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EVERY CHILD WANTED, HEALTHY, EDUCATED, SAFE AND LOVED**
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First let me thank the Carter Center and the Task Force for Child Survival and Development for the invitation to participate in this Global Forum and I must congratulate the Task Force and its indefatigable Chairman Dr. Foege for their foresight and for building steadily upon past achievements to stimulate now in this meeting serious thinking about what can and must be done to focus world attention on children. I note the intertwining and interlocking of the various issues that have been addressed in your previous meetings and conferences.

I have been asked to speak to the vision of every child wanted, healthy, educated, safe, and loved. My first reaction was that if this were to come true literally, there would be almost a perfect world. This would be a world with no more sorrow or pain, or in the words of one of my favorite songs about a land of make believe — *a place where no one dies, a land where no one cries and good vibrations await to meet you*. If one permits oneself to fall into a dream state about such a world it would be easy to spend so much time exploring intellectually its numerous beauties, one could easily become drugged and be paralyzed into inaction.

But instead I take this vision in a more practical sense as a picture of the future that is attractive, can evoke a commitment and can reenergize all of us who have come here, and those who will hear of what happened here, to make a further investment in time and effort. The world has always dealt with visions and visionaries, but as the Bible enjoins us who have some degree of responsibility, we must

Write the vision and make it plain upon the tables that he may run that readeth it

The vision I have of the world that sees and treats children as indicated by the title is not one that has come to me in some sudden epiphany on the road to Atlanta. And I would venture that it is the same for all of us. I suspect that all of us have a similar vision of the world in which the nation state is healthy and the situation and treatment of children are derived from a set of shared national values.

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** **Children First: A Global Forum (Hosted by the Carter Center and the Task Force for Child Survival and Development)**

In such a State — and pardon me if I stay initially with nation states — there is a commitment to broad human development. In such a State the kind of human development that would take place would encompass all persons of all ages as sharers of a similar hope and faith. There would be no attempt to pit children against the others. The attention to children and the focus on the status of children would derive from the recognition of the moral and almost biological imperative to care for the young. It would also stem from the fact that the status of children is an indicator — a sensitive indicator — of the state of civilized society. This is not to ignore the basic self-interest of the older ones and their need to see the continuity and flowering of the things they have put in place.

The excellent workbook prepared for this Forum sets out the meaning of every one of the five situations and I do not need to expand them much. Every child wanted implies that every pregnancy is planned, that there is no recourse to abortion to avoid unwanted births, that there exists the domestic relationship in which plans are made, but also that women have control over their sexuality. If every child were wanted, we would no longer see the pictures of 150 million children making their homes on the streets, exposed to the brutality and abuse that is visited upon the marginalized.

The healthy child does not imply care only for physical health, but the mental stimulation and psychological attachments that are needed at the most vulnerable stages. Such a state would imply that there would not be great differential among countries. The successes of some countries and Regions hold up in sharp relief what can be done with the technology available. Children still die needlessly of pneumonia, diarrhoeal disease, malnutrition and tetanus. The fact that poliomyelitis has been eradicated in one Region shows that it can be done elsewhere. There is no need for me to cite you global figures in this area — the mean or average for any country is only a crude indicator that hides the great variation that exists within countries and does not reflect the tragedy of each individual needless death.

Let me spend a little more time on that group of young persons who are often forgotten — the adolescents. We know that this is the stage when the young explore their environment, their feelings, their urges and their bodies. This is the time they develop the capacity to empathize and begin to form close and firm relationships. Eighteen percent of the world's population are adolescents and 80 percent of these live in developing countries that are undergoing rapid and massive urbanization with all its attendant social problems. Because adolescents have fewer overt health problems these are often ignored, but we do know some of the occult ones such as anemia in young girls.

Violence such as in accidents, homicides and suicides is the leading cause of death in this group but in our Region perhaps the most dramatic statistic relates to pregnancy. We estimate that the population of 25 million adolescent women produces some 2 million of the 13 million births annually and this number is rising although the fertility rates remain unchanged. In comparison with women 20 to 24 years old, the maternal mortality for 15 to 19 years old is twice as high.

