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UNITED NATIONS
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GENERAL

E/ICEF/142/Add.6/
31 December 1949

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UNITED NATIONS INTERNATIONAL CHILDREN'S EMERGENCY FUND

EXECUTIVE BOARD

Continuing Needs of Children in Greece
Report of UNICEF Mission to Greece

VI. MEDICAL PROGRAMMES*

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*This section constitutes Section VI of Document E/ICEF/142/Add.3 - Report on Continuing Needs of Children in Greece. This section was in preparation at the time the Report on Continuing Needs in Greece was first issued.

(14 pp.)

INTRODUCTION

It is first necessary to determine the problems regarding childhood before determining the needs of Greece that should be covered in order to face the problems of Public Health in Childhood. It would, therefore, be necessary to examine the manner in which these problems are being faced by the State itself and with the assistance of Greek or Foreign Organizations and also to make an estimate of the additional requirements for the fulfilment of which every possible effort should be made.

Public Health Problems of Childhood.

Infant mortality in Greece is high as compared with infant mortality in advanced countries. The evolution of infant mortality in various countries, and in Greece, during the last pre-war decade is given in the table below:-

Year	England & Wales	France	Germany.	Italy	Sweden	Holland	Switzerland.	New Zealand	Bulgaria	Romania	Greece
1930	60	78	85	106	55	51	51	34	138	176	139
1931	66	76	83	103	57	54	49	32	156	180	152
1932	65	77	79	104	51	46	51	31	150	185	153
1933	64	75	77	100	50	44	48	32	146	174	128
1934	59	69	66	99	47	43	46	32	131	182	132
1935	57	69	68	101	47	40	48	32	154	192	125
1936	59	67	66	100	43	39	47	41	144	175	119
1937	58	65	64	110	45	38	47	39	150	178	126
1938	52	66	60	106	41	37	43	50	144	183	103
1939	-	-	60	97	39	34	43	-	138	176	118

Specific mortality by age is also high and greater than in other countries

<u>Babyhood (0-1)</u>	<u>Infancy (1 - 4)</u> (per thousand)	<u>Childhood (5 - 14)</u>
Greece 101.1	Greece 32.4	Greece 4.7
Belgium 98.4	Bulgaria 30.1	Bulgaria 4.6
Denmark 87.3	Portugal 23.7	Spain 3.4
France 85.3	Spain 23.5	Hungary 3.2
England 72.2	Italy 16.7	France 3.1
Sweden 61.0	Hungary 15.9	Portugal 2.6
Switzerland 59.9	Belgium 7.7	Italy 2.4
Holland 55.0	Germany 7.5	Belgium 2.0
Norway 51.9	England 7.5	England 1.9

According to the existing data, the most frequent causes of death in Greece are the following (data for the years 1932/6):

(a) Infancy - (0 - 1)

Acute gastro-enteritis	28.8%
Congenital debility	25.5%
Pneumonic-bronchitis	21.2%
Influenza	6.6%
Malaria	5.3%
Whooping cough	2.7%
Other causes	<u>10.0% - 100%</u>

(b) Preschool age (1 - 4)

Acute gastro-enteritis	26.7%
Pneumonic bronchitis	25.0%
Malaria	12.0%
Influenza	5.2%
Tuberculosis (all types)	3.8%
Whooping cough	3.3%
Other causes	<u>24.0% - 100%</u>

(c) Childhood (5 - 14)

Pneumonic bronchitis	14.5%
Malaria	13.0%
Tuberculosis	12.2%
Scarlet Fever	5.8%
Nephritis	5.6%
Accidents	5.4%
Other causes	<u>43.5% - 100%</u>

(d) Puberty (15 - 24)

<u>Males</u>		<u>Females</u>	
Tuberculosis	40.5%	Tuberculosis	43.0%
Pneumonic- bronchitis	11.2%	Pneumonic- bronchitis	10.1%
Accidents	6.3%	Typhoid fever	4.6%
Typhoid fever	4.0%	Nephritis	4.3%
Influenza	3.6%	Malaria	3.0%
Nephritis	3.4%	Other causes	27.4% - 100%
Other causes	31.0% - 100%		

Specific mortality for childhood diseases, which are considered preventable, is also high when compared with other countries as shown below:-

Data for the years 1931 - 35 number of deaths per
100,000 living persons.

