

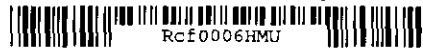
File Sub: CF/EXD/SP/1986-0049

Address by Mr. James P. Grant
Executive Director of the United Nations Children's Fund (UNICEF)
to the
Turkish Parliamentarians' Conference

Ankara, Turkey
15 October 1986



UNICEF Alternate Inventory Label



Ref0006HMU

Item # CF/RAD/USAA/DB01/1998-01982

ExR/Code: CF/EXD/SP/1986-0049

Turkish Parliamentarian Conference. Child Survival : Our I
Date Label Printed 17-Jan-2002

cover + 11 pp + 0b

File Sub: CF/EXD/SP/1986-0049

10/10/86

Address by James P. Grant, Executive Director, UNICEF
to the Turkish Parliamentarians' Conference
15 October 1986
Ankara

CHILD SURVIVAL: OUR FUTURE IS IN OUR HANDS

Mr. Prime Minister, Mr. Ministers, Members of the Health Commission, Honourable Members of Parliament, honoured guests, it is an honour for me to be present today at this historic event when for the first time in my knowledge a national Parliament has had a session on child survival. The timing of this gathering gives me special pleasure, since in less than two months UNICEF will celebrate its 40th anniversary, having started in 1946 in Europe helping children affected by the Second World War. In inviting me here, you have presented UNICEF with a very special kind of birthday gift.

In 1985 Turkey created and witnessed a miracle for child health, when four million children were vaccinated against five killing and crippling diseases. Even if no other children were to be vaccinated thereafter the national effort alone will have saved 22,000 childrens lives and prevented many thousands more from being crippled for life and prevented 2000000 cases of disease . But we also know that it has permanently strengthened the Turkish immunization programme - the only question is by how much - whether it will save 15000, 20000 or 25000 children lives each year hereafter.

Cover + 11 pp + 0b

Before this miracle, although Turkey's dedication to the well-being of its children was well known, this country was not internationally prominent in the field of child health. But as the Turkish National Immunization Campaign began in September last year, the world began to take notice, and Turkey's prominence rapidly increased. Turkish children were being protected as never before.

The world press carried stories about the campaign on their front pages, from Washington to London. Major television stations sent camera crews. Independent Televisions's crew from the United Kingdom travelled throughout Turkey to record this wonderful battle for children's lives, and others continue to come. Countries began sending their highest health officials to observe...and to learn. They came from Vietnam, from the Sudan, from Pakistan, from Nigeria, from Yemen, from Indonesia, from nearby Syria and from far off China.

Once the campaign was completed, in December 1985, the accomplishment brought rapid world recognition. (One page was allocated to Turkey in the SOWC Report of 1986 and one page is allocated in this year's SOWC Report). In June 1986, a Turkish ambassador represented the nation in accepting an international award presented by Mother Teresa in Washington.

Beyond praise and awards, the Turkish National Immunization Campaign has been discussed as a model for Expanded Programmes for Child Immunization in several international conferences, including those sponsored by the World Health Organization.

Several other countries have emulated or adapted the Turkish experience in their own planning for accelerated immunization programmes. These include, Indonesia Egypt, China, Yemen and neighbouring Syria. In Damascus just one month ago, I was privileged to witness the launching of a national campaign very much like the Turkey's, an acceleration certainly inspired by the Turkey model. In Djakarta two months ago I saw President Soeharto personally immunizing a child - following President Evren's example in Turkey.

The miracle of the National Immunization Campaign was a necessary miracle, and it was successful. It was unique, both within the country and around the world. But its uniqueness brings with it the obligation of maintenance.

Out of the one and a half million babies that are born in Turkey each year, more than 150,000 have been dying before reaching their fifth birthday, approximately 450 every day. This has meant that in this country, which was the first in the world to establish a national holiday for children, one child out of every ten has died in the first four years of life.

The 1985 immunization campaign protected 90 percent of Turkey's children under five years old from diseases that kill and maim. To the extent that each of you, as individual political leaders, supported the campaign, you helped save the lives of over 22,000 of your children -- and to protect another two million from the serious illnesses and frequently permanent disabilities that come from measles, polio, whooping cough, and tetanus.

