MedChild
FONDAZIONE ISTITUTO MEDITERRANEO PER L'INFANZIA

A child well–being index and the Euro-mediterranean area

Ministry of Foreign Affairs

Seminar Proceedings

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The MedChild Foundation was born to take the part of children who live on the Mediterranean shores, both from a social, educational and medical point of view, independent of political and religious convictions.
The overall objective is to follow the guidelines of the International Convention on the Rights of the Child and secure a survey of their application.
The MedChild Foundation has been created in order to favour interaction and mutual enrichment between cultures, to favour the diffusion of peace and tolerance between people, starting with the young ones, helping them to grow in a better world.

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Background Papers

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Measuring Child Well-Being in the Mediterranean Countries - Toward a Comprehensive Child Welfare Index

Centro Europa Ricerche*:*
Towards an estimate of Child Welfare

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Introduction

The statutory mandates of the MedChild Foundation (Fondazione Istituto Mediterraneo per l'Infanzia) include analysis, evaluation and monitoring of the situation of children in the Mediterranean area, a task carried out also with the aid of specific indicators through the Child Well-Being Index (CWI).
An initial methodological approach (based on normative analysis) was developed by Jacques Van der Gaag and Erika Dunkelberg in the paper "Measuring Child Well-Being in the Mediterranean", now available on the website www.medchild.org, subsequent to a proposal presented and discussed by the authors on 9 January 2004 in Genoa at the Children and the Mediterranean conference.
The CER (Centro Europa Ricerche) was then asked to develop a new index based on the guidelines established and a methodological approach of positive analysis.

A seminar was held in Rome on 5 October 2004 in collaboration with the Italian Foreign Ministry to present the quantitative results of the initial attempts to form a picture of child well-being in the Euro-Mediterranean area through the application of indicators. The seminar provided a valuable opportunity to discuss the methodological approaches adopted, the results obtained, the indicators chosen, the possible changes and additions, and the objectives of further development.

Lynkeus was assigned responsibility for initiating and co-ordinating the specific studies required to devise and construct the statistical indexes and to ascertain their correctness and appropriateness.

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The seminar also saw the signing of a memorandum of understanding between the Italian Foreign Ministry and MedChild bearing witness to the former's increasing commitment to the protection and promotion of children's rights.
In addition to action taken in all the international institutions with a view to developing and strengthening support for children's rights,

especially in the areas of greatest vulnerability, the Ministry has always focused particular attention on the implementation of initiatives with countries of the Euro-Mediterranean area through its general directorate of cooperation for development.

The goal of the memorandum of understanding signed by the Ministry and MedChild within this framework is to develop operative synergies among central public institutions and established organizations with a high level of experience promoted by local authorities, hospitals and banking foundations. The primary objective is to foster the spreading of a culture of children's rights in areas where insufficient protection is afforded and to launch studies, surveys and pilot schemes with a view to improving the physical and mental well-being of children.

The MedChild Foundation wishes to thank the Foreign Ministry for hosting and taking an active part in the seminar.

Franco Frattini

Thank first of all to Prof. Musso, president of the MedChild Foundation, and to Prof. Ruffolo. We are still waiting for Fernanda Contri, who should be joining us shortly. I am most grateful to all of you for your participation on this occasion, which will also involve the signing of an agreement that I regard as particularly significant between the Foreign Ministry and the MedChild Foundation. I shall make just two observations in welcoming you all and getting the proceedings underway. You are all aware that the Foreign Ministry and I myself attribute primary importance to Italy's strategy for the Mediterranean. You are all aware of the priority attributed by the Italian government to action designed to promote, both in Italy and in Europe, concrete attention to the Mediterranean, which we believe can and must be characterized as a region of peace, stability, and economic development; above all, I would say, as a region of dialogue between the different cultures, religions and civilizations. This attention is characterized by concrete initiatives starting with those launched more specifically by Italy during its term of European presidency. We recall the creation of the Anna Lindh Euro-Mediterranean Foundation for Dialogue between Cultures, named after the tragically murdered Swedish foreign minister, and the initiatives designed to promote a Euro-Mediterranean partnership, envisaged by Italy as taking concrete shape as soon as possible in a bank for the Mediterranean. Further steps are being taken, but this is the goal still pursued by Italy.

Then there are the initiatives that Italy has endeavored to promote out of a sense of responsibility for the accumulation of history and traditions making up Italy's culture for the Mediterranean: dialogue first of all.

We have set up an Observatory for the Mediterranean. Appointed by myself to coordinate its activities, Prof. Aziza has gathered together here some of perhaps the most authoritative representatives of institutional Islam, with whom we have initiated a dialogue that will continue all through the year 2005 and beyond, precisely because we believe that Italy has one characteristic shared by few other countries. We can say this with legitimate pride. Italy is one of the founders of the European Community and we are now preparing to host the signing of the constitutional treaty that will strengthen progress toward European integration. The second Treaty of Rome will in fact be signed this Friday on the Capitol. At the same time, however, we are a deeply Mediterranean country, and this characteristic enables us to have a

relationship with the countries on the southern shores of the Mediterranean that few others can boast either inside or outside Europe. And this is why the Italian Foreign Ministry supports and encourages with wholehearted conviction the initiatives of the MedChild Foundation, with which we will not only be continuing our dialogue in this morning's session but also signing a declaration of intent for reciprocal collaboration. Set up about one year ago, the Foundation is an offshoot of the justly renowned Gaslini Institute, which we thank for having responded favorably to our efforts to involve it in one of the activities for which Italy has earned the gratitude of the desperate people in Iraq. As you know, the Gaslini Institute was the first hospital to organize a program not only of distance treatment but also of concrete treatment in Italy for Iraqi children, who have thus had the hope of life otherwise denied them. This has been accomplished and is still underway. I believe that, together with this meeting, this is one of the actions that can continue to characterize what should be a different sort of Italian "output". Not just the – in any case highly regarded – output of the entrepreneurs involved in the development of the Italian economic system but an Italian output of solidarity toward those in need, an output concerned with children, who are by their very nature the weakest members of all societies and especially of societies struck by the tragedies of war, violence and terrorism. Children are those who pay first and most. You will all have heard the recent appalling news of the first kidnapping of a child, just a few years old, in Iraq.

We are initiating a form of collaboration, and I can assure you, Prof. Musso, that the Ministry is determined to ensure that declaration of intent will not mean just intentions but concrete actions. We are grateful to all those who have strongly believed in and planned this activity, what we could describe as activity at the service of a mission. This is a mission undertaken by Italy, the sign of an Italian presence. It derives from a system involving many actors with different tasks. Ours is the task of policy and government, yours the task of concrete action in the field with people of valor operating above all out of conviction. You will be able to find in the Foreign Ministry, in the officials, diplomats and ambassadors, a network of people believing wholeheartedly in the validity of this project. They will believe in it because it is one of the priority actions, because if there is one point for which Italy is positively known in the world it is ability to offer solidarity. We are doing this in Africa, in Latin America, in Asia, in the Middle East.

Wherever there is a need for concrete solidarity, Italy is and can be present. This action specifically regarding children is a further element and a opportunity to take pride in improving upon what has been done so far. For this reason I am grateful to you for the idea and the initiative you propose. You can count on the Foreign Ministry for convinced support of your ideas and projects.

Bruno Musso

I thank the Minister, Mr Frattini, not only for what he has said today but also because his words crown the uncommon attention with which he has followed our progress from the very outset, attention of an always acute and impassioned nature that has found room for us even on the busiest days in his appointments book.

My thanks are not for the Minister alone, however, but for the ministry as a whole, for our friends Ambassador Vattani, its guiding spirit and general secretary, and Minister Sessa, whose long and incisive diplomatic career has been devoted to the Mediterranean, and for the entire structure, all sections of which have displayed keen interest and indeed convinced support for this initiative. And when there is widespread agreement and conviction, it is all the more certain that fortune will smile upon an undertaking. Guidance from above is always necessary, and this has been and will be provided loud and clear, but it is very important and reassuring that it should be embraced wholeheartedly throughout the ministerial framework.

I should also like to inform the Minister that there is just the same degree of commitment on our side, as much as or even more than the initial enthusiasm. Like many new creations, MedChild also experienced all the difficulties of birth, but managed to overcome them within an acceptable span of time and is now fully operative. We would certainly have liked to do more and better, but the idea is in fact barely one year old. As the Minister has just reminded us, it made its public debut early in 2004 at the Genoa conference, which in some respects anticipated the objective of this permanent initiative. During those three days, and contrary to many people's expectations, we achieved a turnout of just under nine hundred participants from Europe, the Arab world, Israel and the United States, gathered together to discuss the rights of children to develop as human beings at a time when the idea of getting so many authoritative figures from so many different places around the

