Pursuance of Quality Child Survival, Development, and Wellbeing Strategic Re-directions in settings such as the Contemporary Ethiopia

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Abstract

This article draws balanced attention of Academicians, Researchers, Service Providers, Program Managers, and Policy Makers together with all the other broader arrays of stakeholders of Pediatrics and Child Health, within Ethiopia and around the globe, towards concerted pursuance of Quality Child Survival, Development, and Wellbeing Strategic Redirections agenda.

To this effect, through a systematic review discourse, the article does concisely discuss the background contexts of Child Health and Child Survival Movement, value additions of the global Child Survival endeavoring, inherent limitations of the conventional Child Survival movement, moral grounding of the Quality Child Survival, Development, and Wellbeing Strategic Redirections, anticipated comparative benefits, and proposed essential considerations. The review had focused on and drawn from the set of selectively pertinent published and unpublished resource materials.

By spotlighting and thus stimulating the necessary level of dialogue around the theme among all the ranges of key players and stakeholders, this piece of work attempts to complement further reinvigorating of the Child Health, Development, and Wellbeing policy, program and service development dynamics, particularly, in settings similar with that of the contemporary Ethiopia. Presumably plausible pathways of pursuance are highlighted.

Key words: Child Health, Child Survival, Child Development, Quality Child Survival and Development, Child Wellbeing, etc.

Brief background of child health and global child survival movement ("revolution)

Progressive improvement of the quality of health and wellbeing of the child is going to remain one of the lifetime priority agendas of human beings of all races. In this respect, successively global, regional and local level child health care initiatives have been entertained, particularly, during the 20th and 21st centuries (1-8). One of these initiatives is the Child Survival Strategic Programming (2, 3, 6-8). In fact, it was not uncommon to read about the particular strategy as a global "Child Survival and Development Revolution (CSDR)" already since the early 1980s and onward (9, 10). The Child Survival Strategy has been further endorsed making the essential component of the Millennium Development Goals (MDGs) of the Millennium Declaration Summit (11). The Millennium Development Goals together with the correspondingly specified set of targets and indicators are seen relatively comprehensive and broadly rallying milestones (6, 11). Accordingly, paces of implementation, coverage and improvement child and maternal survival, in particular, have been streamlined with the launch of Countdown 2015 (12).

At the same time, however, we really have been witnessing dynamic conceptual transitioning from the merely "Child Survival", "MDG4", "etc." calls (2, 3, 6-8, 11) to a a more broader perspectives of "*A World Fit to Children*" resolution (13, 14). Contemporary individuals and states alike are being charged with and hence challenged to fulfilling this global promise. It means that concrete programmatic translation of the quoted aspirations, principles and declarations are essentially desired simply because every child 'demands' optimal adult action no later than now.

Important value additions of the global child survival movement ("revolution")

Undoubtedly, averting and reducing of mortalities at the earliest possible timing along the lifecycle is legitimate and foundational. In this particular respect, the accomplishments globally over the years have been steadily encouraging (*Figure 1*). Mortality decline patterns and trends have been progressively favorable if yet not optimal. Again, although not evenly enough across all of the countries, under-five, infant and neonatal mortality rates have been declining, including among the high burden countries in Africa since 1990 (2, 12, 17-18). On aggregate, globally, it was possible to reduce from an estimated 15 million in 1980 to 8.8 million in 2009/10 of the under-five death occurrence. Despite the lagging and/or slow progress, and still, consistent features have been prevailing for Ethiopia over these decades (*Figure 2*) (2, 12, 15-17). Therefore, mortality reduction contributions of the Child Survival movement remain undisputable. Moreover, the Child Survival movement has been highly instrumental in garnering and consolidation of broader collaboration and partnerships mechanisms among diversity of players and stakeholders around child health in general. Growth monitoring, oral rehydration, breastfeeding, immunization (GOBI), expanded programme of immunization, (EPI), baby friendly hospital/health facility initiative (BFHI), global alliance for vaccine initiative (GAVI), integrated management of (maternal) newborn and childhood illnesses (I[M]MNCI), partnership for maternal, newborn and child health (PMNCH), etc are just few of the examples (2,12,17-18). However, unless properly re-oriented and consolidated, the scale of focus on Survival per se may tend to somehow undermine other important dimensions and most

importantly around effectively addressing the quality of child survival and development.