I have not spoken of the threats of sexually transmitted disease, the experimentation with drugs and alcohol, the gender driven discrimination against girls and the scourge of female genital mutilation which is so incomprehensible to many.

Our vision of a world in which adolescents are indeed healthy sees us first of all accepting the special needs of this group. I believe that more of our outreach must involve adolescents themselves and many of our efforts to change health damaging behaviour must start with listening to their perception of reality.

That every child should be safe is probably the widest and most ambitious part of the vision as it implies the physical safety as well as the safety from the anxiety and mental trauma that comes from the anomie that is so prevalent. We often express anguish and frustration that adults send children to war and instead of sowing seeds that children may eat, plant land mines that dismember and kill them. It is estimated that over 100 million land mines are still buried while discussion goes on and on about how to craft conventions that eliminate or control them. We know only the tip of the iceberg of the domestic violence that batters children physically and emotionally and we have become sensitized to children killing children as they have lost or have never been taught about what really constitutes self-worth or that conflict resolution is better than confrontation.

Every country wishes to educate its children; all are convinced of the high social returns of schooling, but we see the realities of economic deterioration impacting negatively on school enrollment and some 100 million young children do not attend school. Not only do they not have places in school, but many drop out and many repeat. Let me cite some figures for Latin America. Studies by Behrman show a first grade repetition rate of 42 percent and for primary school this figure is 29 percent. Every year, this Region sees some 7 million first graders and over 19 million primary graders repeat, with a cost of US\$4 billion. I cite these because Latin America is among the worst Regions and even within this Region there are wide variations between countries and between rural and urban communities. The cost to society of a large group of illiterate adults is and will be staggering.

To state that every child will be loved perhaps encompasses all the other parts. The wanted child will be loved and the loved child will have a better chance of being safe and being educated. In his book on *Today's Children*, David Hamburg sets out to describe how a future might be assured for a generation of children in crisis. Although his focus is primarily on American children, much of it can be applied with even greater force to other nations. He points to the critical period of early childhood and adolescence and the critical nature of the bonds of love and social relationships formed. I quote one of his thoughts

The human organism evolved over a very long time in conditions very different from those that prevail today. In effect, the baby's machinery was built to work in circumstances that are mostly gone now. If we want children to survive and flourish, then we will have to figure out how this ancient creature can thrive in today's or foreseeable circumstances. It is even possible that this boils down to how eager we are for the human species to survive. If that is still a fundamental goal, then we will simply have to find paths of individual and institutional adaptation to the new world we have made.

He refers to the world we have made, and perhaps it is necessary for us to think of adapting or changing that world further. One approach with regard to children might be to think of individual programs or groups of actions related to every one of the five areas addressed. That is the kind of reductionist approach that has only short-term gains. We have to be at least conscious of the interrelationships among them and acknowledge that it is only a systemic approach that will be lasting. However, as an entry point into the kinds of changes to be made, I will focus more on health, because that is the area about which I know most and because I am always comforted by the fact that it is more or less universally understood. I am always reminded of Dr. Foege's quote that there are but three universal languages — music, money and health.

In other places I have linked health in general with the other components of human development and in some way, the assurance of health, education, safety and appreciation are all parts of the human development for which we strive. As has been pointed out, the achievement of some of these are related to economic well-being and we have seen how the economic crisis of the decade of the eighties led to decreased investment in education and the physical environment.

There is no doubt now about the fact that the richer are healthier and better educated. They have more life options and in general the opportunity for social development denied the poor. What is not well appreciated is the effect of investment in health and nutrition on a country's economic performance. The argument for investing in the health of children need no longer be based solely on the moral imperative. There is the ready acceptance of a healthier work force producing more, that a healthier child population enhances the return on investment in education in that it extends the period of positive returns or the acquisition of knowledge. Data are now being accumulated on the positive effect of investment in various aspects of health and countries' future economic behaviour.

