

GEOPOLITICS OF CHILD HEALTH

The West African Example



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Outline

- Economic and social value of children
- Child poverty
- Major challenges to health among children
- Corruption and the resource curse
- Role of foreign aid



Africa Today

53 Countries



950M Inhabitants



West African Sub-Region



- 17 Countries
- Total population 280M
- Youth bulge: over 40% of the population is under 15 years (vs. 20% in the US)
- Average life expectancy is 53 (vs. 79.5 in the US)



Childhood is a socially and culturally defined concept



- When does adulthood begin?
- These ideas change over time and context
- Reflect deeply held cultural and religious beliefs
- Policies and practices emerge from these beliefs (**not** always in child's best interest)



Universally shared attributes of childhood that underpin child health

- ❖ Dependency on adults
- ❖ Rapid growth and differentiation
- ❖ Enhanced vulnerability
- ❖ Sentimental & economic value
- ❖ Inconsistent human rights



Children possess both economic and social value

Social Value

- ❖ Present in **all** families in the West and West African sub-region
- ❖ Outweighs economic value in wealthy families

Economic Value

- ❖ Inversely proportional to a family's socio-economic status, esp. in W. Africa
- ❖ Outweighs social value in poor families

Upsurge in child trafficking



Estimated flows of trafficked children in West & Central Africa

FIGURE 1. ESTIMATED FLOWS OF TRAFFICKED CHILDREN IN WEST AND CENTRAL AFRICA, INCLUDING THE TYPE OF WORK IN WHICH THEY ARE EXPLOITED.



SOURCE: "ETUDE SOUS-REGIONALE SUR LE TRAFFIC DES ENFANTS EN AFRIQUE DE L'OUEST ET DU CENTRE, 2000" (BAZZI-VEIL: UNICEF WEST AND CENTRAL AFRICA REGIONAL OFFICE, 2000)

Industries Rich in Child Labor

- ❖ Agricultural
- ❖ Domestic
- ❖ Fishing



Child Poverty in West Africa

- ❖ Endemic
 - ❖ Causes poor health & development
 - ❖ Causes reduced income potential
- ❖ Degree
 - ❖ Numbing in rural areas
- ❖ Duration
 - ❖ Multigenerational
- ❖ Complexity
 - ❖ Polygamous households
 - ❖ Intra-family social status
 - ❖ No rights!!

Unique to West Africa



Child Poverty in West Africa

- *“Where, after all, do universal human rights begin? In small places, close to home – so close and so small that they cannot be seen on any maps of the world. Yet they are the world of individual persons, the neighborhood they live in, and the school they attend, the factory, farm or office they work in. Such are the places where every man, woman and child seeks equal justice, equal opportunities and equal dignity without discrimination. Unless these rights have meaning there, they have little meaning anywhere.”*

Eleanor Roosevelt



Impact of child poverty

- ❖ <10% GDP expended on family and social benefits
- ❖ Access to education directly impacts economic inequalities (Anglophone << francophone)
- ❖ Low educational attainment
- ❖ Poor health
 - ❖ Chronic malnutrition results in sub-optimal cognitive function
 - ❖ Poor health results inter-generational cycles of poverty
 - ❖ Few babies even registered at birth
- ❖ Food insecurity