	Typhoid	Influenza	Malaria	Pncumonia	Pulmonary Tuberculosis	Other forms of tuberculosis
Greece	18.7	83.0	73.7	214.0	121.9	29.6
Italy	12.8	26.2	5.5	188.5	71.4	24.7
France	3.6	14.5	0.1	79.3	121.3	19.7

	Typhoid	Influenza	Malaria	Pneumonia	Pulmonary Tuberculosis	Other forms of tuberculosis
Belgium	1.9	30.2	0.1	88.0	61.6	18.7
Germany	1.0	26.9	0.1	80.8	63.4	10.4
Denmark	0.9	15.4	0.0	73.4	47.4	13.6
Norway	0.9	5.7	0.0	70.7	99.1	22.0
Switzer- land	0.8	28.7	0.0	68.7	85.1	25.6
Holland	0.8	22.3	0.0	69.5	42.5	16.8
Sweden	0.8	14.0	0.0	77.6	92.2	20.1
England	0.5	24.8	0.1	74.7	64.5	14.2

	Pregnancy, Childbirth Initial period of nursing	Diarrhoea Enteritis	Whooping cough	Scarlet fever
Greece	15.5	148.7	17.7	13.7
Italy	6.7	140.9	5.6	3.2
France	4.4	22.4	2.9	0.8
Belgium	8.1	23.7	6.8	2.2
Germany	8.5	17.1	3.5	1.4
Denmark	6.8	13.3	6.8	1.3
Norway	4.2	6.9	2.3	0.9
Switzerland	7.1	7.2	3.3	0.7
Holland	6.5	10.0	4.8	0.7
Sweden	4.9	8.4	2.9	0.8
England	6.8	13.3	6.2	1.9

Tuberculosis in Greece is one of the chief causes of puberty mortality and one of the first causes of childhood and infant mortality, according to the mass radiography investigations carried out in Athens and Salonika in the years 1946 - 8. Out of 35,893 children of an average age of 13.3 years, 469 were found to be suffering from clinically important tuberculosis. The average percentage of this illness is 1.30% (Athens 1.98%, Salonika 1.61%)

The evolution of the malaria parasite index of childhood in Greece is given in the following table:-

Year	Malaria parasite index
1933	18.2%
1934	15.0%
1935	17.6%
1936	13.4%
1937	15.0%
1938	15.8%
1939	13.4%
1940/5	(war period data missing)
1946	1.74%
1947	0.23%
1948	0.15%

The sudden fall of the parasite index after 1946 is due to the application of new methods in Greece for fighting malaria.

Nearly all the above data concerns the prewar period. During the following period, for which there is no data, the condition was aggravated owing to the war, the occupation and the rebellion.

The influence on childhood is shown from the conclusion of comparing the results of two stature measurement investigations which took place in 1942 and 1945 among the children of the Athens/Piraeus and surrounding area. The differences observed in height and weight of children of the same age are shown in the following table:-

<u>Age</u>	<u>Height (cms)</u>		<u>Weight (kgms)</u>	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
7	Plus 0.5	Plus 0.4	- 0.1	Plus 0.1
8	- 0.1	- 0.1	- 0.1	0.0
9	- 0.3	- 0.3	- 0.5	- 0.3
10	- 2.5	- 1.7	- 1.8	- 1.0
11	- 4.0	- 2.8	- 3.3	- 1.9
12	- 4.8	- 3.6	- 3.4	- 2.7
13	- 5.9	- 6.3	- 4.6	- 5.2
14	- 8.0	- 7.7	- 6.2	- 8.7

/This table shows

This table shows clearly the results of under-nourishment, the effect of which on the children's health does not need to be mentioned.

