



FROM: G. A. WILLIAMS

15 October 1985

Mr Lingham ✓

CHOGM: UNICEF - GLOBAL IMMUNISATION

Mr James Grant of UNICEF told Sir Crispin Tickell on 30 September that he had raised with Mr Ramphal the possibility of raising this subject at CHOGM. UKMIS, New York have now reported (Flag A) a possible initiative by Canada. I attach Background Notes to draw on if the matter is discussed. They are:

- FLAG B - Global Immunisation and UN General Assembly
- FLAG C - Description of Global Immunisation Programme
- FLAG D - UK Contributions to UNICEF and to Bilateral Immunisation Programmes

2. Mr Raison is due to address the AGM of the UK Committee for UNICEF on 24 October. It would be helpful if we could be instructed from Nassau on any special reference that might be needed to the CHOGM discussion.

W.S. Kelly

W G. A. WILLIAMS
United Nations & Commonwealth Department

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FROM: E J FIELD, UKMIS NEW YORK
FOLLOWING FOR: J AITKEN ESQ, UNCD, ODA
COPIED TO: S MARTIN, UND, FCO

UNICEF: GLOBAL IMMUNISATION

1. I UNDERSTAND FROM CONTACTS IN UNICEF THAT THE CANADIAN GOVERNMENT IS PREPARING AN INITIATIVE ON GLOBAL IMMUNISATION WHICH THEY PLAN TO LAUNCH AT THE CHOGM. THIS WILL BE A CONTRIBUTION OF SOME DOLLARS 25 MILLION TO HELP COMMONWEALTH COUNTRIES IN THEIR CAMPAIGN TO INTRODUCE CHILD IMMUNISATION. I PASS THIS NEWS ONTO YOU SO THAT YOU WILL BE FOREWARNED - THAT IS IF YOU DO NOT ALREADY KNOW OF IT.
2. I UNDERSTAND THAT THE UK COMMITTEE FOR UNICEF IS HOLDING A MEETING ON UNITED NATIONS DAY TO RAISE MONEY FOR THE GLOBAL IMMUNISATION PROGRAMME AND THAT MR RAISON WILL ADDRESS THE MEETING.
3. RICHARD JOLLY TELLS ME THAT BOB GELDOF IS PROVIDING DOLLARS 3 MILLION TO UNICEF FOR IMMUNISATION. I HOPE THIS MEANS THAT THE UK WILL BE ABLE TO MAKE A DECENT SHOWING. LIVE AID IS ALSO CONTRIBUTING DOLLARS 2.7 MILLION

SIGNED E J FIELD

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GLOBAL IMMUNISATION & UN GENERAL ASSEMBLY

1. In April 1985, the Executive Board of UNICEF at its session on the observance of the 40th Anniversary of the United Nations, adopted a resolution committing UNICEF to the goal of achieving universal immunisation by 1990. It is estimated that more than 4 million children die per year, and many are disabled by diseases for which immunisation techniques exist. Immunisation rates in Brazil, Burkino-Faso, China, Colombia, El Salvador, Indonesia, Nigeria and Pakistan have improved markedly, and in several areas of India, the rate has accelerated dramatically. Thus, the Executive Board consider their call for universal immunisation by 1990 realistic, providing that Governments support the introduction of immunisation. This programme, however, must be combined with good primary health care schemes to achieve its maximum effects.

2. On June 10, 1985 the UN Secretary General, Javier Perez de Cuellar wrote to the Prime Minister, requesting her Government's support for the immunisation resolution. The Prime Minister replied, agreeing that through its vaccination programmes for children UNICEF made a valuable contribution to the improvement of primary health care throughout the world; that HMG had been pleased to support UNICEF in its general and emergency activities and that during the 40th Session of the United Nations Assembly, HMG would be glad to confirm that support.



