

Better childhood in the next millennium*

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*"You are a child of the universe. You
have a right to be here."*

Desiderata

We live today in interesting times. In less than four months, the third millennium and the 21st century will be upon us. The countdown will now be better understood if this is expressed in days, only 98 altogether, less than a hundred. As our ancestors and rural folk will say in more picturesque terms, we will hear the cock crow only 98 more times, we will witness the sun rise and set in less than a hundred days, and the dawn of the new millenium will be upon us. Our concern today is to achieve better childhood in the next millenium. Note that the task given to me is not merely child health but childhood, denoting a definitely more holistic and encompassing term.

The past decade has been characterized by very rapid changes-it was sometimes necessary to hold one's breath as one witnessed the swift transformation of much of our environment including our buildings, communications, plants, food, drugs and vaccines, garbage disposal and transportation due to technological advances. Definitely we are at the threshold of a new millenium. We expect our world in the first decades of the 21st century will be very different from what we have today. Undeniably, the social, economic and ecological landscapes, the communities, the household, and the family will be different. Population movements will drastically change the demographic profile of cities and villages. A different culture will evolve as new technology impacts on organizations and processes. The health care environment will be different as this is most sensitive to the swirling storm of change going on. As people, especially the vulnerable, increasingly become incapable of responding to these changes and harnessing them in their service, there will be new illnesses, new problems, new manifestations of stresses and conflict. As we continue to grapple with the diseases of antiquity still with us, such as tuberculosis and pneumonia, new diseases will

emerge, many of which are caused by changing life styles and the deteriorating environment.

But more tragic is the increasing difference between developed and developing countries. The gaps between the health status of the rich and the poor, the technology status between the North and South, the resources between the "haves" and the "have not" continue to be as wide or wider. The 10/90 disequilibrium in all aspects of life and survival, not only in health research, will persist or even worsen during the first decade of this coming century.

Undeniably, the 20th century has brought much improvement in child health in many parts of the world, but is well recognized that certain problems are perpetuated while new concerns emerge.

On Location, In Asia

We are in Asia: Krygyzstan and other Turkish speaking countries are in Asia. We are here with the Turkish National Pediatric Society through the magnificent and effective leadership of Professor İhsan Doğramacı, a brilliant and intensely patriotic Turk whose innovativeness and resourcefulness has allowed the International Pediatric Association (IPA) to reach out to this and many other areas of the world. Although Turkey straddles the West and East, Turkey can readily lay claim to be Asian. The richness of its civilization emanates from this remarkable blending. These remarks presage my subsequent statemenets.

New Horizons Affecting Childhood The Spectrum of Child Health Issues

When this assignment was given to me, my first impulse was to pray for the sagacity of a Socrates or the prescience of a Nostradamus, and the omniscience of an oracle to look or just to peep into the future. I do not feel that may

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prayers were granted but I can never, never deny any requests from my esteemed and beloved Turkish friends. So here goes, with the help of a number of authoritative readings.

The spectrum of child health issues will range from problems resulting from persistent underdevelopment and poverty to transitional diseases to those emanating as a consequence of advanced development. With advances in science and technology, particularly, information technology, it is usually expected that there will be a shift in the pattern of the disease burden. It is projected that non-communicable diseases and injuries will assume greater prominence. However, with certain determinants, the predicted shift in the pattern of disease burden may not occur at all, particularly in childhood, thus defying predictions by scientific and futuristic pundits.

In most developing countries, a double burden of disease thus exists. The approach differs widely. The burden of diseases of developing countries is highly determined by poverty. Fortunately, these problems can be alleviated by a number of well studied programs that can be put in place. The epidemiological transition points to a diversity of problems which must be addressed.

has aggravated the economic situation and has a deleterious influence on children, the most vulnerable sector of society. Marginalization of this sector will be exacerbated by the economic regression.

Shrinking currencies have resulted in a financial volatility which will stretch every currency to its limit to cover the expanding cost of health care. Undoubtedly, whatever funds are available for health care will buy less and less. This gloomy situation will sustain the existing inefficiency, inequity and inaccessibility of health care.

The global village has led to a borderless world facilitating a free exchange between countries not only of knowledge, science, technology and ideas but also of peoples, market goods and even of psychoactive drugs, tobacco and microbial agents.

In addition, the globalization of western cultural norms and lifestyles imposes challenges on the integrity of native cultures and anomie.

