears to be great scope for trachoma control in regions with a population of over 200 million. As far as tuberculosis is concerned, the BCG campaigns are not completed and action must be taken to consolidate the initial gains. Chemotherapy opens up great possibilities.

58. In the field of nutrition the problems are vast. Assistance in this field could absorb all UNICEF's resources and more. The creation of new sources of high-quality foodstuffs at the industrial and the village level is undoubtedly a vast programme.

59. Professional training is essential and should be assisted at all levels.

60. The development of complex programmes, such as the rural community development programmes, is still in its early stages and attention has recently been forcibly drawn to the plight of children in near-urban areas. This is another potential field for UNICEF assistance.

61. Such expansion is, however, limited by the financial resources available, and UNICEF is forced to make a choice.

62. In order to satisfy the requests of Governments, which are growing in volume, encouraged by successes obtained by international action and the subtle effects of inter-reactions, should UNICEF extend its activities, which is impossible without a substantial increase in voluntary contributions, or should it seek merely to serve as a catalyst of national child welfare activities and limit its field of action in proportion to its resources?

63. Should its future activities take the form of assistance, in collaboration with international organizations like WHO, to simple programmes, such as a campaign for vaccination against a specific dangerous disease, or should it be one of the forces in the joint effort which will encourage or assist the difficult process of organizing complex programmes such as child welfare programmes based on the development of health services or rural community development?

64. In this connexion, one can do no more than express hopes and put forward opinions, based on the lessons of the past and the experience already gained.

65. We can hope to see a gradual increase in resources as a result of the growth of social consciousness in defence of the world's children.

66. We feel that we must control not one but as many factors as possible as part of a co-ordinated policy designed to improve the welfare of children within the framework of the family. It is a commonplace that poverty, ignorance and disease are evils which interreact, each aggravating the other. But the burden of poverty is scarcely lightened if action is taken to deal with only one of the factors, ignorance or disease, for all too soon the child is again caught in the grip of the vicious circle which it had been hoped to break.

67. The welfare of the child can best be promoted through large-scale programmes embracing as many activities as possible. We may hope to succeed by establishing basic organizations at the national level, providing them with the necessary competent staff, and exercising the necessary supervision at least during the initial stages.

68. Such programmes all involve not only the preparation of national plans but also, in very many cases, the employment of assistance from a variety of international sources, such as UNICEF, the Bureau of Social Affairs, Technical Assistance, WHO, FAO, UNESCO, etc. Self-imposed discipline, close co-ordination from the beginning of the operation, and adaptation to local conditions are the keys to success. The results obtained can be stabilized through assistance to national efforts in long-term programmes to establish the necessary basic organizations and provide them with competent staff. If it were necessary to give super-priority to any activity, it would undoubtedly have to be given to personal training programmes.

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ANNEX 1

Statistics

Deaths during specified age intervals per 1,000 survivors at the beginning of each age interval for four major groups of countries 1936-1945 ^{1/}

	Average (Groups I, II, III, IV combined)	Group I ^{a/} (average infant mortality under 70)	Group II ^{b/} (average infant mortality 70-99)	Group III ^{c/} (average infant mortality 100-129)	Group IV ^{d/} (average infant mortality above 130)
Under 5 years	207.4	60.1	97.8	176.5	286.2
Under 1 year	122.3	47.8	77.1	106.9	161.4
Under 1 month	53.4	27.2	28.6	39.1	71.5
1-3 months	41.9	14.0	32.5	40.0	54.8
6-11 months	32.4	7.3	18.1	31.8	44.4
1-4 years	96.9	12.9	22.4	77.9	148.8

a/ Includes Australia, Canada, Denmark, Finland, Hawaii, Iceland, Netherlands, New Zealand, Norway, Sweden, Switzerland, Union of South Africa, United Kingdom and United States.

b/ Includes Belgium, France, Iceland and Luxembourg.

c/ Includes Greece (1936-1939), Italy (1936-1942), Japan (1936-1942), Mexico and Spain (1941-1945).

d/ Includes Chile, Ceylon (1937-1945), Egypt, Hungary (1936-1938), India (1936-1942) and Romania.

A world-wide weighted average, including the other areas, would probably be between 150 and 220 deaths in childhood per 1,000 live births.

