WORLD HEALTH DAY, 1984

CHILDREN’S HEALTH—TOMORROW’S WEALTH

World Health Day, celebrated on 7 April of each year, commemorates the day in 1948 when the Constitution of the World Health Organization came into effect. The theme this year, “Children’s Health—Tomorrow’s Wealth,” directs attention to that segment of humanity that is most vulnerable to health threats and that stands to benefit the most from improvement of world health. The presentations that follow have been selected from many made by health authorities at PAHO, WHO, and elsewhere to highlight children’s needs on the occasion of World Health Day 1984.

MESSAGE FROM DR. HALFDAN MAHLER
Director-General of the World Health Organization

The theme affords an occasion to convey to a worldwide audience the message that children are a priceless resource, and that any nation which neglects them would do so at its peril. World Health Day 1984 thus spotlights the basic truth that we must all safeguard the healthy minds and bodies of the world’s children, not only as a key factor in attaining health for all by the year 2000, but also as a major part of each nation’s health in the twenty-first century.

The investment in child health is a direct entry point to improved social development, productivity, and better quality of life. Since men and women themselves are not only the object, but the most important resource and subject of socioeconomic development, the focus on child health is a developmental issue at all times and for all countries; thus children’s health is tomorrow’s wealth.

Care for the child’s health starts even before conception, through postponement of first pregnancy until the mother herself has reached full physical maturity, and through spacing of births. It continues from conception on, through suitable care during pregnancy, childbirth, and childhood. In the developing countries, the child must be protected by all means available, particularly from the fatal diseases. Diarrheal diseases represent an ever-present and recurrent menace; the widespread use of oral rehydration therapy by mothers in their homes can save millions of young lives throughout the world every year. A number of infectious diseases that kill or maim children can be prevented by effective immunization. Acute respiratory infections also take a heavy toll and have to be adequately treated. All this implies making the best use of primary health care in communities.

The romantic image of the mother isolated with her child in a closed, loving, caring circle does not reflect the true situation. What happens in the immediate family and community around the mother and child, and even far away in the world, can have direct impact on the health and security of both of them. It must be remembered that all advice given to mothers should be in a context that makes positive action possible. It is pointless to recommend the use of clean water if none is available, or to suggest boiling the water to make it clean if there is no fuel to do so. The mother and child need to be placed in an environment that will ensure their health by protecting the overall setting in which they live, which means providing clean water, disposing of waste, and helping to improve shelter.
Rural health centers like this one can provide services vital to child health such as immunizations, oral rehydration therapy, health education, and a variety of services for expectant mothers.

Moreover, nothing can diminish the importance of good food, enough food, and proper nutrition—not only for children but for their mothers.

Beyond the immediate physical needs are the equally important needs for love and understanding which stimulate healthy development of the child. Health for the mother and child is a measure of a society’s capacity for caring; but their health cannot be improved in isolation, or through the mother’s efforts alone. The environment must be employed to support health; society must allow the mothers the time they need and a pause from crushing work and poor diet. Improved education, health, and the social status of women in general is a fundamental key to the health of children and of society.

The emergence of new health problems of mothers and children both in developed and developing countries, including those who live in urban slums, should be kept in mind; so too should the problems of “overdevelopment,” such as abuse of technology and medication, and overprofessionalization of health care of mothers and children, particularly in the developed world.

Better health services have to be made accessible to all who need them. The concept of primary health care, among others, has called
attention to three important issues. The point of first contact between individuals—in this case mothers and children—and those responsible for health care has often been neglected; too much seems to have been spent on high technology, often limited to the capital cities, whereas little care is available for the population at large. Closely related to this is the concept of equity, with a basic level of health care as the right of all people, not only the better-off or the urban populations or one class in society. And, finally, to make this possible, individuals and communities must participate in health. A child's health is the responsibility of the individual or of the family, especially the mother, but the particular role of governments is to provide the necessary support which will make it possible for parents, families, and communities to fulfill their own responsibilities to children's health, for example by providing maternity leave and child care.

Whatever can be done to ensure the health and well-being of children helps to lay the foundations of health in adult life, and of health for those children's children.

On the grounds of the WHO Constitution and on our common grounds of humanity and even on grounds of common biological and economic prudence, I appeal to you all to make this World Health Day the occasion of deep thought, and of irrevocable resolve to construct a better society where the children of the world will have a healthier life and a better chance than we had to realize more of humanity's potential.

