

Better Health for Poor Children



A Special Report



WHO



WORLD BANK

Better Health for Poor Children

A Special Report

from the

WHO/World Bank Working Group on
Child Health and Poverty

*The WHO/World Bank Working Group on Child Health and Poverty was established in September 2001. This **Special Report** reflects the Working Group's belief that child health and poverty should be a priority both across United Nations agencies and within governments. On behalf of our agencies, the Working Group is committed to provide technical guidance and leadership in redressing inequities in child nutrition, health and development. This report presents an overview of the situation, and a roadmap for further work that needs to be done.*

Many people have contributed to this document. The primary authors include Jennifer Bryce, Flavia Bustreo, Mariam Claeson, Niklas Danielsson, Dave Gwatkin, Jack Langenbrunner, Hans Troedsson, Tomris Türmen, Cesar Victora and Adam Wagstaff.

Significant contributions and suggestions were received from Jim Akre, Henrik Axelsson, Paulo Belli, Maureen Black, Robert Black, Venkatraman Chandra-Mouli, Cynthia Boschi-Pinto, Don Bundy, Bernadette Daelmans, Karen Edmond, April Harding, Zelee Hill, Thierry Lambrechts, Matthew Hukes, Betty Kirkwood, Agnes Leotsakis, José Martines, Milla McLaghlan, Lulu Muhe, Leda Nemer, Alexander Preker, Eva Reyfuess Lana Tamoskovic and Hugh Waters.

Chantal Granier provided excellent bibliographic and organizational assistance.

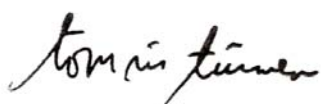
Preface

Every child - rich or poor - has the right to health and health care. Yet as we stand at the beginning of a new millennium, too many infants and children are dying prematurely and too many do not have a fair chance to develop to their full potential. We know what these children are dying of, and what prevents them from developing, and there are effective and affordable interventions that address the problem.

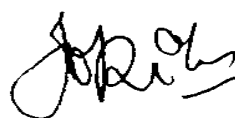
So why does the problem persist?

It persists because current health service delivery strategies do not reach children most in need, especially the poor; because their families lack the knowledge or financial resources to provide good nutrition; because families do not have access to the solutions that can save lives; because governments and the international community have not made a sufficient and sustained commitment to the rights, health and survival of children.

*Dealing with the toll of premature and unnecessary mortality and under-development among poor children is a public health imperative that WHO and the World Bank are committed to address. Working together, and in close collaboration with governments and technical partners, we will lead a focused effort to tackle child health and poverty. This **Special Report** reflects that commitment, and extends an invitation to all interested stakeholders to join in renewed efforts to provide a fair chance of survival and healthy growth and development to all children.*



Tomris Türmen
Executive Director
Family and Community Health
World Health Organization



Jo Ritzen
Vice-President
Human Development Network
The World Bank

Table of contents

Preface

What is the problem?

Poor children do not have a fair chance of survival and healthy development.

What can we do to improve the health and development of children in poverty?

We can use the effective and affordable interventions we already have to improve children's environments and the practices of their families and communities, while working to develop and evaluate additional effective interventions.

How does the broader socio-cultural context affect the health and development of poor children?

Differences in household resources, community factors and health care between rich and poor children affect their environments and the practices of their families and communities, and through them children's nutrition, health and development.

How can we reach poor children and families with effective interventions?

We do not yet know all the answers to this question. A number of options are being tried. Systematic analyses of experience and further evaluation of interventions are needed to find efficient, and affordable ways of delivering services to poor children and families at home, in the community and in health facilities.

What are the economic benefits of investing in child health and nutrition?

Healthy children is in itself a goal. In addition, however, healthy children are more likely to develop to their full potential, to perform well in school, to be more productive in adult life, and to have healthy children themselves. Investments in child health today will contribute to economic growth tomorrow.

Putting knowledge into action: better health for poor children

Governments and their partners must act now to address the health needs of poor children, families and communities. Immediate steps are clear.

What is the problem?

Health is a fundamental human right, universally recognized and agreed upon by states. Children's right to health and health care has been particularly recognized in the Convention on the Rights of the Child (CRC). The burden of ill-health is greatest among the poor, whether in poor regions of the world, in poor countries, in poor communities or in poor households within communities. Poor children are therefore denied their fundamental right to health and development. They do not have a fair chance of a healthy start in life. Children in poor families are more likely than their wealthier peers to die in the first month of life, in the first year of life, and before they reach the age of five. Children in poor families are sick more often, and more seriously, than children in better-off families. Poorer children are less well nourished than wealthier children, and are more likely to lag behind in growth and psychosocial development. The effects of these inequities are not only immediate. They also lead to low performance in school and on the job. A girl living in poverty today has a greater chance of dying in childbirth 15 or 20 years from now, and of giving birth to a baby who is premature, malnourished, or who becomes sick and dies in infancy. The effects of poverty begin even before birth, when negative influences on the fetus can increase the risk of diseases such as diabetes and heart disease in adulthood.

Differences in death rates between poor and rich children

Poverty multiplies the risk that children will die before their fifth birthday. This holds true across geographic boundaries (deaths within regions, countries, districts and even within individual communities), across age subgroups (neonatal, infant and under-five) and across most of the major illnesses and conditions that lead to child deaths (diarrhoea, malaria, measles and malnutrition). Poor children are up to six times more likely to die before their fifth birthday than wealthier children.¹ Most of these deaths are from causes we know how to prevent, and are therefore

In the year 2000, 99% of

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_30324