Inherent limitations of the global as well as the national child survival movement ("revolution")

With all the recognition of its advantages and successes, the Child Survival Strategy cannot escape some criticisms. As important as it is, however, mortality reduction on its own is just one piece along the whole equation of survival and wellness (3-5, 18-19, 21). Quality of survival, development and wellness will continue surfacing considerably extent to the indefinite future (10, 13-14, 18-22). For instance, even with the notions of "*essentia*l" and "*maximum*" packaging of interventional approaches (6) apparently embedded, and still, the greater emphasis has been on mortality reduction in connection to which several dimensions of quality of child survival, development, and wellness have been destined to receiving relatively insignificant attention by all the concerned at all levels. Moreover, with the emergence and consolidation of the broad-based and widely cross-cutting "Health Promotion" ever since the mid-1980s already (20), the quest for the advancement of holistic quality child survival, development and wellness must bear overarching legitimacy of paramount importance with ultimate far-reaching dividends. Pursuance of quality of health and development perspective may as well be an effective avenue in respect to addressing the prevailing equity gaps. At the same time, bridging the quality gap is going to remain a timeless demand.

Suffice to simply cite the following vivid illustrative example on why we need to exert concerted and sustained effort on optimal or quality child health (survival), development and wellness. Due to ranges of developmental risk factors involved during the under-five years of age alone, on top of the nearly 9 million deaths, we still have up to 200 million more children (*Figure 3*), largely in developing countries, which have not been able to attain their potentials annually given the current mode as well as state of survival interventions (19, 21). As very clearly depicted in Figure 3, several Sub-Saharan African countries, including Ethiopia, are among the highest child risk burden countries of the world. This huge level of estimate should warrant greatest interest of all. There is a lot to learn from compellingly illustrative study of the Guatemala example on how long-term socio-economic may be adversely affected due to poor quality of survival which had gotten compounded by multiple early childhood risks (*Figure 4*).

In connection, seriously intriguing queries such as "but what kind of survival, why and so forth?" are supposed to become of main logical interests. Partly, as also, such kinds of queries may get generated due to the incremental demand equation nature of human beings. At the very least, with the very rigorous increase of access and coverage to child survival, presumably the demand to quality will ultimately grow.

On the other hand, whether dictated by resource availability, accountability's sake, or any other reasons, the conventional Child Survival programming IMNCI included had often ended up with relatively disease-driven, isolated, narrowly short-termed, partial and sub-optimally flexible outlooks, structures and tools (4-5,10, 18). Also, over the years it has been becoming more and more apparent that the whole array of child health matters being simply equated to nothing else other than the mere under-five childhood survival issues and, as a matter of fact, even by health professionals (4-5, 10).

Another inherent shortcoming of child survival could have been inadvertent underestimation of national potentials (5, 17-18). Often several of the initiatives have

been externally and/or medical technology driven and not system oriented for quite long. Again, in connection, there have been seriously gray areas prevailing around making critical balance between "project" vs "program" with potential susceptibility to the cycle of unjustified "dependency" (3, 5, 10, 17). In contrast, over the recent years, we have been witnessing what it really would mean about the shift in favor of concerted national leadership, social mobilization and system-wide approaches, including systems strengthening in particular (16-18), again, lending important lessons towards further boosting the pursuance of quality child health and development strategizing in settings such as the contemporary Ethiopia.

Therefore, in order for survival to become increasingly and rightfully rewarding to both the individual and to the larger society (nation), it is highly desirable to minimize all forms of risks to disability and to impaired functional ability along the lifespan continuum. Otherwise, for each of the under-five childhood mortality that could have been averted, we may still end up with hundreds and even thousands of disabilities cumulating (19)

Premises of the moral grounding, timeliness and comparative benefits of the strategic re-direction for quality child survival, development, wellbeing in settings such as the contemporary Ethiopia

A contemporary developing country such as Ethiopia is expected to catch up and then remain solidly competitive practically in all dimensions in to the future, including in the health sector and more particularly in respect to the health and well-being of the generations to come. In order to result in real qualitative, substantive, and sustainable difference, therefore, "the business as usual" paradigm of the institutional, together with the programmatic, framework of any given setting had to get constantly challenged and 'modernized' or transformed. Also, access, coverage and quality should not be matters of one after the other logical sequencing but should rather become foundationally and cohesively concomitant and synergistic in-built instrumentation to each other's complementarities and best (maximal) effects.