MESSAGE FROM DR. CARLYLE GUERRA DE MACEDO
Director of the Pan American Health Organization

Our greatest investment in the future—as individuals, nations, or families of nations—is the investment we make in the health and well-being of our children. The length and quality of their lives will be the true measure of tomorrow's world which we are creating today.

For this reason the World Health Organization has chosen "Children's Health—Tomorrow's Wealth" as the theme for the World Health Day observance on 7 April 1984. World Health Day, commemorating the founding of WHO in 1948, provides an annual occasion to rededicate our efforts to advance the health of the peoples of the world. WHO and its Member Governments are pledged to the goal of "Health for All by the Year 2000."

This year's theme is especially appropriate and challenging as we look toward the health of the next century, only 16 years away. Today's children will be the young adults of the year 2000, raising a new generation of young people and assuming positions of leadership in their communities and nations. Therefore everything we can do now, to improve their health status and to help them develop a sense of responsibility for their own health behavior, will pay rich dividends in the years ahead.

This is why WHO, and the Pan American Health Organization as its Regional Organization for our Hemisphere, are working in partnership with the Member Governments to help them meet the major health needs of their children. Together we are building programs that will provide better care to mothers and infants; will protect young people against sickness and death caused by diseases for which effective immunizations are available; will prevent diseases stemming from inadequate food and impure water supplies; will improve nutritional status; and will encourage widespread use of treatment methods, such as oral rehydration, which reduce the toll of those diseases that still strike despite our best efforts at prevention. We are also, in partnership with
The number of childhood deaths and disabilities that could be prevented through immunization in developing countries is so great as to defy easy comprehension by people living in developed areas.

Our colleagues in the educational sector, promoting health education to help children educate their parents and create healthier homes and communities.

The population of Latin America and the Caribbean today still pays an avoidable and unacceptable social cost in terms of suffering, incapacity, and deaths that can be prevented with available resources. In our Region alone, under prevailing circumstances, mankind has the effective means to prevent the deaths of about 10 million children who will otherwise die by the year 2000, as well as the ominous consequences which will befall many of the survivors. These things can and should be changed if we work together to generate the good will and the political commitment necessary to mobilize the resources available for achieving a better world.

"Children's Health—Tomorrow's Wealth" should be the rallying cry for all those who care about the well-being of today's children and the unborn children of the future who will be the population of tomorrow's world. Therefore, we urge you to join with us in observing World Health Day, 1984; and, more important, we urge you to join with us in positive action to build a better future by improving the health of today's children.
DIARRHEAL DISEASE, A LEADING CHILD-KILLER

Daniel Epstein

One of every 10 children born in developing countries dies of diarrheal disease before reaching the age of five. In all, some five million children die each year from such diseases.

These hundreds of deaths, every hour of every day, are needless; they could have been prevented by an easy, inexpensive oral rehydration treatment. Thus, focusing attention on the problem of diarrheal disease, one of the leading child-killers, and making answers such as oral rehydration widely available, can help reduce this toll of disease and death and can provide better lives for the children of the world.

Diarrhea is caused by any of various bacteria, viruses, and parasites, most of which are spread by unsafe drinking-water and the inadequate sanitary conditions that prevail in many developing countries.

Children under five years of age in the developing world suffer an average of two or three episodes of diarrhea each year. Quite commonly, especially in combination with malnutrition, these episodes become serious enough to cause death. Frequent episodes of diarrhea contribute to malnutrition because appetite decreases, feeding is interrupted, and absorption of nutrients is reduced. Conversely, malnourished children are more vulnerable to infections and suffer more frequent or more severe attacks of diarrhea. And finally, when rehydration from loss of fluid and electrolytes sets in, especially in a small child, the child can die unless the lost fluids are replaced quickly.

In many countries, diarrhea cases account for 30% or more of the admissions to children's wards, creating a heavy burden for national health budgets and requiring use of scarce hospital space, intravenous fluids, and expensive antibiotics and other drugs. The best solution to this long-term problem is diarrhea prevention. Accordingly, WHO is sponsoring many research projects on diarrhea prevention and control methods, and is helping to plan national programs, train health workers, and evaluate activities aimed at preventing diarrheal disease. Also, PAHO and WHO are now helping many countries to implement plans for control of diarrheal diseases.