I could also show that attention to health has an effect on the internal and external security of nations. Dissatisfaction with health conditions as regards adults and children can be manifested in the kind of civic disturbance that affects the safety of everyone. Similarly, I could propose and show that concern for health and particularly the health of the most vulnerable such as children, can be a powerful force for bringing peoples and nations together as a first step towards the resolution of apparently insoluble conflict. Health is a non-conflictive value laden area that lends itself to disinterested discussion. Of course, this appreciation of health is not new. Some 99 years ago Benjamin Disraeli pointed out that

the health of a people is really the foundations upon which all their happiness and all their power as a State depends

Everyone agrees with the theory of human capital and its effect on countries' development. But there are other aspects of capital that are essential and have relevance for us here. Workers at the World Bank and others point out that we can count four kinds of capital. There is human made capital such as machines and physical infrastructure; there is natural capital that encompasses the stock of environmental assets such as the oceans, forests and atmosphere; there is human capital or the enhanced competencies of the individual by inputs into

health, nutrition and education; then there is social capital that represents the behaviour of many institutions as well as the cultural practices that identify a society as more than the sum of its individuals.

It is refreshing to note that the economic development of the majority of the world's countries depends heavily on the social and human capital and less on the human made variety. It is the breakdown of many of the institutions and cultural practices of societies that constitute their social capital that has produced a world so hostile to our children, and not only an impediment to economic growth. I am biased of course when I state again that health has a role to play in the reconstruction of that social capital.

How can we induce the kind of changes that convert our vision into a more practical mission and then operational strategies? My response is colored by my having to reread recently Victor Fuch's book — *Who Shall Live?* He reminded me very pointedly of three basic truths — resources are scarce in relation to wants, these resources always have alternative uses and that people, when they make choices, do so in ways that belie what they say or what we say is good for them to have.

Many of us in health tend to take the romantic view of the world and ignore these basic concepts. Thus we put the case for health, education, a safe environment such that children thrive and prosper, solely in the context of a moral good and fail to appreciate that an argument must also be made for the value of dedicating resources or diverting resources to satisfy these needs. A world in which children are wanted, healthy, safe, educated and loved will imply that in that new world resources otherwise currently applied elsewhere will be allocated to making that vision real. We are here because we believe in this vision, but our belief is not enough, if it remains only at the level of a belief then we will continue to see our vision as some unattainable Garden of Eden.

One of our first commitments has to be to temper our natural tendency to think only of the beautiful technocratic solution. I do not denigrate technology. This is the 200th anniversary of Jenner's first vaccination and we have seen stunning results of the application of this technology. We have seen other technologies introduced into medicine in general and into child health in particular. It is in large measure due to the modern technologies in many fields that Arnold Toynbee's quotation which you cite in the workbook has relevance — that the health of the human race may be a practical objective and that we may dare *dream it practical to make the benefits of civilization available to all*.

But we need more — and it is in this context that I pay tribute to James Grant the late Executive Director of UNICEF who saw that more was needed and in his direct and unifocal way set out to get it. We need the involvement of all those key social partners that are now seen to make up our civil society. He saw that the political imprimatur was necessary. Diversion of resources to make our vision a reality will not come merely from making new resources available to the ministries of health or by pleading plaintively for resources to be shifted from one level of care to another. There has to be a perception throughout the higher levels of government that health — not necessarily health care services — is a matter that should engage everyone, that health and the state of well-being that encompasses those desiderata we wish for

children are important issues for the public debate. The technological approaches are important but not sufficient. We have to be bold enough to admit that it is useless repeating the mantra that there is lack of political will,

and without being involved directly in the political process we must get that political will the old fashioned way — earn it.

Our experience here in the Americas in the fight against poliomyelitis demonstrates what can be done. We estimate that between 1987 and 1991, when polio was eliminated, the total expenditure in the effort was US\$540 million and the countries themselves contributed 80 percent of the amount — and this in a time of financial crisis. The sum needed between 1992 and 1996 for the consolidation of the polio success and the new and more ambitious goal of eliminating measles is US\$750 million and we anticipate that just over 90 percent will come from our countries.

