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CHILDREN AND SOCIAL POLICY
(Kingston, Jamaica) **

First, I must thank the Prime Minister for the opportunity to participate in the 5th Ministerial Meeting on Children and Social Policy. This marks the end of Peru's stewardship and the handing over of the responsibility for the coordination to Jamaica. I hope, Mr. Prime Minister, that you will allow me to share in the national pride you must feel in being accorded this responsibility which I am sure will be discharged not only with competence, but with the special care appropriate for the topic. This Meeting is framed within the context of the preparation for the special session of the General Assembly next year. I expect that this Assembly will be a very moving occasion when the countries of the world will review the extent to which they have complied with the commitments made in the various international agreements, but more specifically in the Convention on the Rights of the Child. That Convention was historic in that it represented the first international treaty that outlined a broad sweep of actions to be taken to guarantee that our children would be assured of a decent future.

The Convention covered many areas, and I will refer selectively to those with which the Pan American Health Organization has had to deal, but I am cognizant of the many factors that impact on the health of the child. I am clearly not alone in this thinking as the convening of these inter-ministerial conferences is a reflection of the influence that the various sectors in our society have on the health of children.

In this presentation I will address four issues that have direct relevance to the manner in which children's health is affected by social policy. I will allude briefly to the extent to which some of the 27 goals that relate to health and nutrition of children have been met during the decade. I will outline the problems encountered, the lessons learned, and finally, I will attempt to preview the difficulties that lie ahead and the measures we might devise to overcome them. Obviously my perspective will be that of the head of an international health organization and a citizen of this Caribbean subregion.

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I am forever grateful for the data contained in the brilliant Report prepared by the Government of Peru, and presented in such an elegant form by Dr. William Toro Cabrera as the Secretary Pro-tempore, and I hope he will permit me to emphasize some of them. There is no doubt that we have seen major advances in child health in the past decade, and I say without any trace of hubris that the governments of the Americas and the millions of unsung heroes who constitute the health workers should be proud of their achievements, of which I will only mention a few.

There are only three countries of the Americas that have not met the goal for reduction of infant and child mortality, but in all countries, the rate has fallen and continues to fall. The grim spectre of severe protein-energy malnutrition in children that haunted us a few decades ago has all but disappeared. Only nine countries have not reached the desired reduction of low birth weight for their infants. Deficiencies of iodine and vitamin A are disappearing rapidly in all affected countries. The achievements in immunization have been gratifying, if not spectacular. The last case of poliomyelitis occurred in 1991; neonatal tetanus is confined to a very few isolated municipalities. We are on course for the elimination of measles by the end of this year, and I hope that the rash of this not-so–innocuous disease will soon be seen by our physicians and nurses only as colored pictures in textbooks. The countries of the Caribbean that led the way in the fight against measles have taken the courageous decision to eliminate German measles, and they will do it. Levels of immunization with the standard antigens against diphtheria, whooping cough, and tetanus are about 95%, and coverage with polio vaccine is about 86%. Deaths from diarrhea and pneumonia continue to fall thanks to the application of the strategy of integrated care for the sick child. We have not done well in reducing maternal mortality in the decade, and unfortunately, our information systems are such that we can only guess as to whether our goal for prenatal care has been reached.

But we must be aware of the social context in which we have recorded these successes as well as these failures, and indeed, although we met most of the goals we may, given better circumstances, have even exceeded all of them. Unless we have this reflection we will not be in the best position to determine the kind of social policy that must be crafted in the future. The major problem, that in many cases determined the achievement of goals was persistent poverty. We saw in the early part of the decade an increase in poverty in Latin America and the Caribbean. The situation has changed in the last few years and the percentage of poor has remained steady, although this is cold comfort because this means that the absolute numbers are increasing. One estimate is that some 40% of the population of Latin America and the Caribbean have to exist on two dollars per day or less. Poverty is seen not only in monetary terms, but also as a state in which individuals lack many of those things that render them whole in a human sense; the lack education, some essential people freedoms, health, and in addition, there is lack of adequate financial resources. This lack of capabilities makes it difficult for persons to access and utilize basic services for their health and that of their children.

But the decade has thrown into relief a problem almost as pernicious as poverty and that is the kind of disparity that we consider socially unjustified and, therefore, we identify as inequity. We see this sharply in the differences or disparities in reaching the

goals of the Summit. There have been major differences among countries in terms of reduction of infant mortality for example. Whereas about 30 years ago there was sevenfold difference between the best and the worst infant mortality rates in our Region, today the difference is 14-fold. But this 14-fold difference in infant mortality pales before the 100-fold difference in maternal mortality. It beggars the imagination to think that in one country of our hemisphere one mother dies for every 200 children born. The prevalence of childhood illnesses is higher in the poor, the uneducated, the rural, and the indigenous populations. These are differences or disparities that were not determined by biology, but by the social environment and should not exist. These differences in child health are determined by social and environmental factors that are themselves unequally distributed. They shame us.

But there have been some lessons learned that will stand us in good stead as we craft new goals for children and new social policy to meet them. I have been intrigued when I have examined the differences closely in level of attainment of the various goals of the Summit. We have had spectacular successes or perhaps triumphs in immunizing our children. The achievements in elimination of micronutrient deficiencies have been impressive. But I have to admit some impatience when I observe the relatively slow progress in areas such as prenatal care which is so important for the health of the mother and the newborn, and in the use of family planning. I have advanced the thesis that our services do well when the appropriate technologies are supply-driven – they actively seek out children to have them immunized. Those results that depend on services that are demand driven have less impressive results. The success of the integrated program for childhood illness, which still has some way to go to ensure optimum effects is demand-driven. The lesson we have learned is about the difference; the lesson we have to learn is how to apply some of the techniques developed for supply-driven services to ensure the wide application and permeation of those that are demand-driven.