This estimate, which is the best that can be made today, suggests a loss of life of stupendous proportions in spite of the spectacular reduction of infant and childhood mortality in some countries during the nineteenth and twentieth centuries.

^{1/} Fetal, Infant and Early Childhood Mortality, Volumes I and II, United Nations, New York, ST/EOA/Series A/13 and Add.1.

ANNEX 2

Estimated Per Capita National Income and Infant Mortality 1949^{1/}

Country	Estimated per capita national income (U.S. dollars)	Infant deaths per 1,000 live births
Australia	679	25
United Kingdom	773	34
United States	1,453	31
France	482	56
Sweden	780	23
Ceylon	67	87
India	57	123
Philippines	44	96
Chile	188	169
Egypt	100	139 ^{a/}

^{1/} Estimated per capita national income from United Nations, National and per capita incomes. Seventy countries, 1949 (1950), pp.14-16. Infant mortality rates from: United Nations, Demographic yearbook, 1951 (1951) pp. 328-335.

^{a/} 1948.

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UNITED NATIONS CHILDREN'S FUND
Programme Committee

Planning
CONFERENCE ROOM PAPER
CRP/1964-B/6 (PC)
June 1964
ENGLISH
ORIGINAL: FRENCH

Sicault
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Statement to Programme Committee, June 1964 session
by Dr. Georges Sicault, Director, UNICEF Regional Office, Paris

Since 1951, UNICEF's assistance to European countries has been on a reduced scale. But since that date, Europe has been in the front rank as a contributor, and at the moment its financial contribution amounts to more than \$9,000,000 - i.e., almost 30% of the total budget.

A few countries bordering the Mediterranean continue to receive UNICEF assistance : Spain, Yugoslavia, Greece and Turkey. And likewise, in central Europe, Poland.

In Spain, the Government has asked for UNICEF's help in the specific fields of nutrition and feeding ; that country has, in fact, reached a degree of social development such that both in town and country a sound network of doctors and medical personnel now exists. The evolution of maternal and child health work has resulted in a spectacular reduction of infant mortality. A system of social security has been established for the working class.

Our efforts have been directed on the one hand in the field of education ; and on the other in the field of milk policy, with the object of helping Spain to develop sterilised and dry milk plants. This effort has permitted the establishment of a comprehensive system of school canteens, serving as a point of departure for nutrition education work, which will be extended to all primary schools. Adding to this activity that of private organisations which distribute to families with pre-school age children large quantities of dry milk from the USA, one may say that the needs have been largely met, and that there has been a very great improvement in nutrition standards over the last ten years. The only remaining problem is that of ensuring the development of dry milk resources

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on a national scale sufficient to allow the Spanish Government, if necessary, to meet its needs in the event of no further supplies being available from abroad. But already nearly 2,000 tons of dry milk can be produced each year, thanks to UNICEF help, for needs which are estimated at some 10,000 tons.

In Yugoslavia, after the ravages of the war, one of the principal problems was also that of nutrition, especially for very young children ; and UNICEF's help, in line with the plans established by the Government, has been directed towards the creation of a number of milk plants in each of the republics, the authorities at the same time establishing a distribution system for pre-school and school age children. The efforts on behalf of children have likewise been orientated towards the co-ordination of a network of maternal and child health centres and, more recently, towards the introduction in schools of technical training and apprenticeship. An interesting point to note is the presentation to the Programme Committee on this occasion of a recommendation destined to help the Government provide to working mothers and pre-school age children a protein-rich weaning food, based on the country's own resources and in a form which meets essential nutritional needs.

In Greece, UNICEF's action has been directed essentially towards the needs of children in terms of Mother and Child Health. In advance of the conclusion of the big malaria eradication campaign, UNICEF has directed its assistance in two further ways : on the one hand towards the creation of mobile health units destined towards child health protection and family health education in the rural areas, such as had been organised by the Government-subsidised organisation PIKPA, and on the other hand - in close co-operation with the World Health Organisation, - in the creation of a rural health demonstration centre in Thessaly. This programme, at the moment, is about to develop progressively its field of

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activity, in line with Government plans, over a five-year period. The ensemble of the Greek "nomos" will thus receive full coverage in the field of hygiene, within the framework of which comprehensive measures for maternal and child health work will be possible.