table to address such a subject could have appeared a utopian pipedream.
Today the MedChild Foundation and Institute draws upon those issues, discussions, appeals and conclusions in order to develop with continuity and determination what would otherwise be in danger of remaining an isolated episode. It is a foundation set up under of Italian law but also a Mediterranean institute, and it is to the latter attribute that crucial importance is attached. We are determined to live up to the expectations of the ministry, which has been so farsighted as to select a body that is Italian but first and foremost Mediterranean as the point of reference for its policies aimed at children in the Mediterranean, thus incorporating an adviser that endeavors to act as the voice of the Mediterranean into its process of policy formulation.
Our primary commitment is thus to expand the existing support with a view to the broad, effective and non-formal participation of Mediterranean cultures and peoples in our appraisals, proposals and initiatives. This is both our statutory mission and the prerequisite if our work is to become truly representative of the area as a whole and contribute, among other things, to a foreign policy that, as the Minister has recalled, is peculiarly characterized by Italy's historical, present and hopefully future role as a linchpin of the Mediterranean area.
Some initiatives are already underway or on the verge of commencement in perfect continuity with the mission in Iraq recalled by the Minister. While the mobile unit has been unable to reach Iraq, as was intended, for reasons of safety, it will soon be arriving in the region – at Keraq in Jordan – to provide assistance in the area and for the Iraqi refugees taking shelter there. We are also ready together with the Italian Navy – many thanks to Admiral Martines, who is here at our table – to launch the first pediatric mission on a logistic vessel and thus commence the work of assistance and training in the field and contact between pediatricians from Italy and other Mediterranean countries from which we expect permanent alliances in the sector of children's healthcare.
We have other concrete initiatives that I will not illustrate for the sake of brevity but wish to recall because, as a whole, they characterize MedChild as primarily an operator active in the field rather than a center of research and analysis. I find it particularly important to remember this today at a seminar exemplifying the more scientific side of the Foundation, which we see as equally indispensable but want to be

anchored to reality and at the service of concrete objectives. We are thus committed to producing a yearly report on the condition of children in the Mediterranean region capable of stimulating ideas and proposals for the improvement of different aspects in different areas, thereby ensuring that the studies undertaken are not isolated in the sort of ivory tower the intelligentsia unfortunately loves to build every so often. This will not happen here, not least because of the obligation to deliver a public report every year on the ideas developed and the studies carried out, and indeed on the concrete results of the challenging assertions formulated in terms of decisions taken, proposals realistically submitted to governments and institutions, and initiatives undertaken or fostered.

The fertilization of initiatives is indeed a hallmark of our approach. We firmly believe that if we are to be truly Mediterranean and effective, we cannot confine ourselves to ideas and plans, albeit developed with the broadest support, but must be fully involved in identifying, promoting and disseminating effective initiatives in the different parts of the Mediterranean area. On the occasion of the Dubai conference to be held in April as a follow-up to those in Genoa and Amman, we shall be presenting not only the new *Charting the Mediterranean Child* report and the Child Well-Being Index discussed today but also the first MedChild awards for innovative best practices, designed to identify, select, encourage and disseminate practices that have emerged in different sectors and areas of the Mediterranean and appear capable of improving conditions for children both there and elsewhere.

So many ideas, so many projects, so many tools, all underpinned by the conviction that in working for children, their rights, and the concrete enforcement of the same, we are working for the future, Children are the future, but working for them also means building a society that devotes more attention to the human being and becoming, above and beyond all declared intentions, agents of peace in the Mediterranean. In a nutshell, this is the perhaps excessive ambition from which our project draws its strength. The attention shown by the Minister and its confirmation in the agreement for collaboration to be signed today provide us with great assistance and encouragement to continue.

I have taken the place of the judge Fernanda Contri, the president of our international scientific committee, who will be arriving but has been held up by the unusual but not impossible phenomenon of fog at Fiumicino. I have therefore improvised this opening address in her place and shall leave her, if she so desires, to deliver the closing address in

mine, thus introducing a dash of the *commedia dell'arte* for which we Italians are justly renowned.
Prof. Giorgio Ruffolo now has the floor. The signing of the letter of intent between the Foreign Ministry and MedChild should then take place before the debate gets underway.

Giogio Ruffolo
Mr. Minister, please allow me to express my sincere personal appreciation for your words. I shall offer no more than a short greeting, taking care not to go into the details of a research project to which the CER (Centro Europa Ricerche) has made a hopefully valid contribution and which will be illustrated by the appropriate person. Just a few remarks about the "general" problem of welfare indicators, as clearly outlined in the introduction to the documentation you all have to hand. The inadequacy of GDP (Gross Domestic Product) as a general indicator not only of the economy but also of well-being is now universally acknowledged, as is the divergence between GDP and many indicators of the quality of life. Authoritative scholars and bodies have put forward solutions to this knotty problem. It is my impression, however, that the question is seen only as a matter of statistics – the field into which our research falls – and not of science, of economic policy, and above all of politics *tout court*. This does not mean challenging GDP as such but taking cognizance of its increasing loss of meaning. I have stressed this point repeatedly. Let us be clear, GDP marked an unquestionable advance in economic science without which the theoretical developments of contemporary economics would have been impossible, including both the Keynesian and the monetarist approaches. It is therefore unjust of the Nobel laureate Morgenstern to call GDP the stupidest measurement ever invented by economists. Perhaps it was just an off-the-cuff remark. The growing obsolescence of GDP is, however, undeniable and it is a fact that its usefulness has been severely reduced in particular by two processes of structural transformation underway in the contemporary economy, namely the expansion of services and of public assets. The first makes the object of the measurement indeterminate. We can measure the cost of services in monetary terms, but much less their utility in economic and social terms. One striking and well-known example is the evaluation of government services as measured by the salaries of government employees, as though the GDP of the private sector could be measured

solely in terms of payrolls. Inability to measure the productivity of services lies at the root of the now well known “cost disease”. The second, the expansion of public assets, is subject to the perturbations of interdependence, as economists have long been aware. The market, which is a efficient yardstick of independent choices, is correspondingly inefficient in the case of interdependent choices, which are precisely those most characteristic of public assets. All this is fairly obvious, and yet people still think in terms of GDP when assessing economic progress and decline, just as the learned doctors in Salamanca went on thinking in terms of a flat earth. The importance of heraldry in the early Middle Ages was comparable to that of economics today, and Bishop Liutprand of Cremona racked his brains to establish the heraldic meaning of the onager or wild ass. I sometimes think that many of the terms appearing in the econometric literature are of a heraldic nature.

It is thus a good thing that many ships are heading out beyond the Pillars of Hercules of GDP, and obviously avoiding the fate of Dante’s Ulysses or the Vivaldi brothers. I see this study as one of those ships It investigates not one but many dimensions of child welfare in the Mediterranean area, and is thus a circumscribed and concrete study. I am sure that it will contribute to the solution of the more general problem.

I shall close with one final consideration. There is a crucial aspect of this problem, namely the weighting of indicators. A bundle of uncorrelated indicators is obviously of some use, but not much. And it is equally evident that reduction to a compound index entails, unlike the supposed neutrality of GDP, a judgment that is political and hence normative and therefore open to question. This strikes me as a knotty but inescapable philosophical problem. We may need a world conference to invent a universal yardstick like the meter of platinum kept, I believe, in Paris. I kid you not. The problem is very difficult but also central and concrete: a problem not of economic heraldry but of civilization.

Umberto Vattani

Let the proceedings commence. My thanks to all those present. The introductory remarks we have heard from the Foreign Minister, the MedChild president Bruno Musso and the CER president Giorgio Ruffolo will be followed by addresses from Edwin Morley-Fletcher,

president of Lynkeus, Jacques van Der Gaag, and Piercarlo Padoan, after which there will be a discussion.

Edwin Morley-Fletcher

In 2003, when Lynkeus proposed to the newly-founded MedChild Institute the idea of drawing up the yearly report entitled *Charting the Mediterranean Child*, the first issue of which was published early in 2004, we also suggested using the database thus generated to construct the Child Well-Being Index discussed here today.

As we observed at the time, there are already indexes serving to measure how far the resources available are actually translated into welfare. As is known, one illustrious example is associated with the figure of Amartya Sen, namely the Human Development Index (HDI) produced by the UNDP since 1990. We also noted, however, the lack of indexes providing a yardstick of child welfare, which possesses specific characteristics and cannot be wholly identified with its adult counterpart.

When we were commissioned in the spring of 2004 to work on this index as well as the 2005 edition of *Charting the Mediterranean Child*, Lynkeus continued along the path positively marked out at the Children and the Mediterranean conference held in Genoa in January. We thus turned to Prof. Jacques Van der Gaag and Erika Dunkelberg, his assistant at the World Bank, and asked them to complete the work commenced on that occasion with the presentation and discussion of the initial version of a paper entitled *Measuring Child Welfare in the Mediterranean*.

Jacques van der Gaag, a lecturer in the economics of development and dean of the faculty of economics and econometrics (not economic heraldry) at Amsterdam University, currently directs the Amsterdam Institute for Development Studies and can be regarded as an essential point of reference in this field. To give some idea of his scientific curriculum, suffice it to say that he worked as an economist at the World Bank for nearly twenty years, until 1998, and became such an authority on welfare indicators in his role as chief economist of the World Bank Human Development Network that it would certainly have been remiss on our part had we failed to secure his presence here today.

