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Giving Every Child a Future

By Tony Stuart, CEO, UNICEF Australia

Good afternoon, it is wonderful to be here. Thank you for allowing me this valued opportunity to speak with you today about peace, about service, and about children; and to share with you how even a simple vaccination is a small yet important cog in the large wheel of promoting peace.

Firstly, I would like to pay my respects to the traditional custodians of the land we are meeting on, the Wurundjeri people, especially the Wurundjeri children, of the Kulin Nation and pay respects to their Elders, past and present.

A few weeks ago, a little girl called Joy from Vanuatu's remote Erromango Island in the Pacific, made history by becoming one of the first children in the world to be vaccinated against measles and rubella, with a vaccine delivered by a drone.

Previously Joy's parents would have had to walk days over mountainous often muddy terrain to get her immunised. Or a nurse would have had to travel by car, boat and then foot carrying his or her precious vaccines in a cold pack, to reach children living on Erromango, one of Vanuatu's 80 islands, and protect them from deadly diseases.

But now thanks to amazing Australian-developed cutting edge technology, in a trial funded by UNICEF Australia, the Australian Government and the Global Fund, in partnership with the Vanuatu Government, vaccines are being delivered to children on Erromango by drones, in minutes. Drones which soar at 110 km an hour over ocean and rugged roads – to literally save lives.

Let me show you. [run drone video]

The trial is testing the capacity of the current technologies in terms of load and ability to maintain temperatures within safe, cold chain limits. It's also testing Vanuatu's civil aviation regulatory environment and its capacity to ensure safe space for air traffic.

But ultimately the trial is about improving effectiveness and efficiency when it comes to the delivery of vaccines. If successful, it has the potential to revolutionise the way vaccines and conceivably other pharmaceuticals reach children in the most remote parts of the world, and in areas isolated by conflict.

Why do we do this? Because immunising children against disease is utterly essential towards ensuring our core UNICEF mission – to give every child a future.

Every child has the right to survive and thrive, to grow up to reach their full potential, and life saving vaccines are critical to helping this happen.

And how does this work relate to the theme of this conference, which is peace through service? Because investing in development to improve health outcomes for children and therefore communities, creates a more equal world. This is essential for building stable societies and therefore maintaining peace, here at home, in our region, and around the world. Countries without vaccination face disadvantage and can create fear and even conflict as people worry about infectious diseases.

As Steve Killelea AM, the founder of the Institute of Economics and Peace, so eloquently explained today, peace is much more than the absence of violence. According to Steve's Positive Peace roadmap, higher resilience and better measures of well-being are also crucial components of truly peaceful societies. They help create the optimal environment in which human potential can flourish.

These indicators link to UNICEF's own central document, the 1989 UN Convention on the Rights of the Child, this year celebrating its 30th anniversary.

All signatory nations to this Convention have agreed children have rights and they must ensure children survive and develop healthily.

UNICEF exists to serve to help achieve these goals. Improving the health of children – including the vaccination of children – is at the heart of our mandate.

We thank you at Rotary for enabling this too, and being such a critical partner with our inspirational UNICEF and Rotary partnership on the "Give Every Child a Future" Australasia Centenary project. This ground-breaking initiative will provide life-saving vaccines for 100,000 children across the Pacific.

Diseases such as pneumonia and diarrhoea are the leading killers of children in the Pacific – with those aged under five being the most vulnerable.

Right on our doorstep, too many of these children are being denied essential vaccinations due to inadequate health systems, limited Government resources, and various environmental challenges.

So Rotary and UNICEF have teamed up to help protect 100,000 children from rotavirus, pneumococcal disease and cervical cancer across nine Pacific Island Countries.

We're deep in the planning process and working closely with these nine governments to ensure that the rollout of the three new vaccines is smooth and effective. We're so excited for the project to launch this year and know that it will make an enormous difference in the lives of children.

As the leading bulk buyer of vaccines in the world, our approach working with partners will ensure the "Give Every Child A Future" program is cost effective and efficient.

Rotary and UNICEF already have an immense amount to be proud of when it comes to stamping out disease. In 1979 Rotary first made efforts to eradicate polio, starting in the Philippines. This initiative was such a success that in 1985 Rotary International launched PolioPlus - at that time polio was still endemic in more than 125 countries. At least a thousand children were being paralysed every day.