The general conclusion of these investigations is summarized in the statement that starvation and prolonged under-nourishment have considerably influenced the bodily development of the Greek children which started with a diminution of the body's weight followed later by a considerable retarding of their growth.

From the above data, as well as from the official data of the Ministry of Hygiene regarding the communicable diseases reported throughout the country during the last ten years, it is deduced that several diseases continue to be a problem in Greece, the prevention of which is possible by adopting the proper measures and the mortality therefrom would be reduced to the minimum if the necessary treatment could be applied and the required facilities were available.

These problems, as regards childhood, are the following:-

- (a) Malaria
- (b) Tuberculosis
- (c) Typhoid
- (d) Diarrhoea and enteritis of babies
- (e) Infectious diseases of childhood
- (f) Sanitation

The problem of the protection of motherhood should also be included as being closely related to the health of the child. The above are the more prominent problems which the State is endeavouring to face with existing facilities and within its available resources and with the assistance of various Greek and Foreign organizations.

PRESENT EFFORTS

The following services deal with the Public Health problems of childhood:-

- (a) Ministry of Hygiene (Protection of motherhood and childhood, sanitation, infectious diseases, anti-malaria campaign, anti-tuberculosis campaign, Children's Hospitals, School of Hygiene, School for Visiting Nurses)
- (b) Ministry of Welfare (Infant asylums, Preventoria, Disabled Children's Foundations)
- (c) Ministry of Education (School Hygiene, School medical services)
- (d) PIKPA (protection of Motherhood and Childhood, sick children's clinics Children's polyclinics, Preventoria)
- (e) GRC (Asklipeion of Voula, TB inoculation)
- (f) Various Foreign Organizations.

Let us examine how the various problems were, and are, being met:-

/ (a) Malaria

(a) Malaria

The anti-malaria campaign was carried out, hitherto, through the Service for Fighting Malaria of the Athens School of Hygiene. Now a "Malaria Directorate" has been established at the Ministry of Hygiene which will be responsible for the study and preparation of the anti-malarial campaign plan and for ascertaining the results of its implementation.

With UNRRA's and WHO's help, modern methods for fighting malaria began to be used in Greece as from 1946, specifically DDT spraying from the air and on the ground. Their results have already been mentioned. The importance that the unrooting of malaria has for our country is self-evident. It has been possible to solve an important financial and health problem. The amounts of DDT used each year are as follows:-

1946	187.5 tons of pure DDT (100%)
1947	333 " " " " "
1948	364 " " " " "

The anti-malaria campaign in Greece cost \$1,444,000 in 1947 and \$1,495,585 in 1948.

For the implementation of the programme during this year it is estimated that the following items will be needed:

175,000 gallons of DDT solution	25%
25,000 " " " " "	20%
107,000 lbs. of 100% DDT	

of a total value of \$300,000. As for the covering of the total expenditure, the amount of Drs. 15,000 million (\$ - Drs. 15,000) was included in the budget of the Ministry of Hygiene.

Although the disease has been checked up to a certain point, it is imperative to continue a systematic implementation of the programme for a certain number of years on the basis of extensive epidemiological and entomological survey. The country can dispose of the necessary qualified personnel but spends an important sum of money a large percentage of which is used in the form of foreign exchange for importing the necessary supplies from abroad.

(b) Tuberculosis

The available facilities for the diagnosis and treatment of this disease consist of (i) State anti-tuberculosis dispensaries which operate either as isolated dispensaries or as sections of Polyclinics or hospitals. Most of these dispensaries are in large towns. (ii) The children's wings in the large sanatoria of "Sortiria" in Athens and Asvestochorion" (iii) the Asklipeion of Voula (400 beds for TB of the bones and joints).

Tuberculosis Research Clinics are also operating in Athens and Salonika using the method of mass radiograph examination and financed by the State.