Jacques van der Gaag and Erika Dunkelberg adopted a “normative” type of methodological approach based on the criteria outlined by Giorgio

Ruffolo and have developed four indexes of child welfare for the 0-14 age group. Work has still to commence on the 14-18 age group.
As Prof. van der Gaag will shortly explain, the first three indexes, namely the Child Welfare Index (CWI), the Child Gender-Related Development Index (CGI) and the Child Deprivation Index (CDI), are adaptations of the already existing Human Development Index and its extensions (the Poverty Index and the Gender-Related Development Index), They are thus based on the same statistical dimensions of health/life expectancy, education and income, albeit modified in the choice of indicators so as to represent the child population specifically.
The fourth index put forward, namely the Child Developmental Well-Being Index, was constructed on the base of an overview of the literature on current aggregate yardsticks of child welfare. Great methodological significance attaches to the fact that is it is made up of two different indexes, one for the 0-5 age group and the other for school-age children from 6 to 14.
Today's seminar focuses primarily on illustrating this work and validating the methodological decisions taken, not least in the light of the index based on a "positive" approach that we somewhat paradoxically asked the CER directed by Giorgio Ruffolo to develop. This decision stemmed from the fact that, as Giorgio Ruffolo's words confirm, no organization in Italy has addressed this subject to better effect. Attention should also be drawn to the efforts initiated in this connection in France with government backing to analyze the *nouveaux facteurs de richesse* as well as American journals such as the programmatically named *Indicators*. If you will pardon the expression, we could in fact be accused of "overkill" for having combined the efforts of van der Gaag and Erika Dunkelberg with those of the CER. We hope that the parties directly involved and the other illustrious participants at this morning's seminar will not object unduly in view of the underlying rationale. On the basis of the contributions arising out of discussion with the various figures so kindly present here today, MedChild will in fact be able to clarify the next steps required in order to arrive at a provisionally definitive version of the yearly Mediterranean child welfare index for presentation to the international community and establish the directions in which it can most suitably develop through the inclusion of further elements.
The indicator of well-being proposed by the CER is developed on the methodological basis of "principal component analysis", a tool of

multivariate statistics making it possible to break down the total variability of a multidimensional phenomenon and analyze the relations between its constituent variables. This analysis has been applied here to the set of Mediterranean countries in the broad sense, i.e. those included in the survey carried out with *Charting the Mediterranean Child*. The 33 countries in question belong to five different geographical areas: Arab countries, the Middle East, North, East European countries on the western shore of the Black Sea, and Mediterranean Europe. The calculations regard a total of 19 variables divided into the six thematic areas of demography, nutrition, health, education, economy and social indicators.

I shall leave it to our friend Pier Carlo Padoan, member of the Scientific Board of the CER and the Executive Board of the IMF, to illustrate the various components focused upon, the way in which education, health and factors of social development, including telecommunications, contribute to the resulting synthesis highlighted, and how, for example, the private components of health expenditure prove to be negatively correlated to child well-being in many of these countries.

I shall confine myself to pointing out how observation of the contributions of these indicators, aggregated for areas of operation, clearly show how the impact of GDP, as discussed by Giorgio Ruffolo, is important in itself but not preponderant with respect to the other elements in determining child welfare.

The results of the two different approaches, the “normative” one adopted by van der Gaag and Erika Dunkelberg and the “positive” one taken by the CER, are convergent with one another and in line with those of the HDI. In particular, the degree of correlation displayed by the CER index is over 97 per cent with respect to the HDI and 95 per cent with respect to the van der Gaag index.

Given this reassuring confirmation, which will now be discussed by the parties directly involved, we can confine ourselves to indicating an operative perspective that also provides grounds for particular pride. There is in fact a by no means extrinsic reason for which MedChild thought it opportune to combine the important signing of an agreement for collaboration with the Italian Foreign Ministry and the presentation of the studies carried out with a view to an index of child well-being for the Mediterranean area.

The reason is the fact that this index is conceived not only as a tool of research but also and above all as an operative instrument made

available both to the national governments of the various countries involved and to international institutions and organizations in the conviction, amply backed up by important studies, that individual development is predominantly determined also by the level of well-being during the first few years of life, and that inadequate levels in one or more sectors during childhood can have an irreparably negative impact on personal development.

In this perspective, if Lynkeus is asked to go on coordinating the preparation of *Charting the Mediterranean Child*, we are thinking of suggesting to MedChild that the coming editions of the report should devote particular attention to aspects connected with the basic endowments of children and adolescents during their development. It will be necessary to take into consideration further variables connected indirectly with the well-being of children and adolescents, focusing for example on the environmental and relational conditions in which they grow up and the economic and social prospects characterizing them.

Such an approach could also offer a way to continue in closer collaboration with the World Bank, drawing in particular upon the surveys and questionnaires developed by the latter to assess social capital and social cohesion as well as the recently published report *Doing Business in 2005: Understanding Regulation*. This examines how legislation and bureaucratic procedures in the various countries foster or hinder entrepreneurship, the informal economy, corruption, unemployment, and poverty, thus affecting the possibility of young people encountering an open socio-economic climate capable of offering opportunities, what Ralf Dahrendorf refers to as their "life chances".

In operative terms, Lynkeus suggests that, as from the next edition, the report should also take into consideration a series of variables regarding the following three areas:

- Environment (indicators of environmental quality and "quantity")
- Social relations (indicators of social cohesion and social capital)
- Job prospects (indicators of economic vivacity, economic freedom, ease of "doing business", bureaucracy, etc.)

As data on these factors are still partly non-existent and will require ad hoc statistical surveys, MedChild could work with the World Bank to

organize, promote and catalyze such studies in the geographical area covered by *Charting the Mediterranean Child*.
Once the homogeneity of the results has been ascertained, the indicators produced could in fact not only be added to the set of indicators currently included in the successive editions of *Charting* but also integrated in a new index measuring the "endowments" of children in the various countries.
Capable of gauging the "stock" of resources, social cohesion, economic vivacity and environment available at birth and affecting prospects for growth, this index can in turn be combined with the child well-being index and calculated on the basis of the same statistical methodologies.
The "child endowment index" could also provide a starting point for examination of the way in which such endowments should be used in accordance with internationally recognized best practices. And I am pleased to announce in this connection that, as Bruno Musso informed us, MedChild has already started to move in this direction with the creation of an international award for best practices, which will be presented at the Dubai conference in the spring.
The use of such indicators, and above all their addition to the toolkit of public policies of international cooperation, could lead to the development of lines of action characterized by close connections between reference to a set of unchallengeable data and particular sensitivity to their implications for children. More calibrated and goal-specific forms of development could also become feasible in this perspective.
One possible example is a proposal for the management of Iraqi oil resources that MedChild could champion and submit first of all to the Italian political authorities as a specific contribution to the peace effort focusing primarily on the prospects for children and adolescents in that deeply troubled country.
As we know, many are convinced or at least suspect than the basic motive for the intervention in Iraq by American and British troops and their subsequent stationing there together with other allied forces, including an Italian contingent, lies in the predominance of oil-related interests. This is probably the major consideration influencing the section of public opinion that has displayed an attitude of opposition on principle to armed intervention in any form and regardless of its possible inclusion within a framework of "international legality". This

view is encapsulated in the slogan *No Blood for Oil* that now defaces some of the walls in our cities.
The proposal we should like to put forward involves managing part of the Iraqi oil revenues so as to contribute significantly to improving the well-being and individual opportunities of the Iraqi population, and especially the crucial 10-19 age group.
Summed up by the slogan *Oil for Youth*, the proposal draws inspiration from the highly successful experience of the Alaska Permanent Fund in the United States. It is indeed our belief that this concrete example could prove particularly instructive in the present circumstances.
The proposal will now be submitted to the Foreign Minister for preliminary appraisal and discussed subsequently at a meeting of the MedChild Scientific Committee.
It is our intention to present it also to the broader public at a later date.
Those of you present today who are interested in taking part will receive prompt notification. Thank you.

Jacques van der Gaag
Mister Chairman, Ladies and Gentlemen,
It is a great honor for me to be here in this room not only with experts, but also with people so committed to the well-being of children, and I hope that this presentation will be a small contribution to the mission of the new MedChild Institute. The paper, on which this presentation is based, has been written with Erika Dunkelberg from the World Bank and is rather comprehensive. Since I have about 20 minutes, I can only give you a glimpse of what is written in the paper, especially because I want to spend some of the time I have, to draw attention to an issue that is not yet in this paper, but which is very important for the discussion that we will have and the work we will do in the future. So I will tell a little bit about measures of well-being in general and then quickly go to some alternative measures of children's well-being. I will also give you some examples of the work we have done empirically. Then I will turn to what I think is a more important topic, that is child poverty in the region. I will put the two together in my conclusion.
I think that what was earlier said by Prof. Ruffolo and by Prof. Morley Fletcher is correct: the best known measure of well-being, Gross Domestic Product – or GDP per capita - is widely used but in many aspects badly flawed. I fully agree with Prof. Ruffolo that there are a number of economic objections to using this measure. But one can make

objections to any index that tries to measure “well-being”. There will always be a political implication of the choices we make in constructing whatever index we construct. The process starts with a choice of indicators we will allow to enter the index. Then we have to choose weights to combine these indicators in one index. Every decision we make will be a decision of judgment.

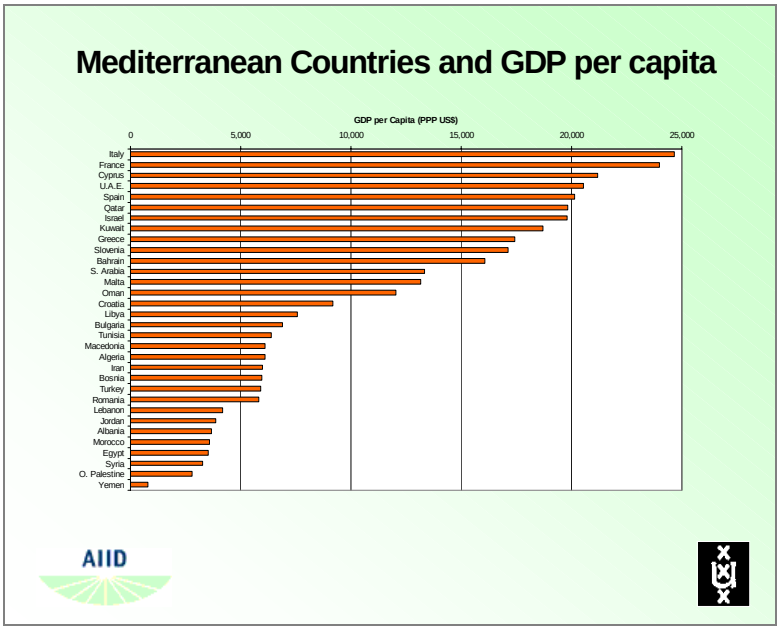
There are other objections that I will quickly mention to the measure of GDP per capita: first of all it gives you an average, but it does not address any of the distributional issues.