Three years later Rotary and UNICEF joined forces with the Global Polio Eradication initiative and incredibly today have succeeded in eradicating the wild polio virus in all but three countries – Afghanistan, Pakistan, and Nigeria.

The World Health Organisation has estimated well over 10 million cases of polio have been prevented in the last 20 years thanks to this global campaign - preventing children from growing up confined to crutches, leg braces, wheelchairs and negative pressure respirators – or "iron lungs" - all of which can be consequences of different kinds of severe polio infection.

Against this backdrop it was devastating to learn last year that vaccine-derived polio had resurfaced for our nearest neighbour, Papua New Guinea, after being non-existent there for 18 years. Vaccine-derived polio occurs when too many people in a population have not been vaccinated against a particular disease.

At least 10 people in Papua New Guinea were diagnosed with polio last year, one a 6 year old boy living in the densely populated capital, Port Moresby. Some, it looks like, will be permanently disabled by this horrific disease.

As a result, together with the Papua New Guinea Government, the World Health Organisation, the UN with support from the Australian Government, UNICEF has mobilised to carry out the mass vaccination of children against polio. Staggeringly, in 2018 we immunised more than 3.2 million children against the virus in PNG. Next week we will be commencing another round of these vaccinations.

Our work continues, even in the dangerous Highlands, where we face extraordinary challenges both in terms of the inhospitable terrain, tribal tension and regular outbreaks of violence.

That is because protecting children against disease in conflict is paramount and essential to their peace of mind and right to critical health protection.

Nowhere are our vital vaccinations needed more than in places where children are suffering through conflict. Today, almost 7.7 million unimmunised children live in fragile or humanitarian settings, including countries wracked by long-running conflicts. The world can be an unkind place. Children living through the despair of conflict are often the most vulnerable to disease outbreaks like measles and polio which can kill them, or cause profound life-long disability.

I'm going to talk more on that in a moment. But first I want to take you back in history. To a time when a lot of us/most of us in this room weren't even born. Until the middle of the 20th century, all around the world, childhood deaths from infectious diseases, including measles, diphtheria and polio, were common.

The fear of disease, without modern medicine to combat it, was intense.

So intense that the sufferers of infectious disease were often confined to quarantine. Australia's longest continuously operating quarantine station is in North Head, Sydney near Manly. From the early 1830s until 1984, nearly 16,000 people passed through the doors of this Quarantine Station. Most were immigrants. Some were sick residents. Of those who went in, some recovered and were released. Others never made it out – like 14-year-old Nellie McCann who died there from the bubonic plague in 1900, after being removed from the care of her family. Today young Nellie still rests there, in an unmarked grave.

But thanks to a combination of extensive immunisation campaigns, effective antibiotics and our world class public health system, we now take our health for granted. We can't imagine being locked up, because we have a disease.

Yet in many parts of the world, measles, diarrhoea, and respiratory infections, like tuberculosis, influenza, and diphtheria, remain major causes of childhood illness and death. In conflict and emergencies, the effects of these illnesses are often magnified. Such diseases can result in a child also suffering severe, acute malnutrition, which again, globally, is a major cause of childhood death.

When children catch measles in non-conflict settings, fewer than one percent of them die. In areas where overcrowding and malnutrition are rife, such as refugee camps, the number of children dying from measles can soar to up to 30 percent of cases. Overcrowding and a lack of basic necessities like food, water and shelter make children even more vulnerable to disease.

Conflict is the ideal petri dish for disease outbreaks. Children miss out on basic immunisations because of the breakdown of vital health services. Sometimes these breakdowns are the result of deliberate targeted destruction. Even when medical services are available, insecurity often prevents vaccines from reaching children.

But in all these cases UNICEF is there. Since the mass exodus of 700,000 Rohingya refugees into Bangladesh from Myanmar in 2017, following extreme violence, together UNICEF and our partners have vaccinated well over a million people – including the refugee and local Bangladeshi populations - against cholera. We've also immunised well over 400,000 children against diphtheria – managing to put a lid on the outbreak of a fast onset disease which terrifies by restricting breathing – and has all but been eradicated in a country like Australia.

In war-torn Yemen in 2018 we managed to keep a lid on a devastating outbreak of cholera which crippled the country a year earlier.