In Turkey, while there have never been - until the last few years - any co-ordinated plans to meet the needs of children, it may be said that UNICEF's assistance has penetrated quite far into the field of health and nutrition.

In the health field, one of the big problems was the high prevailing rate of communicable diseases : malaria, and tuberculosis.

To conquer malaria, an eradication campaign was undertaken which is now reaching its final phase. A large area of Turkey is free from active transmission ; and if there remain a few foci, they are limited, and subjected to specific anti-malaria measures. A few problems still remain ; on the one hand, strict surveillance and supervision which are indispensable in all areas where malaria was an endemic disease ; and on the other hand, the progressive integration of anti-malaria work into the national public health policy.

With regard to tuberculosis, the BCG vaccination campaign is one of the few which may be cited as an example both as to the strictness with which it has been carried out and as to the success obtained as witnessed by the first evaluation surveys. This strictness has been applied not only in the logistics of the campaign and in its implementation, but in relation also to re-vaccination where necessary in order to ensure a rational and permanent struggle against tuberculosis.

Finally, mention should be made of the anti-leprosy and anti-trachoma campaigns which are going on very satisfactorily. In this same field of health, a serious effort has been made with regard to the training of personnel at all levels, assistance to the nursing, midwifery, and health worker schools at the Institute of Public Health in Ankara. This development has its place in the overall plan

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for the public health services, which should allow the integration of the mass campaigns and of which the several stages should lead to total coverage of the country.

With regard to nutrition, UNICEF 's assistance is again to be found in relation to the milk development policy : the creation of additional milk plants in Ankara and, in the general sense, of nutrition education programmes in schools both by means of school-feeding work and nutrition education as such, in relatively favourable conditions, not only in the large towns, but also in the more isolated rural areas. It seems appropriate to draw attention to the fact that Turkey is considering, as of now onwards, a systematic exploration, sector by sector, of the problems of children in the sense envisaged by the recommendations of our Executive Board.

For a number of years now Poland has benefited from recommendations adopted by our Board in relation to milk plant development ; and here, two stages should be clearly defined. The first was the emergency period immediately after the war, which saw the equipment of dry-milk plants ; and a more recent stage, destined to ensure the provision of pasteurised milk to the population, and more especially to the children of the big urban centres such as Warsaw, Lodz, Krakow, Sosnowiec, Katowic, etc...

As in Yugoslavia, an effort has also been made towards the creation of rural networks of maternal and child health protection ; and UNICEF has helped both in the training of personnel and in the equipment of these new services. Mention may also be made of the comprehensive BCG vaccination campaign undertaken immediately after the war, in which both the Nordic Red Cross Societies and UNICEF took part.

North Africa. Of the three North African countries, one may consider Algeria - the last to reach independence - to be still in the "emergency" stage. Our activity, in fact, during the first two years of independence, has concentrated particularly on measures to assure the maintenance of primary education and health protection which had reached a precarious state owing to the departure of many

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teachers, doctors and nurses during the months just before and after the independence. Some interim solutions have been found to permit the rapid training of instructors, under the supervision of fully-trained pedagogic staff responsible for continuing their training both on an "in-service" basis and during the holidays. In the health field the Government has been able, with WHO and UNICEF assistance, to train a large number of health assistants with a view to maintaining the essential public health services. At the same time, our help has been given in the form of emergency help for children, and especially emergency feeding.

After this first phase, a more rational study was made of the public health problem, leading to the establishment of a general plan for the development of the public health services : on the one hand through the training of personnel, on the other hand through the equipment of services for treatment, and for preventive and social medicine. UNICEF does not participate in equipment of curative services (which, moreover, had reached a relatively high degree of development in Algeria), but only in that relating to preventive services.

In the same way, in the education field, and in close collaboration with UNESCO, our efforts are being directed towards the training of staff better prepared for their task by a diversified form of training in the normal schools ; the accent is not only on subjects like arithmetic, spelling or geography, but equally on concrete problems of health and nutrition and, in a way, on "preparation for active life". However, as we go more deeply into the problems, other priority needs are becoming evident -among them tuberculosis, malaria and the need for the creation of social services. It will be essential to bring these various efforts into harmony once a panoramic view of the problems will have allowed the establishment, if not yet of a long-term policy, then at least of a plan of action on behalf of the child population.