Generally, again, the re-focus on quality child survival, development, and wellbeing pursuance can be viewed soundly consistent with all other important initiatives such as quality education, quality products, quality services, etc. Notwithstanding the favorably promising patterns and trends of the poly-sectoral growth and development dynamics in ranges of developing countries, including contemporary Ethiopia, it practically will be impossible to soundly as well as sustainably realize the national vision and the corresponding goals without properly ensuring quality survival, development, and wellbeing of young people. The notions such as: "A World Fit for Children" (13) and the "Convention on the Right of the Child (14), essentially, will mean to propagate this very re-direction.

In a nutshell, it simply means that whatever kind of initiative we are implementing, pursuance of quality child survival, development, and wellbeing perspective will occupy the center most stage and thus everything that we are doing will meet highest quality of standards. Whilst stated simply, at the same time, we do recognize well that it has got diversity of moral and system-wide commitment implications.

On the other hand, for some of us, emphasizing on quality child survival, development, and wellbeing strategic redirection might sound a miss focus and a miss prioritization. We bet it is by no means. First and foremost, it may just be the case that some of us at this particular time may

find ourselves challenged to properly addressing these kinds of prevailing misconceptions or misperceptions. Secondly, "priority" setting and "prioritization", essentially, should mean properly tailoring and targeting but never undermining one or the other aspects of the continuum or spectrum. Thirdly, in the same notion, it can never be too ambitious, too undoable, and too early to be able to institutionalizing increasingly more farsighted, integrative, of highest quality and sustainable enough program pathways (13-14, 18-22). Fourthly, it becomes more of about striking the right balance between the short- and long-term benefits (1, 3-5, 13-14, 20). Fifthly, often than rare, for one or another factoring, there is a very high temptation and hence tendency to looking only to the very immediate, partial, quick-fix and short-term solutions (4, 10, 19). Despite these kinds of temptations, the glaring truth is that we can do something tangibly better in the very light of the available means and resources to date. We may draw appropriate lessons from the unprecedented degree of resource arrays mobilization that has been dynamically evolving toward facing the challenges of HIV/AIDS since the early 1980s.

At the very same time, it is equally important to underscore that such a strategic re-directional perspective should by no means be any reasoning to unwarrantedly compromising the desired level of tailored prioritization and strategization along the spectra of quality child survival, development, and wellbeing continuum. Rather the approach should be viewed as logically essential augment and synergistic pathway of maximization. Furthermore, it only means all about most rationally tailoring all the possible investments in the respective directions for far better rewarding outcomes.

Therefore, in very light of this discourse, child health expert academicians, researchers, program leaders, and policy makers together with all the concerned stakeholders in unison are expected to be constantly conscious of the complexity and diversity of the child health, development and wellbeing needs or demands in any given contemporary society, including Ethiopia. The periodical national and international review processes such as the Health Sector Development Programme (HSDP) and something at similar scale may be found important and timely avenues towards timely as well as viable pursuance. Coherent strategizing and programming with clear view of both the short and long term outcome perspectives cannot be an overemphasis - Never easy or simple but, by any standard, very correct, just and rightful pathway.