HIV/AIDS has become a major problem in Africa, Asia and Latin America. The risk of orphanhood due to AIDS is reaching terrifying magnitudes. By 2010, it has been predicted that 40 million children in Africa and Latin America will have lost one or both parents due to the pandemic. These children, deprived of parental support and

Developing	Transition		Developed			
	Old/ Reemerging	New/ Emerging	Injuries Accidents	Genetic Problems	Psychosocial Problems	Socio-Political Problems
Malnutrition, Poor reproductive health	Infected Diseases					
High childhood maternal morbidity mortality	Diarrheas Respiratory problems Measles Malaria Parasitic diseases	HIV/AIDS Ebola Other viruses	Violence Abuse Child labor	Congenital malformations Hereditary, familial diseases	Adolescent health problems Mental illness Substance abuse Teenage pregnancies Youth violence	Displaced children Abandoned children Refugee children Child soldiers

The Determinants of the Millennium Pattern of Disease Burden

To poverty has long been attributed many child health problems. But recently, this has been further exacerbated by the on going economic crisis, particularly in Asia, where abandoned children are now known as IMF (International Monetary Fund) children or orphans, abandoned by parents whose businesses have gone bankrupt. It is well recognized that globalization in countries ill prepared for a borderless world

care, will eventually be forced into the streets, into child labor, will be deprived of a nurturing home and schooling and many eventually succumb to HIV/AIDS themselves.

Rapid introduction of new technology without the corresponding social preparation has contributed to increase in injuries. Childhood injuries are among the major health problems of western industrialized countries, but are increasing quite rapidly in developing countries as well.

Continuing wars and hostilities in many parts of the world have perpetuated the horrendous plight of children caught in the crossfire and violence resulting in displacement from families, loss of parents, injuries (both physical and psychological), and death. In addition to these, man-made calamities, natural disasters of more horrible dimensions are occurring almost daily in many parts of the world. The loss of social support among displaced families, often as a result of war or political and natural catastrophes, takes a tremendous toll on the well being of our children. Displacement and economic losses put a lot of stress on the capacity of the family to care for children. It disables families from performing the basic role of care giving. Rapid population movements stretch the available community support to the limit and render traditions which are communities' constant sources of coping incapable of providing such support.

The apparent lack of political will in most countries leads to inadequate budgetary allocations for health, inefficient health organization and management, inappropriate and inadequate health manpower, and an ineffective health information system, all contributing to a high morbidity and mortality. All this, in spite of health care being a fundamental human right.

A pervasive breakdown in traditional family life, values and culture during this critical transition from the 20th to the 21st century creates a deleterious effect on the child's survival and development. Swiftly disappearing is the extended family of yesteryears which provided much support to children exposed to parental problems and counteracted the detrimental effects of dysfunctional nuclear families. There is now an alarming change in the sociology of the family characterized by single parent or no parent households. Parents have to work away from the home to eke out a living.

Access to pernicious media, especially television violence, lewd shows and pornographic printed material has exposed both adults and children to detrimental stimuli which foster violence, abuse, sexual adolescent health problems, perversions, tobacco smoking and dietary fads.

Urbanization, under the guise of modernization, has brought with it both advantages and disadvantages. In developing countries, flight

into the cities has resulted in urban blight as witnessed by slums where families live on the sidewalks, in carts, in cardboard hovels, along perilous river banks and railroad tracks, under extremely unhygienic and unsanitary situations, imposing a heavy load on already inadequate social, environmental and educational services. Much has been said about the deleterious effects on the child of our environmental degradation. Environmental risks continue to emerge and worsen, such as exposure to lead, dioxins and other pollutants.

In spite of modern age science and technology and knowledge and information, harmful traditional practices of the past affecting children will still persist. Girl children are particularly affected. Among these horrendous practices are fetocide, infanticide, female genital mutilation, and unequal access to health care, psychosocial stimulation and educational opportunities. Girl children are expected to do more domestic work and are forced into early marriages and pregnancies and even prostitution.

All these lead to frequent illnesses, poor growth and development, abuse, neglect, violence, and other psychosocial and emotional problems.

In most developing countries, more than 50 percent of deaths will still be accounted for by acute respiratory infections, diarrhea, measles, malaria, and malnutrition, with one-third of infant deaths due to neonatal deaths.

