

## DOING GOOD IN BAD TIMES

**David P Haxton**

Many years ago, development experts suggested that all Member States of the United Nations should consider having a “20/20” vision on development. This suggested each Member States should devote at least 20 percent of its national budgets (poor *and* rich countries) to directly improving the social conditions of their people, with particular emphasis on children; each Member State should devote at least 20% of all its international development assistance to meet and accelerate services for the basic needs of their populations, with particular emphasis on children. The basic needs were listed as: primary health care; nutrition; basic education; family planning; access to clean drinking water and to sanitation. Since then, while total allocations have increased, on average, less than 10 percent of already inadequate levels of development assistance are devoted to improving the human condition of people.

While it is true that different ways of defining and reporting on social sector allocation within national budgets and within foreign aid allocations make precision in this discussion a bit illusive, the situation is not what it ought to be. But even if current research revealed ways to improve the clarity, the “20/20 vision” concept would still be a good goal because it continues to underscore the importance of improved allocation structures for more and better services for people, especially children and women.

Many people, including leaders who should know better from history, are vocal about ‘the bad times’ we are facing; and the need to ‘cut back’ on services for people. It suggests that they see those as a priority for budget reductions and ‘savings’ but do not see the people as a priority for needed progress.

There is a growing sum of chatter floating about suggesting that we must not think big or do better in difficult economic times. Let us let history teach us.

Smallpox was eradicated in the world when per capita incomes were much, much lower; when national budgets were restricted and foreign aid was relatively new and in the midst of a divided and contentious world dealing with the “Cold War”. Tuberculosis was almost eliminated from Europe in the immediate postwar years when the entire continent was in difficult straights. The “green revolution” in poor countries took hold and more people had more access to food than before in the challenging times of the ‘60s and 70s.

Yet, every day we open our papers to the dark headlines advising us that things are awry in the world; that bad things are happening in dangerous places. The word “unprecedented” is the ‘twitter of the day’.

We hear of ethnic conflict, religious hatred, failed states, and economic devastation in whole geographic regions. We are told that we confront a host of problems that are reaching crisis proportions.

We heard the same words in the 1980’s did we not?

Those were times of the ‘cold war’; economic stringency; near depressions in some countries; the number of poor on the increase; states were failing; war and strife was causing grief in South East Asia and in Africa; internal unrest in countries in almost all regions was a daily feature of our reading. In the US and Europe economic constraints were the talk of the day.

Yet UNICEF in 1983 launched and successfully encouraged over 90 governments to invest in and accelerate their vaccination programs. By the end of the decade coverage rose on average from 20% to over 75% for protection from 6 major maladies of children. Production plants for vaccines were built and made operative in many places. The campaign to protect breast feeding from unnecessary interruption from processed food, misleading guidelines and false advertising was invigorated. The WHO Global

Policy on Protecting of Breast Feeding was adopted (almost) unanimously by the World Health Assembly. Bangladesh helped show the way to production and use of inexpensive sachets of a mixture of salts and sugar as a response to infant diarrhea and countless lives were saved by this 'home brew' as local production increased in more than 30 countries. ICCIDD and UNICEF and WHO renewed national interests in addressing iodine, iron and vitamin A deficiencies through fortification of common foods and improved availability of supplements at lower costs.

We *can* do good things in bad times.

To protect baby's brains from preventable brain damage from iodine deficiency, we can assure access to iodine in the daily diet by the simple, inexpensive and effective production and delivery of iodized salt; a product that can be purchased in every village every day. Common wheat flour can be fortified with iron (to combat anemia, the greatest malnutrition problem in world) and with folic acid (to protect from crippling). Computers and cellular telephones can be used for reporting, monitoring and rapid response services. Cellular phones are now a fast growing domestic product in countries of East Africa and Asia. Immunization programs protect children (and the population) from preventable and more costly damages. Public education teaches how to sustain public health and public nutrition at very low cost over time.

We need to modify an old adage. I believe that "Believing is Seeing". If we believe that our major obligation is to protect children and promote their full development, then we can see ways in which that can be done. This is the beginning of '20/20' vision and 'difficult times' spurs us forward.

**That is, "IF"; " if we care enough; if we have the courage; if we want to do it.**

An adaptation of this article appeared in the Greensboro News and Record, 24 April 2009.

References:

*Grant, James P, Foreign Policy, 1993, "Jump Starting Development".*

*Haxton, David P, Child in South Asia, "International Transfer of Resources." Indian Institute of Public Administration, 1983.*

*Haxton, David P, "Economics of Child Development" paper to International Economics Association Conference, New*

*Delhi, 1986*