You can live in a country with a relatively high GDP per capita. But that can be a country with few very rich people, while a large majority of the people can still be poor. This is not captured by this measure and I will come back to that. Secondly, GDP per capita doesn’t measure any of the other dimensions of well-being. It doesn’t say anything of the health of the population, or the level of literacy, or other dimensions of well-being that are very hard to measure, such as political freedom, participation in democratic processes, safety, etc. Its just one dimension, one average and therefore it is not as comprehensive as we would like it to be.

That of course is not a new observation. Let me start with just a picture of countries in the Mediterranean region as we currently define them, with the rich countries on the top, and the poorest countries at the bottom.

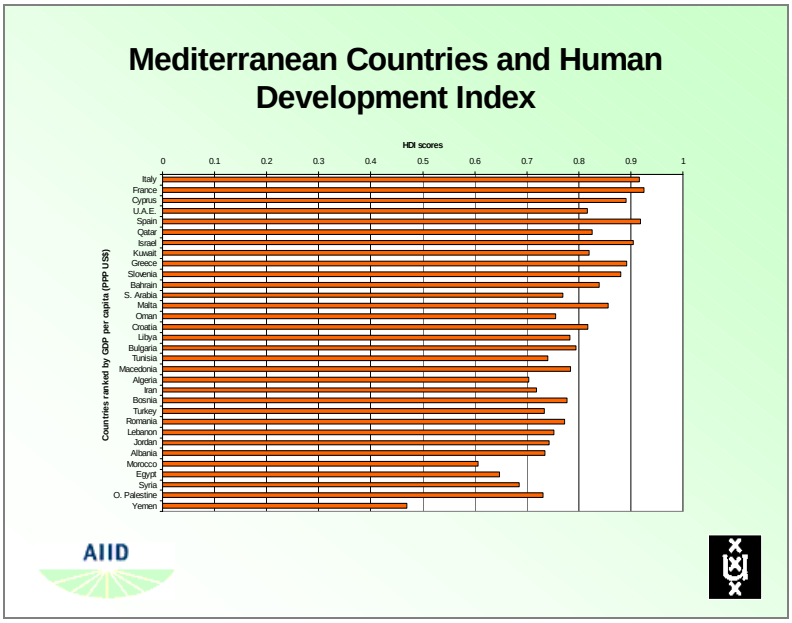
Figure 1. shows the distribution of the GDP per capita in the group of countries we are addressing: a heterogeneous group with fairly rich countries, that are rich also at the global level, and very poor countries, like Yemen, that belong to the poorest countries in the world. But as I said, GDP per capita is a flawed measure.

About a quarter of a century ago, Richard Moors constructed the physical quality of life index; without going too deeply into all of this, it was the first attempt to combine different dimensions of well-being, other than economic dimensions, into one index. Moors used infant mortality, life expectancy at the age of 1, and basic literacy, as the three indicators. Two health measures, one education related measure, but surprisingly, he completely forgot about or did not want to use a measure of economic well-being.



Though we all agree that GDP per capita is not the one measure we want, doing away with it altogether may not be a sensible approach. And using two measures of health instead, also is not ideal. The measure didn't catch on but it seems fair to say that the United Nations Development Program in 1990 developed the Human Development Index, HDI, with some reference to this index, which was first published a quarter of a century ago. I think UNDP formulated quite clearly that while growth in national production is absolutely necessary to meet all essential human objectives, what is equally important is how this growth translates or fails to translate into human development. Countries may, on average, be equally rich but some countries may do more with that same wealth to stimulate the well-being of the entire population than other countries. I will not go into how that can happen: it is a relatively familiar material, but in Figure 2 I show the HDI index for our Mediterranean countries. You see something has been captured here, different from GDP per capita. Some countries that are sticking out are, relatively speaking, doing better than you would expect on the basis of their GDP per capita alone. Other countries, given their GDP, are doing relatively badly. If the HDI would result in the same ordering

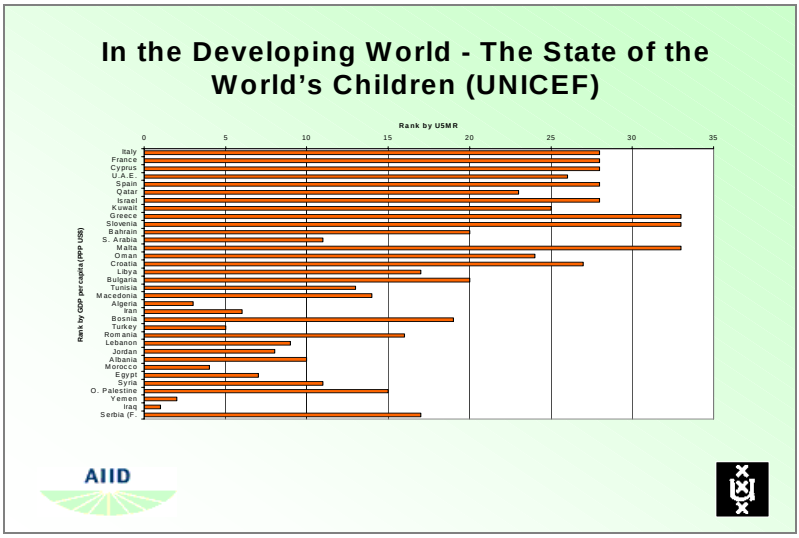
as GDP per capita, than the ragged line on the right hand side that you see would be smoother.



But you see that some countries, though they are poor in terms of income, manage to do relatively well in terms of standard of living of the population, as measured by literacy level, school enrolment and health status of the population. Education, health and GDP per capita are the three components that have been used in the HDI and clearly something important has been captured there. That ‘s why the HDI has been published from the 1990’s on and has played a major role in the overall development debate. It draws our attention to the other dimensions of well-being not captured by the singular index of GDP per capita.

Immediately after publication, people commented that, though we now have the HDI index, it does not make reference to what is perhaps the most important indicator of development: the percentage of people who live in poverty. This has resulted in the development of indices that expressively addressed the question of what is the distribution of well-being in the country, what percentage of the population lives in poverty, is there a gender gap, etc.

I mention all this, not to give you the history of well-being indexes, but to make the point that indexes are not something that exist on their own. They have been produced with a particular objective. They have been produced to put the spotlight on the issues that we find important.
Other dimensions of well-being in general, distributional issues, gender issues, or as we now address: children issues.
In the paper there is a very large list of children well-being indicators and they do have a number of things in common. In most cases – there are exceptions - it is not based on a single dimension, but multiple dimensions of well-being have been used as the indicators. The traditional framework is firmly established. Education, health, and economic well-being are the three dimensions that are almost always emphasized. There are of course new developments. For instance, moving from a status quo kind of index to dynamic indexes. Also, new dimensions may be added, such as social exclusion, or subjective dimension of well-being. You can actually add any dimension you want from the particular expertise you have and the particular aspect you want to emphasize. Once you have identified those dimensions, you want to combine them in a limited numbers of indicators, clearly you want that to be different from the Human Development type of indicator covering a country. So you want to focus on those dimensions that are directly related to children. You want probably to put some knowledge of child experts in there, that will tell you what weight to give to a particular indicator that is relevant for the development of the child. You may want to focus on the future of children and their enabling environment, rather than on today's outcomes. I guess that the endowment indicator that has been talked about, is going in that direction. And, especially in the region we are talking about today, with 32 or 33 very heterogeneous countries, with different cultures, you may want to pay attention to the cultural aspect or to what in one culture is considered to be more important for children than in other ones.
UNICEF, the foremost fighter for children in the world, uses every year the infant mortality rate to rank the countries. This is shown in Figure 3.
The countries are put in the same order from top to bottom, from rich to poor. You see that some countries are clearly doing poorly in keeping their children alive giving a given level of well-being. Stating it differently and more positively: there seem to be countries that have policies in place that, despite having a poor level of economic development, protect their children relatively well.



This, of course, will allow us to focus on those countries that do relatively well and try to identify the policies that are in place that will help us to do better in countries that are currently doing not so well. In that respect, using the index as a guide of where to look for best practices it is a worthwhile enterprise.

The infant mortality is a singular indicator. In most cases, as I said, people prefer to combine a number of indicators into a singular index, and those dimension are always economics, health, education and increasingly there are social dimensions and measures of social exclusion.

In Figure 4. we take a look at the health dimension. There are 15 or 16 indicators for this one dimension of well being alone and this number can easily be increased. This is an enormous number of indicators that all tell something different about the health status of children. I am sure that in the paper we don't have an exhaustive list of indicators, but we can quickly review a few that are currently being used. There is something called a "vulnerability index" which is used in Canada, especially for children. There is a forward looking index, the "early development index", also used in Canada, which uses 5 dimensions, and focuses on the first 5 years.

Sample of Indicators used

- **For. e.g. the health dimension focuses on the following indicators:**

Dimension	Common Indicator	Less Common Indicator
Health	▪ Low birth weight ▪ Infant mortality rate ▪ Child mortality rate ▪ Prenatal and antenatal care ▪ Access to health care ▪ Incidence of disease ▪ Life expectancy ▪ HIV/AIDS incidence ▪ Crude birth rate and death rate	▪ Overweight ▪ Disability ▪ Chronic condition ▪ Eating disorders ▪ Sexually transmitted diseases in adolescents ▪ Age-specific mortality ▪ Cause-specific mortality ▪ Child examined by doctor in past year

AIID

There is an index of social health, a kid's country report on the national performance gap, the international index of child welfare and the child quality of life index, and a children index of the University of Boston. Some of them have as many as 38 indicators.

