

Guest columnists

Getting down to basics in a fight for children's lives

By Roy Prosterman and Tim Hanstad

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In June 2003, the prestigious medical journal *The Lancet* published an article titled "Where and why are 10 million children dying every year?" The article dealt with the horrific, continuing death toll of children under the age of 5 on our planet, the almost unimaginable equivalent of crashing 90 jumbo jets, each loaded with 300 small children, every day of the year.

Perhaps the most affecting aspect of this horror, and one especially worth contemplating in this Christmas season, is that the death toll of children could be drastically reduced. This could be accomplished through a series of well-tested measures implemented over the next decade, at a clearly affordable cost.

Where do these child deaths occur? More than three-fifths occur in just 10 countries of Asia and Africa. In descending order, they are: India (which alone accounts for more than 2.4 million child deaths), Nigeria, China, Pakistan, Congo, Ethiopia, Bangladesh, Afghanistan, Tanzania and Indonesia.

Why do these deaths occur? Famine and starvation account for only a small portion. The great majority of child deaths are due to chronic malnutrition and/or infectious diseases. Besides neo-natal deaths in the first four weeks of life, the biggest killers are diarrhea, pneumonia and malaria.

But, looking more deeply, the leaders of the study published in *The Lancet* concluded that undernutrition is an underlying cause in more than half of all child deaths. Children who are mildly underweight have about twice the risk of dying from any particular infection as do those who are better-nourished. And children who are moderately to severely underweight bear five to eight times the risk. A mother's undernutrition can also contribute due to the impact on growth of the fetus.

Can anything be done about this horror? Emphatically, yes. In fact, much progress has been made toward sustainably combating malnutrition and child-killing diseases. Forty years ago, about 22 percent of children in developing countries died before their fifth birthday. Today, that figure is down to 9 percent.

There are clear signs that further progress is possible. For example, in the poor Indian state of Kerala — which has taken many of the right ameliorative steps — the under-5 death rate is less than 2 percent.

Among the measures that could drastically and sustainably reduce the still unconscionably high child-death toll of 10 million a year, four kinds of interventions stand out:

- *Basic health.* Most important is vaccination against major childhood diseases (including the development of new vaccines against such scourges as malaria, and against the growing threat of AIDS). Also, and readily available, is supportive oral rehydration therapy — think homemade Gatorade — for children with diarrhea. Clean water and basic sanitation measures can also greatly help.
- *Basic education.* Especially for women, this closely complements the health measures, which mothers in particular must be able to understand and implement. Not surprisingly, female literacy is closely linked with lowered infant and child mortality.
- *Basic credit.* In the past two decades, it has become increasingly clear that micro-credit loans, often of \$200 or less, and especially for women's economic activities, can make a substantial difference to family well-being. The enhanced income brings not only the ability to better afford and access basic health care and education, but also the ability to improve family — and especially children's — nutrition, on the need for which the medical evidence is clear.
- *Basic land access.* In poor countries where most people live in the countryside, access to even a very small plot of land of one's own is vital. A micro-plot of home-and-garden land, like micro-credit, represents a huge contribution to family well-being. Like micro-credit, these micro-plots provide income to meet basic health and education needs, and even more directly than micro-credit, micro-plots can meet a substantial part of a family's nutrition and micro-nutrient needs. These plots, likewise, can generally be provided for \$200 or less per family.

All of these measures are well-tested and well-proven. Their total cost, spread over 10 years, would equal only a portion of existing government foreign-aid programs and a very small fraction of existing U.S. charitable giving. Probably not much more than the developed world spends annually on gift wrap and Christmas cards.

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