To date about 450,000 persons have been examined in Athens, Piraeus, Salonika, Elefsis, Lavrion and Kavalla. Investigation outside the towns of Athens and Salonika was carried out by mobile units. The extensive field investigation, which is under consideration, is

impracticable because of financial reasons. The equipment in use was donated by the USA Greek War Relief and the Canadian War Relief.

Preventoria of a total capacity of approximately 1,500 beds are functioning under the control of the Ministry of Welfare.

Mass inoculation with BCG vaccine, which has also been used by the Greek Red Cross for several years was started in 1948. This mass inoculation is being carried out with the help of foreign Red Cross missions and under the auspices of the International Tuberculosis Campaign and is being financed by UNICEF and the Greek government. 676,671 persons below twenty years of age had been tested by the 31st December 1949 throughout the country and 440,452 inoculated. Credits allocated from the State budget for this programme amounted to Drs. 1,200,000,000 during 1948/9. For 1949/50 provision has been made in the State budget for a sum of Drs. 1,800,000,000. The required quantities of tuberculin and vaccine are being donated from abroad. Local production of the required quantities is at present impossible.

Greek doctors have been granted scholarships by the Danish Red Cross and have been trained in Denmark so as to be able to carry out the TB inoculation more effectively.

The use of streptomycin in therapeutics is very wide, being mainly indicated against tuberculous meningitis and melior cases that are usually encountered in childhood. It is estimated that, during 1949, 10,000 grams were imported for use by the State monthly and were distributed free to the indigents. Another 3,000 grams monthly, given by UNICEF, were distributed free to the children.

There are many Streptomycin therapy centres operating as sections in hospitals in the Chief Medical Centres of the country. The amounts of streptomycin required for the treatment of the poor is estimated at 200,000 grams annually for all ages.

(c) Typhoid Fever.

Typhoid in Greece is endemic mainly scourging the rural part of the country where water supply comes from wells or is supplied by defective installations whereupon the water is easily contaminated.

The Health Centres throughout the country effect wide scale Typhoid inoculation using vaccines made in Greece by the State Health Laboratory and the Greek Pasteur Institute; yet the number of annual cases is considerable. A programme for the improvement of communal water supplies has started with the European Recovery Plan funds. It is estimated that over \$5,000,000 will be disposed, by 1952, for the import of supplies - mainly pipes and pumps with accessories - for the implementation of this programme.

More up-to-date drugs, such as chloromycin have not yet been used in Greece except only in a very limited number of cases where results were excellent. This drug should be widely used not only because of its immediate results but also because of its sterilizing effect on patients who are dangerous carriers for a long time after their clinical cure.

(d) Diarrhoea and Enteritis of Babies

This problem, which is mainly a matter of enlightenment and propaganda amongst mothers and of ensuring a safe way of feeding babies in Greece, is very serious in the rural areas. High infant mortality is mainly due to the diarrhoea's and enteritis' great morbidity and mortality. The implementation of the programme for the Protection of Babyhood with the stations for babies is associated with the

solution of this problem. Such stations for babies with all necessary facilities and qualified personnel operate in Athens and Piraeus as sections of the Public Health Polyclinics of the Ministry of Hygiene. Another 35 stations for babies are operating throughout the country under the supervision of PIKPA. The operation of such stations is also foreseen in the health stations being established by the Greek War Relief throughout the country. The 1949-50 Recovery Programme provides for the allocation of credits for the construction of 10 Health Centres in capitals of Nomoi to be used to house the nomiatroi and the preventive and social hygiene services which include stations for babies. During the aid years to come, the construction of similar centres will be continued until the needs of the entire country are covered. However, some difficulty is being experienced in finding personnel and, more specifically, visiting nurses, whose services are indispensable for the successful implementation of the programme for the protection of childhood. Dispensaries for sick children also operate as sections of State Polyclinics and of many general hospitals while 36 more function throughout the country under PIERA's supervision.

