The Turkish Journal of Pediatrics 36: 93-96, 1994

GLOBAL CHILD HEALTH: CHALLENGES AND GOALS IN THE 1990s*

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Mr. President of the Republic honorable minister of health and education, Prof. DOĞRAMACI, I stand here before you as an adopted son of Turkey, buoyed by warm memories and the recollection of prodigious beginnings in child health that took place in this very hall. Particularly the 1985 Turkish National Immunization campaign which was launched here. And I bring you the greetings of another adopted son, the Executive Director of UNICEF, Mr. James P. Grant.

Mr. President, your presence here with us today, and the informed and concerned statement you just made, will send a strong signal across Turkey and to the countries represented here about the importance this country attaches to child health.

The pediatricians of ten countries are gathered here today, along with child health experts from international organizations. Most of us tend in our work to think of children, particularly those in developing countries, as the vulnerable, fragile cohorts of their societies, rather than as sturdy building blocks of national development in the making. It is this focus on children as short-term objects of protection that I want to challenge today, because such a view excludes the social and economic payoff that healthy and well-educated children can bring to their countries when they grow up. This payoff can often capture the attention of politicians and natural leaders (whose support we vitally need) more than arguments based only on compassion and morality.

If you asked economists on political scientists anywhere to name the world's most serious problems undermining development, they would probably say population, poverty and the environment. Asked to name the most serious of those three, they would probably say population, with poverty the second-most serious. Runaway population guarantees poverty because of the competition for diminishing resources; poverty drives people to have more children; population pressure and poverty both ruin the environment, which is to say the earth, our increasingly battered spaceship.

What does this have to do with UNICEF's mandate–the survival and development of children–consider a moment! There are two million more people in the world (mainly in the poor countries) every week: the deserts are expanding a hundred kilometers a year; the forests are disappearing, the rivers are being made foul, and one of every five people in the world is living on a dollar a day or less.

* Presented at the Regional Pediatric Congress of the Union of National Pediatric Societies of Turkish Republics, 19-22 October 1993, Ankara, Turkey.

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This is a desperate picture that cries out for remedies, for solutions. We as responsible people should be urgently seeking those solutions—whatever country we come from. Finding solutions by isolating the causes. But what can the conditions of children have to do with this? Surely the suffering children—35,000 dying a day around the world—surely their hunger and deaths and illness and poor or absent education are a symptom of the desperate straits. The developing countries are not a cause, not a key to a solution. We should protect children and come to their aid when we can, certainly, but in doing so we are obviously addressing a symptom, not getting at a cause of our worst problems. This is what our intuition may tell us.

But we in UNICEF argue that this intuition is wrong. If children are given real priority, they can be the main key to a country's rise from poverty and its escape from the population trap and an easing of pressure on the land, the forests, and the rivers. Except for the few developing countries that are extravagantly rich from oil, an absolute priority concentration on children, the indispensable foundation of human resource development, is probably the surest way to grow out of underdevelopment. One only has to look at the East Asian countries, at Thailand, South Korea, Taiwan, and Singapore, as examples. Thirty years ago they were poor, but they were also sacrificing and deferring the consumer gratification of the elites and disciplining themselves in order to give their children, all of their children (girls and boys), good nutrition, good health care, and a rigorous primary and secondary education. They made family planning services available to all parents. And in doing this, they broke the "inner cycle" of poverty. Better health care and hygiene, immunization, clean water supply, and sanitation meant that many fewer children died from the childhood killer diseases, and their survival gave parents confidence to have fewer babies. State-supported nutrition programmes meant bigger, stronger young people more productive at the workplace, less of a drag on the health system. Because they were almost never stalled. Sound basic education meant a better-trained and more skilled workforce. These countries put children at the center of their national agendas a generation and a half ago, and have kept them there, and this has been a main force in lifting them out of underdevelopment. The formula for such a lift for the "great ascent" described by Robert Heilbroner based on social development, human development, and rooted in the protection and development of the under-five-year-old child, is not complex. It should be of interest to all of you here from the newly independent states.

Since the early 1980s, more and more countries have raised the priority of children, seeing them as the fundamental care of national growth. This process was built upon the 1976 Alma-Ata (Kazakhstan) conference, which defined primary health care and proclaimed health for all by the year 2000, and the 1979 International Year of the Child.

