

AID *Highlights*

CHILD SURVIVAL PROGRAM: HEALTH CARE FOR THE WORLD'S CHILDREN

The death of a young child is always tragic, especially when it could have been avoided. A child born in North America is fortunate. Health care is excellent, and parents need not worry that their child might die after catching measles or malaria. North American parents no longer have to fear that their children will contract a crippling or deadly disease from the water they drink. But in developing countries, child survival is a daily concern of parents.

In Third World nations, more than 14 million children under the age of five die every year—nearly as many as the entire preschool population in the United States. Some 40,000 children die every day from measles, tetanus, malnutrition and dehydration due to diarrhea—problems that were common in Europe and North America about 50 years ago but today are largely under control.

Infant deaths remain extremely high in developing nations. Infant mortality rates average 114 per 1,000 live births compared to 11 per 1,000 live births in the United States. Most of these deaths could be prevented if proven lifesaving treatments as well as vaccines and appropriate training and information were made available.

The United States, through the Agency for International Development (AID), is committed to help save the lives of children and prevent lifelong disabilities.

Focusing on Child Survival

After receiving supplemental funding from Congress, AID created the Child Survival Action Program in 1985 because of the urgent need to expand efforts to save children's lives. In 1986, AID has committed about one-half of its health account and an additional \$37.5 million allocated by Congress to the Child



"This century has seen the development of technologies which can offer protection from the diseases of childhood. I believe we can make a difference in the future of the world's children and the future of the world."

—President Ronald Reagan

Survival Fund and its Child Survival Action Program.

The program's goal is to reduce infant mortality rates in AID-assisted countries from 114 to 75 per 1,000 live births by the end of the century. AID intends to achieve this by funding programs that will provide lifesaving methods and treatment to infants and children under five.

These include oral rehydration therapy (ORT) to combat dehydration, immunization to protect children from disease, spacing the births of children to improve the chance of survival and breast-feeding and adequate nutrition to ensure normal growth. AID also aims to provide parents with health care education to help them keep their children alive and healthy.

Providing a Solution

In the developing world, five million children under the age of five die every year from dehydration usually caused by diarrhea—which can be brought on by cholera, dysentery, measles and other viruses and bacteria that thrive in unsanitary environments. While malnourished children have a chance of surviving diarrhea, they often do not survive dehydration.

As recently as 15 years ago, the standard treatment for dehydration was an intravenous infusion of fluids. But such treatment requires hospitals, trained medical personnel and sterile equipment such as clean needles—all in short supply in the developing world.

Then in 1971, several young American scientists, working near Pakistan, found they could rehydrate patients by administering orally a balanced solution of water, sugar and salts. With AID-supported research, scientists have



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confirmed that ORT saves lives when combined with correct feeding practices.

Commonly referred to as ORT or salts, oral rehydration therapy works by preventing dehydration. Because it can be given through the mouth, parents can administer the solution to their children at home. The salts are inexpensive as well; a packet costs less than a candy bar. According to the World Health Organization (WHO), an estimated two-thirds of the 5.5 million children who die from dehydration each year could be saved if packets were made available and parents understood how and when to use ORT.

ORT has produced some dramatic results. Through the use of the solution, more than 600,000 children have been spared death due to dehydration.

AID supports ORT programs in more than 50 developing countries, and the impact is impressive:

- In Honduras, the death rate from diarrheal disease among children under two fell 40% within a year and a half after the ORT program was started in 1980.
- In Haiti, a program to treat infant diarrhea at the University Hospital in 1980 lowered infant mortality from 35% to 14% during the first year, to 1.9% the second year, and the rate has been less than 1% annually since January 1982.
- In Egypt, sample surveys indicate that between 1980 and 1985, through an AID-sponsored National Control of Diar-

rheal Disease Project, diarrhea-related deaths in children under two have been reduced by more than two-thirds, from 130,000 to 40,000 annually.

Large-scale public education efforts also have been effective in increasing ORT use. In Egypt, the AID-sponsored project disseminates basic information on ORT throughout the country. The effort includes radio and television commercials directed to mothers that explain how to recognize signs of dehydration and how and when to use ORT at home. Educational efforts also are aimed at doctors, nurses, pharmacists and hospital staffs who can help establish ORT practices across the country.

Under the Child Survival Action Program, AID is expanding efforts to increase ORT use around the world. In Bangladesh, plans are being made to establish local ORT production facilities to ensure an ongoing supply of ORT salts. The inexpensive salts will be sold by the private sector through 100,000 outlets.

