

How This Book is Organized

In this book we explore the problems of primary health care and child survival in underprivileged countries and communities. To do this, we must look into some of the most thorny issues of economic and social development. We have chosen diarrheal disease—one of the biggest killers of impoverished children—as a focus for exploring the complex determinants of child health and quality of life.

We begin, in **Part 1**, with a brief historical overview of health services from colonial times until the 1970s. Next we discuss the concept of *Primary Health Care* as formulated in 1978 at Alma Ata. We analyze the forces that have led world institutions to abandon the comprehensive, potentially revolutionary concept of Primary Health Care in favor of the more limited strategy of Selective Primary Health Care and the vertical interventions of Child Survival. Finally, we consider some of the prevailing concepts and policies that need to be challenged. We ask if quick-fix technologies and top-down planning are sufficient to solve health problems related to poverty and unfair social structures.

In **Part 2**, as a case study, we look at one of the most touted interventions of Selective Primary Health Care—oral rehydration therapy (ORT)—which is widely promoted in poor countries to lower the appallingly high death rate from diarrhea. We see how the medical establishment has dragged its heels in accepting breakthroughs, especially those that demystify knowledge and give ordinary people more control over their health care. In this context, we examine different methods of ORT, including those which are dependency creating and those which foster self-reliance. We see how the commercialization of ORT has turned a potentially life-saving technology into yet another way of exploiting the poor. In the last analysis, this *simple, low-cost solution* has been made unduly complex and costly.

Part 3 looks at determinants of the health of populations from an historical and contemporary perspective. We examine factors that have reduced child mortality and

improved health in northern industrialized countries, and compare these with events in the South. We trace colonial exploitations of the past to the “new colonialism” of today’s globalized economic order. We examine how the international financial institutions have perpetuated underdevelopment by imposing structural adjustment policies on debt-stricken countries. We then discuss the impact of these policies on health and the quality of life of the world’s neediest people and explore how the growing power of transnational corporations—and specifically the infant formula, pharmaceutical, and arms industries— influence public policies and endanger child health. Then we look at how a few countries that have taken an alternative path of development have achieved *good health at low cost*. And we see how factors of equity—and inequity—relate to increase in population and AIDS.

On a more positive note, **Part 4** concludes with a few examples of equity seeking, health promoting initiatives. These range from programs focusing on specific urgent health problems (such as diarrhea and undernutrition), to comprehensive efforts which place health care within the context of working toward fairer, healthier social structures. However, given the current socially regressive climate of the so-called *New World Order*, we see that even these equity-oriented initiatives are suffering setbacks. In view of the escalating global obstacles to this process, we close by discussing the international solidarity and grassroots networks that are needed to counter the current regressive trends. We conclude that child survival strategies are not enough. Our goal must be to secure the right of all children—and all people—to an improved and sustainable quality of life. This will require more equitable, accountable and genuinely participatory social structures.

An **Appendix** at the back of the book considers the position of UNICEF and the World Health Organization in terms of the world power structures and the sociopolitical determinants of health. This is followed by a short **Reading List** on the Politics of Health, extensive **Endnotes** and the **Index**.