I don't want you to remember all this - I can't - but I want you to remember that we don't really have to go out and find the ultimate next indicator. There are indicators out there that we can start with and build on. A lot of work has been going into this and you get the impression that there is an indicator for every different purpose that has been identified.

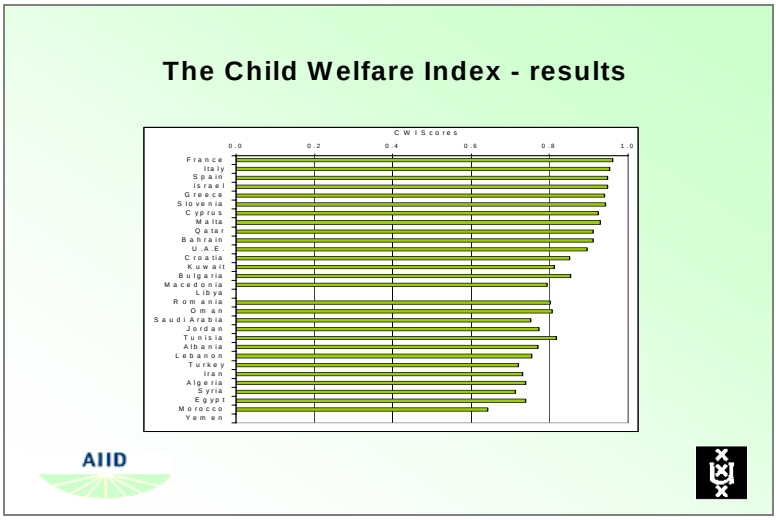
So this little summary of welfare indices, and what is there on the market for children in particular, concludes that there is an enormous number of child welfare indicators, which - by the way - lead to a fairly large number of child indices. If you want to identify a particular problem you use the information that is available, that gives the best knowledge about this particular problem and that leads to a different indicator.

Here we are in the game of producing indices out of an abundance of indicators, and I will give you a few examples. We did produce a child welfare index. Very much a child oriented HDI. We then produced a

gender index with the focus on the differences between boys- and girls school for instance in enrolment rates. We also produced a poverty index, again with a focus on children. Unfortunately very little is known about child poverty in the region and this will be the topic of the second part of my presentation.

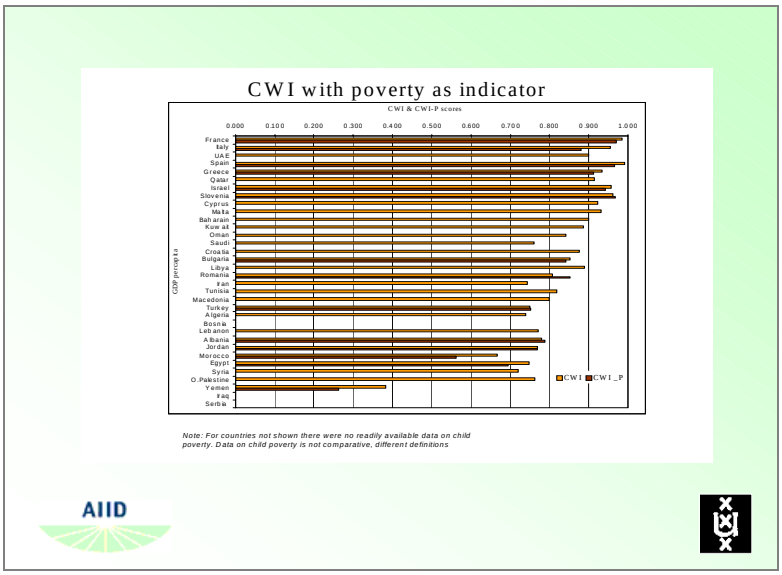
Let me quickly go trough this. In Figure 2. you saw the HDI index, which is based on indicators of health, knowledge and a measure of economic well being. As indicators we use life expectancy, literacy and GDP per capita. The Child Welfare Index that we propose follows this example, except that we use a health measure that is relevant for the children - under 5 mortality - we use a knowledge measure that is relevant for the children - primary and secondary school enrolment - and for a lack of better, we use again GDP per capita as a measure of economic well-being.

You see the result in Figure 5. It shows something like the HDI but now it is for children, for some countries we don't have relevant data, there are gaps. You see that something is happening but I don't find it awfully interesting.



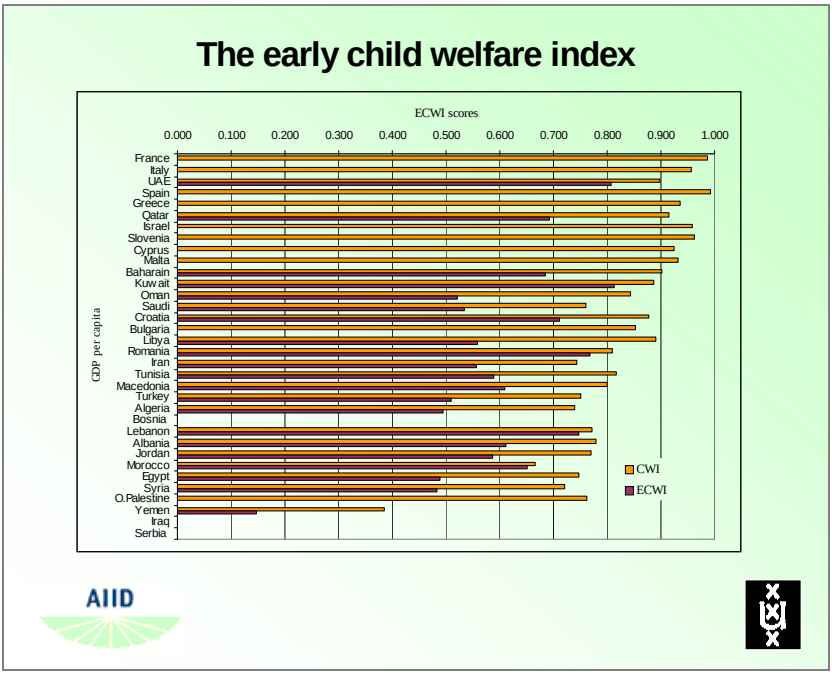
You can rank the countries by GDP per capita, or you can rank them by this child welfare index. However, with few exceptions, you get the same ranking. Thus we conclude that at this level of generality - and we are kind of forced to work at this moment at this level of generality - the

CWI does not really capture something very different from overall well being in a particular country.
We need to go further into the indicators that put the focus on the children.
In Figure 6. we show a variant of the CWI. Instead of GDP per capita, we use the percentage of children that live in poverty. We only have data for a few countries, but now you see that the ranking is very different from the ranking in which we used GDP per capita.



Some countries, despite their low level of GDP per capita, manage to do relatively well on this child welfare index. Some countries, surprisingly, given their level of economic well-being, seem to have a relatively large percentage of children living in poverty. With this index - that, unfortunately, we can only produce for a limited number of countries - we come closer to what we want, that is we obtain a better understanding on how well children are doing in a particular country.
Another index we like to develop is the child developmental welfare index. It consists of 2 sub-indices: the early child welfare index, which addresses children up to the age of 5, and the school age child welfare index, which addresses children up to the age of 14. It would take some work, but conceptually there is nothing in the way of creating a third sub index that would cover children up to the age of 18. In each case we

will work with age specific indicators. There will always be a decent standard of living indicator. There will always be one or more measures that will indicate the healthiness of children, and there will always be a knowledge and educational dimension. For the school age children we will have, for instance, indicators of participation in school, and again for lack of better, we will use GDP per capita, as the economic indicator. Once we progress, as I hope we will do, that indicator will be replaced by the percentage of that age group living and growing up in poverty.



In Figure 7. we show data that are not in the report, because they are just being produced and we are in the process of updating the report. The light bars give you the same index as before. For the darker ones, we actually use poverty information on young children. If you go back to Figure 5. you see that the child welfare indicator was basically following per capita income. But in Figure 7. there is really a lot going on. Some countries clearly outperform in terms of children well being, relative to their level of GDP, while other countries are under performing a lot. I can tell you in advance that this will have a lot to do

with the distribution of income in those countries.. Thus this is an interesting index. It captures some of the age specific relevant indicators of the various stages of child development. It captures the distributional issues and it is clearly very different from a ranking based on GDP per capita or even something like the HDI.

