

George A. O. Alleyne
Director, PAHO ·
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Mr. Chairman , ladies and gentlemen. First let me thank the Global Health Council for the opportunity to participate in this event that begins a countdown to the Tenth Anniversary of the World Summit for Children. September 1990 will be remembered as a genuinely historic date not only for children, but indeed for all ages, and I do not have to recount to this audience the great expectations that were generated by the fact that these commitments to the well-being of children were endorsed by the highest secular authorities of the day. I emphasize that these events have impact beyond children partly because the Summit's goals recognized that the health and well-being of women and mothers were intimately bound up with the proper development of children. But, in addition, we are now accepting the irrefutable evidence that the events that occur before birth leave imprints on our health and our susceptibility to disease of a magnitude that were only mere speculation ten years ago.

The Pan American Health Organization was, and continues to be an enthusiastic supporter of the initiative not only because of the nature of its origins, but also because many of the goals are related to health, and we take the view that health is intrinsic to the well-being and development of any individual or group of persons. When the Summit was held in 1990, many of us saw in its goals and aspirations a clear reflection of that other lofty goal of Health For All that put health and access to the mechanisms for achieving health as social desiderata, and evoked the concept of social justice. The passage of time has not dulled those perceptions.

I have been asked to comment on PAHO's role in fulfilling the goals of the Summit, the challenges ahead and the possible goals for the next decade. First I must emphasize that it would be extreme arrogance to claim that we are responsible for the achievements in health. This would be contrary to our established mission of cooperating technically with countries--it is to the countries that we must give the credit for the undoubted progress that has been made in the Americas.

The focus of our technical cooperation varies with the nature of the problems that occur in each individual country, but in a generic sense, one of the principal components of that cooperation has been the mobilization of resources of varying kinds. Perhaps the most powerful of the resources to have been mobilized is that represented by the various agencies that have

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committed themselves to the goals of the Summit. The Interagency Committee has been instrumental in coordinating many of the external inputs that have been so valuable. We have seen UNICEF, UNFPA, the World Bank, IDB, USAID, FAO and ourselves coming together to agree on the goals and the indicators for the achievements of those goals. We have seen that Interagency Committee review the situation at the midpoint of the decade, monitor and evaluate the various national plans of action and adjust the goals to the reality of the Americas. It is a matter of some pride to us that many of the goals were achieved by the middle of the decade, and new ones had to be established.

In addition to establishing the framework for interagency cooperation, the Committee saw among its other areas of action the support to the formulation of national plans of action on maternal and child health, the advocacy for the goals of the Summit, the mobilization of significant financial resources and stimulating technical cooperation among countries. This last is of particular importance in the Americas as I believe that our countries have a wealth of experience and expertise to be shared. I also happen to believe that this tradition of a Pan American approach to many of our health problems is one that has great potential in many areas, and the achievements in health can be a stimulus or a comfort for those trying to foment similar togetherness or unity in areas that are perhaps intrinsically more difficult.

Although we have not yet carried out an assessment of the whole decade, yet the exercise of the evaluation at the midpoint of the decade and the trends we have observed allow us to comment on how far we have come and the length and rockiness of the road ahead. I will mention only some of the goals and indicators, as there will be formal documents that will spell out in great detail the progress in achieving every goal according to the indicators established.

As part of our program to evaluate the tendencies and provide basic core data on the health of the Americas, we have examined the trend in infant mortality rates over the past 40 years and there is no doubt about the steady decline. We estimate that on the average there has been a fall of about 15 infant deaths per 1000 live births in the Americas as a whole every decade, although it is obvious that there has to be a slowing of the decline over time. In the decade between the late eighties and the late nineties, infant mortality rates fell from 36.9 to 24.8 per 1000 live births in the Americas and the rates for Latin America and the Caribbean although higher, still fell—from rates of 55.3 to 35.5 per 1000 live births. Decline in infant mortality is particularly important as an indicator, because it gives a fairly good estimate of the child health services.