One of the more important lessons learned is the value of structured cooperation and collaboration. It should be self- evident that joint effort is superior to that which is fragmented, but in practice this has been a difficult lesson because of the history of varied interests and institutional quirks of the various parties. The success in reaching many of the goals would not have been possible without cooperation among a wide range of social actors. The interagency committee has provided excellent leadership and I pay tribute here to my colleagues in other international agencies such as UNICEF, but I must not forget civic organizations such as Rotary International – the multilateral financial institutions – the national aid agencies – the media – the private sector – all of which collaborated most specifically in the immunization programs, but significantly in other areas as well.

But beyond the will of agencies and other groups to cooperate, it was the oversight of the governments themselves- the ministries, particularly of health, that ensured the success of the country's specific plan to which the various parties adhered. A very salutary lesson was the enthusiasm of governments to follow and fund well-crafted plans that had the kinds of outcomes that could move the hearts and hands of health workers and citizens alike.

How should we go about crafting new goals and the kind of social policy necessary? I wish to touch only on two areas that have not been dealt with as fully as I would have wished. The first challenge is for all of us to restate more clearly what we understand by child development. The traditional focus among health workers is on the physical and mental growth of the child, and much of our puericulture concentrates on the application of various measures of such growth and comparing them with some standard or norm. Long may that continue!

But, in addition, there is another aspect of child development that must engage us. Children too have to be considered when we examine the basic elements of human development-when we consider the ingredients necessary for the child to realize his or her potential. Some of these are cast as rights, but regardless of that connotation, children must have access to health, education, a safe physical environment, some essential freedoms, as well as adequate economic resources. It is the combination and inter-relationship of these elements that will provide the future citizen with the chance to be all that he or she can be. Sometimes when we speak of human development and its ingredients or component parts, there is the tendency to ignore the special case of children. Every good social policy must recognize the importance of these ingredients and the fact that they are interrelated. The health of the child is important for the development of her education potential and vice versa, and both are important for the development of that human capital which we begin to accumulate from the second we are born, if not before.

Perhaps the next most important challenge, as we develop new goals and indicators of achieving them, is to have the means of measuring the state of health. Every one of our countries will proudly produce their average data for the state of health of their children. But we must do more. We must insist on demonstrating the distributional characteristics of that health status, as well as the distribution of the determinants of health. No country is too small to establish the geographical distribution of health status and the services that contribute to delivering the health – preserving technologies. No country is too small to disaggregate its health data by sex such that we can see whether or not gender bias exists. This approach is absolutely crucial if governments are going to focus attention on one or other area or one or other group.

In establishing goals for the next decade and the necessary social policy, I would not wish to see a rigid separation between children and adolescents. These two phases merge almost imperceptibly into one another, and indeed, the phase of adolescence is beginning earlier and earlier. These young adults are at the stage of exploration and it is part of our challenge to channel this exploratory behavior into healthy or socially accepted paths. We have to see children and adolescents not solely as objects of change, but also as instruments of change. This is the stage in which the young acquire many of the habits, such as, those related to alcohol, drugs, sexual practices and tobacco, that lead to unhealthy life styles.

I have deliberately not tried to suggest specific goals even related to health, but to indicate some of the challenges we will face in setting and achieving these goals. Of course we will have to attend to the unfinished business of the goals that have not been met, and take account of the problems that have surfaced during the decade and for which goals were not set originally. The problem of HIV/AIDS is an obvious example.

But I would emphasize the power of one approach that encompasses much of the practice and policy that must be followed. There has to be a much clearer appreciation of the value of the essential strategies of health promotion in addressing these goals. The nature of these strategies and their application in today's world were well elaborated at the Fifth Global Conference on Health Promotion that was held recently in Mexico and in which most of the governments represented here participated.

I will only mention here what is perhaps the most important strategy –building healthy public policy, as it is very germane to the basic rationale of this Conference. I am going to equate social policy with public policy and define healthy public policy as the impact of public actions on those factors that affect the state of health of the population, which in this case, is that of children. It was relatively easy, when the major function of public health was related to control of infectious disease by social action, to appreciate the nature and scope of government responsibility. But as we have begun to articulate much more clearly the various factors in the social and physical environment that affect population health, it has become more difficult to fix on the specific roles of governments. This has implications for the kinds of goals that we fix for children. The greater the number of sectors that have to be involved in ensuring the availability of the measures to ensure that the goal can be met, the more difficult the task will be.

However, I do believe that it is possible and desirable to posit that there are certain essential functions intrinsic to caring for the public's health that have to be carried out by our governments, and one of these is certainly to ensure that a certain minimum or basic set of services is available to the population, in this case –children. I am comforted that since so many of the goals of the decade have been met in the Americas, this must be an indication that the majority, if not all of these services, have been available. The focus on public policy has an implication for all of us who work in agencies that deal with population health. It means that we have to be more knowledgeable about how public policy gets made and the roles we can play in making information available in such a form as to facilitate and not impede the formation of such policy.

Finally, I wish to mention one aspect of the results and the process in this area that is of great significance to me. I have always believed that the countries of the Americas can do great things when they work together, and some of the achievements in health that have been presented here and in past conferences are proof positive of the validity of that belief. It is part of the basic credo of the Pan American Health Organization that we maintain our relevance to the extent to which we foster that spirit of panamericanism that has served us so well and has been made manifest in concrete results-at least in health. I do hope that that spirit will persist and be deepened as we look for new goals to be set and new targets to be met. I also hope that the concept of a

panamerican approach will find its way into the kind of social policy that needs to be developed to ensure the health and development of children.