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CHOGM 1985

BACKGROUND NOTE ON UNICEF PROGRAMMES

UNICEF Emergency Programme in Africa

1. In July 1984, the Executive Director of UNICEF launched a US\$49 million appeal for funds to support child survival, health care, nutrition and food production projects for mothers and children in 13 African countries suffering from the drought. The countries involved are Angola, Ethiopia, Mali, Mauritania, Niger, Chad, Upper Volta, Zimbabwe, Cape Verde, Gambia, Ghana, Mozambique and Senegal. In August 1984 we agreed to contribute £1 million. This was in addition to our regular contribution of £6 million to UNICEF. Because of the worsening crisis in October 1984 UNICEF increased the appeal to US\$67 million. In April 1985 we agreed to contribute a further £1.0 million to the Emergency Programme in Africa.

Child Survival "GOBI FFF"

2. UNICEF have correctly concluded that infant mortality could be dramatically reduced by using four simple and cost-effective remedies; under-nutrition can be identified and corrected at an early age by using infant Growth Charts (G); dehydration, usually due to gastro-enteritis, can be treated by Oral rehydration salts (O); risks of enteric infection and states of reduced immunity are exaggerated by failure to Breastfeed (B); and the vaccine-preventable diseases of childhood (diphtheria, whooping cough, tetanus, tuberculosis, measles and polio) are all largely preventable by Immunisation (I).

3. In addition to GOBI, providing three further factors, food supplements (F), family spacing (F), and female education (F), although more expensive could produce further dramatic improvements in child health.

4. UNICEF have embarked on a vigorous campaign, with the emphasis being placed on the first four simple factors. This campaign has included canvassing con-

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siderable support from political leaders. The Executive Director of UNICEF, Mr James Grant, has undertaken a series of visits to obtain high-level support for a "revolution" in child health, based on implementing the "GOBI FFF" proposals.

5. There are many benefits from this approach, and in some instances, dramatic results have been obtained. However, there are drawbacks which have caused some difficulties with other UN agencies, as well as for health ministries in the target countries. For example:

(i) any "campaign" approach to health runs the risk of failing to encourage the development of competent basic health delivery systems based on existing health infrastructure. Although targets may be achieved, additional benefits (eg, good ante-natal practice, curative clinics, etc) may not be developed. At the same time some aspects of health service management, such as provision of essential drugs, and sanitation practices which are integral parts of family health care, may not be given the priority they justify. Any campaign approach needs a well-founded management system to ensure its continuity, and a rushed intervention may easily not allow for the training and staff development which is needed in the long term;

(ii) UNICEF have posted staff and consultants to countries to implement the "GOBI FFF" initiative. This has resulted in some conflict with WHO, long accepted as the UN technical health agency, and with health administrators in the recipient countries who find their efforts to provide a complete health service made more difficult on occasion by UNICEF pressures;

(iii) the UNICEF initiative, although aimed at reduced infant mortality rates and hence the need for large families, and although extended to include family spacing, does not adequately emphasize maternity care and family planning. This has led to some disagreements between UNFPA and UNICEF.

6. Nevertheless, the "GOBI FFF" initiative is a valuable one, provided it is pursued with the necessary degree of flexibility and a recognition that other

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forms of community health care or food production may have a higher priority in particular circumstances. UNICEF Headquarters officials appear aware of these problems and have recognised the need for a flexible approach.

United Nations & Commonwealth Department
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UK CONTRIBUTIONS TO UNICEF

	1984/5	£M 1985/6	1986/7
Regular programme:	6.0	6.3	6.5 (proposed)
Africa appeal:	1.0	1.0	-
Chile: Special Programme for Mothers and Children:	-	0.1	-

IMMUNISATION PROJECTS JOINTLY FUNDED BY ODA AND SAVE THE CHILDREN

	PERIOD OF	TOTAL COST	ODA CONTRIBUTIONS IN	
		£	83/84	84/85
			£	£
MALI - Expanded Programme of Immunisation:	1984/87	397,875	-	42,440
SWAZILAND - "	1979/85	353,232	50,066	18,733
UGANDA - "	1983/87	450,000	17,160	42,139
ZIMBABWE - "	1982/86	173,905	36,446	29,337
PHILIPPINES - STOP POLIO:	1982/85	232,153	37,252	63,448