The historical fear of disease that existed before mass immunisation and antibiotics, is equally prevalent among the perpetrators of conflicts around the world.

In places riven by hostilities, pauses in fighting have come to be known as "Days of Tranquillity – short periods of a few days where all parties to a conflict agree to stop fighting, to allow UNICEF and others to carry out mass vaccinations.

Let me take you to our work there. [show Yemen video]

Last year across six days in Yemen in late September/early October we vaccinated more than 300,000 people against cholera, including over 164,000 children under the age of 15. This joint UNICEF and World Health Organisation campaign was made possible only by a pause in fighting – and shows what can be achieved when fighting stops.

In Afghanistan the Taliban and other parties to that long-running conflict have also regularly agreed to respect "Days of Tranquillity", while we immunise millions of children against polio.

Yet our vaccination work across conflict ridden countries also goes on during intense fighting. In South Sudan last year we vaccinated almost 800,000 children against measles. This year we are preparing to immunise more than 5 million Yemeni children, aged under 5, against polio. We've taken similar steps in Syria against polio, vaccinating hundreds of thousands of children against the disease.

In emergencies and conflicts, getting necessary medical supplies to girls and boys and their families in need, becomes even more urgent. Vaccines must be kept safe and at the right temperature to be effective. UNICEF works with partners to do this. We also work to put health teams back in place in places torn apart by conflict. We train health workers to provide immunisations.

As we saw, vaccinators brave rough terrain, they cross hostile conflict lines, and they put their lives at risk to immunise and protect children from life threatening diseases.

Immunisation in conflict helps to revive other badly needed health services, as well. For example, in Iraq, Syria and Yemen, health workers seize the opportunity to offer other health and nutrition services, to people who come forward in response to immunisation campaigns.

Immunisation has great potential to save lives but it is an extremely complex undertaking which requires full coverage, consistent and ongoing delivery and therefore financing, effective management of cold chain to ensure vaccines are not damaged, and on-time immunisation of children, to maximise effectiveness.

The World Health Organization recently ranked what it called "vaccine hesitancy" — the growing resistance to widely available lifesaving vaccines — as one of the top 10 health threats in the world for 2019.

Due to this frightening phenomenon, New York City is currently experiencing its worst measles outbreak in decades. In Texas, some 60,000 children remain wholly unvaccinated, attributed in part to an aggressive anti-vaccine lobby. Here in Australia we also have vocal anti-vaccination campaigners – and the spread of misinformation has deterred a number of parents from vaccinating their children. This has led to recent outbreaks of whooping cough, measles and rubella in Australia, where a number of children have died.

Opposition to vaccines is a luxury in countries such as ours, when the devastating results of what happens when children are not immunised, is so stark in other nations, particularly where there is conflict.

The more people in a community who are vaccinated, the less chance there is that a disease, such as polio, cholera or measles, will spread. Now more than ever we need to be bold and brave in emphasising this important message – at home and around the world - and continuing our service to protect children, improve equity, enhance stability, and therefore peace.

Vaccines don't just protect the one person who is vaccinated. A person who is immune to a nasty disease because she or he has been vaccinated, can't get that disease, and so can't spread it to others. The more people who are vaccinated in a community, the fewer opportunities a disease has to spread.

In Australia the chances of your child getting a case of measles or chickenpox or whooping cough might be quite low today. But vaccinations are not just for protecting ourselves. And they are not just for today.

But as the United States' federal agency for improving public health, the Centres for Disease Control and Prevention, articulately points out, vaccinations also protect the people around us. And they protect our children's children, and their children, by keeping diseases that we have almost defeated from making a comeback. What would happen if we stopped vaccinations the CDC asks? We could find ourselves battling epidemics of diseases we thought we had conquered decades ago.

That would lead to fear, isolation, suspicion – all key ingredients that breed hostility – and are the enemies of peace.

I would like to conclude by sharing with you that the Australian Government recently reassessed that the number on threat to Australia is not terrorism or conflict; it is a contagious disease such as an Asian Ebola or new strain of bird flu.

One of our Directors at UNICEF Australia recently left us to head up Health Security Australia to be vigilant and protect our country against such a threat to our peaceful lives.

So no matter how small an instrument the simple vaccination is, which you in Rotary help fund, it is also a very large instrument of peace.

Thank you for your time and interest.