Clean water, adequate sanitation, better nutrition, and improved living conditions in the long run will reduce the incidence of diarrhea. In the short run, however, many deaths can be prevented through administration of an oral solution developed in the 1960s. This simple, inexpensive treatment can save the lives of children who are at risk of dying from loss of fluids and electrolytes. Called “oral rehydration therapy,” it consists of a prepared powder with sugar and mineral salts dissolved in water and administered to children in need by mothers or local health workers to prevent death from diarrhea-induced dehydration. This therapy provides a way to restore the body fluids and essential electrolytes lost during attacks of diarrhea, without the need for expensive and sometimes unavailable intravenous hospital treatment.

The oral rehydration salts used to treat dehydration are available in foil packets that cost about US$0.08 each to produce. The formula recommended by WHO for all age groups with any type of diarrhea is 3.5 g of sodium chloride, 2.5 g of sodium bicarbonate, 1.5 g of potassium chloride, and 20 g of glucose dissolved in one liter of water. This WHO formula is available in packets, ready to mix in water, and it can also be prepared using local ingredients. Some 30 countries are now undertaking local production of oral rehydration salts.

Regardless of the cause of the diarrhea or

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the age of the person involved, oral rehydration salts are easily absorbed and effectively compensate for salt and fluid losses. However, the task of making oral rehydration therapy available all over the world requires careful planning, establishment of specific objectives, community-wide training, well-designed education and information programs, and close supervision of a multi-level treatment system within the context of primary health care.

By 1989, WHO plans to have diarrheal disease control programs operational in 80 developing countries. These plans include development of local production facilities and logistics systems to ensure adequate supplies of oral rehydration salts where they are needed. It is anticipated that the resulting programs will prevent at least 1.5 million childhood deaths per year.

SAFE DRINKING WATER AND ADEQUATE SANITATION: THE KEY TO BOTH CHILDREN'S HEALTH AND TOMORROW'S WEALTH

Judith Navarro²

The ability of future generations to pursue socially and economically productive lives—the goal of Health for All by the Year 2000—will depend on the environment in which they are nurtured. The Spanish philosopher José Ortega y Gasset put it this way: "Yo soy yo y mis circunstancias" ("I am myself and my circumstances").

Clearly, those circumstances should include the basic conditions for survival. With respect to health, the International Conference on Primary Health Care (Alma-Ata, U.S.S.R., September 1978) specified eight such indispensable conditions. One of these is an adequate supply of safe water.

Only about a third of the people in the world’s less developed countries have dependable access to a safe water supply and adequate sanitary facilities. Moreover, the urban crowding that is increasingly characterizing the distribution of people in the Third World leads to deteriorating sanitary and housing conditions.

Children are the most affected by these conditions. One of 10 infants in the developing world dies before having a first birthday, whereas in the industrial world only one in 50 dies. A prime influence upon the health of infants and young children that underlies this dramatic difference is the environment—because access to a safe water supply, adequate sanitation, and sanitary housing conditions are preconditions to the well-being of the young.

It has been estimated that some three to five million children suffer from water and excreta-related diseases, and about 15 million children below the age of five die of these causes every year. If everyone has access to a safe water supply and adequate sanitation, this toll could be reduced by as much as half.

Morbidity and mortality from acute enteric diseases generally vary inversely with the level of socioeconomic and industrial development. In a number of the countries of the Americas, diarrheal disease is among the top reported causes of death. Most of the deaths due to diarrhea occur among infants and young children. Although there are a number of different biological agents of acute enteric disease, the principal symptoms (diarrhea, dehydration) and underlying causes (inadequate personal hygiene, contaminated food and water, malnutrition) are quite similar. A number of cost-benefit studies carried out over the years support the claim that it is more effective for prevention and control programs

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to focus on these common factors than on traditional measures such as antibiotics and vaccines designed to attack specific organisms.

The effectiveness of this approach has been reported in the *World Health Forum*, which cited the results of a comparative study of 10 localities with similar socioeconomic characteristics, five with a water supply system and five without. Rates of acute diarrhea were shown to be three to six times greater in localities without a water supply system. Overall, the availability of safe drinking water cut the incidence of that illness by about 74%.

