

## A Note From the Executive Director

### The Importance of Teaching Children the Value of Health

This year marks the 10th anniversary of AIHA's partnership program. Over the past decade, more than 90 alliances between healthcare professionals, institutions, and communities in the United States and their counterparts in the NIS and CEE have been forged; partnerships that have helped usher in many positive changes in healthcare services and delivery in the region. While each partnership may have pursued a different route toward achieving its goals, the underlying purpose has always been to change the way people think about wellness issues and to help healthcare institutions connect with communities to develop effective, appropriate health programs and services.

Since 1992, AIHA and its partners have worked to build the capacity of both institutions and clinicians—sometimes by creating new disciplines, such as health management education; sometimes by strengthening an underutilized profession, such as nursing; and other times by developing educational programs and training centers that pass on knowledge and skills to hundreds of thousands of individuals. Truly, the accomplishments of the dedicated healthcare professionals who have contributed to the partnership program are too numerous to list on these pages.

As we celebrate the achievements of the past 10 years and launch a new decade of partnership activity, it is particularly appropriate that this issue of *CommonHealth* looks at the health needs of children and young adults. After all, they represent our future. There are 91 million children in the NIS and CEE under the age of 18 who are growing up in a world that bears little resemblance to that of their parents. Calling these children the “transition generation,” Carol Bellamy, executive director of UNICEF, wrote in the foreword of *Young People in Changing Societies* that the trials children face as they become adults are very similar to the challenges the nations they live in are facing as they make the transition to market economies. In fact, she notes, the two processes are mutually supportive and offer many opportunities for people with initiative, creativity, and flexibility—three things that are often the hallmark of youth—to improve their world.

Just as these transitions present untold prospects for each country, they also present many challenges. For children growing up in the region, these include serious health threats such as rising rates of sexually transmitted infections, substance abuse, HIV/AIDS, and mental illness. Youth are also more likely to be exploited by black market economies and the activities that keep them afloat: prostitution, drug trade, and human trafficking. Additionally, the past decade has seen millions of children throughout the NIS and CEE orphaned, the vast majority not by the death of both parents, rather by social and economic problems, including unemployment, mental illness, alcoholism and drug addiction. Indeed, for every young person who has successfully navigated the transition to adulthood within the microcosm of their country's ongoing social transition, dozens more have been disenfranchised, forced to take to the streets where they must resort to begging, stealing, prostitution, petty crime, and dealing drugs to survive. As this army of the alienated and abandoned grows up without the care and support that should be every child's right, they may very well turn their backs on the societies that cast them aside.

No other region has recently undergone such wide-scale systemic change, and this transformation has not been easy. Its impact on the health status of children has been significant and, although laudable successes



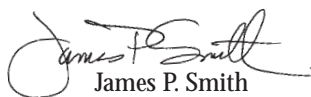


such as a more than 30 percent decline in neonatal mortality rates have been realized, numerous studies conducted by WHO, UNICEF, and the World Bank underscore the fact that the challenges continue to multiply at an alarming pace. By the end of 1999, for example, one out of every five 16-year-olds admitted to having tried illegal drugs. In 2001, there were an estimated 250,000 new cases of HIV infections, bringing the total number of people living with the disease to in excess of one million; the majority of new infections occur in young adults, with girls being especially vulnerable. Tuberculosis, malnutrition, accidental deaths, ailments related to environmental degradation, chronic respiratory illnesses, and a host of communicable diseases are all a particular threat to children, especially those living in poverty. Some of these ailments have existed for generations, while others—the interconnected scourges of drug abuse and HIV/AIDS, for example—are problems that the transition generation is the first to confront. With the rate of HIV infections growing faster in the NIS and CEE than in any other region of the world and the number of drug addicts outpacing it, these are hazards that threaten to consume millions of lives if they are not immediately addressed. As experts around the world are quick to point out, many of today's most serious diseases stem from unhealthy behaviors and unwise lifestyle choices that take root during adolescence. These behavioral problems require behavioral solutions, as well as the active participation of healthcare institutions, social service agencies, civic organizations, schools, businesses, parents, and children themselves.

Addressing these health concerns is daunting, but not impossible. Providing youth-centered services is the key to stemming the rising tide of disease and disability that threatens today's youth. AIHA and its partners have recognized this for a decade; virtually every community health assessment conducted through the partnership program has indicated as much. As the articles in this issue clearly indicate, partners recognize that young people are a valuable asset and are engaging them in the process of developing or enhancing community-based programs throughout the region. Statistics show that health promotion efforts targeted at youth—whether they are oral hygiene programs geared toward elementary school students, reproductive health classes focusing on adolescent girls, or substance abuse and violence prevention workshops aimed at high-risk teens—can be extremely effective at teaching the value of good health. Adopting a multidisciplinary approach to child health by not only offering clinical services, but also by actively collaborating with community organizations and mass media outlets can broaden the reach and scope of these programs.

On a recent trip to Vac, Hungary, I was shown yet again that partnerships are especially well-suited for the task of empowering children and adolescents by arming them with the knowledge they need to make wise lifestyle choices and to avoid the behaviors that put them at risk. Partners there have nurtured a cadre of youth volunteers that works to inform their peers about the consequences of unhealthy lifestyle choices such as smoking, substance abuse, and a sedentary lifestyle. They are now part of Vac's solution to the health-related problems that plague the community and the partners who spearheaded the project readily admit that the teens involved now run this particular education and outreach program.

Many people assumed that elderly populations would be the casualties of the transitions that began in the early 1990s, but the last 10 years have shown that the real victims are often the children. Without dedicated action and a firm commitment from governments, policymakers, community leaders, and individuals alike, the transition generation may soon become a lost generation. But this is not inevitable. The best interests of children must be calculated into the very foundation of public policy, and the health of children and young adults must be emphasized in every nation's strategy for the future. The role of AIHA and its partners in this process is to give communities the tools they need to help children navigate both the health challenges that existed before and the new ones brought to the forefront by the transitions of the past decade.



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