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THE POLITICS OF CHILD SURVIVAL

David Werner, a biologist by training and schoolteacher, over two decades ago visited western Mexico taking groups of students to study biology in remote rural areas. He became involved in helping villages in an isolated mountain area to deal with some of their pressing health problems, which were not - and are still not - being addressed by the authorities. Out of the villager-run health care network that developed over the years, grew David's first book, Where There is no Doctor, now translated into more than 50 languages. Other books written by David include Helping Health Workers Learn and Disabled Village Children. His most recent book, Questioning the Solution: Oral Rehydration Therapy, Child Survival and Primary Health Care, will be published this year.

Today as we convene, 60,000 children will die unnecessarily from easily preventable and treatable diseases. Every year, in what UNICEF calls a 'silent catastrophe', 14 million young lives are lost due to undernutrition and the diseases of poverty. Collectively we have the knowledge, scientific resources, food, and potentially the manpower - and womanpower - to meet these children's needs, but with our present social order, we are failing to do so.

As we all know, many of the economic and structural development policies imposed on poor countries place the interests of northern banks and multinational industries before the basic needs of billions of people living in the so-called Third World. More than at the height of the colonial period, the rich are living off the backs of the poor. Through a combination of unfair trade policies and mounting interest on foreign debt,

$60 billion net now flow annually from poor countries to rich. Most punishing of all have been the heavy-handed structural adjustment policies imposed on poor debtor countries by the World Bank and International Monetary Fund (IMF). To make sure the poor countries keep servicing their giant debts, despite global recession, the World Bank and IMF have compelled the governments of poor countries to adjust their economies in ways that favor the rich - both in the North and the South - at the expense of the poor.

When we talk about the disadvantaged, we must remember that in many poor countries at least 50% of the population is below the age of 15 - so we are talking primarily about the needs of children. UNICEF - the United Nations Children's Fund- has referred to the last 10 years or so as 'the decade of despair'. Responding to the steadily worsening situation of so many children, it launched a strategy called the Child Survival Revolution. USAID and the World Bank quickly jumped on the Child Survival bandwagon. This alone should warn us that the Child Survival initiative is far more conservative than revolutionary. Indeed, some critics have called it "the revolution that isn't", claiming that, rather than promoting the social changes that are needed to achieve 'Health for All', it does more to enrich the unfair and unhealthy status quo.

There is some truth in this. UNICEF has carried out a good analysis - as far as it goes - of the global crisis as it affects children. It has rightly placed much of the blame on the crushing debt burden of poor countries and on the cruel inequities of structural adjustment. But rather than demanding the termination of these colossal abuses, it has reconciled them as inevitable, and has called for reforms that it calls 'Adjustment with a Human Face'. This tries to provide a safety net for millions of children whom our present economic world order increasingly deprives.

The child survival interventions have doubtlessly saved some children's lives, at least temporarily, but in terms of combating the underlying socio-political and economic causes of high mortality and reduced quality of life, many progressive health workers and activists consider this intervention campaign for child survival a great step backwards.

To understand this assertion, we must look at events from a historical perspective. Recall that at the Alma Ata declaration of 1978 the world's governments pledged themselves to Health for All by the Year 2000, and endorsed primary health care as the driving force to work toward that goal. As defined at Alma Ata, primary health care indeed had a revolutionary, even liberating, potential. It not only called for universal basic health services, but for strong community participation in planning and delivery. It revived the WHO definition of health as `complete physical, mental, and social well-being' and recognized that issues such as fair wages, effective land reform, full employment, and basic human rights, are as essential to health as are curative and preventive medicine.

This very broad, socially progressive strategy of Ama Ata became known as comprehensive primary health care, to distinguish it from the far more narrow and conservative alternative called selective primary health care, which was soon promoted to replace it. Understandably, comprehensive primary health care, which aimed to give people more control over the decisions that determine their health, got less than enthusiastic support from most of the ruling elite both in the North and the South. Within a few months of the Alma Ata conference, international health experts in the US published a paper arguing that comprehensive PHC was unrealistic and not cost-effective. They proposed an alternative that would target just a few high priority health problems that could be attacked through low-cost interventions, mostly aimed at changing the behavior of under-privileged people, especially mothers. This new, selective, approach strips primary health care of its progressive components. By providing a narrow selection of palliative `stop-gap' measures, it avoids confronting the underlying socio-political causes of poor health. Thus it lets repressive governments off the hook.