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In Morocco, UNICEF's action in the health field has also been on a pragmatic basis ; and particularly in the fields of BCG vaccination, anti-VD work, and campaigns against conjunctivitis and trachoma. Since 1953 this fight against eye-diseases has become more and more intensified, but with decreasing participation on the part of UNICEF. Immediately after Morocco became independent, one of UNICEF's first activities there, in close collaboration with WHO, was in the field of training of para-medical personnel.

The public health programme is the most important of those in which UNICEF is now participating in Morocco. Its essential activity is the training of personnel with a view to the creation of a network of health centres and dispensaries to be used at the same time in relation to maternal and child health, hygiene, and malaria eradication. The National Institute of Public Health is somewhat delayed in its creation ; but one may hope that the general programme of health equipment will be implemented as foreseen in the course of the years to come.

The home-economics and child-care project is one of a long-term nature, which should allow the harmonious development and evolution of family life both in the rural areas and in the towns ; the training of "monitors" is the object of special attention in this connection.

Finally UNICEF's activities extend to help for a programme of rural education in which the training of 12,000 masters, in close liaison with the agricultural services, should allow of giving to students a teaching such as to permit them to participate effectively in the agricultural life and in the development of the country's resources. To this programme must be linked that of nutrition education which, with the participation of an FAO expert, is in the course of progressive expansion. 1,200 canteens are already established and working.

One new field should be given consideration in Morocco : that of pre-vocational training. A recommendation to this effect will be submitted to the Board in 1965.

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It is in Tunisia that the Government has perhaps most clearly sketched the way in which a policy for children should be envisaged, in requesting UNICEF's co-operation on a certain number of essential problems affecting Tunisian children : public health and the fight against tuberculosis, the fight against eye diseases and trachoma ; nutrition : school meals ; nutrition education ; teaching (orientation of the normal school towards the preparation of children for concrete tasks and a trade) ; apprenticeship and vocational training for children abandoning school, or completing only their primary studies ; and finally, quite recently, grouping and co-ordination of the efforts in an urban sector of Tunis with a view to defining the broad lines of a policy for children. We shall have the opportunity to take up these programmes in detail in the course of their presentation to the Board.

We would underline that the Tunisian Government is proposing to train its young people in line with the various economic sectors in course of development, and that very real integration of a policy for children and youth within the general framework of development prospects in Tunisia has already been achieved. Certainly a number of problems remain to be solved, such as those relating to the creation of social services, and, in the field of nutrition policy ; but the systematic analysis of needs continues, and the participation of UNICEF is becoming closer in this big effort the country is making for the valorisation of its human resources.

I would like, in closing, to put before the Committee a few personal reflections. I must emphasise, in the first place, how necessary it is for our representatives in the field - who should have the broad possible view of the problems concerning children - to try, in the absence of concrete governmental plans, to determine what are the priority fields in which possibilities of action exist. However, it is obvious that the nearer we get to the heart of the problems,

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the more we come upon needs which would deserve attention and action by the governments. Certain countries in Europe, and I am sure also in other parts of the world, could -through multilateral or bilateral aid machinery, and on condition that concrete projects were presented to them - greatly contribute towards a betterment of the life of the child populations. It seems essential therefore that the activity of our field representatives should not limit itself to the development of specific projects for presentation to this Programme Committee, but that they should be informed to the widest possible extent of children's problems and be able to establish forecasts of projects susceptible of interesting the various multilateral and bilateral aid organisations existing in the world. This, of course, would represent a new charge upon our representatives, in addition to their already heavy obligations.

A second consideration, which has come to my mind particularly after my visits in the socialist republics, is that the child's place should considerably exceed that which he often occupies in the developing countries. The bold policies adopted in those socialist countries, where the infant mortality statistics were sometimes very high, have led to a spectacular reduction in that mortality - which reflects the general improvement in standards of living there - and at the same time a no less spectacular reduction in the birth-rate. One thing must be underlined : the activities in favour of children in those countries have not stopped at being just a part of the various services for adults, but have been the object of special and quite comprehensive efforts on the part of the governments to train pediatricians, educators, and all the necessary personnel. Integration must not however lead to an effacing or diminution of activities on behalf of children, even when such activities form a part of the general programmes for adults. There is no doubt that the creation of mother and child health networks,

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down to the village level ; sanitary education ; care of pregnant women ; care of babies and toddlers ; surveillance of the physical and mental growth of pre-school age children ; education ; organised leisure activities, etc., represent a heavy charge. But they represent also an investment of incalculable benefit so far as the future of the rising generations is concerned.

