

# Child Survival: Its Roots and the Past

Jon E Rohde, MD

BASICS

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# Key technologies and interventions

- Raising awareness – estimates of levels and causes of young child deaths: diarrhea, measles, pneumonia, malnutrition and fertility
- Proven technologies: ORT, EPI, BF, GMP, FP
  - Nutrition as underlying cause of half of deaths
  - Malaria disappointment in eradication efforts
  - Pneumonia – prior to respiratory rate studies
- Publication of scientifically credible and implementable actions with projected impact

# Policy and political framework

- Deaths not inevitable – not await development
- FOCUS with predictable outcome- DOABLE
- Demonstration of field efficacy: EPI, BRAC – ORT, Indonesia - GMP, DHS – spacing
- Reaching EVERYONE for first time ever
- Commitment: UCI 1990 - then World Summit for Children (first ever world summit)
- Data Driven - SOWC, PON, Regional Hds of State – 2 year goals and league tables
- Coverage surveys, MICS

# Financing and resource issues

- Unicef – presence in every country – small monies
- Child Survival account in Congress was suggested by Grant to be given to USAID
- Task Force for CS – Foege – WB, UNDP, Unicef, Carter Center– took it out of Unicef alone
- Bank – the big money – could see impact in measurable time
- Some of Europe bought in to CS – others rather vehemently opposed to “selective PHC” – WHO antagonism to concept of limited focus

# Key research advanced Child Survival

- Importance of every country discovering for themselves – ORT studies (constraints of standards)
- BRAC research on teaching mothers ORT– innovative methods to prove health education works – pay for performance of mothers – measure ORT use
- Demonstrating UCI – various Unicef efforts – Turkey, San Salvador.... Campaigns vs routine EPI
- The 30 cluster method of measuring coverage. You do what you can measure! Why EPI “won out” over ORT

# Weaknesses of CS

- Failure of GMP – over simplistic implementation
- Lack of serious promotion of BF-(BFHI limited scope)
- Respiratory rate and LRI not included
- Need to address malaria – drug resistance – no nets
- No attention to newborns – TBAs not in favor
- Maternal issues not addressed – lost support
- WSC Goals:
  - not country specific – for some too easy, for others too hard
  - unrealistic targets – universal watsan, LBW <10%, ...
  - too many goals to allow focus needed (pendulum swings)

# The tough questions: relevant today

- CS vs holistic approach to PHC?
- Maternal, neonate, child adolescent, adult.....
- How many interventions can be realistically programmed?
- Proximate vs underlying causes of death?
- Over to you.....