Needless to say, all governments that favor the strong at the expense of the weak, jumped at selective primary health care as `a more practical solution'. The Child Survival Revolution - which targeted children as the highest risk group and promoted a few politically static interventions to lower mortality rates - quickly became its moving force. The results of

this high-powered child survival campaign have been far less than hoped for. Some children's lives have been saved, at least temporarily, but worldwide, after 10 years and many millions of dollars, as many children still die each year.

Why has this massive child survival effort had such limited success? In brief, I would say the two main reasons are:

1. Planning and implementation have been too top down and vertical. Most decision- making has been done in Geneva and New York, without listening enough to the real experts on child survival, namely disadvantaged mothers and families.

2. The child survival strategy takes a very narrow, selective approach to primary health care. It focuses on just a few high priority health problems which can be countered through 'low-cost, low resistance' interventions. In short, it seeks purely medical and technological solutions for problems whose root causes are largely social and political.

The two so-called twin engines of the child survival campaign are immunization and oral rehydration therapy. Both are extremely important health measures. The question is could they save more lives if introduced differently or integrated into a more comprehensive and empowering approach? In a world where one in five children lives in absolute poverty, is helping a few more children to survive enough? Must we not also worry about their quality of life?

Questioning the solution: oral rehydration solution

To gain greater insight into how top-down health measures can in some ways become counterproductive, let us look for a moment at the politics of oral rehydration therapy (ORT). UNICEF and WHO rightly give high

priority to diarrhoeal disease. As the world's biggest killer of children, it claims 5 million young lives a year. Because dehydration is often the terminal cause, promotion of oral rehydration has become a cornerstone of Child Survival.

There are two main approaches to ORT: manufactured products and home mix. The main product in poor countries is the packet - or sachet - of oral rehydration salts, containing glucose, sodium chloride, potassium chloride, and trisodium citrate. Home-mix rehydration drinks, on the other hand, can be prepared by the family using a locally available cereal or sugar and a little salt. They can be adapted around traditional foods or drinks such as porridge, rice water, soups, or gruels.

The relative advantages of packets versus home-mix have been much debated. High-level experts insist packets are safer because the formula is precisely controlled. Community health workers argue that home-mix is safer because it is more quickly and consistently available. A mother can make and give it right away, without having to carry her dehydrating baby for hours in the hot sun, or to wait in line at the health post only to find that the supply of oral rehydration solution (ORS) has run out.

Studies show that the physiological effectiveness of each method is much the same. However, a cereal-based home-mix is often better accepted by mothers than glucose-based ORS, because cereal drinks actually slow down the diarrhoea while sugar-based drinks - due to their adverse osmotic pull - do not.

Politically however, the two methods are diametrically opposed. The use of packets keeps the control of diarrhoea medicalized, mystified, and dependency-creating. Home-mix, on the contrary, gives the family independent control over the management of a killer disease. It helps people to realize that, with a little knowledge and no magic medicine, they can save their children from a powerful enemy. Thus home-mix helps to liberate people from unnecessary dependency and to build self-confidence in their own ability to confront problems that limit their well-being. It is no surprise, therefore, that small community- directed programs

committed to basic rights consistently choose home-mix. Nor is it surprising that many health ministries and large national and international agencies are `packeteers'.

Commercialization of ORS is a growing problem. When the UNICEF campaign began, packets were distributed free in health centers. But structural adjustment policies imposed by the World Bank and IMF have forced debt-burdened countries to drastically cut their health budgets. As a result, production and distribution of ORS packets have been privatized and sales are promoted through `social marketing'. So poor families now spend their hard earned food money for the latest ORS `wonder drug', rather than preparing a cheaper, safer, quicker, more effective, rehydration drink from local resources.