Furthermore, and without necessarily being able to establish a direct relationship between the reduction of infant mortality and that of the birth rate, as for example would appear to be the case in Rumania and Bulgaria one can at least see in this serious, specific effort on behalf of children, a restraining factor in that demographic increase which, very rightly, is in the forefront of many countries' preoccupations.

In conclusion, may I share with the Programme Committee my profound conviction that programmes for the younger generation, even if they be more and more limited in future to specific action on behalf of mothers and children, are so vast that they call for the mobilisation of all sources of financing interested in the future of youth. For UNICEF, this means an extension of our field studies in order to be able to present firm forecasts of projects to multilateral and bilateral aid sources, both within and outside of the United Nations family.

Such are, Mr. Chairman, the general points which I felt it useful to make at the outset of your debates.

I am naturally at the disposal of the Programme Committee for any supplementary information they may wish to ask of me.

Dr. G. Sicault
Director, UNICEF European Office
25.5.1964

UNITED NATIONS
ECONOMIC
AND
SOCIAL COUNCIL



Distr.
GENERAL

file: Sicaull
E/ICEF/60-A/CRP/7
14 March 1960
ENGLISH
ORIGINAL: FRENCH

UNITED NATIONS CHILDREN'S FUND
Executive Board

Secret

P. I. RESEARCH

Presentation to the Executive Board by the Deputy Executive
Director (Planning) of the Report on Programme Orientation
(document E/ICEF/397/Add.1), 14 March 1960

1. The part of the report concerned with programme orientation is contained in document E/ICEF/397/Add.1. It is presented in two parts, one dealing with the development of programmes and the other with the practical limitations of UNICEF action and the conclusions to be drawn therefrom.
2. Certain facts call for attention by the Executive Board in the matter of programmes. With regard to malaria, it will be recalled that the Board decided to review in June 1961 the question of campaigns as a whole and to frame its policy at that time. There is consequently little to add to the reports already submitted in March and September 1959. It can only be emphasized that the difficulties experienced both by international organizations and Governments in financing malaria eradication campaigns have further increased. For the first time UNICEF assistance will, in 1960, reach the ceiling of \$10 million. It will also be recalled that additional allocations submitted to the Board as part of the 1960 campaign are supplementary to the allocations already made in 1959 and that therefore their effect on the budgetary ceiling of \$10 million fixed for malaria is related not to the year 1960 but to the 1959 budget, which is thus increased to the sum of \$9,290,000.
3. Another critical problem for these campaigns is the organization of the epidemiological surveillance which is essential for the evaluation of results already obtained and is of primary importance in malaria eradication itself, which has to eliminate in a given country all cases of malaria while the vector anopheles still persists, as is the case in most campaigns.

4. Tuberculosis. There is little to be reported in what is now a period of transition. A report is to be submitted to the next session of the Joint Committee on Health Policy on progress made in anti-tuberculosis campaigns, and more especially in chemotherapy.
5. There is also little to report in connexion with yaws, venereal diseases and leprosy, except the practical difficulties of execution experienced in anti-leprosy campaigns in certain African countries where political evolution has brought about changes in the organization of health services.
6. A report was submitted to the last session of the Joint Committee on Health Policy with regard to basic health services and more especially mother and child welfare services. Progress is slow. Emphasis was again laid on the need to increase activities in the field of personnel training and to improve the organization of supervision. In any case, however, the suggested developments depend on the organization of the countries themselves and can only be achieved gradually.
7. Problems of environmental sanitation have also been discussed in the Joint Committee on Health Policy. Specific recommendations will be made to the Board; they should, if adopted, lead to a certain expansion of the policy hitherto followed.
8. With regard to nutrition, the policy of expanded aid to nutrition approved by the Board is beginning to bear fruit. New programmes are being submitted and others are being prepared. The approach to the local inhabitants at the village level in the matter of consumption habits and nutrition education seems likely to produce most favourable results. A project is being submitted for the utilization for human consumption of certain high protein foods. Moreover, milk conservation projects are continuing and it is evident that their importance is fully realized, especially in India.
9. Personnel training also receives special attention everywhere. Its importance and the serious effect of inadequate training on certain programmes are emphasized.