Most of them, especially in the districts, are inadequately equipped and do not employ qualified personnel. There are 230 pediatricians in Greece (out of a total of 7,500 doctors) of which 150, or 65%, practice in the Athens/Piraeus area. Child hospitals are functioning only in Athens, Salonika and Patras and have a total capacity of 150 beds. The number of beds is insufficient and if one takes into consideration that these hospitals are not well equipped the insufficiency can be considered to be even greater.

Besides the material shortage, there is also a lack of personnel. Only 50% of the nomiatroi have a School of Hygiene certificate. Since the foundation of the Athens School of Hygiene in 1932, 200 hygienists have graduated. Out of these a great many, because of the low pay, are not working for the Public Health Service; thus, many positions are vacant and are being filled, provisionally by general practitioners. As has already been said, there is also a shortage of visiting nurses. To date about 200 have graduated out of which only a very small number is employed in the open country. In many nomoi there are no visiting nurses at all.

(e) Childhood Infectious Diseases.

Children are inoculated with recognized vaccines at the local health centres and by the School Hygiene Services. Vaccination against smallpox is compulsory in Greece. Diphtheria inoculation is practised widely. Inoculation against whooping cough and tetanus has been introduced. Mixed vaccines have been used. Vaccines are imported through the Ministry of Hygiene credits but for smallpox the vaccine is prepared in Greece. These inoculations mainly apply to towns; in rural areas they are very limited owing to lack of personnel and transport facilities.

(f) Sanitation.

The Health Centres by Nomos are responsible for the implementation of the programme for the sanitation. The nomiatros directs, with the assistance of his immediate colleagues, i.e. the sanitary inspectors and the visiting nurses. Unfortunately the personnel of the health centres is inadequate, both in quantity and quality, to face this problem. The recently established directorate of sanitary engineering, at the Ministry of Hygiene, will be responsible for the implementation of the programme through the local services of the Ministry of Hygiene. If this service is adequately manned, it is hoped that the results will

/be satisfactory

be satisfactory.

(g) Protection of Motherhood.

Finally, protection of motherhood is mainly carried out by the stations for expectant mothers. There are such stations functioning all over the country; 30 under the supervision of PIKPA and 10 others as sections of the State Polyclinics in the Athens/Piraeus area. The operation of stations for expectant mothers is also foreseen in the health station being established by the Greek War Relief. Their number is insufficient mainly serving the needs of the urban population. In the rural areas it is only the local midwife that offers her services; unfortunately, however, these midwives are not qualified as those qualified can be found only in the towns. The practice of the profession by unqualified midwives is to the detriment of both the mother's and the child's health. In the case of midwives, there is no quantitative insufficiency but only bad distribution.

(h) Orthopaedic Ailments of children and disability.

The number of disabled children is estimated at approximately 2,000 while those suffering from orthopaedic ailments, except tuberculosis, are many. There is no accurate data but, in any case, the available services today only cover a very small percentage of the requirements.

A section of the Children's Hospital in Athens was suitably remodelled several months ago for the disposal of 66 beds for orthopaedic treatment but, owing to a lack of necessary equipment and of funds for its operation, it has not been able to start functioning. Recently, owing to the polio epidemic it was used for polio victims certain supplies having been granted by the Ministry of Hygiene.

The treatment of children is carried out in the surgical departments of hospitals along with adults; the number of beds available is most inadequate.

The Greek Society for the Protection of Crippled Children disposes of a physiotherapy centre in Athens which serves a very limited number of children only owing to the lack of adequate resources. The operation of this Centre is financed by the Ministry of Welfare.

Recently the "Council for the Rehabilitation of the Amputees" at the Ministry of Co-ordination, approved the allocation of approximately Drs.100,000,000 from ECA funds to this Society for expanding its activities.