Fifteen cents for a packet of ORS may seem little to many of us. But to a peasant who earns 50 cents a day, it is a lot. Buying ORS means less food for his, or her, children. Since the biggest predisposing cause of death from diarrhoea is malnutrition, user-financing of ORS can make oral rehydration a contributing cause of child mortality. Thus through structural adjustment and commercialization, a potentially life-saving intervention becomes just one more way of deceiving the poor.

Web of causes

The Child Survival campaign promotes oral rehydration as a `simple-solution' to a major killer. But such a tunnel-visioned approach overlooks the more fundamental causes of death from diarrhoea. Indeed, a whole web of causes - physical, biological, cultural, economic, and political - lies behind each child's death. Central to this web is undernutrition, which in turn has a number of different causes at the local, national, and international level.

The director of Mexico's National Nutrition Institute puts it quite bluntly: "The child who dies of diarrhoea, dies from malnutrition". He asserts that the high malnutrition rate in young Mexican children - from 80% to 90% -

is linked to his country's staggering debt. He calculates that if interest payments on the foreign debt could be suspended for just one day, and the $24 million saved could be redirected into food subsidies for underweight children, the calorific needs of all Mexico's hungry children could be met.

On top of malnutrition, other causes contributing to death from diarrhoea range from poor sanitation and a lack of clean water, to the unscrupulous exploits of various multinational industries, including the producers of infant milk formula, pharmaceuticals, and tobacco.

We all know about the deadly abuses of the baby milk and pharmaceutical industries. Studies in some countries show that child mortality from diarrhoeal disease is as much as 20 times higher in bottle-fed compared to breast-fed babies. Yet, despite the international baby milk code and the IBFAM boycott, unscrupulous promotion of infant formula in poor countries persists.

In turn, the pharmaceutical industry, according to WHO, sells $50 million a year of irrational and often dangerous medication for diarrhoea. As you know, most acute diarrhoea in children requires no medicine, only oral rehydration and continued provision of breast milk and food. Yet multinational drug companies misleadingly promote in poor countries products that have been banned in their parent country.

As for tobacco, we know that smoking contributes to 1 of every 6 deaths in the United States. Joe Camel and the Marlboro Man have made it clear that children are a primary target. But with the decline of smokers in the North, tobacco companies are more aggressively targeting the Third World. A study in Bangladesh shows that child malnutrition and mortality are higher in families with fathers who smoke. As with commercial ORS packets, it is the expenditure by poor families on harmful or useless products like infant formula, irrational medicines, and cigarettes, that are the biggest contributors to the undernutrition and high death rates of children.

International trade policies have a lot to do with the continuing high death rate of children. As we have already noted, many northern governments - with the US government setting the trend - consistently put the profits of multinational industries before the needs of disadvantaged peoples. The United States was the only government that refused to endorse the International Baby Milk Code. It also threatened to cut off foreign aid to Bangladesh when that country dared prohibit imports of dangerous and irrational pharmaceuticals. The US government has also used the threat of trade sanctions to force Third World countries to revoke laws prohibiting the import of tobacco.

Time and again, the US government has threatened to cut off its donations to different United Nations agencies, such as UNICEF, WHO, and UNESCO, if they 'got too political' - in other words, if they put the needs and rights of the world's disadvantaged people before the interest of big businesses. So if UNICEF's Child Survival initiative is largely restricted to stop-gap technological interventions, you have an idea why.

The arms industry, militarization, and war

When we consider the high death rate and reduced quality of life of so many of the world's children, we must consider the impact of the arms industry, militarization and war. I think most of us would agree that the inter-connected crises in health, development, and environment, in the world today relate to excessive military spending. The Cold War had no winners. The Soviet Union went bankrupt and the United States is in decline. Today the US has the biggest national debt in the world. Poverty, homelessness, crime, violence, and attempted suicide - especially among teenagers - are on the rise. Public services are on the wane, 30 million North Americans go hungry daily, and I in 5 children live below the poverty line. Infant mortality in the inner cities of the United States is higher than in Jamaica or Cuba.