Similarly, in countries throughout the Americas—Brazil, Chile, Colombia, and Costa Rica, among others—improvements in access to basic environmental services have resulted in significant decreases in child mortality. That is, the provision of safe drinking water has had a demonstrably beneficial effect on the health of communities. The incidence of acute diarrhea in children is one true measure of this effect.

Evidence also exists that indicates diarrhea and other infectious diseases encouraged by unsafe drinking water and poor sanitation are prime inducers of malnutrition in childhood. Some studies have indicated a linkage between water supply, diarrheal disease, and malabsorption resulting in nutrient and food wastage—a process that can prove disastrous for children in developing countries who already have a marginal nutrient intake. Thus, the high incidence of diarrhea in a population with low socioeconomic development can have a devastating effect on child nutrition and growth.

Too many children throughout the developing world die in infancy; too many others are crippled physically and mentally by diseases that ravage their young bodies. Thus, even for those children who manage to survive, poor health stemming from childhood disease deprives them of any real future. Nevertheless, infectious gastroenteritis, bacillary dysentery, typhoid and paratyphoid, rotavirus diarrhea, hepatitis, and amebiasis—to name but a few—are infections that can be controlled. That control depends largely on the provision of safe water supplies and proper sanitation, combined with other environmental health measures such as food sanitation and health education. These measures must be taken if today's generation is to offer any hope of well-being to tomorrow's.

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**KEEPING CHILDREN ALIVE: PROGRESS IN REDUCING CHILD MORTALITY**

**Horace G. Ogden**

The past two decades in the Americas have witnessed significant progress in reducing death rates among infants under one year of age, and also among young children in the preschool years. Since today's children clearly represent tomorrow's wealth, these advances offer a true measure of the promise being fulfilled in our hemisphere.

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such an extent that it has become a frequently used index of the quality of life in a given society. It is also related, however, to conditions that can be prevented or successfully treated by means of new health technologies. And today, through programs implemented by the countries of the Americas, in cooperation with the Pan American Health Organization, these methods are rapidly becoming more widely available.

Immunizations against many of the age-old killing and crippling diseases are now reaching children in time to provide life-saving protection. Diarrheal diseases are being prevented through improved drinking water and sanitation, or are being treated successfully with methods such as oral rehydration. Thus in the developing countries, where deaths due to preventable diseases of early childhood account for more than 60% of the total, it has become possible to reduce mortality through the use of these technologies.

In general, mortality among children one to four years of age in the Americas has fallen dramatically during the decade of the 1970s. All of the 28 countries for which data are available have reported declines for the period 1970-1978. Overall, mortality in this age group fell by 37.6% during this period, with the most marked drops occurring in Costa Rica (from 4.6 to 1.1 deaths per thousand inhabitants) and Dominica (from 4.9 to 0.6). The smallest reductions were observed in the United States (0.8 to 0.7) and Canada (0.8 to 0.6), which were also the countries with the lowest initial rates. This is in line with the fact that reductions in mortality rates tend to be slowest where the initial rates are lowest.

Regarding causes of death in this one to four year age group, it is interesting to compare the leading causes in the five countries reporting the highest mortality with causes in those five with the lowest mortality. In all five of the countries reporting the highest mortality, enteritis was the leading cause of death, and respiratory diseases such as influenza/pneumonia and bronchitis were the second leading cause in all but one. In contrast, within the five countries with the best records, accidents were the leading cause, and enteritis appeared above fifth place in only one of the five.

All this makes it clear that the greatest advance in keeping children alive that could be achieved in the coming decade, especially in the countries with the highest death rates, would be a continuation of the reduction in mortality from diarrheal diseases and respiratory infections. With the increasing accessibility and use of modern technologies for prevention and treatment, coupled with continued improvements in immunization levels and nutrition, it can be predicted that increasing numbers of children will survive their early years in good health. Meanwhile, however, in those countries that have already brought these diseases to low levels, high priority needs to be given to protecting children one to four years old against accidents, which are the greatest threat to their survival.
“I appeal to you all to make this World Health Day the occasion of deep thought, and of irrevocable resolve to construct a better society, where the children of the world will have a healthier life and a better chance to realize more of humanity’s potential.”

— Halfdan Mahler

Photo by Marcelo Montecino/PAHO