

EXECUTIVE BOARD

EB31/11 ✓
26 November 1962

Thirty-first Session

ORIGINAL: ENGLISH

Provisional agenda item 2.2

DEVELOPMENTS IN ACTIVITIES ASSISTED JOINTLY WITH UNICEF

Report by the Director-General

I. GENERAL

At the Fifteenth World Health Assembly, the Director-General submitted a report on the developments in regard to activities assisted jointly by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) up to the December 1961 session of the UNICEF Executive Board.¹

The present document reports on the developments that have taken place since that date and, in particular, on decisions taken by the UNICEF Executive Board at its June 1962 session, that have a bearing on the work of WHO.

II. THE UNICEF EXECUTIVE BOARD MEETING IN JUNE 1962

1. Allocation of UNICEF funds

1.1 The approved programme allocations

On the recommendation of its Programme Committee, the UNICEF Executive Board approved programme allocations for 124 projects, of which 116 were for 64 countries and territories and eight for regional and inter-regional projects. About a third of the projects had not previously received any UNICEF aid. Of these 124 projects, 42 were for basic maternal and child health projects (including five for environmental sanitation, one for rehabilitation of handicapped children and two for vaccine production); 15 were in the field of family and child welfare services, (including two for inter-country training schemes); 15 were for malaria eradication; 22 for communicable disease control (including 13 for tuberculosis control; four for leprosy control; two for trachoma control; three for treponematoses control); 18 for nutrition education; two for milk conservation; one for the development of protein-rich foods; six for education; and three for vocational training.

¹ Document A15/P&B/8

1.2 The percentage distribution of allocations

The following table shows the percentage distribution of allocations approved by the UNICEF Executive Board at the June 1962 session and compares it with the distribution for the two previous years:

PERCENTAGE DISTRIBUTION OF ALLOCATIONS APPROVED BY EXECUTIVE BOARD 1960-1962

	1960	1961	June 1962
Health services	18.12	29.81	39.50
Disease control	47.17	35.00	36.17
Nutrition	26.40	26.78	10.69
Family and child welfare services	1.59	3.19	6.12
Education and vocational training	0.61	0.93	7.32
Urban projects	-	0.96	-
Other	0.17	0.50	-
Emergency aid	5.95	2.83	0.20

2. Programme orientation and policy questions

2.1 Statement by the Executive Director of UNICEF

The Executive Director, in an opening statement to the Board, observed that the emphasis of the work of UNICEF was shifting gradually from interest in the individual project to a wider concern with the way in which UNICEF aid might contribute to the over-all improvement of the condition of children in a given country. The spread of national development planning and the greater flow of external aid made it necessary for UNICEF to be open to new methods in order to accomplish its objectives.

2.2 Planning for children in national development

Planning for children in national development and UNICEF's contribution to the Development Decade were the major policy questions discussed by the Board at this session. The Executive Director submitted a report containing his views and

recommendations on the importance of taking into account the needs of children and youth in national planning, based on the premise that investment in human resources was essential for economic and social development.

He pointed out that greater attention to the preparation of children and youth for life could not be achieved unless adequate attention was given to them in the regular work of national ministries, such as those of health, education, agriculture (in relation to nutrition), social welfare, community development, housing and labour.

He also advocated the establishment of comprehensive national plans for children and young people where this fitted in with the practice of the country. More modestly it might deal with problems requiring action both within and across departmental lines. The WHO Representative pointed out that the health needs of children should not be considered in isolation but should form part of general health plans at the governmental or community level.

The Board adopted the Executive Director's recommendations, involving in the main: the consolidation into one block allocation of assistance in assessment and planning for child needs, and aid to countries in project preparation; the establishment of relations with the United Nations Regional Economic Commissions, especially in regard to their advisory services and training schemes, and with other economic development institutes and multinational and bilateral aid programmes, not only to co-ordinate joint action but also to call to the attention of policy makers the importance of planning for social development, especially in relation to children and youth. The Board decided to communicate to the thirty-fourth session of the Economic and Social Council a "Declaration on a Long-Term Policy for Children in Relation to the Development Decade".¹ The Declaration specifically recognized the responsibilities of the specialized agencies and the United Nations Bureau of Social Affairs for planning for children in their fields of competence.

