

George A.O. Alleyne
Director, PAHO*
15 June 2000

GLOBAL HEALTH COUNCIL
A CENTURY OF HEALTH FOR THE CHILDREN OF 2000**
Arlington, Virginia

First, we should thank the Global Health Council for addressing this topic in a year in which we will be examining the extent to which the goals of the 1990 World Summit for Children have been met. We will hopefully look not only at the successes, but also at those areas in which we have fallen short, and what are the barriers that must be overcome to reach the established goals. This must be a year in which, when we prepare to set new goals, we must not forget that the original ones were cast within the context of Health for All, and we must still keep before us, the basic thrust of that overreaching goal. And that was nothing less than a call for there to be more equity, as regards health outcomes and the factors that determine those outcomes.

You have to forgive me if I begin by referring to the global picture, and then move rapidly to the situation that I know best, and that relates to the health conditions and problems of the Americas.

The class of the children of the world for the year 2000, will number about 130 million. It is a tragic fact that some seven million will not see their first birthday.

In the Americas, the class will be about 16 million and about half a million will die before that first birthday, and I hope we can show that Bob Marley was not thinking of our situation when he sang, "Many more will have to suffer and many more will have to die."

This is a tremendous societal responsibility and a great burden for all of us in health to bear.

We are comforted in some measure by the fact that the situation for this new class has changed, and we would like to think that the decision of the world's leaders in the 1990 Summit has helped to produce that change. Since that historic meeting, our population growth rate in the Americas has slowed, our crude birth rate has fallen, slightly it is true, but it has fallen and our infant mortality rate has fallen about one third.

* **Pan American Health Organization, Pan American Sanitary Bureau, Regional Office for the Americas for the Americas of the World Health Organization.**

** **Presented at the Global Health Council's 27th Annual Conference: *A Century of Health for the Children of 2000*. Arlington, Virginia, 13-16 June 2000.**

The percentage of deaths due to acute respiratory infections and diarrheal diseases has fallen dramatically, and immunization coverage with standard EPI vaccines has risen to the stage where for the last almost 10 years there has been no poliomyelitis and measles is disappearing. For one recent stretch of about seven weeks, there were no reported cases of measles in the countries of the Americas. When we examined those achievements five years ago in terms of achieving the mid decade goals, the majority of them had been reached. We have every expectation that in the area of child health this region will reach most, if not all of the decade goals.

But there are still some goals that haunt us. Maternal mortality in our Region is a scandal. The difference in rates between the best and the worst of our countries is almost 100 fold. Prenatal care is certainly not optimal as evidenced by the number of low birth weight infants, which reaches the level of 10% in some countries. Malnutrition still occurs. I do not know the numbers for the Americas, but it is said that there are about 450 million adult women in the world who are stunted as a result of malnutrition, with predictable results for the health of their own children. We are more aware now than we were 10 years ago of the serious deleterious effects of the intrauterine malnutrition that is a sequel to maternal malnutrition.

These results in the Americas leave me with two overriding sensations. First, there is the angst about how we can transfer any of the knowledge gained here to the rest of the world such that all places and parts may march forward together. My rejoicing at the progress in the elimination of poliomyelitis in the Western Pacific Region and most countries of the Eastern Mediterranean, is not only because progress in the world secures the position here. It is partly because we have been able to help by transferring some of the lessons learned. I am filled with admiration at the logistic triumph of vaccinating 130 million Indian children against polio in one campaign.

But the other sensation is concern that in spite of having achieved many of the goals, so much remains to be done. There are new goals to be set and reached. We are convinced that in Latin America and the Caribbean 25,000 childhood deaths can be saved every year. The technology is there and the correct application of the strategy known as IMCI, Integrated Management of Childhood Illnesses, can do that.

The diseases that can be prevented by immunization should disappear. Again, the technology is there. We see the countries of the Caribbean advancing to eliminate rubella. More and more countries are introducing vaccines against hepatitis B and H. Influenza. Iodine deficiency in children is disappearing as iodized salt becomes the norm, and the technology for fortification of sugar with Vitamin A is spreading slowly but surely. I am less optimistic about the rapid reduction of malnutrition, because of the complexity of the web of causation.

Every child will have a healthy smile as dental caries become a thing of the past as a result of fluoridation of salt. And there are some lessons that we have learned along the way. First, there is the value of partnerships. There are partnerships among the many agencies and institutions that have a stake in the health of children, and they are

numerous. There are the agencies of the UN system, UNICEF, the multilateral funding institutions, the state agencies such as USAID and CIDA and several others, such as the Task Force for Child Survival. Our experience is that the growth of structured inter agency coordination has been a major factor in the success of this Region. But I would insist that perhaps the most critical issue has been the role of government in assuming a lead coordinating function. We have also appreciated the partnerships among the key social actors—government, the private sector civil society, and the media. And we must not forget the value of the advocacy role to be played by organizations such as the Global Health Council.

We have also learned the value of instruments that years ago had no place in the health armamentarium. The disciplines of marketing and social communication are as essential in today's health programs as the technologies that they promote.

I know that the social and economic conditions affect the health of children as they do the health of adults and I would not wish to foster intergenerational discord by proposing that one or other age group is more or less affected. The poor and their children suffer more than those who are better off economically. But I am impatient with the view that these conditions are insuperable blocks to progress. Of course, I wish to see the lot of the less fortunate improved, but I continue to argue that improvement in health is one method for alleviating poverty and we will not wait for that glorious day when there is no more social and economic disparity to see improvement in the health of children.

I am also impatient of the shibboleth that it is the lack of political will that is a major block to progress. I have not found any country, any minister of health, that does not wish to see child health improve, and it is a part of our responsibility—yours and mine—to present the kinds of plans that are so technically feasible, financially practical, politically saleable, and socially acceptable, that they be implemented.

Of course, this class of 2000 will meet new challenges. The AIDS crisis was not fully appreciated by most 10 years ago. Everyone is aware of the devastating effect in Africa—fewer know of the situation in the Caribbean which has a prevalence rate second only to sub-Saharan Africa. But even here there is hope, and clear indications that the epidemic can be turned around.

Mr. Chairman, ladies and gentlemen, I wish to leave you with an appreciation that, at both global and regional levels, we have advanced towards meeting the goals of the Summit. Of course, as long as one child or one mother dies or suffers needlessly there is work to be done. But the experience here of the last 10 years has left me with a firm conviction that we can do better for the class of 2000 than we did for their brothers and sisters who came before them.

I wish to leave you with the knowledge –comfort that my organization and many others like mine are willing and loyal foot soldiers in this effort.