In Nepal, ORT workers will train individuals to prepare and use ORT salts. In Indonesia, Project Concern International's Primary Health Care effort will receive help from the child survival program to establish ORT and immunization clinics for children under five.

On two occasions, AID has been joined by WHO, the U.N. International Children's Educational Fund (UNICEF) and the International Center for Diarrhoeal

Disease Research in Bangladesh in sponsoring international conferences on ORT. The first conference in 1983 focused on getting developing countries to believe that ORT could work. At that time only a few countries had ORT programs. By the time of the second conference in December 1985, some 95 developing countries had launched ORT programs.

"The potential of oral rehydration therapy for saving lives is one of the most important medical advances of this century," President Reagan said in a written message to participants at the second International Conference on Oral Rehydration Therapy.

But for all the progress, much more needs to be done. AID Administrator Peter McPherson challenged conference participants to make ORT accessible to every child by 1990 and to increase usage to 80% of the children who need it. Achieving just these two goals could save the lives of five million children in the next five years.

Promoting Immunization

Just as oral rehydration therapy is saving lives, immunization can prevent the deaths of millions of children who die every year from measles, tetanus and other diseases. Safe, effective vaccines against many diseases have been available for at least 20 years, but in developing countries only 20% of the children are being fully immunized. As a result, an estimated 3.5 million children die every year from common diseases; two million die from measles alone.

AID is assisting more than 50 countries in Latin America, Africa, Asia and

In Developing Countries Every Year:

- 800,000 children die from tetanus
- 600,000 children die from whooping cough
- 2 million children die from measles
- 5 million children face handicaps as a result of preventable diseases
- More than one-fourth of the children suffer from undetected malnutrition
- Children suffer from 1 billion episodes of diarrhea

Every Day:

- 40,000 children under the age of five die

the Near East to expand immunization programs. The Combatting Childhood Communicable Diseases Project, carried out by the Centers for Disease Control, already is working on immunization projects in 12 African countries and is making plans to work in others. AID funds are helping to support immunization efforts and other child survival activities of international organizations such as the U.N. Development Programme and UNICEF.

AID-supported immunization programs have made important inroads in protecting children from the scourge of disease. For example, in nine urban areas of Zaire, an immunization program resulted in a 50% decline in measles and polio, a 25% decline in whooping cough and almost complete elimination of diphtheria. In Turkey, 85% of the children were vaccinated in the fall of 1985 through such a program.

Helping Children Thrive

Children suffering from malnutrition have a much harder time fighting disease. An estimated 140 million developing-world children between the ages of six months and five years suffer from malnutrition. AID helps address this problem through expanded promotion of breast-feeding, improved weaning practices, growth monitoring and vitamin A therapy—four important regimens that help a growing child thrive.

Good nutrition programs can help reduce afflictions such as blindness. For example, milk, eggs, carrots and leafy green vegetables that are rich in vitamin A are not always available to children in the developing world. An estimated 500,000 children become blind each year due to vitamin A deficiency.

Through AID's child survival program, a multimillion-dollar project is under way in Asia and Africa to train physicians, ophthalmologists and health and nutrition workers to detect, treat and prevent vitamin A deficiency. Technical assistance for the project is being provided by the International Center for Epidemiologic and Preventive Ophthalmology at Johns Hopkins University, the International Eye Foundation and Helen Keller International.

Other AID-supported programs include: a Peace Corps-sponsored grassroots effort to help villagers cultivate and preserve vegetables rich in vitamin A; the San Diego Lactation Program that helped train 15 teams of Third

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*—AID Administrator
M. Peter McPherson*



World doctors and nurses who then trained nearly 2,500 health professionals to promote effective breast-feeding and weaning practices; and Haiti's Department of Nutrition that implemented a system for teaching mothers about general health, nutrition and hygiene habits during pregnancy, breast-feeding and after weaning.

Supporting Related Health Activities

While the Child Survival Action Program focuses on expanded activities in ORT, immunization, birth spacing and nutrition, other AID efforts are contributing to improving the health care of children in the Third World.

—Family Planning

The link between birth spacing and improved child survival techniques has long been recognized by AID. Family planning services have been an important component of AID's development assistance program for 20 years. Because family planning information and services often can be provided to families through the same channels and delivery systems as are other child survival pro-

grams, AID is intensifying its effort to link family planning with child survival programs such as ORT.

—Water and Sanitation

Clean water—a resource often taken for granted in industrialized countries—is scarce or non-existent in much of the developing world. In rural areas, as much as 75% of the population may not have access to either safe water or sanitation facilities.