Food security is a growing problem

International
Factors

Food production vs.
Bio-fuel production dichotomy



Food insecurity

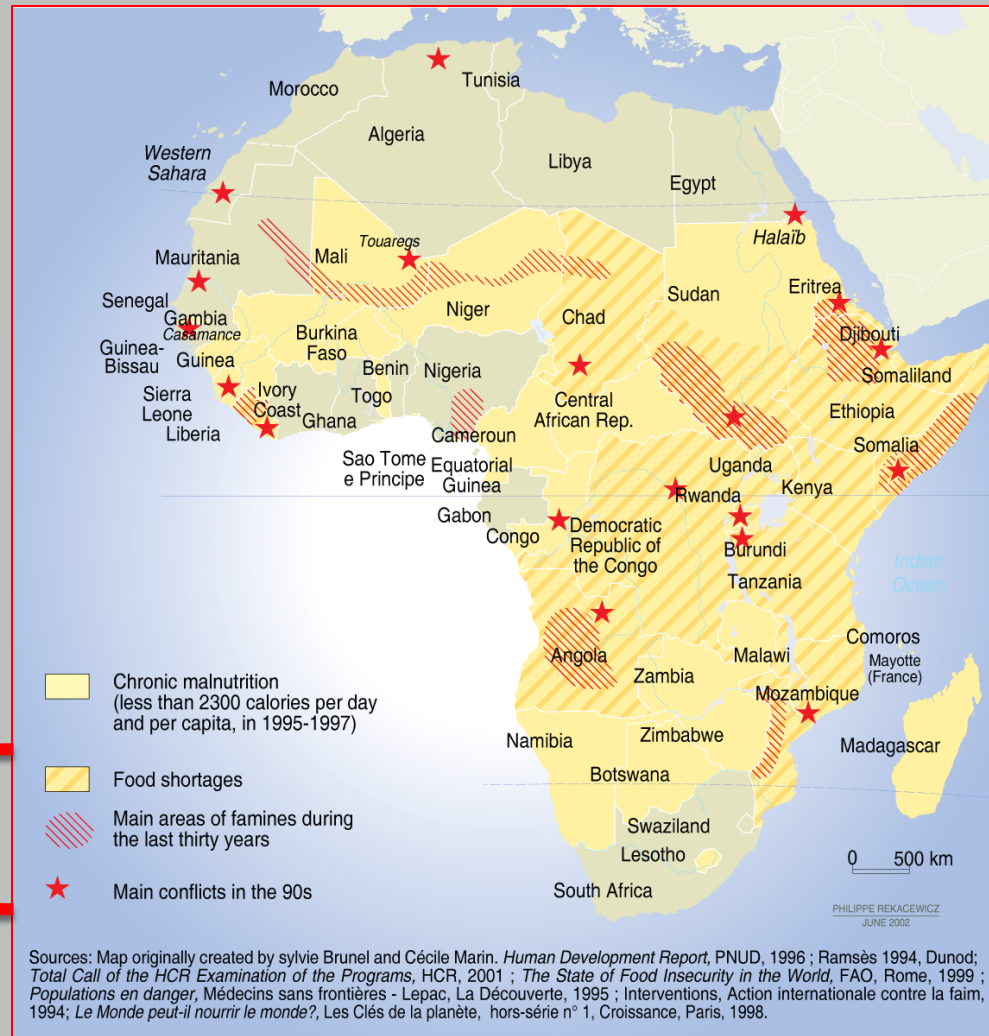


Local
Factors

- Farming – Techniques; inputs; costs; annuals; consumption
- Land grabs – Private vs. public ownership
- Climate – Desertification vs. Flooding
- Conflict – Destruction; displacement



Food shortages, famine and conflict conspire to worsen child poverty



Sources: Map originally created by sylvie Brunel and Cécile Marin. *Human Development Report*, PNUD, 1996 ; Ramsès 1994, Dunod ; *Total Call of the HCR Examination of the Programs*, HCR, 2001 ; *The State of Food Insecurity in the World*, FAO, Rome, 1999 ; *Populations en danger*, Médecins sans frontières - Lepac, La Découverte, 1995 ; *Interventions*, Action internationale contre la faim, 1994 ; *Le Monde peut-il nourrir le monde?*, Les Clés de la planète, hors-série n° 1, Croissance, Paris, 1998.



Millennium Development Goals

(1990-2015)

Enjoin the health of
women & children

- ❖ End poverty & hunger
- ❖ Provide universal education
- ❖ Promote gender equality
- ❖ Optimize child health across Africa
- ❖ Optimize maternal health across Africa
- ❖ Combat HIV/AIDS
- ❖ Cultivate environmental sustainability
- ❖ Establish global partnerships



