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"Human Rights and Child Health"

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HUMAN RIGHTS AND CHILD HEALTH

The role of health professionals in responding to the medical needs of civilian victims of violence and extreme hardship has stimulated a profound reexamination of the moral, professional, and legal obligations of health professionals with respect to vulnerable populations. Such issues include the operating principles that should govern access to medical resources by populations at risk for violence; indicators for use in comparisons of the quality of health care services for prisoners, refugees, and displaced populations; ways of understanding, preventing, and responding to the effects of violence on human development; and the role of medical science in documenting abuses of power, especially torture, extrajudicial executions, and inhumane treatment of

civilian populations.

For children's health especially, legal instruments, scientific resources, and public concern have converged to stimulate a reexamination of the standards of acceptable care for children who experience economic deprivation and violence. In a recent lecture sponsored by the Institute of Medicine's Committee on Health and Human Rights (funded by a grant from the John D. and Catherine T. MacArthur Foundation) at the National Academy of Sciences in Washington, D.C., James P. Grant, executive director of the United Nations Children's Fund (UNICEF), outlined emerging features of the relationship between child health and human rights. Mr. Grant has extensive experience surveying the health problems of the world's children and organizing relief programs on their behalf.

Mr. Grant's remarks conveyed

optimism and hope at the progress that has been achieved in past decades in conquering infectious childhood diseases and reducing the number of child deaths due to diarrheal diseases by the use of oral rehydration therapy. But he also highlighted systemic issues that still need to be addressed by the health community. In particular, he underscored the message that morality marches along with changing capacity. "As our capacity to do good has increased," he stated, "it is gradually becoming unacceptable ethically not to use that capacity, or to exclude nations, communities or individuals from the benefits of progress." Quoting from the Italian novelist and holocaust survivor Primo Levi, Mr. Grant observed: "If we can relieve torment and do not, we become tormentors ourselves."

Mr. Grant described important legal, political, and technological achievements that have established a

framework in which the quality of health care for children who experience violence and deprivation can be dramatically improved worldwide, even in places separated by profound cultural differences, such as inner-city Los Angeles, Mogadishu, and the new poor of Moscow.

One of the most visible signs of progress is the increasingly worldwide acceptance of the Convention on the Rights of the Child, adopted by the General Assembly of the United Nations in late 1989, and that took effect with the necessary ratifications in early fall 1990. More than 130 nations have now ratified the Convention, representing almost 90 percent of the world's population, but the United States is one of 30 national governments that have neither signed nor ratified the Convention.

Advocacy for the Convention on the Rights of the Child, therefore, has become an important element in the

emerging agenda of health and human rights organizations, who seek to achieve universal ratification of the Convention by 1995, the 50th anniversary of the United Nations.

A second major force shaping the child health and human rights movement is the Declaration and Plan of Action of the September 1990 World Summit for Children held at the United Nations. According to Grant, the goals of the 1990 World Summit were: control of the major childhood diseases; a halving of the number of malnourished children worldwide; a one-third reduction in under-five death rates; a halving of maternal mortality rates; safe water supplies and sanitation for all communities; universally available family planning services; and basic education for all children. But he observed that these goals cannot be achieved by promises alone. Over 70 participating countries, including the United States, have developed detailed

national programs for achieving these goals. Such plans require increased public spending for basic education, primary health care, and nutrition, water, and sanitation, which currently accounts for only about 10 percent of government spending in the developing world. Grant noted that in addition, less than 10 percent of development aid is earmarked for these priority human needs. He called, therefore, for a doubling of current expenditures and an expansion of efforts to ensure that at least 20 percent of government spending--and at least 20 percent of foreign aid spending--go directly to serving human needs in support of the commitments made at the World Summit for Children.

Recognizing that many obstacles may impede the implementation of these objectives, Grant observed that the Convention, the Summit's goals, and national action programs are comparable to a direction adopted by

over 100 of the world's political leaders in the mid-1980s. In that earlier conference, a goal of 80% immunization of the world's children was formally accepted--a goal that was achieved at about the same time the 1990 World Summit was convened. But the realization of this goal required more than formal political commitments and written promises. It required action in the form of dedicated professional services; the mobilization of international communication resources; the worldwide support of politicians, the media, and public; and reliable, sustained support from the international community.

In conclusion, Grant suggested a number of ways in which physicians and health professionals could exercise their responsibilities on behalf of children at risk because of violence or poverty. These professionals, and their organizations, can

- urge the United States to sign and ratify the Convention on the Rights of the Child;
- advocate the implementation of the U.S. Program of Action for Follow-Up of the 1990 World Summit for Children;
- argue for a restructuring of foreign assistance so that a larger proportion (e.g., 20%) is dedicated to services to meet priority human needs;
- investigate and publicize crimes against humanity, most particularly those against women and children, that occurred in Somalia, the former Yugoslavia, and other such places in the world as well as to help war-traumatized children;
- ^{to} renew the commitment to universal immunization; to

- work in support of the use
of oral rehydration therapy
as the state-of-the-art
solution for diarrhea; and
- ~~to~~ encourage the widespread
practice of breastfeeding
with proper weaning
practices, including
advocating a halt to the
harmful practice of free
distribution of formula
through hospitals and
maternity centers.

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Editor's Note: The full text of Mr.
Grant's remarks is available from the
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