Achieving the Mission

As we look back on what has been done to improve the status of children at this moment in time, two documents come to mind, the Alma Ata declaration of 1978 and the Convention on the Rights of the Child in 1989, followed by the World Summit for Children in 1990. These documents, forged by caring, compassionate and competent world leaders, are invaluable and infallible testimony to the determination of mankind to improve the state of well being and quality of life of people and children everywhere.

Other international initiatives oriented towards better child health are:

- The Geneva Declaration on The Rights of the Child, 1954
- The Universal Declaration on The Rights of the Child, 1959
- The International Covenant on Civil and Political Rights, 1966

Selected health-for-all (HFA) indicators	1975			1997			2025			HFA targets
	Average	Max.	Min.	Average	Max.	Min.	Average	Max.	Min.	
Life expectancy at birth (years)	46	64	35	53	72	38	65	77	51	> 60
Infant mortality rate (per 1000 live births)	125	197	47	89	169	16	47	99	7	< 50
Under-5 mortality rate	200	294	51	139	251	16	66	139	6	< 70

- The UN Convention on the Elimination of All Forms of Discrimination Against Women, 1979
- The World Conference on Education for All, 1990
- The International Conference on Nutrition, 1992
- The International Conference on Population and Development, 1994
- The Fourth World Conference on Women, 1995

To attain the goals of these international statutes, certain interventions are to be focused on. In the next few minutes (pages), I shall touch upon some measures which have been proven in the past decades to contribute to the improvement of the quality of life of children and are predicted to continue to be able to ensure better childhood. The pediatrician is thus encouraged to support these measures individually or through groups and organizations.

Continued Implementation of the Alma-Ata declaration of 12 September 1978

Over-all survival prospects for the world's population have improved with the political commitment of member states and with the development of health systems based on primary health care. However, issues of inequalities in health status and health care continue to persist, as these have not been adequately or effectively addressed during these past two decades. substantial progress has been achieved but definitely only to a partial extent. Examples are:

In the developing world	1990	1994
Access to safe water	61%	75%
Access to sanitation services	36%	34%

Selected health-for-all (HFA) indicators are hereby presented as obtained from The World Health Report, 1998, depicting progress from 1975 to 1997 and predicting what it would be in 2025.

Enforcement of the Convention on the Rights of the Child

The World Summit for Children brought into force by all nations of the world the articles of the Convention on the Rights of the Child.

The World Health Report, 1998, "Life in the 21st Century: A vision for all" by the World Health Organization estimates how the following goals fared for 1995.

One hundred and two member states with a total population of 3.4 billion (60% of the global population) had achieved:

- In 1995, an infant mortality rate of below 50 per 1000 live births.
- An under-5 mortality rate of below 0 per 1000 live births.
- In 1996, immunization coverage of infants was nearly 90% for BCG
nearly 80% for DPT3, measles and poliomyelitis
almost 50% for tetanus toxoid for pregnant women

Development and Maintenance of Dynamic and Effective Health Systems

The biomedical model of health systems predominated until the Declaration of Alma-Ata in 1978. This model emphasized the medical sector with training of doctors and nurses, creation of infrastructures such as hospitals, and distribution of medicines. The limitations of the biomedical model became apparent and, following the Declaration of Alma-Ata, new paradigms led to increasingly credible options worldwide.

The goals for health systems in countries can be stated in many ways, but the World Health Report 1999 has summed it up in broad terms as follows:

- improving health status
- reducing health inequalities
- enhancing responsiveness to legitimate expectations
- increasing efficiency
- protecting individual, families and communities from financial loss

Sustained Data Collection, Monitoring and Evaluation

Reports and databases serve as alert-systems to call attention to a widening gap in health status

and to gather data which would be most helpful in policy decisions and interventions. Any program seriously implemented merits constant monitoring and a periodic evaluation to ensure its effectiveness and success. These interventions are particularly important in dealing with programs for better childhood.

Advocacy, Political Commitment and Family and Community Participation

Most vital is broadening support for children's issues. Political commitment by leaders easily breaks down many of the barriers obstructing better childhood. It is necessary to acknowledge the importance of the family structure. Although empowerment is to be intensified for women and children, one must also speak of parent empowerment and community empowerment.

Public health policies must be well thought out to address the community's health concerns. Legislation is vital in support of health measures and in the generation of resources to implement such interventions. John Ruskin (1819-1900) showed us the way by stating even then, a full century before our international statutes were formulated: "I hold it indisputable, that the first duty of a State is to see that every child born therein shall be well housed, clothed, fed and educated".