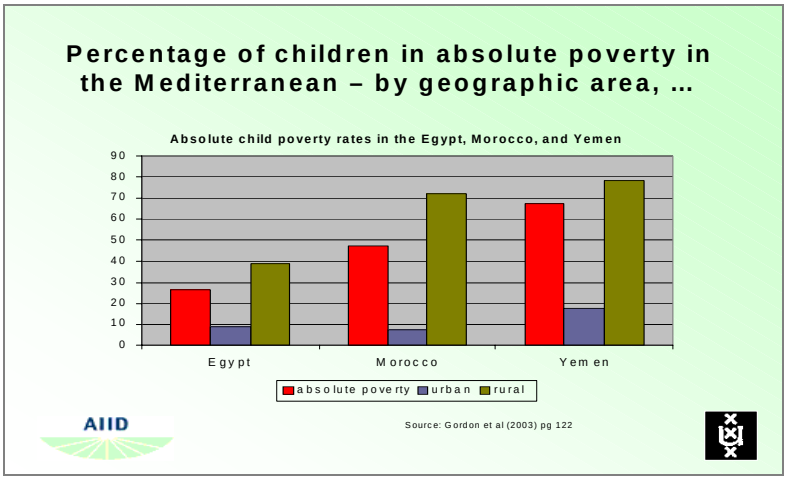
Having tried to make the point that distributional issues and in particular child poverty is very relevant, it is clear that, if you want to be serious in producing and publishing a Child Welfare Index to stimulate a policy debate, and to point out to policy makers and politicians the problems that exist in some countries regarding to the well-being of children, we cannot do that without having information on child poverty in the country. It seems to me that if you rank all the indicators you can think of in order of importance, the ones that tell the most about the state of well-being of a child in a country, would be whether or not that child has been born and is growing up in poverty. If for some reasons we leave that out of the analysis, we miss what I believe is one of the most important indicators. Children who are deprived and grow up in poverty will have serious problems as adults. In fact in economics it is very hard to make predictions, but in terms of child poverty I am willing to predict the following: I have a pretty good idea of who will be counted as poor 20 years from now. It will be the children of the poor of today. In that sense, parents transmit poverty to their children, unless policy breaks that vicious cycle. Growing up in poverty really determines your life chances and those chances can be greatly enhanced by public policy. Focusing on child poverty has tremendous public policy relevance. Economic measures of child well being are very hard to find. There is no children GDP, or an average wage rate for children. When we want to put children in the policy spotlight, and inform policymakers about the effectiveness of different income and family, we need to have information on child poverty, and we need to measure progress against child poverty over time.

In Mediterranean countries we have more data on total poverty than on child poverty. However, adult poverty is not a proxy for child poverty. Child poverty in some countries is massive – you find countries where 70% of children grow up in poverty. In most cases, child poverty exceeds adult poverty. We cannot be happy with having just overall poverty measures, we need to focus on poverty of children and therefore I would like to propose the following:

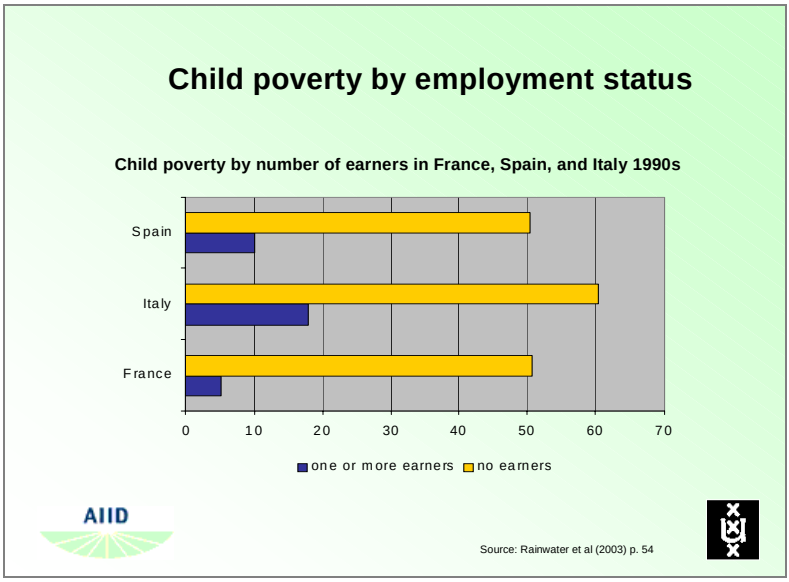
I think we can make progress in the short run, not by going out and collect new data, but by being comprehensive in analyzing comparable data that already exist. It is going to be quite a bit of work, because there are many countries involved. We certainly can make progress in a year or 18 months and I will show you what can be done. I don't think it will be sufficient, though. Many countries do not have the type of data that we want and I think, if we take our work seriously, we should either go out ourselves, or stimulate others to generate more and comparable child poverty data in our countries. These are the kind of steps that need to be taken in the first state of this study. We can draw on the work that has already been done. A lot of methodology is available and I think therefore that progress in this area can be made relatively quickly. Once we have a measure of child poverty we can move on and incorporate that measures in our index of well being.
The next stage will be considerably more elaborate and we surely will look at a period of 3 to 5 years. For those countries where we have either no data or very bad data, we need to find partners, for instance the governments, or agencies such as UNICEF or local NGO's, to try and come up with measures of child poverty. We can do that in a standard way through fairly large surveys, that would be the best, but if our resources are limited we can take other ways of going out and measure child poverty. If you want to do this for 6 to 12 countries, you look at an effort that will take anywhere between 3 to 5 years. But, as I said, we can draw upon a very rich and growing volume of literature.

The one study I find very fascinating is a study by Lee Rainwater and Tim Smeeding. It is a big book on poor children in rich countries and it provides a complete comprehensive overview of child poverty in OECD countries. It is an excellent study. Basically it answers all methodological issues so we don't have to reinvent the wheel for that. The work by UNICEF is also very important. As are the reports by Innocenti and by the OECD. There are lots of examples that we can draw on and apply to our Mediterranean countries. The problem is data availability. We did an inventory of data. Many surveys have been done in the Mediterranean countries, such as the DHS-survey, the LSMS-survey and other national surveys. They can be used to study poverty, in particular for children. Some of those surveys are relatively recent and others are older. But at least for a base, if we systematically try to get these data into what you may want to call a "MedChild database", that

would greatly enhance our ability to say something about the well-being or the poverty of children in our countries, and as I said that can be done relatively quickly.
What kind of results can we expect from such data?



In Figure 8. we have for Marocco and Yemen child poverty data for urban and rural areas. Clearly child poverty is high everywhere, but in rural areas in Morocco and Yemen 70 to 80 percent of the children are growing up in poverty. Quite frankly, if I am concerned about the well-being of children, I do not need much more information. If 80 % of children are growing up in poverty, and this is serious poverty, you don't need to construct a sophisticated child well being index to know that you have a large problem.
Figure 9. shows data from richer countries: Italy, Spain and France. Here we look at child poverty by the numbers of earners in the family. We see that child poverty in these countries is very closely associated with employment status. Therefore, policies to reduce child poverty would likely include tax policies, or wage and employment policies, rather than, as in the case of Yemen, water and sanitation policies. As I said, if we, as MedChild, would embark on these type of studies, we will be in good company. We would be in company of World Bank and of UNICEF. I don't think that MedChild Institute would be misplaced in this little list of institutions.



My conclusion is that child welfare indices can and should be constructed and published annually. There is an abundance of them. I would very much counsel that we keep it relatively simple and that we draw, in constructing those indices, on the expertise, which is in this room and elsewhere, on child developmental issues. If we just try to make the data speak, that is, if we put a bunch of data in a computer program and say we are not going to use our own judgment, let the computer decide what is important, then we abandon the knowledge of the experts on areas of child development. The knowledge I would try to cooperate in the child well-being index, includes identifying three states of development, from under 5, 5 to 14 and 15 to 18 years of age. It is necessary for each level to identify the relevant indicators and combine them into an index. It would be wasteful if we spend too much time in manipulating data that we know are incomplete, insufficient and in some cases of bad quality. Therefore I repeat my plead to embark as soon as possible, and as extensively as possible, on measuring child poverty in those countries which, at this particular moment in time, have hardly any relevant information to address the well being of their children.

Mr. President, I thank you for the time you gave me and I am looking forward to a lively discussion on this presentation.

Umberto Vattani
I should like to thank Prof. Jacques van der Gaag for the important study he is carrying out and to take this opportunity – being obliged to leave for work engagements unfortunately scheduled for today – to tell you all how pleased we are to have hosted this seminar to present the activities of the MedChild Foundation here at the Foreign Ministry. Just a few months after the Genoa conference organized by the Gerolamo Gaslini Foundation, which I had the honor of attending, the Minister Mr. Frattini and the entire Ministry, as emphasized by Bruno Musso, see this initiative as confirming the great attention focused by the institutions on MedChild's objectives and our appreciation of the work it is carrying out for Euro-Mediterranean dialogue. Italy attaches primary importance to its strategy for the Mediterranean and performs a propulsive role both bilaterally and within the sphere of the European Union. Many initiatives are now in the pipeline to increase the collaboration between us and make the Mediterranean an area of peace, stability and development, an area of dialogue between peoples, religions and civilizations. As the Minister recalled this morning, the permanent Mediterranean observatory he set up has a very busy program of meetings, round tables and seminars aimed precisely at generating joint discussion on major issues of common interest. We are, of course, also concerned to develop collaboration between Europe as a whole and the southern shores of the Mediterranean. The meeting at Villa Madama with France, Spain and Portugal gave rise just a few weeks ago to joint commitment in relationships with the southern Mediterranean countries with a precise view to fostering this process of development. The work you are carrying out thus possesses great moral, scientific and cultural value wholly in line, by virtue of its content, with the policy of dialogue between the two shores, which is a priority of Italian foreign policy. I think it was Novalis who wrote that where there are children there is a golden age. Well, at a time when the Euro-Mediterranean dimension is seeking a renaissance, considering the well-being of children is a highly enlightened choice. Children must certainly be uppermost in our thoughts in every action of cooperation with a view to development. Developing a report on Mediterranean children and an index of child welfare is a task that does credit to the promoters of the initiative and distinguishes them by virtue of their great sense of humanity and social solidarity. It is therefore also in this sense that the project is in line with Italian policy, which is greatly concerned with the

spreading of children's rights and above all the improvement of children's physical and mental well-being. The declaration of intent signed today by the Minister and the MedChild President will be presented straight away on the Ministry website and should provide the basis for excellent collaboration and support to expand the Foundation's plans, the object of so many appreciative comments here today. I should therefore like, also on behalf of the Minister, to express our sincere thanks to all of the participants and in particular to the MedChild directors, to Bruno Musso, to Fernanda Contri, president of the Scientific Committee, to Giorgio Ruffolo, president of the Centro Europa Ricerche, to Edwin Morley-Fletcher, president of Lynkeus, and to Jacques van der Gaag, president of the Amsterdam Institute for International Development, to whom we have just listened. I should also like to thank all the representatives of bodies, especially international institutions, which devote their energies to fostering the well-being and development of children, and to assure them that our support for the MedChild initiatives is fully in line with the goals pursued by the Foundation and with those of the great multilateral policies to foster development pursued by our own cooperation division. I thus express my warmest thanks and trust that this seminar will give birth to a significant program of initiatives, hopefully with further meetings here at the Ministry.