The National Immunization Campaign was a Turkish miracle, both because of what it won for children and because of the way the entire nation took up the challenge and contributed.

For that broad victory, won through the efforts of so many, much credit and gratitude are due to the President, the Prime Minister, and the Minister of Health and his staff. I also pay tribute the Turkish media, including notably the TRT and the press; to the valis, their kaymakams and muhtars, the teachers, and the imams from neighbourhoods and from villages throughout the country who helped organize and find additional resources for the campaign.

Those outside government also deserve additional praise. Rotary International funded the polio vaccine, and local clubs contributed materials, funds and, just as important, their service. Contributions from big and small firms and individuals across Turkey deserve our thanks for their cash and needed materials and time. This incredible outpouring of cooperation, hard work, voluntary service, voluntary service and donations made the achievement possible.

The miracle of the National Immunization Campaign gave a shield protection against the killer diseases to children born before December 1985. But more new children are born each year and over one and a half million new Turks are born annually. This means that until these diseases are permanently eradicated, a permanent system of immunization must always be sustained or these infants will be left unprotected. I am sure that the will shown in Turkey during the campaign will continue to be demonstrated while a permanent immunization system becomes firmly established throughout the country -- so as to achieve the United Nations goal of universal child immunization well before the target date of 1990.

While Turkey gave the world an inspirational example of how to launch a major attack on the vaccine preventable diseases, there are still many problems to be addressed. Even with a successful EPI which reduces infant mortality from 95 to 86 deaths per 1000 live births, can Turks and their leaders be satisfied?

In West Germany, and Britain, the infant mortality rate is 10 -- less than an eighth of Turkey's. In France 9; in Sweden 7. In Kuwait it is 23. As negotiations to join the European Economic Community continue, can Turkey afford an IMR of 85? Can you tolerate it? As a National policy you have set a goal of reducing the Infant Mortality Rate to less than 50 by 1990. This is a wonderful goal which will save the lives of more than 200 children every day as compared to the rate prevailing in 1984.

The connection between child survival and reduced birth rates is a clear one. Protecting children who are born contributes strongly to national efforts toward family planning. History shows that in earlier generations in all countries including Great Britain and the United States, families only start having fewer children when they are convinced that those children they had would survive.

Child survival programmes which deeply involve parents such as universal immunization are, therefore, a particularly important component of family planning efforts. They give parents the confidence to limit the number of children they had. But, these fewer children must be protected and must survive.

Achievement of the 1990 IMR goal of less than 50 per 1000 births will not only save the lives of more than 75,000 children annually, but should result in a substantially greater reduction in births. This is already demonstrated in Turkey. Istanbul has the lowest infant and child death rates (IMR 40) in Turkey. It also has Turkey's lowest birth rates (20 or 30). If all Turkey had Istanbul's child death rates 90,000 fewer children would die, and if Turkey, had its birth rates, 500,000 fewer children would be born and Turkey's population gradually would decline by 50%.

Achieving a major reduction in infant and child deaths will not be easy, however. You must ask yourselves not only to assure that your immunization programmes reach all newborns, but to attack other problems that contribute to a high IMR -- a fatality rate that is as high as 150 infant deaths per 1000 live births in some rural Turkish provinces.

Your records show that out of every 20 children who die before age one, six have been dying from respiratory diseases such as pneumonia and another four out of the twenty have been dying from dehydration caused by diarrhoea.

Advances against disease such as these are difficult to achieve; they are even harder to maintain. Since the national campaign, a routine programme of vaccination is meant to have reached all new children born in Turkey, yet the Ministry of Health and Social Assistance reports that this is not happening in many provinces because health personnel have insufficient transportation and fuel to reach the rural villages regularly.

All over the world, and in Turkey, professional health personnel tend to prefer working in developed urban areas. As a result, the rural and poor areas with the most need have a rapid turnover of doctors and midwives. Solving these and other constraints require the kind of creativity, and collaboration shown so dramatically during last year's immunization campaign.

Mr. President, Mr. Prime Minister, it is very pleasing to me and to UNICEF to see that new programmes addressing child survival have already been launched or planned since last year, following on the heels of the immunization campaign.