Essential considerations toward fairly holistic, systematic as well as sustainable advancement of quality child survival, development, and wellbeing in settings such as the contemporary Ethiopia

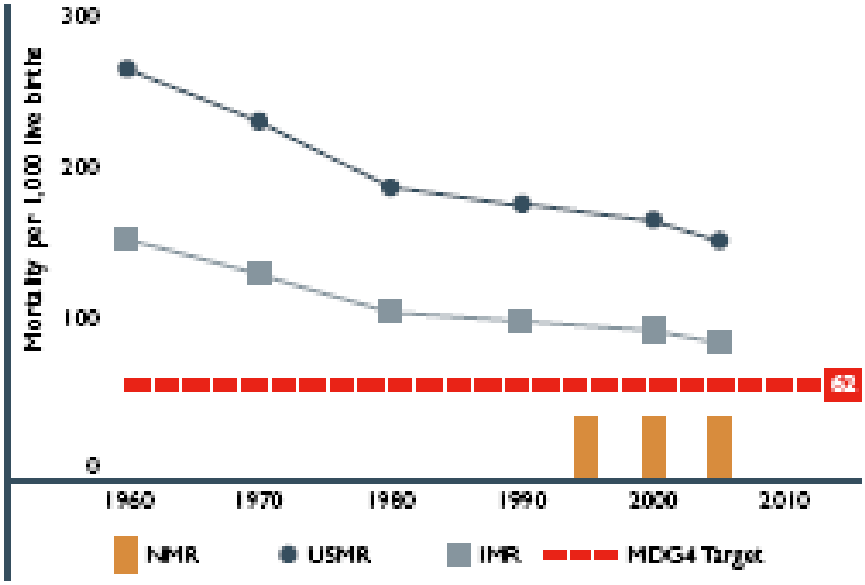
Admittedly this rather simplified and, at the same time, of paramount discourse will serve sensible provocations around generating incrementally evidenced debates and dialogues for informing dynamic policy formulation, developing strategies, designing programmes, and rendering optimal services at all levels. Accordingly:

1. Institutionalizing systematic inquiry mechanisms for greater more evidences and thereby facilitating the advancement of progressive innovations on quality child survival, development, and wellbeing as rightfully inseparable necessity. It, therefore. is a high time to ensuring progressively proactive consolidation of comprehensive Quality Child Survival, Development, and Wellbeing Agenda Framework at the respective levels;

2. Reframing comprehensive enough Quality Child Survival, Development, and Wellbeing policy, strategic and programmatic endeavoring with broader view of "total" societal mobilization, including effectively harmonizing and harnessing family, community's and societal level capitals may still be warranted;
3. Strengthening coordinated, coherent and systematic investment on comprehensive Early Childhood Development avenues is viewed highly promising and timely;
4. Ensuring the necessary degree of preparedness and readiness toward maximizing cohesive, optimal and sustainable use of all the possible ranges of available expertise so that all the possible pathways concertedly connected together are going to effectively as well as efficiently leading to ever better quality of health (survival), development and wellbeing of the child+ cannot be an over emphasis;
5. Establishing the necessary institutional frameworks of regular systematic review and learning for improvement opportunities is equally timely; systematic and timely documentation-exchanges of the pertinent lessons and best practices within and outside of given country should help quite a lot;
6. Maximizing for an ever greater expansion and consolidation of the broader child+ public health (holistic and quality clinical care inclusive) and social safety or security schemes will remain a timeless agenda. In this connection, suffice to simply highlight that: "*Successful societies safeguard their future by continually striving to improve the well-being of their children. They understand that healthy, well-developed, educated, and respected progeny ensure that past achievements serve as the foundation for continuing progress*" (22).