Pier Carlo Padoan

Professors Ruffolo and van der Gaag have rightly pointed out that GDP is the villain when it comes to measuring something. This is true. As an economist, however, I cannot but recall that there is a trade-off. GDP is bad, but it is on its own. It is the first variable you look at when you have to assess a country. Having said this, we know that it is extremely misleading in certain cases. Suffice it to mention the fact that a given GDP can be distributed differently within the population. I am making this obvious point partly in order to defend the guild of economists and partly to emphasize the problem that always arises in these cases. When we say that GDP must be combined with one, two, ten or twenty other statistical indicators, how are we to handle them? There are two problems here. As rightly pointed out, one is a problem of value judgments, of deciding which indicators have a bearing on the problem. Then there is a methodological problem. Once we have decided which are the key indicators, we have to handle them in the simplest way

possible so as to obtain results of the greatest possible relevance. This is the sense of the CER's contribution, namely the application of a different statistical methodology to a problem broadly illustrated by Prof. van der Gaag. The CER applied an indicator based, as Morley-Fletcher pointed out, on the method of principal components to an initial series of indicators used also by Van der Gaag and Dunkelberg in order to construct indexes giving some idea of the child welfare. The fact that the indicators constructed by means of this method have a high degree of correlation in terms both of absolute values and of the hierarchy of countries with two indices illustrated by Prof. van der Gaag, namely the HDI and the CWI. This is already a somewhat encouraging result. The Professor has, however, rightly emphasized that if GDP per capita were to be replaced with an index of child poverty, the results would be different, and this makes things unquestionably interesting from the intellectual viewpoint and important in terms of its implications in economic policy. If the geography of child poverty differs from the geography of income, it becomes necessary to qualify the correlation between income and poverty, which is a correlation found in many studies developed by international organizations. I say this because I believe that the work of the CER must be regarded as an example of effective application that can, however, be extended to other sets where these are available. As Prof. van der Gaag has explained with regard to the construction of indicators better able to reflect the definition of child poverty and welfare, not all countries possess and can provide data for the purposes of adequate comparison. It is thus my personal opinion that the fact that this index is an indicator providing results closely in line with those of already known indexes means that Ruffolo's ship has set off on the right course in its exploration of different seas, i.e. sets of data more specifically concerned with child poverty and conditions. Like Prof. van der Gaag, the CER adopted what economists would call a mainstream approach, endeavoring to establish the well-being of a population on the basis of GDP per capita together with key elements such as education, health, social indicators, and indicators of the spread of technologies and communications, also in indirect terms. Then there are, of course, demographic indicators, indicators of life expectancy, and so on. Why do we at the CER believe this methodology to be useful? Because it adds an element of positive analysis to a complementary, normative approach. The method of principal components makes it possible to classify the different variables, i.e. the

indicators selected, on the basis of the contribution made in statistical terms toward explaining the phenomenon in question, namely the well-being of children. Moreover, this method makes it possible to construct a compound indicator based on shared a priori judgments. In other words, we take the mainstream view that child welfare is connected with the previously mentioned classes of indicators but also that it is possible at the same time to identify endogenously, so to speak, the relative weighting, hierarchy and trade-offs of the different components of this index on the basis of a statistical approach. We thus believe that these statistical properties are useful and, I repeat, can be extended to such other sets of indicators as may become available in future. I am going very quickly due to the pressure of time. In the work, which I think is available, the CER presents an application covering the set of Mediterranean countries together with the set of indicators used to constructs this index. This is followed by comparison with the other two already known indexes mentioned previously. The results are encouraging not only because the degree of correlation between the CER index and the existing ones is very high, which is already a first step, but because on unbundling the components of the index we discover or rather obtain confirmation of the correlations existing between well-being and the factors assumed a priori, namely health, education, and so on. I shall not go into detail here, as those interested can of course read the report. We thus establish something already known, namely that the variables of child welfare are positively correlated with income per capita – the ever-present villain of the piece – the spread of schooling and education, the availability of health services and telecommunication facilities, which I regard as an element of a certain interest given the role played by these variables not only in economic development but also in international integration. Further confirmation is then obtained as regards the relative weight of these different components in the child well-being index, which I again find positive. Just to give a general idea of the situation, the CER analysis reveals a weight of something like 25% each for education and general health, 22% for indicators of social development partly connected with the availability of telecommunications, and 13% for income per capita, the rest being covered by demographic factors. What do these things tells us? That GDP alone is not enough and that our a priori solution has been borne out, which I regard as important. It will thus be necessary in future to consider not only GDP but also the other economic variables. I

should like to make two observations here. The first observation links up with one of the last diagrams Prof. van der Gaag showed us, the one indicating that child poverty is also connected with employment opportunities in some of the countries for which these data are available. As we are considering variables connected with employment, GDP obviously makes a reappearance, this time under the form of its determining factors, which brings me to my second observation. Whatever its components, any indicator or index is to some extent also what economists call a reduced form, i.e. the overall image of a complex mechanism where importance attaches not only to the list of individual indicators but also and above all to the relations between the indicators. What does this mean? It means that, as we know (another very well-known and established fact), investment in education is one of the factors determining GDP. Children form part of a country's wealth if they have access to an effective education and can thus become human capital, to borrow a very ugly term from the economists. What do I mean by this? I mean to say that on adopting a forward-looking attitude, we must also ask ourselves how these indicators can complement studies investigating the relations between variables. The World Bank has been cited in this connection. We already have a great deal of material at our disposal. We know that poverty is not combated solely with the growth of GDP, but also that there is no decrease in poverty without an increase in GDP. We also know that the growth of GDP is correlated, unquestionably in the long term, with the quality of education, the quality of social services, and the quality of the institutions, something that is extremely important and increasingly so in terms of policy assessment, as Morley-Fletcher pointed out at the beginning. However large it may be, an amount of resources or aid may prove ineffective for the purpose for which it has been mobilized, namely the fight against poverty, if the country receiving it has no institutions of governance, social cohesion and measures to combat corruption. These make it possible to translate these resources into authentically important objectives, namely the increased well-being of the population. I believe that this aspect of the quality of institutions – which is extremely difficult to measure but unquestionably very important in determining future development – must be taken increasingly into consideration with regard to future prospects. One last point, which links up with what the Ambassador was saying, is that growth is not only the growth of a country but the growth of a country

embedded in a system of international integration. And we are speaking here today about the Mediterranean area, which comprises countries that are very different in terms of development, culture and potential. All these very different countries do have one thing in common, however, namely an enormous opportunity for economic integration. And here I agree with the economists in stating that this is today a fundamental element for growth and therefore also for the greater availability of resources, which will hopefully be directed in far more effective ways to fight child poverty.

Bruno Musso
Thank you, Professor, for the clarity, the conciseness and of course the quality of your observations, adding to and complementing those of Prof. van der Gaag.
We have thus completed the presentations and can now open the discussion, for which I wish to thank the four participants, Prof. Biggeri, the president of ISTAT, Eva Jespersen of UNICEF, Ermenegildo Ciccotti, director of the Istituto degli Innocenti, and Mary Eming Young of the World Bank, who have the floor in this order, starting with Prof. Biggeri.

Luigi Biggeri
I wish to thank the organizers of this meeting because I consider this seminar very important as regards both the subject addressed and the possibility of implementing policies for children in the Mediterranean area. Being a statistician, I am obviously concerned with statistical matters, but not as a scholar. I shall therefore not examine the indicators selected in detail, as this would require a great deal of time and perhaps take us off on a tangent. As the president of ISTAT, I shall instead address the sources of data to consider whether those currently available are sufficient to go ahead with the analysis you propose. I shall provide a bit of historical background because I believe it is useful to understand where we are and where we have come from. First of all, children were certainly invisible in the official statistics of the past. Why were they invisible in the statistics of the past? They were invisible in both the Italian and the international sources in that none of the statistical data and the tables to be found made any reference to children as members of society. To be honest, not only children but also adolescents were represented as characteristics of the adult population, as the children of

women, for example, as elements of an institution, pupils of schools, or in terms of data on disease and mortality. An authentic veil of statistical invisibility covered children as it did other members of society. If we go back twenty years, attention was not focused in Italy on women, the elderly and children but on employed workers, housewives, pupils, the retired, the ill, and so on. In other words, subjects were not regarded as such in terms of their overall conditions and quality of life but primarily in relation to their economic, reproductive, demographic and social roles. The statistical marginality of the different members of society began to be attenuated in the second half of the 1980s in connection with the new demand for quality of life expressed by citizens. Official statistics began to give greater visibility to all social subjects in the perspective of a public asset representing everyone and used by all. This is when the statistical invisibility of children ended, especially in Italy's official statistics, together with changes in society, the economy and the institutions. In many cases, these changes involved precisely the younger generations, thus attracting the attention of public decision makers and society. I shall recall above all the demographic transformations that have played an important part in changes in the horizons of children. The decrease in the number of children has meant much greater economic and affective investments than in the past. The increase in the life expectancy of the elderly and the decrease in fertility have together altered the structure of the child's family network. A very limited number of peers, siblings and cousins of the same age, few adult figures, parents and uncles and aunts, a larger number of elderly relatives, grandparents and great grandparents. Children in Italy live in a world with fewer and fewer peers. The establishment of the one-child model in central and northern Italy has meant a radical change in the socialization processes of children. The increased amount of data from official sources made available with the computer revolution at ISTAT in the early 1990s and the multipurpose survey of families made it possible to point out, however, that while only children are disadvantaged in terms of family network, there is a clear tendency for parents to foster a broader network of relationships outside the home. In other words, demographic dynamics led to radical changes in the relationships between generations, both within family is and in society in general, altering the context of children's lives. This also changed in turn through the emergence of new forms of family life and changes regarding the job market, the economy, and social inequality. It thus