Reports on your new national programme to reduce infant and child deaths from dehydration caused by diarrhoea show solid planning. This is vital because of the heavy toll taken by diarrhoeal dehydration. Children with diarrhoea, like flowers without water, dry out and wither. If a critical percentage of their body fluids are lost and something isn't done quickly to replace these lost fluids, they die; it's as simple as that.

For more than a century, the conventional way of replacing these fluids has been to feed an intravenous solution into the child through a needle stuck into a vein in his scalp. The treatment works -- if the child gets to a clinic or hospital in time, if the doctor is able to see him, if the equipment needed and the IV (EYE-VEE) solutions are available, and if the health system can afford this costly use of staff and beds.

A more effective and much cheaper way of preventing and treating dehydration is oral Rehydration Therapy (ORT). Mothers taught about oral rehydration know that before the diarrhoea becomes serious or dehydration begins, they can treat their children at home. They continue to breastfeed the child suffering from diarrhoea, and give him fluids. They learn when they should bring the child to the clinic, so that he can be given a proven solution of sugar, salt water, and special electrolytes orally with a spoon. In most cases the oral rehydration salts can be effectively given by the mother itself, while supervised by a paraprofessional or nurse. Effective use of this simple remedy could save the lives of more than 20,000 children each year. Every home with small children should have an ORS packet. I might add that for some families it would have additional benefits - ORT is the best cure for a hang over.

Oral Rehydration Therapy, has been called the most important medical breakthrough of the 20th century. Turkey deserves much credit for advancing quickly and determinedly to bring this simple technology into its entire health system and into the Turkish home. I know that you are not stopping there. To attack, as well, the acute respiratory infections that kill more infants than any other single cause, the Ministry has already developed an excellent plan. Initial activities, I understand, will begin this month to tackle such respiratory infections.

These new programmes, and others such as the national efforts toward family planning, are extremely admirable. They will keep Turkey at the leading edge of the world's advances in child survival.

The infrastructure required to provide these essential services, I understand, is not being overlooked. The Ministry's plans to strengthen preventive and promotive health care in needy areas with greatest need through expanding its polyclinics and improving its referral system, should make better infrastructure a reality.

Mr. President, Mr. Prime Minister, much of what is now being accomplished here in child health would, in the recent past, have been left entirely to the Ministry of Health and Social Assistance. However, the 1985 immunization campaign showed the tremendous supporting role that can be played by political leaders -- and the benefits that can come from their interest and direct participation.

Over the next few years, it will not be easy to sustain the massive effort required to save the succeeding generations. The effort will require both political commitment at the highest levels and the mobilisation of all possible resources to empower and support parents with the knowledge and the means to bring about such a change. As I conclude there are five areas of political action that I would ask each of you to consider as high priorities in your activities and decisions.

First, remember that funds for child health and family planning are good economics -- probably the best investment that can be made in the future of your great country. Healthy children today are productive adults tomorrow. Unhealthy, crippled children are the economic and social burden of tomorrow's society.

Second, encourage good planning, and the integration and sharing of resources for child health -- resources from all sectors, not just the health sector.

Third, be knowledgeable of the very concrete problems and solutions of child health. It is obviously better to invest in low cost prevention actions than in high cost curative action through hospitals.

Fourth, become a health educator. Political leadership was the initial spark behind the amazing participation of non-health persons in the national immunization campaign. Every family in your constituency should have its children immunized. Every family should know ORT.

Fifth, participate. See child and maternal health as one of your political priorities.

Bring child health up in meetings. Ask about ongoing child health and family programmes in your travels. Demand action and support for child and maternal health in your debates.

Finally, be an advocate of child survival programmes in your constituency. Your constituents are parents. Our future is their children.

This country and the world witnessed and declared a miracle last year.

The immediacy of the challenge inherent in sustaining this miracle must compel us all to work together in assuring that the leaps forward in child survival achieved last year will lead to a permanent system of health for all in this year and the years ahead.

Turkey's children, Turkey's future, are, in a vital sense, mainly in your hands, since you in this hall will guide the main policies and directions of the years to come.

Thank you very much.