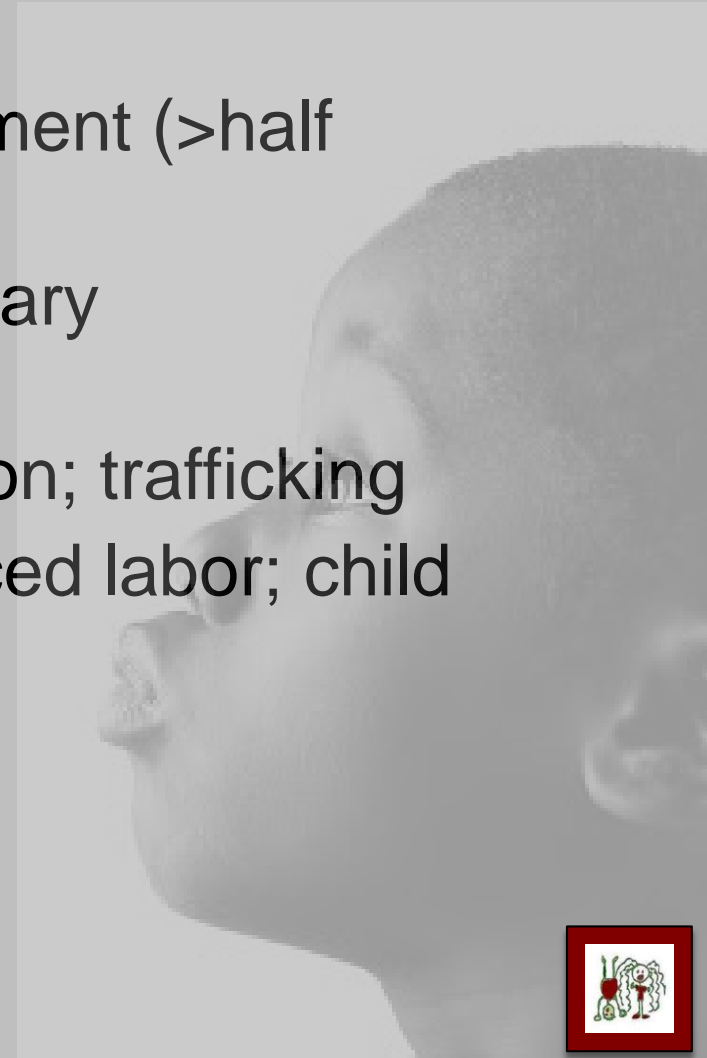
Health challenges for West African children: Compromised health status

- ❖ Pervasive malnutrition at macro & micro level
- ❖ Preventable acute illnesses and infestations (malaria, respiratory illness, diarrhea)
- ❖ Limited medical resources to appropriately treat
- ❖ Environmental & living conditions that are inadequate
- ❖ Lack of access to adequate health and education
- ❖ Burden of HIV on all aspects of health for mother and child



Health challenges for West African children: Violence and abuse of human rights

- ❖ Internal and external displacement (>half refugees)
- ❖ Physical violence (police arbitrary arrest/detention)
- ❖ Sexual violence and exploitation; trafficking
- ❖ Abduction/Recruitment for forced labor; child marriage
- ❖ Abandonment (HIV, neglect)
- ❖ Road traffic accidents



Health Challenge Paradigm

Poor health of West African children is both a **cause** and **consequence** of the violation of their human rights.

Failure to respect their right to safe drinking water, adequate housing and nutrition; education and social protection increases their vulnerability.



UNICEF: Using child health and safety as a parameter for child well-being



Poverty
Social exclusion
Gender discrimination
Politic insecurity
Low capacity

Childhood Well-Being:

- ❖ **Health and Safety**
- ❖ *Material*
- ❖ *Education*
- ❖ *Family and Peer relations*
- ❖ *Behaviors and Risk*
- ❖ *Subjective*



Eight Sub-Region “Super Powers”

China, France, UK, USA, Germany, Japan,
EU, UN

- ❖ Interests – economic; energy resources e.g. uranium and oil (China)
- ❖ Military (US, France, UK)
- ❖ Platforms of concern cited – poverty, **disease**, crime, terrorism, state collapse, state failure



The “Resource Curse” (the Dutch disease)

Countries who depend on natural resources for export:

Large inflows of foreign currency reduce the competitiveness of that country's exports.

Large inflows of foreign currency reduce accountability and encourage corruption.

The natural resource boom crowds out other important sectors of the economy.



Corruption and Conflict



Corruption and Conflict Kill !



Human rights should be central to post-conflict reconstruction (DDR)



Can more **aid** be the
answer?



It's a question of capacity, not money

- ❖ 860/100,000 women (mostly young and healthy) die during childbirth
- ❖ These conditions & problems are PREVENTABLE!!
- ❖ Weak capacity (not finances)
 - Shortage of doctors, nurses, drugs, equipment
 - Poor roads; transportation is private, male-owned, complexity gendered
 - Imagine: A daylong, bone rattling journey on back of a bike with arm or leg of unborn child already protruding...