¹ Document E/3655. The Council subsequently adopted a resolution based upon this Declaration (Resolution 918 (XXXIV)).

2.3 New fields of UNICEF aid

Members of the Board welcomed the trend of increased aid in new types of programmes (including education, vocational training, urban projects, social welfare services and other youth services). The Board recognized that training was one of the most urgent problems facing the developing countries and should be given high priority. The question of primary education received much attention and it is probable that the number of projects in this field will increase over the coming few years.

2.4 General debate

Many representatives felt that governments should establish priorities of children's needs adequately incorporated in, or related to, an over-all plan and, in this connexion, it was noted with regret that, as yet, no country had requested the UNICEF aid made possible by the Board's decisions in June 1961, for surveying the needs of their children and arriving at priorities for action. A number of representatives also emphasized the importance of co-ordination at the national level.

A major task of UNICEF personnel in the field is to help identify areas where the absorptive capacity for aid could be increased to ensure maximum effectiveness of aid. The view was expressed that UNICEF should adopt new attitudes with regard to commitments, staffing and seeking new sources of financing to help countries with the greatest needs to put assistance to the most effective use.

3. Health matters

3.1 Health projects

Health services benefiting mothers and children received allocations totalling \$ 4.85 million, or almost 40 per cent. of the total assistance recommended for long-range activities at this session of the UNICEF Executive Board. A total of 147 health services and 158 disease control schemes is now being assisted by UNICEF. It is expected that the volume of commitments will be maintained at about \$ 19 million a year.

3.2 Basic health services

The WHO Representative pointed out that, as part of its participation in the United Nations Development Decade, WHO was encouraging governments to undertake a 10-year public health programme. WHO was also providing for accelerated programmes of assistance to newly independent states, particularly in Africa. The need for UNICEF to help establish networks of basic health services for mothers and children was especially emphasized by a number of representatives. It was also considered that UNICEF aid should be continued at a high level in the fields of health education and environmental sanitation and in the control of communicable diseases largely affecting children. It was suggested that WHO should study major child health problems, such as intestinal parasites. The Board noted that, with a few exceptions, countries aided by UNICEF had not yet succeeded in establishing nation-wide networks of even the simplest health services, owing to lack of trained staff, the capital cost of buildings and the continuing costs of personnel and maintenance.

3.3 Nutrition

Commitments for nutrition, including applied nutrition, milk conservation and nutrition training schemes was expected to rise to \$ 10 million by 1964. The Board agreed that education and training were essential factors in applied nutrition projects.

3.4 Malaria eradication and control

The Board approved allocations for the continuation of 15 malaria eradication campaigns. Although there are at present no projects for malaria eradication in Africa, it is anticipated that some project requests for pre-eradication projects in Africa will be submitted to the 1963 Board sessions. WHO is to present an analytical study of the malaria eradication situation to the next policy session of the UNICEF Executive Board on the basis of which the Executive Director will make recommendations to the Board as to UNICEF's future activities in this field.

3.5 Urbanization

Although no specific projects in this field were presented to the Board at this session, the view was expressed that assistance should be given for community services essential to families and children in places where rapid social transition

is occurring and that health and welfare centres, as well as schools, should be provided from the outset. It was generally recognized in the Board that the problems associated with urbanization were complex in nature and many of them were outside the scope of UNICEF's work. However, it was agreed that UNICEF had an important role to play in a concerted programme.

3.6 Smallpox eradication

Several representatives thought that UNICEF could play an important role in connexion with measures against smallpox by helping in the introduction of permanent vaccination schemes for infants through health centres and maternal and child health clinics.