But the US alone has enough warheads to destroy all life on this planet at least 4 times. Its nuclear waste imposes a greater threat to the health and

safety of its children than the Soviets ever did. Yet inflated, irrational military spending continues, "so as not to put people out of work" says the White House. Yet, dollar for dollar, reallocating military expenditures for badly needed public services, child-care programs, and environmental cleanups, would create twice as many jobs. However, the lobby of the military and weapons industry is extremely powerful. The nation's leaders want to get re-elected, and so the insanity continues.

High military expenditures have been more devastating in the Third World. The sale of weapons, even to governments with the worst human rights record, has been irresponsibly promoted by northern governments and arms merchants alike. Military budgets in poor countries have skyrocketed. Many countries now spend more on the military than on education and health combined. Yet the structural adjustment policies of the World Bank and IMF, while requiring poor countries to slash budgets for health and education, have not called for reduced military spending - except in exceptional cases as with the Sandanista- controlled armed forces in Nicaragua. This shows us whose interests these so-called 'development banks' are serving.

Structural violence

When I speak as I am doing now, I am often asked: "Why do you attack the United States for the woes of poor countries? Are not the oppressive rulers and corrupt governments of these beleaguered southern countries themselves to blame?" I reply by asking: "But who put those oppressive rulers and corrupt governments into power? Who props them up in exchange for favors played to multinational interests? Who supplies arms and trains the security police of the Somozas, the Marcos, the Pinochets, the Papa Docs and the Sudhartos. Whose central intelligence agency put Manuel Noreiga into power and engaged him in covert arms for drugs deals to supply the Contras in Nicaragua? And following the US invasion of Panama to remove Noreiga from power, what northern power replaced him with yet another puppet president with an equally dark history of ties with the Columbian narcotics cartels?"

For that matter, who propped up Suddam Hussain for so many years, and continued supplying him with weapons - and illegal, multibillion dollar, loans - despite his monumental violations of human rights and the use of chemical warfare against his own people? In terms of child survival and quality of life, the war and embargo in Iraq have taken a tremendous toll. The massive bombing reportedly reduced the country to a pre-industrial state. Water, electricity, and sewage systems, were systematically destroyed. With increased malnutrition and lack of sanitation, diarrhoeal disease - including cholera - has again become an unmerciful killer. Since the war, the infant mortality rate has tripled, from 41 to 120 per thousand live births.

The recent war in the Middle East, and the events that have followed it, are especially tragic because they could so readily have been avoided. They were a consequence of power games spear-headed by self-seeking leaders on various points of the globe. But the leaders were following the rules of the game. Obviously, the leaders on all sides of such human sacrifice needed to be changed. But that will not be enough. We need to work toward changing the rules of the game, toward transforming the unfair structures of society.

Conclusion

We have explored some of the reasons why international child survival efforts based on a few technological interventions have had limited success. But what can be done to effectively further children's survival and quality of life?

A study sponsored by the Rockefeller Foundation, called Good Health at Low Cost explored why a few countries - China, Costa Rica, Sri Lanka, and Kerala State in India - have achieved relatively high levels of health and child survival despite low economic status. They found that each of these societies demonstrated a strong social and political commitment to equity. This included basic, but comprehensive, health services for all,

universal primary education, and the availability of adequate nutrition at all levels of society.

Unfortunately, most of the world today is moving in the opposite direction. The gap continues to widen between rich and poor, both within and between them. Poverty and malnutrition are increasing, so is the globally organized system of disinformation and social control. The so-called free trade, free market, and structural adjustment policies of the New World Order are in fact giving the ruling elite, in rich countries and poor, free license to selfishly exploit both people and the environment.

For those of us who share concern for the survival and quality of life of the world's children, it is imperative that we go beyond the practice of curative or preventive medicine in the conventional sense. First, we must become well informed about the real causes of the crises of our times. And second, we must take both individual and organized action. We must work toward a transformed world order based on equity, accountability, foresight, and social justice - a truly participatory form of democracy or power by the people. Helping to promote a united struggle in this direction is, and I think most of us agree, the goal of this conference.