Any available services are further undermined

- ❖ High maternal mortality rates
- ❖ Poor neonatal outcomes
- ❖ Low birth registration rates

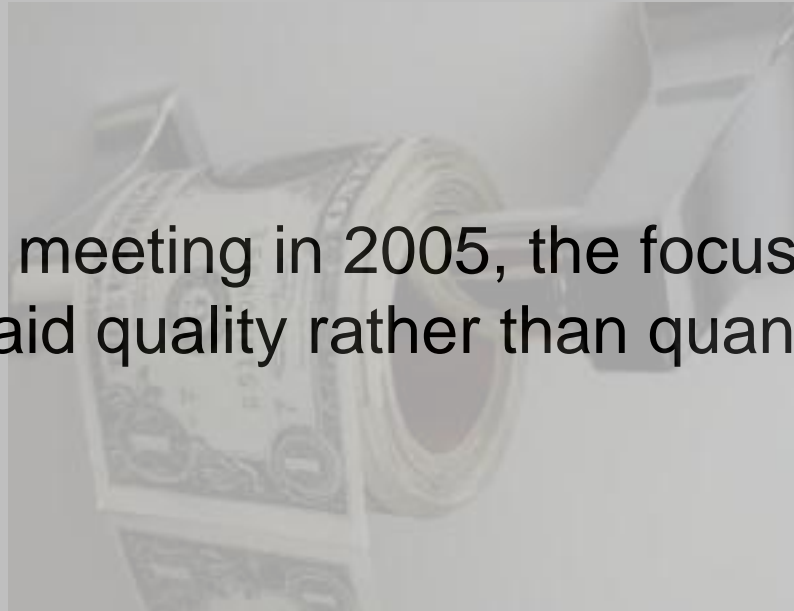
2009 Washington Post article: *“A third of the World Bank Health Programs are Ineffective”*

Good health is a right!



Aid quality vs. quantity

At the G8 meeting in 2005, the focus shifted from aid quality rather than quantity.



Putting the “C” back into Child Health



Putting the “C” back into Child Health

- ❖ **Capacity** – health, vaccines, youth training, IFYC nutrition centers
- ❖ **Civic literacy** – political, social, medical, HR
- ❖ **Communication-Diaspora** define & dialogue, internships, exchange, PPP's
- ❖ **Cash transfers** – education, health & nutrition, using youth especially
- ❖ **Community Care** – involvement, esp. youth





“We come unbidden into this life, and if we are lucky we find a purpose beyond starvation, misery and early death; which, lest we forget is the common lot.”

Abraham Verghese, M.D., from Cutting for Stone (©2009)

THANK YOU

CHILD ACCRA

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CHILD ACCRA is the Centre for the Health, Immunization, Learning & Development of Families

A non-profit centre providing health care, patient education and provider training.

Our Beginning

Since CHILD ACCRA started in 2005, we have helped many families with their health care needs

Our Services

Routine medical care:

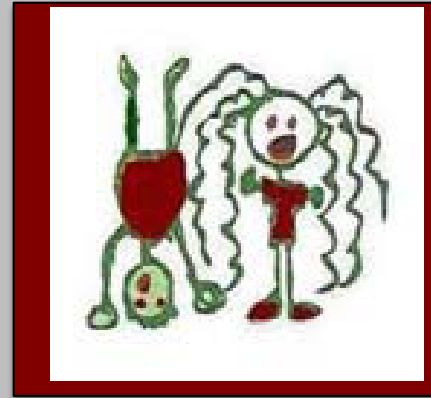
Trauma
Allergy / Asthma - testing & management
Seizure disorders
Medical evaluations
Emergency care / Med-evacuations
House calls
Hospital care management

Public Health:

Screenings
Immunizations
Consultancies
Informational brochures
Seminars

Other Health Care

Pre-employment / Work permit
Medicals
Travel medicine packs
Postgraduate student preceptor-ship in
Child Health, Child Development
Nutrition, HIV, Public Health



Developmental & Behavioral Assessment:

- Bedwetting (medical and behavioral management)
- Behavioral problems
- Chronic Constipation
- Eating Problems
- Learning Problems
- School delays



For our Young Adults
CHILD ACCRA provides full
spectrum primary care and
gynecological services