Human rights, community-based health care and child survival

by Paul Farmer and Jim Yong Kim

With 20 years of experience in rural Haiti introducing modern medical care to millions who had not previously enjoyed it, we now know many of the requirements for a successful health-care programme in areas devastated by disease and poverty. To provide primary care alongside specialized treatment for infectious disease, while promoting women’s and children’s health, community health-care workers must be trained and mobilized to prevent illness and to deliver quality health care. With recent expansion to Lesotho, Malawi and Rwanda, we now see that many of the lessons learned in Haiti are universal in improving the health of children and adults worldwide.

In each of the settings in which Partners In Health works, our goal is to “do whatever it takes” to improve the health and well-being of those we serve, almost all of whom live in poverty. In each setting, we have learned that health problems do not occur in isolation from other basic needs, such as adequate nutrition, clean water, sanitation, housing and primary education. We have also learned that non-governmental organizations cannot work in isolation but must collaborate with members of the communities served and with local health authorities to strengthen public health so that future generations may come to regard these services as rights rather than privileges.

This rights-based, community-based approach to promoting health leads to a clear vision regarding the health of children

In Haiti, Lesotho, Malawi and Rwanda, Partners In Health – in collaboration with local communities and a wide range of partner organizations, including the Clinton Foundation, ministries of health, UNICEF and the François-Xavier Bagnoud Center for Health and Human Rights – has identified five key components for a comprehensive, community-based child survival programme.

First, we work with public health authorities to roll out the interventions shown to be crucial to improved child survival. These include expanded vaccination campaigns; vitamin A distribution; the use of oral rehydration salts to treat diarrhoeal disease and safe-water programmes to prevent it; an aggressive programme for prevention of mother-to-child transmission of HIV; malaria prevention with mosquito nets, backed by improved community-based and clinical care; nutritional assistance for children suffering from or at risk of malnutrition; and the provision of high-quality in-patient and ambulatory paediatric services for those children who do fall ill. Currently, we are working with the Government of Rwanda and other partners to show how an integrated package of key child survival interventions, including prevention of mother-to-child transmission of HIV, can be rapidly deployed under the Government’s strengthened rural-health-care model. With support from the international Joint Learning Initiative on Children and HIV/AIDS, a cross-sectorial, interdisciplinary exercise in collaboration between lead­­­­ing practitioners, policymakers and scholars, practitioners scaling up child survival interventions in rural districts are sharing innovations and results through a collabora­t­­­­tive network that will enable them to improve service quality, even as they reach greater numbers of children and families in previously underserved areas.

Second, since the health and well-being of mothers are key determinants of child survival, our efforts promote access to maternal and child health. Our work on behalf of children is linked to efforts on behalf of their mothers and other family members through family planning programmes, prenatal care and modern obstetrics as part of women’s health programmes, efforts to promote adult literacy and poverty alleviation in general.

Third, we initiate and/or strengthen paediatric AIDS prevention and control programmes. As part of an upcom­ing campaign, and in the manner outlined above, we are launching a major paediatric AIDS initiative in Rwanda in concert with the Clinton Foundation and Rwandan health officials and providers. This initiative will establish a nation­­­­al centre of excellence for paediatric AIDS care. Quality paediatric services will be linked to community-based care for children with HIV and also to prevention efforts within primary and secondary schools in rural Rwanda.

Fourth, we need to launch operational research and train­ing programmes designed to improve the quality of care afforded to rural children. Such research will examine the programmatic features of successful efforts to prevent HIV transmission from mother to child; the diagnosis and management of HIV among infants; paediatric tuberculo­sis diagnosis and care; the role of community health workers in improving care for chronic paediatric condi­tions, including AIDS and tuberculosis, and in preventing, diagnosing and providing home-based treatment for such common ailments as malaria and diarrhoea; and assessing the impact of social interventions, including those designed to curb food insecurity and illiteracy, on the health and well-being of children worldwide.

Fifth, we work to advance these efforts in tandem with those designed to promote the basic rights, in particular, the social and economic rights, of the child. The Partners In Health Program on Social and Economic Rights (POSER) disseminates, through tangible projects and education, using access to health care as a means of meeting the Government’s strengthened rural-health-care model. With support from the international Joint Learning Initiative on Children and HIV/AIDS, a cross-sectorial, interdisciplinary exercise in collaboration between lead­ing practitioners, policymakers and scholars, practitioners scaling up child survival interventions in rural districts are sharing innovations and results through a collabora­t­­­­tive network that will enable them to improve service quality, even as they reach greater numbers of children and families in previously underserved areas.

Are affordable and cost-effective at scale.

Fit within existing structures and hierarchies and have the support of professional groups and lobbies.

These political considerations are likely to constrain some of the tech­­­­­nical choices that advocates of the continuum prefer, but unless such political concerns are acknowledged and addressed, the strategies they promote are unlikely to succeed.

Stability, in political and macro­­economic terms, and sound budget­ing are prerequisites for mobilizing the institutional, human and financial resources required to strengthen health systems and nutrition services. Many of the countries struggling to meet the MDGs, particularly in sub-Saharan Africa, do not enjoy political or economic stability. Under such circumstances, it is important to mobilize all forms of effective leadership in society, whether at the national level where broad sectoral decisions are made or at various sub­national levels (provincial, district) where the interaction with communi­ties takes place.

In contrast to the extensive knowl­edge of the technical and contextual interventions required to improve maternal, newborn and child health, there is less known on how political commitment to a result-oriented approach to health services delivery is both effected and sustained, partic­ular in settings of low health systems

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THE STATE OF THE WORLD’S CHILDREN 2008