Universalism has been a buzz word for health care for many of our more advanced countries. More and more, it is now being realized that the classic form of universalism is constrained by limits of resources and government. A new definition has evolved for what is now termed as a new universalism that recognizes limits of government but retains the government's responsibility for leadership and finance of health care.

Strengthening Capacities of Training Institutions to Reorient Curricula to Meet Changing Needs

It is necessary to keep in mind that with the changing health-related agendas brought about by megatrends, academic institutions should continue reorienting their curricula to produce relevant and responsive health professionals with the competencies, skills commitment and compassion to address the double burden of childhood problems.

Harnessing Information Technology

The potential of information technology is limitless. Its applications for education, training

and research are inexhaustible. New communication technology has facilitated globalization and will continue to be one of the major forces responsible for the irreversible trend toward globalization.

New technology has transformed the viewer or listener from a passive audience to an active (media/technology) user or participant. Virtual reality will continue to be most exciting and promising but the most recent role is that of extending human intellectual capacity. It is not merely artificial intelligence but intelligence amplification which enables computers to do things that the human mind cannot do.

Telemedicine will address a tremendous number of concerns and will facilitate both health education and continuing medical education.

Better Education, Literacy

Communication technology as learning delivery channels will facilitate integration or coordination of formal and non-formal education, innovative or non-traditional learning approaches and open learning or distance education.

Health education has been a well proven effective intervention strategy in improving health practices and customs in the prevention of disease and in the care of the sick. In addition to trimedia, information technology should be harnessed to facilitate access to new health information by both the public and health care providers.

Despite the dizzying pace of change, we continue to believe in the same fundamental principle that knowledge means both survival and power.

Networking, Linkages, Partnerships

Continued linkages with the following United Nations organizations will have to be encouraged at different levels: UNICEF, WHO, UNFPA, Food and Agriculture Organization, CIOMS, UNECSO, ILO, and UNAIDS.

Other partners include governmental and non-governmental organizations, civil society and the private sector.

Research and Development

The creation of new knowledge has always been the basis of policy changes. It has provided clearer evidence, especially for the economic benefits of improving health. There is a need to concentrate resources for research on poor

countries or on vulnerable groups without alternative sources of funds to be able to amplify impact and make a difference.

Health knowledge according to the Council on Health Research for Development is constituted by three broad steps:

- the generation of knowledge through research
- the optimization of knowledge
- the mobility and utility of knowledge

It is necessary to bridge the 10/90 gap as described by the Global Forum for Health Research on Promoting Research to Improve the Health of Poor People.

Focus on children's problems should be a priority for governments. It should be recognized that funds given for research is not "spending" but "investing" to bring progress to our country and people. It is to be recognized that there are increasingly fluid borders between health/biomedical, pharmaceutical nutrition, and agricultural research.

Molecular and Social Sciences

The causes of malnutrition have always been enumerated as economic, social, cultural, and political. Agricultural factors should be included and given the prominence they deserve from the beginning. The emphasis in recent decades is on agricultural biotechnology with the continuous development of crop bioengineering and molecular agriculture, creating a generation of transgenic crops and genetically modified organisms which will improve sustainable and nutritious food sources.

It is envisioned that the introduction of transgenic crops will result in healthier food which will improve both macronutrient and micronutrient content and also its disease-limiting potential. Transgenic plants as vectors for active and passive oral immunizations will be of great benefit to children and other sectors of the population at risk.

Molecular medicine, on the other hand, is focused on human growth, development and behavior, and continues to define and identify pathophysiologies, including inborn errors of metabolism, congenital malformations, degenerative diseases, obesity, and cancers. Markers of potential disease will provide early warning signals leading to modification of life styles to avoid or minimize a disease. Molecular

biology and biotechnology have facilitated the production of vaccines and pharmaceuticals and diagnostic kits.

We have gone through the industrial revolution and the information technology or computer-based revolution. The next great revolution will be the genomics revolution. And it is now upon us.

It is the world's good fortune that the dizzying potentials of molecular medicine and agriculture are promising. A word of caution: the molecular sciences can present terrifying possibilities like a two-edged sword. Hence, ethical and moral problems should be dealt with firmly.

More and more, the role of other disciplines, aside from medicine and pediatrics, has been realized to be of paramount importance in the control, prevention and management of disease. It is because of this that the development and promotion of health social sciences is now being given emphasis. Transdisciplinary approaches are recognized as necessary to look at a problem in its total context, utilizing the problem as the starting point to achieve an integrated and dynamic perspective of childhood health problems.

