

GLOSSARY

Explanation of Measures, Acronyms, And Terms Used in This Book

MEASURES OF HEALTH AND WEALTH

Infant mortality rate (IMR) — The number of children out of every 1,000 born alive who die before reaching one year of age.

Under five mortality rate (U5MR) — The number of children out of every 1,000 born alive who die before reaching five years of age.

Maternal mortality rate — The number of women who die from complications of pregnancy per 100,000 live births.

Gross domestic product (GDP) — The total value of final goods and services produced within a country in a year. The three major components of GDP are consumer purchases, private investment, and government spending.

Gross national product (GNP) — The total value of final goods and services produced by a country in a year. A country's GNP differs from its GDP in that it includes income that individuals and companies based in the country earn abroad and excludes income foreign individuals and companies earn in the country. A country's GNP can also be viewed as its total earnings.

GNP per capita — A country's GNP divided by its population gives the average personal income of the country's population. However, it tells us nothing about how that income is distributed. The same is true of GDP per capita, which is a country's GDP divided by its population.

ACRONYMS

WHO — World Health Organization, the agency of the United Nations primarily concerned with health. WHO has a maternal and child health program, but apart from that does not have its own child survival program, nor does it focus specifically on children's health problems. WHO defines its central role as "provid[ing] technical support to national programmes" on health matters. To this end, WHO's Division of Diarrhoeal and Acute Respiratory Disease Control conducts research "aimed at identifying, developing and evaluating new or improved approaches to the prevention and treatment of diarrhoea...." It also produces and disseminates teaching materials on diarrheal management and prevention.

UNICEF — United Nations Children's Emergency Fund. UNICEF was established in 1946 by the UN General

Assembly to coordinate assistance to children threatened by famine and disease in the wake of the Second World War. The initial intention was to dissolve the agency when this short-term problem subsided, but the General Assembly changed its mind and extended UNICEF's life and mandate in 1950 in recognition of the continuing needs of children worldwide, particularly in the Third World. In the years since, UNICEF has carried out a variety of activities, including vaccination campaigns, a drive to eradicate malaria, and an initiative aimed at providing villages with clean drinking water. Following its central role in the activities surrounding the "International Year of the Child" (1979), UNICEF launched its "Child Survival and Development Revolution" in 1983. This initiative is coordinated by the agency's headquarters in New York, but field offices in developing countries are allowed considerable autonomy. UNICEF works closely with Third World governments to implement this initiative, encouraging them to establish national child survival programs. UNICEF sees its chief function as promoting useful health knowledge to those who need it, such as mothers. For a fuller discussion of UNICEF's policies and factors influencing them, see the Appendix at the end of this book (see page 171).

IMF and World Bank — The International Monetary Fund and the International Bank for Reconstruction and Development (the World Bank) are powerful multilateral lenders. Both international institutions were conceived at the 1944 Bretton Woods Conference—which laid the ground rules for the post-war international economic and monetary system—and were created during the following year. In recent years an important role of both institutions has been to dictate the terms of loans to Third World countries. Beyond its direct loans, the IMF serves as a highly influential "gatekeeper": it certifies to other lenders that a particular Third World country is pursuing "responsible" economic and social policies and is therefore a good credit risk. To qualify for such a seal of approval, a country usually has to embrace free market economics and to implement structural adjustment policies (see definition below). Voting rights in the IMF and the World Bank are allocated among member countries in accordance with their donations to these bodies. This places control in the hands of its five major donors: the United States, Great Britain, Germany, France, and Japan. Many of the deliberations of the IMF and the World Bank are shrouded in secrecy.

USAID — United States Agency for International Development. An arm of the US government whose mission is to advance US foreign policy objectives (e.g., by promoting privatization, free market approaches, and an open door to US exports and investment). USAID operates its own child survival program, and has spent up to \$150 million a year in this area.

GOBI — The four key interventions of “selective primary health care” and UNICEF’s “Child Survival Revolution,” consisting of Growth monitoring, Oral rehydration therapy, Breastfeeding, and Immunization. An expanded version is GOBI-FFF: the additional components refer to Family planning, Female literacy, and Food supplementation.

ORT — Oral Rehydration Therapy, the replacement by mouth of liquid and salts lost through diarrhea. It is now recognized that for optimal ORT a child with diarrhea needs not only *increased fluids* but also *foods*. ORT has been widely celebrated as “the medical breakthrough of the century” with the potential of radically reducing the staggering number of deaths from diarrhea, the world’s second leading killer of children. But, as we will discuss in this book, the solution is not that simple.

ORS — Oral Rehydration Salts or Solution. As used by WHO, UNICEF, and also in this book, ORS refers specifically to the WHO full-formula glucose-based mixture distributed in factory-produced aluminum foil packets. This formula, strongly promoted by WHO and UNICEF, consists of a combination of glucose (a simple sugar), sodium chloride (table salt), potassium chloride, and trisodium citrate dihydrate (formerly sodium bicarbonate, or baking soda). (See page 60.)