(i) Dental Hygiene

The measures taken as regards this problem are very limited owing to the lack of adequate means and appropriate services. In some of the State Polyclinics of the Ministry of Hygiene dental clinics are operating for the following up of children and pregnant women. Also 6 stomatological sections of PIKPA are operating in Athens and Piraeus and it is provided that such centres will operate in Health Centres established by Greek War Relief. The Greek Red Cross has also organized mobile dental units that deal not only with children but with the entire population. When the Greek War Relief mobile medical units were operating, the visiting nurses attached to them used to give lectures on mouth hygiene at schools and also distributed tooth brushes and tooth pastes to the school children. This measure had very good results. The School Hygiene Service gives mouth hygiene lectures at the schools besides the other general hygiene lessons.

STATEMENT PREPARED BY
MINISTRY OF HYGIENE,
DIRECTOR GENERAL OF HYGIENE,
DIRECTION OF SOCIAL HYGIENE

18 January 1950

The Ministry of Hygiene in cooperation with the American Mission has compiled Health Programmes for the years 1950/51 and 1951/52, based on the credits made available for rehabilitation.

The great damage which our Health Institutions have suffered as a result of the war, and the many needs of the country are well known to all those connected with our Health Programmes.

Our attention has therefore been focussed on the completion of buildings and health institutions, the construction of which had started before the war and was interrupted by the outbreak of hostilities, the supplying of institutions already in operation with all kinds of material and equipment, the establishment of general hospitals, sanatoria, health centers and polyclinics.

We are endeavoring to spread the above institutions all over the country, and particularly in the rural areas.

As concerns the children, we should like to make the following remarks:

- 1) The mortality rate among babies and children in Greece is very high. Apart from the well-known financial and social difficulties confronting us, the main reasons for this high mortality rate are the following:
 - a) Lack of sufficient hospital beds for children.
 - b) The ignorance prevailing among mothers as regards the proper feeding of babies.
 - c) The general poverty and poor living conditions.

At the moment we dispose of 420 beds for children in the entire country. This figure represents only 2% of the total number of hospital beds in Greece. We therefore consider it advisable to request UNICEF's assistance in supplying us with the necessary equipment for a hospital of 80/100 beds for children in need of orthopaedic treatment since such a project has not been included in our rehabilitation programme up to the year 1952.

This hospital could be established in the St. Sophia Children's Hospital in Athens, where a special building is available, and will be exclusively used for treating cases in need of orthopaedic treatment. In this connection we should like to point out that there is no such hospital in the country.

In order to establish this hospital we shall be requiring a most up-to-date and fully equipped operating theatre, orthopaedic laboratory, X-ray department, etc. The entire cost of this equipment per bed is estimated at \$1,000/1,500, i.e. \$100,000/150,000 for 100 beds.

/In addition to

In addition to the above we have many children suffering from trachoma, and we consider that the establishment of an institution with approximately 100 beds for the treatment of these children is indispensable. Today, all we have at our disposal for the treatment of trachoma is a small institution which, due to lack of space and funds, is housed in the Municipal Mental Hospital of Athens, and which is entirely inadequate. The equipment required for the establishment of the above institution will cost approximately \$60,000.

- 2) Today there are approximately 70 to 80 Maternity and Infant Advisory Stations in operation, as part of the State polyclinics or the PIKPA clinics. We should, however, add another 70 to 100 such stations in order to meet our most immediate needs. The total cost of equipment required for these additional stations is estimated at \$250,000.
- 3) Some of our polyclinics and infant advisory stations are equipped with facilities for dental treatment, but it is advisable to increase the number by 20 to 30 dental units, out of which 10 should be mobile units, so that we may be able to meet the requirements of pregnant women and children throughout the country. Each dental unit will cost \$2,000/2,500, mobile unit \$3,000/3,500, and the total cost will amount to approximately \$70,000.
- 4) Tuberculosis is fairly wide-spread, and is easily transmitted to children by the grown-ups because, due to the lack of beds in sanatoria, the children are forced to live in the midst of families where one or more persons may be suffering from the disease. At the moment we are carrying out an anti-tuberculosis campaign with BCG. So far 620,000 children have been tested, out of which 420,000 children registered a negative reaction and were vaccinated. During the fiscal year 1949/50 our Ministry is going to spend Drs. 1,800,000,000 in addition to the expenses put in by the International Tuberculosis Campaign Mission to Greece. In addition to the above, our Ministry has provided the Pasteur Institute of Athens with Drs. 600,000,000 for the cultivation of the necessary vaccines.