Unsafe drinking water and poor sanitation are directly related to scores of life-threatening diseases such as cholera, typhoid, dysentery, gastroenteritis and yellow fever. Three-fourths of all illnesses in the developing world are associated with inadequate water and sanitation. Since 1973, AID has supported more than 700 water supply and sanitation projects. In 1985, AID funded \$37.9 million for water and sanitation projects in 18 countries around the world.

—Research

Research is a key component of AID's program. Although many technologies for child survival exist, new and better

tools will make the job easier. AID supports research that is developing:

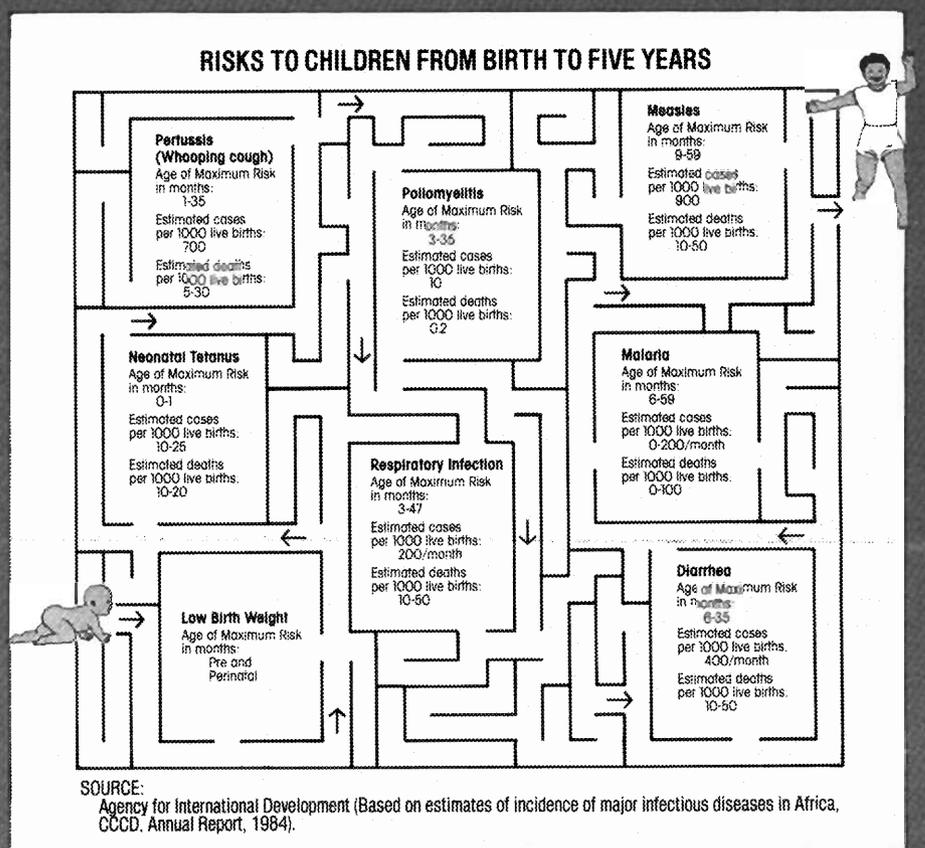
- Vaccines to prevent malaria that kills five million people a year in Africa; prototype vaccines have been developed already, two for the deadliest form of malaria and one for the most common form of the disease;
- A measles vaccine that can be administered effectively to children as young as six months;
- An improved whooping cough vaccine;
- A vaccine for rotavirus, the most prevalent cause of infant diarrhea; and,
- Heat-stable vaccines that will be less dependent on refrigeration or other special handling.

"Investment in new and improved health technologies is going to revolutionize health care in the Third World, and we plan to accelerate the pace of research," says McPherson. "We will select the most promising technological advances—those that promise the greatest payoffs in improving health and health conditions. These advances will ultimately reduce the cost of health service in the developing world as well."

Working in Partnership

AID works with host countries, other donors, universities, private firms and private voluntary organizations (both U.S. and indigenous) to preserve and improve the lives of children in the developing world.

More than 30 U.S. colleges and universities, including historically black colleges and universities, as well as many private sector organizations in the United States cooperate in these efforts. AID is



providing funding and consultants to U.S. private voluntary organizations working in developing countries to provide technical assistance to health organizations. These activities help primary health care programs become more effective and efficient and offer a greater opportunity for training host country health personnel.

"Without such programs in place, millions of children will continue to die

needlessly," says McPherson. "These programs are strengthening the institutional base for health services in the developing world and ultimately will provide a lasting contribution to the overall health and economic progress in even the poorest of countries.

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