

Child Survival in sub Sahara Africa: the role of CAPGAN and regional child health practitioners & scientists

Close to a decade ago the Millennium Development Goals (MDG) were developed and unanimously accepted by the General Assembly of the United Nations. The think tank behind the MDGs, the Earth Institute at Columbia University in New York led by the economist Jeffrey Sachs, developed 8 overarching goals, which -if achieved- would liberate the world from poverty. Child Survival is the direct goal of MDG 4, and strongly and indirectly related to MDG 5 (reduction of maternal mortality), MDG 6 (combating HIV, Tuberculosis and Malaria), and indirectly to MDG1-3. Over the last decades maternal education and emancipation of women has been shown to be the strongest determinant of child survival. A series of colleagues of Sachs, equally experienced in development banks and International Aid, have since developed approaches on how to improve the development of, especially the African, low resourced countries, and often written cynical comments about the rather technological approach taken by the MDGs through investment in packages and technological capacity.

Ten years later, several meetings of the G8 and G20 and decade of annual meetings of the major development organisations like the World Bank and IMF, both representing the global community (albeit with a skewed power distribution to the western affluent societies), the fate of the children in sub Sahara Africa (sSA) is worse and the MDG 4 and 5 are regressing. Superimposed on this lack of progress, due to a critical lack in appropriate and professional maternal and child health service delivery in our region, missed opportunities and the un-abating scourge of the HIV-Tuberculosis epidemic, the region is unlikely to achieve MDG 4 as the Global Financial Crisis cripples the global and in due course the regional sSA economy. In 2008 poor consumers and subsistence farmers in Africa were hit hard by the food crisis and the rise in food prices and oil, and the World Bank estimates that as a result the number malnourished children in 2008 rose by 44 million.

Historically in Europe, the civic society with its trade unions, faith based- and professional associations, its well developed public institutions, consumer- and client-oriented organizations, its social welfare system have not only buffered the impact of major economic crises on child mortality but emancipated and educated the society; hence, reducing its dependency upon technical assistance. Amartaya Sen, in its compelling discourse with the Bank on Development as Freedom, and the WHO's Commission on Social Determinants on Health all offer a strongly informed platform to paradigmatically change the direction of Development and Global Aidiii.

Interestingly, and far less prominent in the global debate on Global Health Development, MDG 8 aims to stimulate global partnerships for Development, and the Commonwealth Association of Paediatric Gastroenterology and Nutrition (CAPGAN) is such a partnership. Paediatric Professional Associations, public child health- and clinical paediatric scientists, nutritionists working in child health, and Higher Education Institutions for Child Health have since CAPGAN's inception in 1994 been the natural partners and environment for advocacy for Child Survival, and

increasingly the Department of Child and Adolescent Health of the WHO in Geneva has shown interest on CAPGAN's activities mainly with UNICEF through the Partnership for Maternal, Neonatal and Child Health. CAPGAN was born out of the sentiments and activities following a meeting organized at the Royal Commonwealth Society and St Bartholomew's Hospital, London, UK and co-sponsored by the British Paediatric Gastroenterology Group and the British Paediatric Association and similar groups from Australia, Canada, Malaysia, India, Nigeria and Singapore. The theme of the meeting was the interrelationship between diarrhea and malnutrition, and ever since these have been CAPGAN's main themes, and some of the colleagues present in the 1984 meeting are 15 years later also present on the 10th CAPGAN at the College of Medicine in Blantyre, Malawi. Similar organizations have emerged around the same theme in children, and also triggered by the success of Oral Rehydration Therapy, the Asian Conference on Diarrhoeal Diseases and Nutrition (ASCODD) held two months ago its 12th Conference in Yogyakarta, Indonesia. Interestingly latter has recently extended its remit by adding nutrition and we would make a plea that CAPGAN adds Childhood HIV, with its close (epidemiological and clinical) association with Malnutrition and Diarrhoea, to its regular Conference theme: Childhood HIV, Diarrhoea and Malnutrition.

The 10th CAPGAN Conference in Blantyre, organized with a low threshold for African scientists and practitioners, clearly breathes the problems and challenges we all face in the management of children in the region and beyond. HIV increasingly influences the epidemiology, pathophysiology, case management and prognosis of children presenting with diarrhea and malnutrition. In 2007, a concerned group of clinical and public health child scientists and practitioners met in Blantyre. The Blantyre Working Group (BWG) initiated a critical review of current management, highlighted key research questions and identified the urgent need for effective interventions and training in the region. One of the outcomes of this BWG meeting was a Viewpoint in the Lancet in 2008ii. The other was that the BWG facilitated bringing the 10th CAPGAN conference to the College of Medicine in Blantyre, underscoring the need for both (operational) research and education in child health systems to reverse the negative regional trends in achieving the Millennium Development Goals for Children in sub Sahara Africa.

The organizers of this 10th CAPGAN which that stimulating preparations, presentations and discussions on HIV, Diarrhoea and Malnutrition, will continue beyond this meeting and foster that child health contributes to child survival not only through "packages" but sustainable components in the Civic Society, hence that:

- Maternal, Neonatal and Child Health are reunited again in their quest to improve child survival from HIV, Diarrhoea and Malnutrition.
- Colleges of Health Sciences, Nursing and Medicine become important backbones of Maternal & Child Health Systems, through education and implementation research; and through training and retaining of their staff in HIV, Diarrhoea and

Malnutrition in the widest sense.

- Leadership, collaboration and country-capacity support, development of evidence-based guidelines and systems are stimulated ensuring coverage, monitoring equity and progress towards achieving MDG 4 & 5. Activities which entirely are situated within the realm of the regional-local professional education institutions and local academia, and therefore these institutions be firmly incorporated in the funding and future operational framework delivering MDGs.
- Countdown/Survival strategies should fully integrate Colleges as they are the interface between Maternal & Child Health policies and its implementation in Health Systems.
- International NGOs and foreign universities all should be included in the national SWaps for Health and Education, and that a moratorium be declared on all training sessions attracted by allowances, development of parallel health systems, and that all training should be carried out through national education institutions. Hence nationally planned Continuing Professional Development should form the basis to provide the necessary regular in-service training related to new interventions in maternal, neonatal and child health.

10th CAPGAN Conference Directorate: Geert Tom Heikens, Mark Manary, Heidi Sandige and Linda Kalilani

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