The International Commission for the Certification of Poliomyelitis Eradication for the Americas reported

This process (referring to the EPI/Polio Program) contributed to the beginnings of a culture of prevention among politicians, health workers and community members. The involvement of high level officials stimulated a wider range of participation of government personnel, NGO's and volunteers than had previously cooperated with health workers.

The attention of the political level must be captured and stimulated by the appeal of the moral good but fixed by a specific and well focused plan.

In the Pan American Health Organization we have embarked on a systematic effort to involve the political or public sector in health, often using the plight of our children as indicators of what needs to be done. But we are going further and promoting studies on the benefits to the country of investing in health similar to the studies done for education. It fixes the attention of a Minister of Finance when one says that it can be shown that investment in health, nutrition and education will account for X percent of your country's economic growth in the next five years.

The plight of our children is clearly another expression of the poverty of our countries and certain sections in particular. There are numerous recipes for addressing that poverty and we are attracted to the fact that investment in education of the young can lead to a reduction of income inequality. It is interesting to speculate that investment in health and education of the young might lead to both an increase in national wealth as well as correction of the inequity of income maldistribution. Thus it is not only that economic growth will improve social conditions, but also that targeted social spending will improve economic performance and also might ensure the social stability that is a prerequisite itself for a healthy economic climate.

Our vision of a world in which children are wanted, healthy, educated, safe, and loved cannot be bounded solely by our concern for children. We have to have some vision of the change that makes that vision possible. If this vision is to be real, there will be an appreciation of the interconnectedness in both thematic and geographical terms. There will be a concern that

the damage of children by land mines in Central Europe or Central America demeans us all and threatens all children.

There will be concern for the central role to be played by women in ensuring that this world becomes real. The gender determined discrimination against women contributes to children's problems. I cannot say it much better than John Stuart Mill who wrote 127 years ago

The principle which regulates the existing social relations between the two sexes — the legal subordination of one sex to another is wrong in itself and now one of the chief hindrances to human development

If all this is to happen, there must be another focus for international action. I believe that our advance to this new world must involve international and transnational actions. No single nation can isolate itself and its attempts to change the status quo.

Much has been written about the possibility of a new kind of global governance in which the original wording of the UN Constitution that speaks to the actions taken by *We the peoples...* really means what it says. It is envisaged that many people and organizations beside nation states as we knew them 50 years ago, will participate in that governance.

But my vision speaks to another kind of refocussing. On the occasion of the celebration of the 50th Anniversary of the UN, the Washington Post carried an editorial entitled *The two UN's* and in seeking a better defined role for the UN said *The United States and other members are in post-Cold War quest of some revised and sustainable pattern of international engagement.* I have reflected on the ideological polarization that characterized the Cold War engagement, and the focus of much of the energy of mankind in a struggle to ensure the dominance of one ideology over another. As the editorial says, there is now a vacuum. Carlson and Ramphal as co-chairmen of the Commission on Global Governance state, in a similar vein, as they examine our world as a Global Neighborhood.

The world needs a new vision that can galvanize people everywhere to achieve higher levels of cooperation in areas of common concern and shared destiny.

I propose here that the creation of a healthy world for us and our children would be a plausible and laudable new engagement. Health in its broadest sense could become the noble cause that would be the focus of the new struggle. The *enemy* is easily identified and to a large extent the tactics of engagement are easily established. We here might begin to draw these lines of engagement and propose the merits of this noble cause in which they would only be winners.

I believe it can be done, and that a global forum like this with talented and articulate participants could begin this process. If we could begin to make this case, we might be giving new meaning to the purpose of the United Nations itself which, as its charter says, is *to promote social progress and better standards of life in larger freedoms.*

You here in Atlanta will be privileged this summer as the youth of the world gathers here for the Olympic Games. I for one, and perhaps many of the participants in this Forum will see in them and their physical perfection some glimpse of what could be in our world if every child had

the chance to be like them. But for that to happen of course they would have to have been wanted, healthy, educated, safe and loved.

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