4. Aid for Africa

The importance of assistance for training in Africa was again emphasized. The increased commitments for UNICEF aid to Africa were welcomed and the Board endorsed the view that, particularly with regard to Africa, UNICEF aid should be co-ordinated with assistance from all international and bilateral sources.

5. Financial and administrative questions

5.1 Aid for local costs

In the three-year period 1959-1961, UNICEF aid in the form of local costs represented about five per cent. of the total programme aid committed. The Board's decision in June 1961 to allow greater flexibility in paying local costs had proved valuable. It was noted with interest that WHO is assuming certain local operational and administrative costs for public health programmes. The Executive Director was asked to present a report to the next policy session of the Executive Board, on the question of liberalizing payments for local costs, including greater recourse to purchase of local materials and employment of local personnel.

5.2 Short-term consultants

Provision was made in the 1963 budget for the engagement of short-term consultants to supplement the regular staff of UNICEF in meeting the increased workload resulting from an accelerated use of UNICEF resources. As a rule such consultants would have the same responsibilities as would normally be undertaken by regular UNICEF staff. It was expected that in certain cases consultants would be appointed in agreement

6. UNICEF/WHO Joint Committee on Health Policy

The Report of the thirteenth session of the UNICEF/WHO Joint Committee on Health Policy, held on 31 January and 1 February 1962, was presented to the WHO Executive Board at its thirtieth session.¹

The fourteenth session of the UNICEF/WHO Joint Committee on Health Policy is tentatively scheduled to take place at the end of 1963. Subjects which have so far been suggested by UNICEF Board members for discussion at this session include: health education under conditions of rapid industrialization and migration of population; immunization of children against disease (including measles, poliomyelitis, combined smallpox and BCG vaccination, and the use of dry BCG vaccine), and the production of vaccines; the relation of maternal and child welfare services to other basic health services; the control of endemic and epidemic diseases pending the development of basic health services and the care of the schoolchild in relation to health and nutrition.

The UNICEF representation, elected by the UNICEF Executive Board at its June 1962 session, to serve at the fourteenth session of the Joint Committee on Health Policy, is shown in an annex to this document.

7. FAO/UNICEF Joint Policy Committee

The Board considered the question of the composition and frequency of session of the FAO/UNICEF Joint Policy Committee. It reaffirmed its decisions taken at the January and December 1961 sessions, namely that the payment by UNICEF of the costs of employment by FAO of the technical personnel on jointly assisted projects should be of a temporary character and should be reduced and eliminated within a reasonably short period of time.

8. Questions relating to future sessions of the Executive Board

The Government of India had invited the UNICEF Executive Board to hold the next main policy session in New Delhi in January 1964. A final decision on this invitation is to be taken by the UNICEF Board in December 1962. One result will be a change in the cycle of main policy sessions, which are held in June of each year. However, any major policy questions which could not be deferred until January 1964 could be taken up at the June 1963 meeting in New York.

UNICEF MEMBERS OF THE JOINT COMMITTEE ON HEALTH POLICY

Dr Miguel E. Bustamante (Mexico)	Chairman of the UNICEF Executive Board
Mrs Z. Harman (Israel)	Chairman of the UNICEF Programme Committee
Dr K. Bain (United States of America)	
Dr R. Debré (France)	
Dr W. Germer (Federal Republic of Germany)	

Alternates:

Dr Adeniyi-Jones (Nigeria)

Dr I. Dogramaci (Turkey)

Dr R. Farah (Tunisia)

WORLD HEALTH
ORGANIZATION

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ORGANISATION MONDIALE
DE LA SANTE

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Corrigendum

Page 3, para. 2.2, line 7:

Delete "chloroquine" and insert "proguanil".

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Addendum

Since the preparation of document EB31/11 on Developments in Activities Assisted Jointly with UNICEF, the UNICEF Executive Board has met, in December 1962. This addendum reports on the decisions taken by the UNICEF Executive Board at that session.