SSS — Sugar-Salt Solution. A home-made rehydration drink formerly recommended by UNICEF as an alternative to ORS packets. Now UNICEF and WHO have stopped promoting SSS and instead simply recommend “home fluids” (teas, soups, etc.). However, in some countries and programs SSS is still widely used (see page 42).

CB-ORT and **FB-ORT** — Cereal Based and Food Based Oral Rehydration Therapy. In recent years it has been found that cereal or starch drinks can be more effective in combating dehydration than sugar based drinks (either ORS or SSS)(see page 66).

TERMS

Development — We use this term to refer to progress that improves the well-being and living standards of disadvantaged populations. The dominant school of thought holds that development can best be accomplished through “modernization” along Western lines of eco-

nomie growth. Thus the Third World must follow the same path that the First World took. The concept of development has, to a large extent, been used by powerful First World interests to reshape the politics and economies of poor countries to their advantage. As a result, activists in poor countries sometimes object to the very concept of development as manipulative and neo-colonial.

Growth-oriented development — We use this term for the conventional development model that has dominated the North and largely been imposed on the South. According to this model, development is virtually synonymous with economic growth. Its goal is to improve a poor country’s economic stability (i.e. market potential) by increasing its GNP (gross national product). Economic growth is pursued through a combination of industrialization and large-scale agribusiness.

Equity-oriented development — We use this term as an alternative to “growth-oriented development.” It is an approach that places basic human needs before the lopsided pursuit of economic growth. It recognizes that the health and well-being of a population depend more on fair distribution of resources and power than on the total wealth of a country or increase in GNP. It builds from the bottom up, involving as many people as possible both in the process and the fruits of production. People participate strongly in the decisions that affect their lives. Society makes sure all people’s basic needs are met, and encourages people to organize to defend their rights. Terms such as “real development” and “sustainable development,” used by institutions ranging from UNICEF to the World Bank, often give at least lip service to the concept of equity and elimination of poverty. However, they generally place strong emphasis on economic growth without insistence on structures or regulations that will ensure more equitable distribution of wealth and basic services.

Underdeveloped countries — In this book we use the term “underdeveloped” to refer to countries which are relatively poor, dependent, and often heavily indebted to the rich (industrialized or so-called developed) countries. We prefer the term *underdeveloped* to *developing* because it more accurately reflects what is happening. Contrary to becoming increasingly developed (in terms of more fully meeting everyone’s needs), many of the poorest countries are being systematically underdeveloped in the name of development (see above). There is an increasing net flow of wealth from the poor to the rich, both within countries and between them. To ensure that they can keep servicing their debts, poor countries have been obliged to cut public spending on health and education, to reduce the earning power of the poor, and to deplete (or decimate) natural resources (such as forests, topsoil, and groundwater).

Third World— This term is used, on occasion, to refer to underdeveloped countries as a group. In comparing underdeveloped to industrialized or “developed” countries, we also sometimes speak of the former as *the South* and the latter as *the North*. Or, for the sake of simplicity, sometimes we simply refer to *rich countries* and *poor countries*. We recognize that none of these terms is completely satisfactory.

Intersectoral — Relating to a combination of various sectors or disciplines. For example, an “intersectoral approach” to health care might include the ministries of health, education, agriculture, and social welfare.

Military-industrial complex — Originally coined by former US President Dwight Eisenhower, this term refers to the array of powerful economic entities—ranging from giant multinational corporations and to arms producers military contractors, and the Pentagon—whose influence and lobbying do much to determine national and international policies. Often we use this term (or the terms “power structure,” “powerful interests,” or “entrenched interests”) to refer to the elite minority of persons and groups who dominate and direct the present political and economic world order, shaping major economic and development policies to their own advantage.

Structural — When we speak of the “structural causes of poor health” or the need for “structural change,” “structural” refers to the structure or composition of

society, especially the prevailing power structure. It includes the dominant social, economic, and political forces. It embraces the body of laws, social control mechanisms, and economic policies—typically enforced by government— which often determine and perpetuate the balance (or imbalance) of wealth and power within a nation or community.

Structural Adjustment Programs (SAPs) — Economic policies imposed on Third World countries by the International Monetary Fund and the World Bank. These policies, which have had a devastating impact on poor people in many countries, derive their name from the fact that they are designed to “adjust” the economic structures of poor countries to ensure that they keep making interest payments on their foreign debts. Key structural adjustment measures include:

- cutting public spending on health, education, and other social services;
- removing subsidies for and lifting price controls on staple foods and other basic commodities; and
- shifting from production for domestic consumption to production for export.

(For a discussion of structural adjustment and its impact on health, see page 83.)



NOTE: The spelling used in this book is that used in the United States (home to four of the authors). However, there are many differences in the spelling of English in different regions of the world, and there are many instances where we have quoted individuals whose spelling differs from ours. In these cases we have retained the original spelling of the author. This has resulted in spelling inconsistencies (for example, paragraphs which include both *diarrhea* and *diarrhoea*). Hopefully the reader will not find this too confusing.