Our Ministry has also spent a considerable amount in subsidizing the organization engaged in the mass micro-X-raying of the children.

In conjunction with the above, however, we should have at our disposal the facilities of examining, and in some cases treating, the children that react positively to the vaccination in the rural areas of the country. Unfortunately, the present number of Anti-Tuberculosis clinics (45) is insufficient for the examination of all the children that react positively and the number of hospital beds at our disposal inadequate. We therefore believe that it would be advisable to establish another 40 Anti-Tuberculosis clinics in the various rural areas of the country. Each clinic will require X-ray equipment and a micro-biological laboratory. In addition to these clinics 4/5 micro-X-ray units will be indispensable.

Each anti-tuberculosis clinic equipped with an X-ray unit and a micro-biological laboratory will cost approximately \$10,000, i.e. the total expense involved will amount to approximately \$400,000.

- 5) Venereal diseases have, comparatively speaking, shown a decrease during the past few years. For the combatting of Venereal Disease among mothers and children we have at our disposal special clinics and mobile units that are engaged in fighting congenital syphilis. We shall be requiring, however, additional quantities of penicillin estimated at 150,000/200,000 vials of 200,000 units each for the year 1951, and 100,000/150,000 vials for each of the years 1952 and 1953. The yearly expenditure is estimated at \$30,000/40,000.
- 6) For the treatment of children suffering from tubercular infections with streptomycin we possess 4 centers - 2 in Athens, 1 in Salonika and 1 in Patras. To maintain these centers in operation we consider it necessary that UNICEF should continue supplying us with streptomycin at the rate of 3,000 grams per month, or 36,000 grams per year. This streptomycin will cost about \$18,000/20,000 yearly. In addition to the above, the establishment of 2 sanatoria for children is more than imperative. Each sanatorium should have 100 beds, and it is estimated that the total cost, including the construction of the building, will be \$600,000/700,000 for each.
- 7) A quantity of vitamins and cod liver oil sufficient to meet the requirements of approximately 2-1/2 million Greek children will also be needed.
- 8) Most of the vaccines for the combatting of contagious diseases are prepared locally. It would be advisable, however, to supply us with 300,000 cc. of treble vaccine against diphtheria, tetanus and whooping cough. In addition to this our yearly requirements in anti-diphtheria and anti-tetanus serums are as follows:
 - a) 6,000 vials of 20,000 units each, or
30,000 vials of 5,000 units each of anti-diphtheria serum.
 - b) 20,000 vials of anti-tetanus serum.The yearly expenditure for the above is estimated at \$10,000.
- 9) Further assistance, however, in the following fields is considered of basic importance:
 - a) Supplying milk for babies and sick children.
 - b) Supplying supplementary food stuffs to all children, and particularly to those reacting positively to the BCG vaccination tests.
 - c) Supplying school canteens and summer camps with food and other items.
 - d) Distribution of clothes and shoes to the children of our war-devastated villages.
- 10) As concerns the training of our medical and health personnel, we should like to point out that we shall not be able to accomplish anything in this field before the requirements listed above are met. But in any case it is very doubtful whether our financial means will permit any expansion in that direction and any scholarships to pediatricians and other health officials which UNICEF may be able to offer will be greatly appreciated. Our training schools for nurses are also badly in need of assistance.

- 11) As concerns the foundling homes, preventoria and orphanages, which undoubtedly will be in need of further assistance, the Ministry of Welfare is the competent authority to present the case. Also information as concerns the needs of the various reformatories, where delinquent children are looked after, could be furnished by the Ministry of Justice, under the jurisdiction of which these institutions are placed.

In the above we have briefly indicated in a general way the various problems related to the health of our children, concerning which external assistance could be offered.

THE MINISTER OF HYGIENE

B. VOILAS