10. New projects for social services for mother and child welfare will be given special consideration by the Board, since four recommendations are being submitted for the first time. This will constitute the first step in the approach to a difficult problem. There is as yet, in this matter, no clearly defined policy adapted to the needs of different countries. There are vast possibilities to be explored, and only very judicious action, within the general framework of the principles laid down by the Bureau of Social Affairs, can be taken. It is clear that many concepts prevailing in highly developed countries cannot be applied in under-developed countries. Thus it is only by skilful adjustment to the special living conditions of each country that assistance can be given in family and child welfare. It would also be of value to study the possibilities presented by assistance to young people, especially in towns where the social problems of youth are particularly acute.

11. With different possibilities for action thus presenting themselves, it is expected that concrete schemes will be suggested in the coming months. In many cases it may be possible in fact to have recourse, with the necessary adaptations, to forms of social services which have already been tried out on a limited scale in various under-developed countries.

12. Although no systematic review has been made of the needs of children in the world, information collected not only by Governments but by international and private organizations indicates how numerous and closely interrelated such needs are. UNICEF aid, even with its concentration on a few fields of activity, at present only reaches 55 million beneficiaries; this means that 55 million mothers or children receive, in one form or another, one type of UNICEF assistance and less frequently two or more at a time - which, although appreciable in amount, is very slight compared with the immensity of the problems. It might therefore be inferred that future UNICEF policy need only seek to extend such activities as have already been initiated, so that they may be carried through in a more intensive and effective manner. Limitations are imposed, however, not only by the very nature of international co-operation but - much more often - by self-imposed limitations within the countries themselves.

13. The report thus notes the causes which militate against immediate possibilities of UNICEF co-operation in health, training and even nutrition matters. It is well known that budgets in the various countries are dictated by economic conditions and are generally very limited in relation to needs. It is also apparent that each Ministerial department can dispose only of a certain percentage of the whole budget, since a balance has to be maintained for the co-ordinated functioning of public services. The different under-developed countries have already made substantial progress in social projects, given their limited resources. It is very difficult to obtain large budgetary increases from the authorities, even where international aid is concerned. But when certain priority programmes like malaria eradication are a heavy burden on the health budget, few funds remain for the undertaking of new activities, such as other campaigns against endemic diseases. In the same way, the organization of mother and child welfare within the framework of public health services requires not only preliminary planning but also the training of the numerous personnel required for the services' operation. The recruiting of new kinds of personnel, however, or of an increased number of officials, is always a difficult problem for under-developed countries, since it involves not merely occasional expenses but a permanent commitment which can only increase with time.

14. In view of the immensity of the task to be undertaken and the many needs to be met, these limitations can only give rise to some anxiety. How can the work of UNICEF be best orientated? Is a solution to be found in restricting the fields assisted by UNICEF, or alternatively in maintaining or even expanding them? The former alternative seems at first the more satisfactory, and it is natural to take the view that instead of extending its activities it would be preferable for UNICEF to intensify the work already undertaken. Such a course would tend, however, to the over-development of activities in some sectors which do not necessarily give priority to the special needs of children. It would also affect the balance of UNICEF programmes and the geographical distribution of assistance; there would be the risk of giving more aid to the countries already most developed which, having the greatest resources, are in a position to utilize more international assistance, and of giving less aid to those countries which, having least resources, offer less facilities for action and yet have the greatest need of aid.

15. The second possible solution is the use of so wide a range of assistance programmes that existing local resources can be employed in the best interests of children. Such a solution might suggest a dispersal of effort, but this would be more apparent than real. UNICEF's aid projects are already in operation in a great number of countries and in many fields of activity, and it does not seem likely that the limitation of its aid to certain types of programmes would, through added concentration, make them more effective unless extreme methods were adopted. For instance, if almost all the allocations were devoted to certain special aspects of UNICEF activity, such as the building of milk processing plants as part of a nutrition programme, or malaria eradication as part of a health programme, the main effect would be to reduce the scope of its aid. That is why the Board has already made its views clear on the matter and does not wish to restrict its activities in such a way.

