

ARCHIVED: WMA STATEMENT ON INFANT HEALTH

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Preface

Recognizing the high infant mortality rate (IMR) in various areas of the world, the WMA and its national medical association members are embarked on a program to reduce unnecessary morbidity and mortality in developing countries.

The concept for the program was initiated by the AMA which collaborated with the Centers for Disease Control (CDC) in the development of what is now known as "WMA Infant Health Program". The AMA is responsible for implementation of the program on behalf of WMA with CDC serving as the technical consultant.

The Indonesian Medical Association and the Medical Association of Thailand were selected to implement pilot projects in their respective countries. Funding for these projects has been provided by the United States Agency for International Development (USAID).

WMA's Role

The World Medical Association (WMA) Infant Health Program, a private sector endeavor, involves the WMA in an initiative that is highly relevant to Third World countries. The hope is to contribute significantly to the overall goal of reducing unnecessary morbidity and mortality among children in Third World countries – a goal which is integral, as well, to efforts by other international and governmental bodies.

The main thrust of this initiative is to seek active involvement of physicians in Third World countries in measures such as the use of oral rehydration therapy (ORT), immunization, and nutrition programs which will significantly improve infant health. It recognizes the importance of mobilizing physicians, in their professional and private capacities and as influential citizens, around goals of improved infant health. The national medical association (NMA) is the ideal vehicle for such an approach.

The WMA and its member associations will work cooperatively with ministries of health and other governmental and private organizations in countries where the infant health program will be implemented. Private sector initiatives are increasingly being recognized as an essential force to accomplish national goals of improving the quality of health care and lowering infant mortality.

The WMA through its world-wide membership of NMAs representing more than two million physicians, will reach a wide audience with publications and information on interventions to enhance child survival. The WMA will be the catalyst to motivate NMAs in developing countries to participate in child survival programs focused on ORT immunization against the six vaccine-preventable diseases and other key interventions. NMAs in developed countries will join in the effort. Cooperating together under the auspices of the WMA, NMAs will develop the necessary resources to carry on the work into the future.

Goals and Objectives

The program components of the pilot projects, which will be developed for replication in other countries, are as follows:

- Full immunization of children against the six vaccine-preventable diseases
- Use of ORT for the treatment of diarrhea
- Immunization of all pregnant women with tetanus toxoid
- Two-year interval between births
- Exclusive breastfeeding of infants for at least four to six months and the introduction of weaning foods at an appropriate age
- Prenatal examination of all pregnant women
- Delivery of all newborns by trained personnel

- Birthweight of at least 2500 grams

Strategies

The WMA joins with other private and public sector organizations in the battle to save lives and prevent the deaths each year of some 14 to 15 million children under five who die from disease and malnutrition. Millions of these children die needlessly since relatively low-cost disease prevention and life-saving interventions are available. The WMA Infant Health pilot programs will develop strategies for interventions that can be replicated and become self-sustaining and institutionalized within each country.

It is of paramount importance that physicians and their NMAs understand and support the delivery of relatively inexpensive vaccines for immunization against the six vaccine-preventable diseases (diphtheria, pertussis, tetanus, measles, polio and tuberculosis). The WMA programs will be a part of the world-wide goal to immunize 80% of the world's children by the end of this decade in countries where this is achievable and, shortly thereafter, in those countries with the most severe problems in accomplishing this goal.

In tandem with immunization, the WMA strategy will be to lower the IMR with the use of ORT in the treatment of diarrheal disease which kills five millions children every year. ORT is effective against dehydration – the complication of diarrhea which is most often lethal. If fluids and chemicals are not replenished, children who are already underweight or malnourished rapidly weaken and die.

Through lessons learned in the development of ORT, scientists determined the role of glucose in accelerating the absorption of salt and water through the wall of the intestine permitting rapid replacement of essential fluids. According to USAID:

It is now known that a simple combination of sugar, salts and water in specific ratios (along with bicarbonate or trisodium citrate), given by mouth in frequent small doses, will reverse dehydration in all but about 5 per cent of cases, usually within three to seven hours. Just sugar, salt and water, in the right proportions, will usually prevent dehydration if given soon enough. This ORT is not only far cheaper than the IVS and drugs it replaces, it is also better for the child and can be used in the home and outpatient clinic as well as in the hospital.

As a child's most important health care provider, mothers must be taught how to mix fluids in the correct proportions, how to administer them, what other nourishment to provide the child, and when to seek outside help for a desperately ill child. In designing education and training programs, the cultural milieu prevailing in different societies must be taken into account.

In order to educate mothers to the need for ORT and to have the requisite knowledge to administer it, physicians must understand and support the therapy. Their acceptance will make ORT credible to health workers and to mothers. However, since many physicians have been trained to utilize anti-diarrheal drugs and IV therapy, NMAs can play a pivotal role in child survival by educating their physician members and non members to the efficacy of ORT in saving the lives of millions of children worldwide. Informed and trained physicians can educate health workers and most importantly, mothers, to use ORT in the home. It is clear from the continued high IMR in many countries that government programs cannot do the job alone. Governments, in turn, are increasingly aware of the need for more private sector involvement.

Conclusion

While recognizing that the battle against diseases is not easily nor quickly won, the WMA seizes the opportunity to save the lives of potentially millions of children through child survival action programs. WMA member NMAs in developed and developing countries have a shared responsibility to work for quality care for all people of the world, and in this spirit, to support efforts to reach child survival goals.