Sub Saharan Africa's

RATE OF PROGRESS TO MDG 4



IF 90% COVERAGE OF ALL ESSENTIAL PACKAGES

Newborn lives saved	up to 796,000
Range of NMR reduction	37-67%

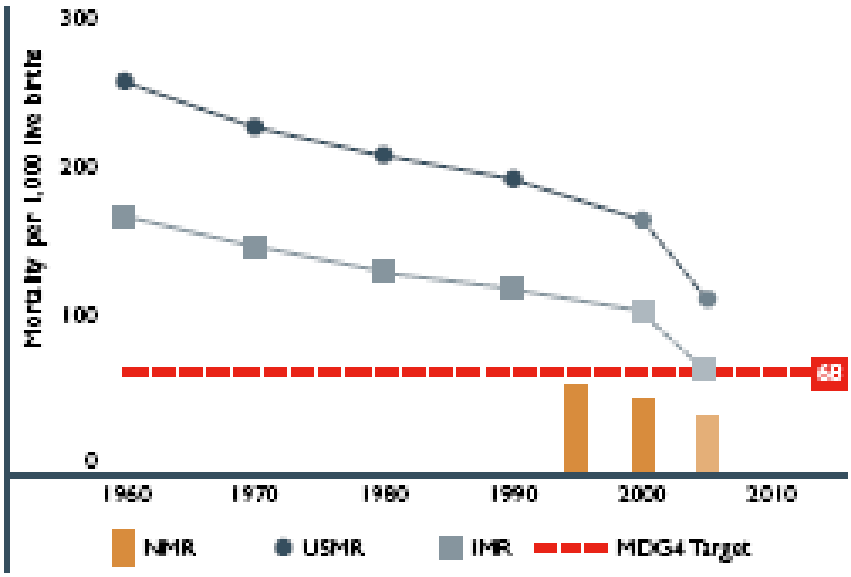
FINANCING

Gross national income, per capita *(US$)*	$611
Avg gov't spending on health, per capita *(US$)*	$14
Avg gov't spending on health as % of total gov't spending	9%
Out-of-pocket spending on health	40%
User fee protection for women and children	10 out of 20
Line item for newborns in national budget	2 out of 7

Figure 1: Sub Saharan Africa's Rate of Performance Progress towards MDG4 by 2006/07 (Source: Reference number 17, Opportunities for African Newborns …)

ETHIOPIA'S

RATE OF PROGRESS TO MDG 4



IF 90% COVERAGE OF ALL ESSENTIAL PACKAGES

Newborn lives saved	up to 85,600
Range of NMR reduction	45-74%

FINANCING

Gross national income, per capita *(US$)*	$110
Government spending on health, per capita *(US$)*	$3
Government spending on health	10%
Out-of-pocket spending on health	33%
User fee protection for women and children	No
Line item for newborns in national budget	Yes

Figure 2: Ethiopia's MDG4 Performance Progress by 2006/07 (Source: Reference number 17, Opportunities for Africa Newborns …)