THE UNICEF EXECUTIVE BOARD MEETING IN DECEMBER 1962

1. Allocation of UNICEF funds

1.1 The approved programme allocations. The UNICEF Executive Board approved allocations for 144 projects totalling \$ 25 402 964. Of these projects, 133 are for projects in 70 countries and territories, two are for inter-regional and five are for regional training projects; and the remaining four are for other inter-regional projects. Forty-six of the allocations were to projects receiving UNICEF assistance for the first time, of which 17 were for health services, seven for disease control, eight for nutrition, seven for education, six for family and child welfare services and one for vocational training. In all, health services received allocations totalling \$ 8 565 710 for 53 projects. In addition, in the field of disease control, 41 allocations were approved totalling \$ 6 366 000.

1.2 The percentage distribution of allocations. The following table shows the percentage distribution of allocations approved by the UNICEF Executive Board at its December 1962 session and compares it with the distribution for the June 1962 session and the previous year.

PERCENTAGE DISTRIBUTION OF ALLOCATIONS APPROVED
BY THE EXECUTIVE BOARD 1961-1962

	1961	June 1962	December 1962
Health services	29.81	39.50	33.71
Disease control	35.00	36.17	25.06
Nutrition	26.78	10.69	28.11
Family and child welfare services	3.19	6.12	3.26
Education and vocational training	0.93	7.32	8.10
Urban projects	0.96	-	-
Other	0.50	-	0.86
Emergency aid	2.83	0.20	0.90

2. Health matters

2.1 Health services. The Programme Committee of the Executive Board noted the trend for further assistance to basic health services and the WHO representative emphasized that basic health services and mass campaigns for disease control are complementary. Mass campaigns are necessary when basic health services are inadequate or do not exist, which is often the case in developing countries. Basic health services are essential for the consolidation of results obtained by mass campaigns.

In India help is being given in developing extensive rural health services. Assistance to Algeria for health, education and welfare services was commended as an excellent example of co-ordination among many agencies. UNICEF will assist in an accelerated training and retraining programme for health and education personnel, the creation of a rudimentary network of health services to prevent the outbreak of epidemics and the spread of endemic diseases; the reactivation of trachoma control through the schools and the development of services and the training of personnel for the care of orphaned and abandoned children. WHO will provide technical advice and some staff and many of the other specialized agencies are giving assistance in meeting the emergency needs of the country.

2.2 Malaria Eradication. There were 13 allocations for continuing assistance to malaria eradication campaigns approved at this session of the Executive Board. It was pointed out that the Eastern Mediterranean is one of the regions of the world where eradication programmes have given very encouraging results. Among UNICEF-aided projects, Jordan, Lebanon and Syria are close to having achieved eradication. In the Americas, notwithstanding the progress achieved, some problems still exist. Major interest was shown in a new antimalaria drug, a chloroquine derivative, which is administered by injection and which has both a curative and a long-acting suppressive effect. The representative of WHO gave some details on trials of this drug currently being undertaken in the United States of America.

2.3 Tuberculosis control. The 13 tuberculosis control projects for which allocations were approved include four new projects and, of the six allocations approved for leprosy control, one is for a new project in the Republic of Korea.

2.4 Nutrition. Approval was expressed of the generally accelerated efforts in nutrition education and the developing collaboration among the United Nations agencies concerned, UNICEF, FAO, UNESCO and WHO was noted. With reference to the project for nutrition training in Africa, the WHO representative stressed the importance of this programme being broadened to include health aspects. WHO believes that training in nutrition is essential for health personnel and should be included in the curricula of all institutions in which such personnel are trained, for example health assistants' and nursing and midwifery schools.

2.5 Family and child welfare. Assistance was approved for six new projects in this field and for six projects previously assisted.

3. Questions relating to future sessions of the Executive Board

At its session in June 1962, the representative of India invited the Executive Board to hold its next main policy session in New Delhi in January 1964. This invitation has now had to be cancelled but the Executive Director has been requested to explore the possibility of holding this session in another country in Asia or elsewhere in tropical areas to permit the members of the Board to visit UNICEF-assisted projects at the time of the meeting.