From the mid-1980s onward, there came the amazing rush of child survival progress that cut under-five death rates by a third to half in less than 10 years, and saw most of the developing countries move ahead of Europe and North America in immunization of under-ones. It may not be surprising that our host city, Ankara, and today Calcutta, India, Lagos, Nigeria, and Mexico City have far higher levels of immunization than do New York City or Washington, D.C.

The countries that have made these immunization achievements that have sharply cut their child mortality rates and whose heads of state participated in the 1990 World Summit for children and committed themselves to that meeting's end-of century goals all learned four rules:

I. Hospitals do not mean health. Eighty percent of the childhood illnesses that reach hospitals for treatment can be prevented by primary health care by clinics or by community health workers at the village or community level. We all learned this in 1976 at Alma-Ata when primary health care (PHC) was enshrined as a basic operating principle for all countries. In any case, there are the disproportionate social and economic factors inherent in large hospitals, particularly teaching hospitals; they are rarely accessible to more than ten percent of the population of developing countries, and they sometimes absorb as much as 80 percent of the national health budget. This is an imbalance that favors rich and influential urban elites, and it takes political courage to correct it and advance toward "health for all". An example of such political courage was the decision taken in the 1980s by the government of Pakistan to build several hundred light health structures—village-level clinics—with funds that would otherwise have been used to build a single large teaching hospital, whose construction was backed by powerful medical and other interests. This difficult decision has no doubt averted tens of thousands of child deaths and countless cases of permanently handicapping illness.

II. National wealth does not make health. There are many countries whose "overachieving" or less-than-capacity performances in taking care of their children prove this rule. Financially poor countries such as China, Guatemala, and Sri Lanka are doing very well by their children; their child nutrition, mortality, and school-finishing records rank with the best in the world. Some relatively wealthy countries, on the other hand, are doing poorly against the same indicators despite their high GNP per capita circumstances. It is clearly a matter of political will and social commitment, a decision on priorities rather than a matter of money.

III. Three-fourths of all childhood deaths and illness come from a handful of controllable diseases and deficiencies. Some of these diseases (measles, whooping cough, and tetanus) are vaccine-preventable and cheaply eliminated (roughly $10 per child). A fourth, diarrhea, perennially the main cause of child death and malnutrition, can be controlled at less than $1 per bout by oral

rehydration therapy that a village health worker or a mother can administer. The case management of a fifth, pneumonia (acute respiratory infection), can be handled by trained health workers through such antibiotics as oral ampicillin and cotrimoxizol for $5 per case or less. Two major deficiences, those of breastmilk and vitamin A, can also be corrected with relative ease, the first through concerted awareness, raising campaigns championing the indispensability of breastfeeding, and the second through the distribution of low-cost capsules. Put together, these seven protections can lead the way to a country's halving of its child mortality rates. This has happened in less than ten years in a number of countries in this region.

IV. To control these main causes of childhood death and illness, the health services alone are not enough, a broad mobilization of all sectors of society is needed. A good example of such a mobilization is our host country, Turkey, which immunized 4,200,000 under-fives in 1985 and sharply cut down its child mortality in a four-month campaign which saw the direct involvement of 370,000 people: health workers, school teachers, Intercom Ministry officials, imams, medical students, media staff, celebrities, members of Rotary, and others. I know that one of the N.I.S. countries represented here, Kazakhstan, put on its own mobilization against pneumonia in the winter of 1992-1993.

Today the N.I.S. States, the six Turkic countries represented here, with an aggregate population of 60 million, are suffering, by my rough estimate, about 150,000 preventable child deaths a year. Could you emulate Turkey in mobilizing against these deaths? Could you set for yourselves now, and reaffirm at your Tashkent meeting a year from now, the goal of reducing these deaths by at least one-third by the end of 1995?

The World Health Organization and UNICEF will be ready to stand by you in this effort. For the period 1993-1994, as many of you know, UNICEF has committed an average of some $4 plus-million, for a total of $2 million for the six countries. Our UNICEF area representative for the five Central Asian republics, Mr. Ekrem Birerdinç, is aware of this meeting and is ready to work with and advise you.

Pediatricians have always been the most socially engaged and politically aware members of the medical profession. Pediatricians have historically concerned themselves with broad issues of public well being and public policy far beyond the borders of their private practice. I hope that this meeting will ring a bell of appeal to all of you to redouble your efforts and work in your countries to project not only the sad and true message of child malnutrition, illness, and death, but also the message of child well-being as the indispensable foundation of your country's social and economic future. There is a home truth in this message that no country can afford to ignore.

Thank you, Mr. President.