Global Under-Five Children's Disadvantages Burden Profiling

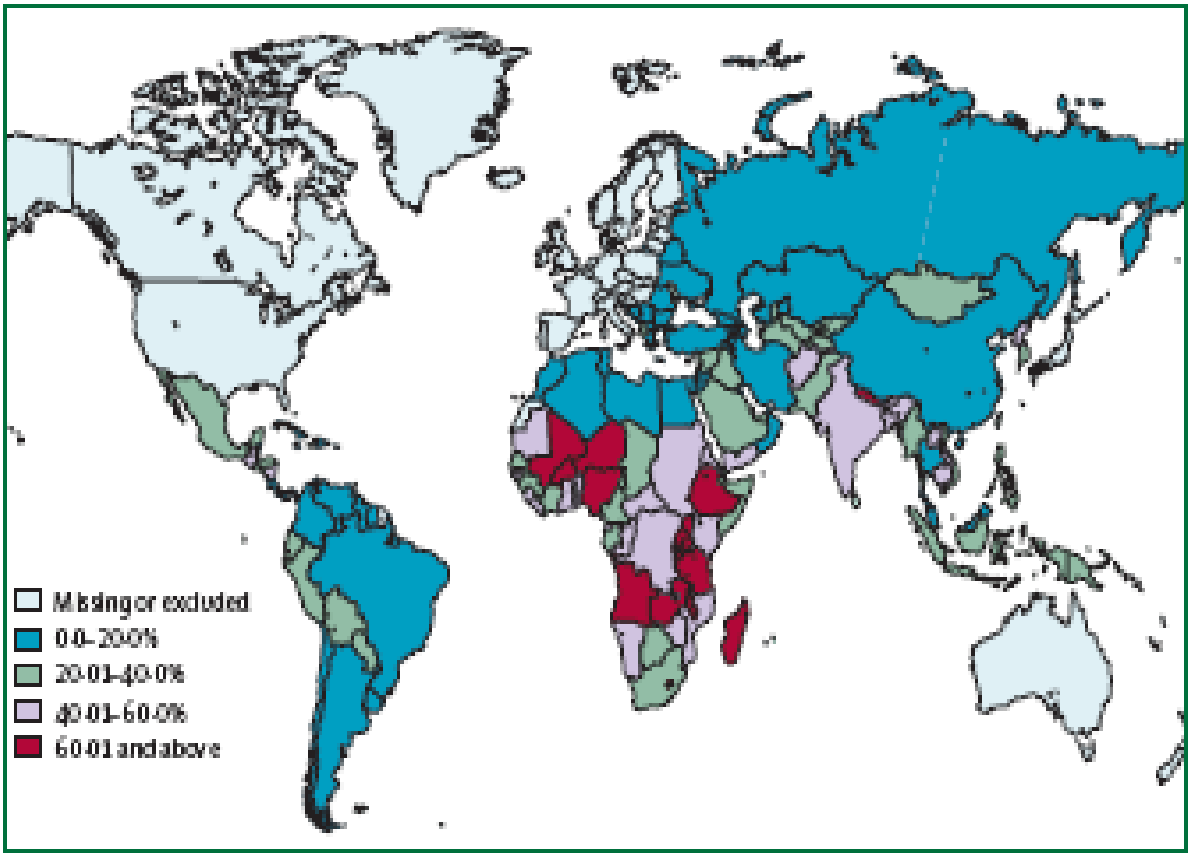


Figure 3: Percentage of disadvantaged children under five years in year 2004 (Source: Reference number 21, Sally Grantham-McGregor et al.)

Early Childhood Risk Burden and Performance Potentials

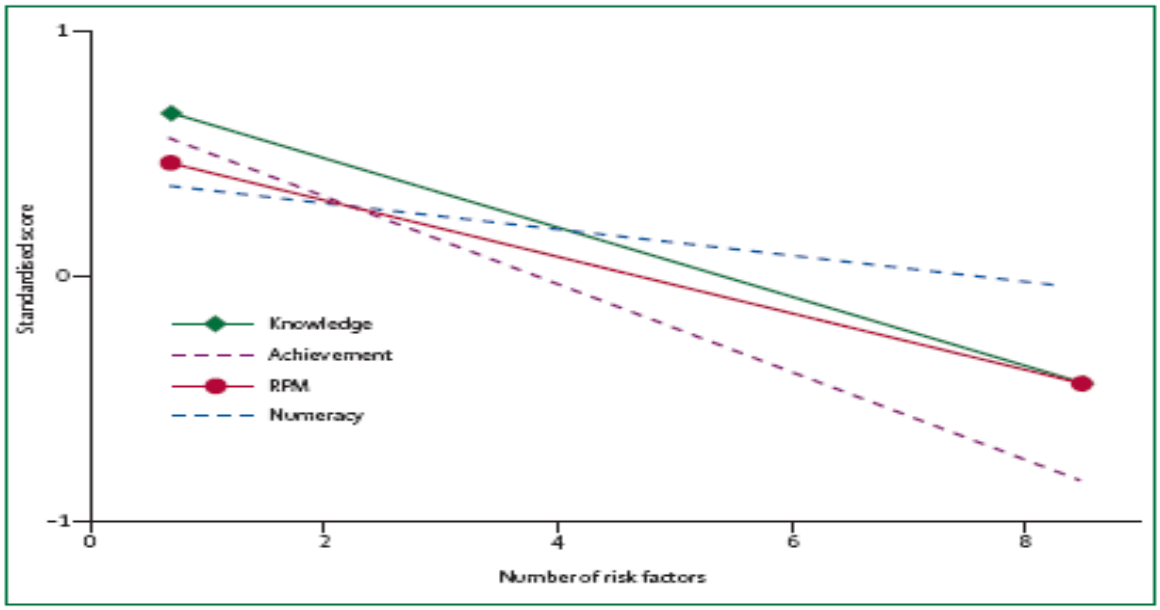


Figure 4: Relationships between risk factors in early childhood in Guatemala children and achievement scores in adolescence (source: Reference number 19, Susan P. Walker et al.)

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