The Region is particularly proud of the achievements in the field of immunization. I am sure that everyone knows that it is now about nine years that no child in the Americas has been paralyzed because of poliomyelitis. This achievement stands as a remarkable testimony to the will and commitment of the governments of the countries, as well as to the effectiveness of partnerships in which the various agencies from the private and public sectors as well as the voluntary organizations worked effectively together. In previous years we have been present in this very place to pay tribute to some of those partners such as Rotary International. We are on track to eliminate measles from this hemisphere by the end of this year, and again this has been the result of effective partnerships. New vaccines are being introduced to combat the diseases like meningitis and hepatitis. I have every confidence that the steady efforts to immunize women

in the child bearing age against tetanus will see the horrible picture of neonatal tetanus disappear. The average coverage rates for the standard vaccines are being maintained at about 90% and there is special effort to ensure that those countries that lag behind receive every encouragement and support. It is reassuring to see the international funding institutions including vaccines in their loans or at least ensuring the needed infrastructure for their delivery.

Diarrheal diseases and the acute respiratory infections still kill far too many infants, but even here progress has been noted. The deaths from diarrhea have fallen about 60% and those from respiratory infections by about half. It has been difficult to obtain good data on the overall rates of malnutrition, but we know that the deficiencies of iodine and vitamin A are becoming progressively less. More and more countries have put in place the mechanisms for monitoring the state of iodine deficiency, and the dramatic picture of goitrous adults and cretinous children is rapidly becoming a thing of the past. This is going to be possible with the universal utilization of iodized salt.

I wish I could be as sanguine about maternal mortality. It is difficult to get accurate data, but such data as we have show that this continues to be a major problem, and is perhaps the blackest spot against the health services in our Region. It is not that we are ignorant of the causes—they are usually hemorrhage, abortion and hypertension. Our services still struggle to attend that 10 to 15 percent of all pregnancies that need special attention to avoid the tragedy of maternal death.

I have focussed more on the health or diseases of children but there are several goals that bear indirectly or directly on children. Safe water and good sanitation obviously contribute to child health, and if we needed any reminder, the epidemic of cholera that came to the Americas in 1991 after an absence of about 100 years was a clear indictment of the inadequacy of our systems. Thanks to the heroic efforts of the countries that epidemic was contained, but cholera is still endemic in some countries. There has been progress, and whereas about 60% percent of the population of Latin America and the Caribbean had access to potable water about 20 years ago, the figure now is about 75%.

The health of women was included in the Summit goals, and emphasis was predominantly on their reproductive roles. The goals included attention to pregnant and lactating women, access to their prenatal care, attention by trained personnel during delivery and the reduction of iron deficiency anemia. I know that there are plans of action in all these areas, but there is still much more to be done. We know for example that no more than two thirds of the women in the reproductive age in Latin America and the Caribbean make regular use of contraceptive services. I continue to maintain however that we cannot divorce these aspects of women's health that relate to their reproductive functions from the way women and women's roles are treated in our Region. There is no doubt that gender discrimination affects many of these health issues and is very much present in our societies. Violence against women is still very much with us, although it goes largely unrecognized and underreported.

Am I pleased with the progress that has been made? The answer is yes. But am I satisfied? The answer is no. The progress has been uneven. The major challenge ahead is to achieve those goals that have still not been met. But I see another major challenge that was

perhaps not as evident when the Summit was held. We are now appreciative of the importance of the inequity that exists in our Region, and I use the term to define those inequalities that most well thinking individuals would consider as unjust. The unfortunate fact is that, in spite of the progress, the differences between the richer and the poorer countries has not changed . Our data show that although infant mortality fell consistently in all groups of countries over the last 40 years, the gap between the best and the worst countries has not narrowed. We know that in the richer countries or parts of countries health conditions are better. When we compare the richest with the poorest countries, the number of pregnancies attended by trained attendants is twice as high in the former group. The differences in maternal mortality are about an order of magnitude greater. Thus I see the major challenge is one of reducing the unacceptable gaps that are present.

I see the goals for the next decade as essentially completing the unfinished agenda. There is still a great deal to be done. For example, I have not seen us making any significant headway in reducing iron deficiency in women. Gender discrimination is still very much with us and violence against women is all too pervasive. There will be some more emphasis on the combination of technologies to address child health. A major goal for us in the Americas will be the aggressive application of the strategy of Integrated Management of Childhood Illness, which we believe will save thousands, if not millions, of lives in the next decade. But the overarching goal surely must be to reduce the reducible differences that are so much a feature of our child health landscape. And for this we need the help of all of us gathered here today.