

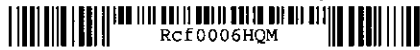
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Talking Points for Remarks by Mr. James P. Grant  
Executive Director of the United Nations Children's Fund (UNICEF)  
to  
INTERPHIL

New York  
14 November 1988



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1) 1980s may well be remembered as "the decade of rude awakenings"

More fundamental change is being forced upon more institutions - whether governments (rich and poor), corporations, or international organizations - than perhaps at any other time in recent history. Even the seemingly most secure and stable have been compelled to relinquish previously held expectations of invulnerability and adjust to new realities. Countries - from the United States and United Kingdom to Mexico and Brazil to Nigeria and Tanzania - have been forced to massively alter their assumptions. Even the most stable-appearing corporate institutions - the great banks, broadcasting conglomerates, heavy equipment manufactureres, and the world's most fabled airlines - have been challenged to restructure or disappear - and often both.

2) We in UNICEF are in the midst of an encouraging experience regarding what can be done. In the 1980s we have seen a quantum leap in capacity to overcome many of the worst effects of poverty at low cost - identify, demonstrate, go to scale.

3) As an illustration of what is possible, we can look to the means through which immunization of the world's children against the six main child-killing diseases has increased from coverage of 5 per cent a decade ago to close to 60 per cent today.

Among the dozens of countries which have participated in the historic effort that has made this possible, Turkey offers one dramatic example. a major Child Survival Revolution was begun with a Universal Child Immunization effort. In September 1985, both the President and the Prime Minister helped launch the first of three national immunization weeks to protect 5 million young children against the six diseases which in 1984 took the lives of more than 30,000 Turkish children, and crippled tens of thousands more. With more than 50,000 Moslem imams taking the lead in each mosque (just as priests had in their churches in previous campaigns in other parts of the world); and with the active participation of 95,000 village teachers (who returned from summer vacation two weeks early for the purpose); with the local leadership of all 67 provincial governors and

the help of thousands of radio and TV spots - some 85 per cent of all young Turks were fully immunized against these dread diseases by winter snowfall. No country of Turkey's large size of more than 50 million population had ever accomplished so much for children in such a short period of time. Since that first groundbreaking campaign, the social mobilization approach has been extended to encompass Oral Rehydration Therapy, means for coping with acute respiratory infections, family planning, and other measures of maternal and child health.

One of the most remarkable aspects of the Turkish initiative in 1985 was its financing, and as social sector resources become increasingly constrained, this becomes an ever more valuable example. The immunization programme cost US\$29 million, of which less than US\$4 million was actual cash expenditure. Even of that portion, the majority came from UNICEF and other external sources such as Rotary International and USAID, with the result that the outlay by the Turkish Ministry of Health amounted to no more than US\$1.6 million, and that was largely accomplished by a transfer of previously obligated funds from other departments of the Ministry. The other US\$25 million summed up the value of donations such as free television time, sports benefits, volunteer time - (I believe even my own time was calculated in that!) - and other benefits that accumulate when a programme "piggy-backs" on an existing system.

Roles of government, NGOs and corporate sector are all clearly vital to this model.

Unleashing the new resources in this approach is especially relevant in new era of tight money, structural changes, and reservoir of new and old needs.

- 3) These exciting advances, pioneered in the field of child health, are applicable to other social problems, and could, in fact, change the very nature of work in the development field. How to share benefits of modern progress with those removed from channels of easy access?

As the new Director-General of the World Health Organization, Dr. Hiroshi Nakajima, told 1500 health educators gathered in Houston last August:

"We must recognize that most of the world's major health problems and premature deaths are preventable through changes in human behaviour and at low cost. We have the know-how and technology but they have to be transformed into effective action at the community level. Parents and families, properly supported, could save two-thirds of the 14 million children who die every year - if only they were properly informed and motivated. Immunization alone could save 3 million lives - and another 3 million deaths a year could be prevented by oral rehydration, a simple and cheap technology. A recent report by the U.S. Surgeon General indicated that diet and food habits are implicated in two-thirds of all deaths in the United States. A study just completed in India has shown that about 600,000 Indians die from tobacco-related diseases a year; the worldwide total, as estimated by WHO, is 2.5 million deaths per year.

"We know conclusively that no-smoking, careful driving, appropriate dietary habits, low salt and fat intake, no more than moderate alcohol consumption and physical exercise, will have a profound impact on the health of every individual, including the elderly. An apt slogan, 'AIDS - don't die from ignorance', can be applied to practically every other health problem."

- 4) Key is synergistic combination of low-cost/high-impact knowledge and technology with our rapidly expanding ability to communicate among the world's poor. The new field of social mobilization offers tremendous yet-untapped resources.
- 5) The question for us here is: How do we exploit this vast new potential?
- 6) Answer is two-fold:

First we must concentrate development efforts and research into low-cost/high-impact knowledge and technology on two fronts:

- we must identify existing low-cost health knowledge & technology with potential for high impact, and
- we must develop new technological advances, e.g. we must vastly increase proportion of medical research into poor-prone (vs. rich-prone) diseases. Challenge: can we ensure that, by the turn of the century, we will be able to protect children against the six-main child killing diseases with a single dose, heat stable oral vaccine?

Second, we must expand our capacities in the new field of social mobilization - this must become focus of sophisticated research.

- 7) new ethos

As it becomes increasingly undeniable that the capacity to save the lives of so many children, and to improve the health and well-being of so many more, is well within our reach, it becomes increasingly unconscionable not to act on these new possibilities. Never before has the international development community (including government, corporate, and volunteer sectors) been faced with the opportunity - and the challenge - to do so much, for so many, for so little.

As I said to the Convocation of Nobel Laureates in Paris in January, surely the time has come to put the mass deaths of children from immunizable diseases - from diarrhoea and from other low-cost preventable causes - alongside slavery, colonialism, racism and apartheid on the shelf reserved for those things which are simply no longer acceptable to humankind. Surely the time has come to say that it is obscene to let this continue day after day, year after year, as our civilization moves into the 21st century.

It is you - the world's leaders in development efforts - who must take a leadership role in making these possibilities into realities throughout the world. I urge you to take even stronger leadership in this peaceful revolution for the children - and the future - of the world.