Aside from advocacy, community mobilization, and legislation, education (including behavior modification) are essential in the promotion of wellness and quality of life and in the prevention and management of disease.

Sustaining the Environment

As Dr. Albert Schweitzer has stated:

*"Man has lost the capacity to
foresee and to
forestall*

He will end by destroying the earth."

Such a gloomy prediction! But actually what we have now is what a past Director-General of the World Health Organization aptly labels as a "Wounded Planet." Rising levels of pollution and environmental degradation have been associated with infections, congenital malformations, cancers, respiratory ailments, gastrointestinal infections, injuries and poisonings.

Some of these environmental problems are air and water pollution, poor food quality, toxic chemicals such as pesticides, herbicides and fertilizers, radiation and even excessive levels of noise.

Efforts to minimize or remove these environmental threats must be part of a strong advocacy program.

The "Asianization" of Civilization

Another hope, particularly for this part of the world, comes from futurist John Naisbitt and the tandem of Sid Murray-Clark and Peter Lorie who have dwelt on the Asianization of civilization. Looking into the future would mean to consider as a critical factor the "coming out" of Eastern civilization as a distinct and parallel sociopolitical, cultural and economic entity, competing, if not dominating that of the West.

Their assumptions were based on several proactive politico-economic paradigms which Asian governments have implemented. The megatrends in Asia, which according to Naisbitt, are currently changing the world are:

The transformation of nation-states → regional and global networks

The migration of people from villages to super cities

The shifting from Western influence → Asian way or

from West → East

The change from export led → consumer driven economies

From government-controlled → market driven

From labor intensive → high technology

from male dominance → empowerment of women

The Pediatrician for the Third Millennium

In the 1980's a number of papers stressed the need for pediatricians to be prepared for what has been termed as the New Morbidities, which have now become accentuated and perpetuated, intensified and multiplied by the strong winds of global change. The dream of a better world for our children undeniably is a common aspiration from the beginning of time. Working for this vision and its transformation into reality have been mankind's persistent obsession. But beyond this, we should aim for healthier, brighter, more socially adjusted and psychologically stable children.

It is true that there are remarkable improvements in the indicators of better childhood. However, there is still much to be done, and there are new challenges to address.

The challenges have been presented. Hopefully, the solutions will be provided as we move on to the next days of the Congress. Wisely, the organizers of the Congress have included topics

on children's rights, drug abuse, tobacco and alcohol use, violence, and immunizations, among others.

Clearly, a new breed of pediatrician is needed. Pediatricians who possess new skills, a new appreciation of their roles and an understanding of how various forces are interconnected as they impact on the physical, mental, social and moral well being of our children. The pediatrician must not only be prepared but must resolve with a firm commitment and common purpose to face the transition affecting children that will inexorably come.

The pediatrician of the 21st century must prepare himself to cope with entirely different and varied problems which are not entirely biological in nature. Definitely, he has to extend himself beyond the medical aspects of child health care into his social environment.

Pediatricians have the most access to parents among health care providers. How much of our time as physicians do we give to counseling parents to prevent accidents and injuries, as a specific point for reflection? Several studies reveal that physicians believe that talking to parents about injury is important, yet they also reported not having enough time, not thinking to ask, and having more important things to do. Perhaps we need to reflect on our roles and on our own values.

A Social Contract with Our Children

Given the above scenario, the challenge, therefore, is what we as pediatricians can be to our children in the next millennium.

While the responsibility for better childhood should involve every man, woman and child themselves, pediatricians, because of their training, commitment and status in the community, are expected to assume leadership roles for better child health. Not only are they looked up to for policy and decision making, but they are requested to take lead roles in implementation of programs.

It is with some degree of proper pride that of the clinical specialties, pediatrics presents an initiative toward a holistic approach for the care of its client, the child. Emphasized in this holistic perspective is the inseparability of science and art, and the unification of knowledge in health and disease.

The pediatrician is therefore expected to be the first to draw a social contract with our children to provide them a better life and to guide their destiny and that of the whole community, the country, the world.

This, we beg of the pediatrician and other child care workers, for as Henry Wadsworth Longfellow refers to children:

"Ye are better than all the ballads
That ever were sung or said;
For ye are living poems..."

We need to change in favor of our children. the coming millennium demands no less.

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