16. The best method of solving this problem might be to offer each country a range of assistance wide enough for it to benefit by UNICEF co-operation in the matter or matters to which it gives priority in child welfare planning. Governments would thus be able to choose their own programmes - which is in fact a basic principle even of international action.

17. The Board, however, would be able, within the framework of its general policy, to direct such co-operation towards essential strategic aims, such as personnel training, nutrition education and health education, offering long-term if not immediate possibilities of securing the maximum results conducive to the greater well-being of children.

Sicault

UNITED NATIONS CHILDREN'S FUND

New York Headquarters

Information Bulletin No. 81/39

1 June 1981

TO: Members of the Staff
FROM: *Bertram Collins*
Bertram Collins, Director
Division of Personnel and Administration
SUBJECT: Death of Dr. Georges Pierre Sicault

We were saddened to learn that our esteemed friend and former colleague Dr. Georges Sicault died in his Paris home this past weekend. He had a distinguished career as Director of Public Health in Morocco and was one of the pioneers of the expansion of basic health services which already contained many of the elements of Primary Health Care.

Georges Sicault joined UNICEF in 1955 first as Assessment and Evaluation Officer in New York. Later as Deputy Executive Director under Maurice Pate, he contributed to the development of a broader concept of UNICEF's policy for children. He helped formulate the country approach which was accepted by the Executive Board in 1961. He was also responsible for gaining acceptance of the view that the development of children had to be seen in wider circles represented by the family, the community and development itself.

He made an important contribution to the organisation of the Bellagio meeting in 1962 which for the first time brought economists, planners together with child specialists and child welfare administrators. He was also the initiator of the first training courses for UNICEF staff and influenced younger staff members through his example. In 1961, Dr. Sicault was appointed Director for Europe and North Africa in Paris where he served until his retirement in 1970. In Europe, he helped in broadening the views of National Committees for UNICEF. He was also instrumental in strengthening UNICEF's relationship with other UN Specialised Agencies and helped them to accept UNICEF more as an equal partner. He also took personal interest in orienting UNICEF activities in North Africa and Turkey that were part of the Europe/North Africa Office.

Dr. Sicault will always be remembered by colleagues who knew him as a very stimulating colleague, giving a personal example in all he was doing.

Dr. Sicault's funeral was held in his Paris home on Wednesday 27 May and was attended by close family members. Staff may send their condolences to

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75116 - Paris
FRANCE
Telephone, 33/1/651 41 58

or
Maison Blanche F
41400 - St. Georges-sur-Cher
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Sicault Bio

1 May 1974

To: Mr. John Charnow
From: Muriel Glasgow
Subject: Procedures followed at Board meetings on the retirement of UNICEF staff members

Mrs. Sinclair

... After a statement to the Board in which she was called upon to give a few observations of her impressions of 20 years of work with UNICEF (at the penultimate meeting of the Board at its 1967 session), personal tribute was paid to Mrs. Sinclair by Board participants on the occasion of her retirement. The Board then continued its work. (E/ICEF/SR/365,366 (attachment A))

Dr. Sicault and Mr. Iwaszkiewicz

... In the middle of the last meeting of the Board at its 1969 session, tribute was paid to UNICEF officials - among them Dr. Sicault and Mr. Iwaszkiewicz - who were retiring before the next session of the Board. In the case of Dr. Sicault, formal tribute was paid him after his statement to the Board during the general debate. Mr. Iwaszkiewicz made no formal statement, but two documents were circulated - one in which he summarized UNICEF's role in planning for children and youth so far (E/ICEF/586/Add.1) and the other in which he gave his views on UNICEF's future role in planning (E/ICEF/CRP/69-8). (E/ICEF/SR/387, 393 (attachment B))

Mrs. Lutz

... At the end of the session of the Board in 1971, at the last meeting, Mr. Labouisse made a statement in the honour of Mrs. Gertrude Lutz who was due to retire. Mrs. Lutz replied to his statement and other Board members and the Chairman of the Board expressed their gratitude to Mrs. Lutz for her work in UNICEF. The Board session ended on that note. (E/ICEF/SR.424 attachment C))

Messrs. Bridgwater, Edwards, Hill

... At the penultimate meeting of the Board at its 1972 session, time out was taken to pay tribute to these three retiring staff members. The retirees thanked the well-wishers and the Board then continued its work. (E/ICEF/SR.436 (attachment D))

Dr. SICAULT (Director for Europe and North Africa) made a statement outlining the activities undertaken by his Office.^{1/}

Dr. CONZETT (Switzerland), speaking on behalf of the European National Committees, expressed his deep appreciation of the services rendered by Dr. Sicault, who was shortly to retire. It was not easy to co-ordinate national groups in a continent such as Europe where there were differing temperaments and traditions, but Dr. Sicault had approached the task with the utmost tact and diplomacy and had made the National Committee into one large family.

Mr. SLAHEDDINE (Tunisia), Mr. GERNER (Federal Republic of Germany), Mr. WILLOT (Belgium), Dr. KOZUSZNIK (Poland), Mr. PAOLINI (France) and Mr. THEDIN (Sweden) also paid tribute to Dr. Sicault for his personal qualities and the work he had done during his years in UNICEF.

Mrs. LAMOTHE (Canada), Mr. BAKOTO (Camercon) and Dr. SENGHOR (Senegal) said that, although their countries did not fall within the region for which Dr. Sicault was responsible, they too wished to associate themselves with the remarks made by the previous speakers.

Mr. SICAULT (Director for Europe and North Africa) expressed his profound appreciation of the kind remarks which had been addressed to him.

Mr. WILLOT (Belgium) said that in the years to come, if the National Committees were well organized and made a systematic effort to influence public opinion, their contributions would be greater than those from Governments. He was happy to report that the Belgian National Committee's fund-raising campaign on the theme of "Repas de la Faim" had been a success, and the Belgian Ministry for Foreign Affairs had said that next year the Government would endeavour to close the gap between its own contribution and that of the National Committee.

Mr. BUSTAMANTE (International Labour Organisation) said that the Executive Director's interesting report had confirmed ILO's belief in the urgent need for increased co-operation to ensure the more effective alleviation of the situation of millions of children in the developing countries. All Governments and international and other organizations

^{1/} The text of this statement was subsequently circulated as document E/ICEF/CRP/69-6.

Attachment B

to increase the total resources available. If account was taken of the value of the food-stuffs acquired, reimbursable procurements and other expenditure, the real proportion of administrative costs fell to about 6 per cent of the total.

Mr. WEI (China) hoped that the increase in Headquarters posts and the reduction in field posts which appeared in the budget for 1970 would not be detrimental to administrative efficiency. He further hoped that the increase in expenditure could be contained. The Executive Director should try to negotiate with Governments to increase their contributions to local budgets or to provide premises at reduced rentals or free of charge. At the same time, UNICEF should try to consolidate its local offices with those of other members of the United Nations family.

Mr. HEYWARD (Deputy Executive Director) (Operations) explained that the reduction in local staff was due to a reorganization of local offices. He gave a breakdown of the new posts at Headquarters, a number of which had been established for the purpose of making contacts with Governments, collecting funds and similar tasks. He appreciated the comments which had been made about the contributions of Governments to local budgets and stressed that UNICEF was following the United Nations policy of consolidating its local offices with those of other members of the United Nations family in all cases where it was possible.

The CHAIRMAN said that, if there were no objections, he would consider that the Board approved the budgetary recommendations contained in the report of the Committee on Administrative Budget (E/ICEF/AB/L.90).

It was so agreed.

EXPRESSIONS OF THANKS TO RETIRING OFFICIALS

Mr. LABOUISSÉ (Executive Director) paid a tribute to the UNICEF officials who would be retiring before the next session of the Board. He mentioned in particular the work of Mrs. Elena Mederos, Miss Alice Shaffer and Dr. Edward Iwaszkiewicz and Dr. Georges Sicault.

Mr. KELSO (Australia), Dr. ALTENFELDER (Brazil), Dr. BAIN (United States of America) and Mr. ZAKHAROV (Union of Soviet Socialist Republics) expressed their thanks to the officials who were retiring, particularly Mrs. Mederos, Miss Shaffer, Dr. Iwaszkiewicz, Dr. Kyaruzi and Dr. Sicault.

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