became an overriding priority to examine the impact of these changes on children, quantifying them in everyday life not only through a set of indicators analyzing children in admittedly important but negative terms as victims of violence and diseases or illegal workers but above all by adopting an approach based on measuring the child's quality of life. This brings us to the third point. Measurement of the child's well-being and quality of life has thus become a major priority of Italy's official statistics. And I say this here, where attention is focused on child welfare at the level of the Mediterranean countries and not just Italy, precisely in order to emphasize that such attention has only been devoted to children in Italy for a short time. Information on the child's quality of life is unquestionable vital in the planning of policies for children. Devoting a little time to this, I shall draw attention to a relevant piece of legislation. Paragraph 1 of article 2 of law 285/1997 reads as follows: "For the purposes of social policies aimed at children and young people, ISTAT is responsible for ensuring, also through parties operating inside the system, a suitably regular flow of information on the quality of life of children and adolescents in the spheres of the family, school, and society in general." I don't know how many counties in the world have something of this nature. It was precisely for this reason that we extended our inquiries in the sphere of the multipurpose survey to include the use of time based on diaries kept by children aged 3 and over. Italy is the only country in the world that gets children of 3 and over to keep diaries on how they use their time and, as I am sure you are aware from the results we have already published, they are very interesting. The complete results will be published next year. We have addressed numerous problems regarding conditions of health. Until a short time ago, investigating children's health meant primarily talking about infant mortality and children's diseases. This has gradually given way over the last few decades to the idea of health as an asset to be protected and preserved from birth on. Children's health is no longer understood as the absence of illness or infirmity but as a set of conditions regarding the individual's physical, mental and social well-being. The accumulation of data on conditions of health and the lifestyles involved in determining them has become gradually richer over the last two decades, making it possible to analyze health in terms of its various constituent elements. At the same time, the contemporary epidemiological situation is dominated by the problem of chronic and degenerative diseases that derive in many cases from

lifestyles acquired during childhood. The need thus emerges to investigate children's health also in terms of the prevention of disease, not only children's illnesses but also diseases that can affect them as adults. Together with the traditional sectors of information on health, the presence of acute and chronic diseases, invalidity and mortality, an increasingly central role is this being assumed by information on forms of prevention, medical examinations both in the presence and the absence of illness, diagnostic assessments, hospitalization, and use of drugs, appliances and equipment. But also on lifestyles: pregnancy, childbirth, breast-feeding, obligatory and non-obligatory vaccinations, eating habits, physical activity and sports, weight and stature. Such information is now regularly gathered through multipurpose surveys, not to mention attention focused on the child's relationship with the new technologies, culture, sports and leisure, data of ever-increasing strategic importance in the fight against social exclusion. We have also addressed the problem of estimating the exploitation of minors by combining various sources, which proves a particularly complex task due to the delicate nature of the issue. It is a long and complex job that we have embarked upon, laying the foundations for the construction of a system of indicators about the quality of life of children, a job that has occupied us for a long time and to which we attach the utmost importance. There are, however, still some difficulties involved in measuring child welfare, above all in the Mediterranean area. Measuring child welfare is a difficult task because children grow up quickly, and so a yardstick of well-being appropriate for one age is not necessarily so for another, as we have already seen with regard to some indicators. Child development is characterized by the acquisition of a broad range of skills and characteristics that no single indicator is capable of capturing by itself. Some indicators are very difficult to calculate. For example, we sometimes encounter indicators based on criteria adopted for adults and the elderly, and in no way geared to children. This is true of the measure of disability currently employed, which has been improperly extended to cover children as well due to the lack of specific tools tested out on them. For example, the ability to take a bath unaided, which is one of the major yardsticks of autonomy in the elderly, is something a child has still to develop. It is, however, considered as one of the conditions of difficulty and therefore cannot be considered as an indicator of health problems. A study must therefore be developed at the international level to identify child-specific indicators.

What I mean by this is that our primary concern when we speak about the well-being of children, taking it for granted that we have defined well-being conceptually, is to ascertain what sources of information and statistics are available, how suitable they are for the measurement of child welfare, and what is needed to complement them. The importance of this becomes all the greater when we go from child welfare in Italy, which can be regarded as an advanced country possessing statistics on children, to Mediterranean countries that are completely different in terms not only of history but also the systematic gathering of data. The first priority is to construct indicators that are comparable across countries, to ascertain their validity country by country, to identify the major shortcomings of information as regards child welfare, and to find ways of remedying them, possibly by means of specific ad hoc surveys. The goal of comparability entails developing common methods and tools both in the gathering of basic information and in calculating the indicators. Just consider the fact that problems of comparability continue to exist even for mortality statistics, which have a great tradition and represent one of the best-consolidated and most usable sources for decision-making purposes in the health planning policies. The most important differences regard mortality in the first year of life, divided into perinatal, neonatal and infant. These are differences that sometimes regard age groups, the quality of certification of death, and definition. There are different definitions for perinatal mortality and stillbirth, concepts that are often linked also to weight at birth and gestational age, constraints proposed by countries with highly variable ranges. If we then move from the perspective of child-specific indicators to the identification of a combined index, the criticalities reappear and are magnified, as has in any case already emerged. What does an overall indicator, a component or a variable latent actually measure? Is it informative with respect to specific fact-finding objectives such as the appraisal of policies or initiatives? How sensitive is a combined index to the methodology used for weighting? In other words, how much do the results differ if another methodology is used? These are anything but trivial points, but should not discourage us a priori. I have no desire to appear pessimistic. We must be optimistic. They do, however, suggest the need for caution in the construction and use of combined indexes. Reinforcement of the basic statistics is thus a necessary prerequisite for measuring child welfare. If the indicators are defective, incomplete yardsticks of child welfare or not comparable, not

even the best made compound index cannot solve the underlying problem. In conclusion, I should like to stress that these observations are intended as a positive contribution to an important project for the Mediterranean area, a project that ISTAT views with interest and appreciation. We are ready and willing to work alongside the offices of statistics of other Mediterranean countries. We shall follow the path you have embarked upon with great attention, but will not conceal the difficulties experienced at present due to the lack of resources for Italy's public statistics. This is indeed something that endangers precisely the great qualitative advance achieved in the field of statistics on children and the other members of society in the 1990s.

Eva Jespersen

Thank you very much for having invited Unicef – Innocenti to participate in this meeting. The topic for discussion is of course of shared interest.

I agree with all the previous speakers that assessing the fulfillment of children rights goes beyond national and household incomes to includes areas of access to social services, legal protection, protection against violence and abuse, and participation, etcetera.

I think much of this can best be captured in a situation analysis. Yet, I also firmly agree with the proposals made by Jacques van der Gaag concerning the importance of measuring children living in poverty.

I would like to talk about the work and discussions at the Innocenti Research Centre pertaining to the definition of child poverty, the work that is under way in Mediterranean countries and also children in the CEE/CIS.

Research both on rich countries and on Eastern Europe suggests that while it may be more important to measure relative poverty in one group of countries - particularly for children in rich countries, absolute poverty is more significant in poorer countries. And for the Mediterranean region we would run into obvious difficulties of misrepresentation if we were to use one or the other in an index intended to cover the entire region.

Jacques made reference to the study for UNICEF by David Gordon et al on 'Child poverty in the developing world'. It looks at severe material deprivation in seven dimensions, which reflects an understanding of child poverty that primarily applies to very poor countries.

The Innocenti Report Card on 'Child poverty in rich countries' which will be launched on 22 February 2005 looks at the measurement of child poverty in rich countries as well as assessing changes over the past fourteen years. It recommends the governments should have at least three different dimensions in the measuring of child poverty. One measurement being a relative measure comparing it to the median, 50% of the median which is somewhat different from the current EU measurements, a second measurement of country specific material well being and finally a base line under which poverty should not be allowed to sink. The report also acknowledges that there are other non-income elements that need to be considered.

In addition to the 3 different measurements for assessing child income poverty over time we also need to look at different components or fundamental areas influencing the changes, one is household income, another is social transfers beyond education and health, because for rich countries, generally, it can be assumed that children have access to basic health care and basic education. However as we are looking at all the OECD countries, which include as members Korea, Turkey, some of the central European countries and Mexico it is a bit of a stretch. The third component is demographic changes that have taken place since 1990.

The report will show that only one country, Norway, which already 15 years ago had a low level of child poverty has been able to reduce it further to about 3% while other countries which show substantive declines, like the US and the UK had and still have much higher levels of child poverty.

The report will also discuss the graphic that Jacques showed us on how child poverty in Italy has gone up quite substantially since 1990, some of which relates to changes in government transfers. In next years report we will look more closely at the notion of equality of opportunity (to be all a boy or girl can be) with an in-depth look at intergenerational transmission of poverty, and review policies that could possibly mitigate this transmission. As Jacques mentioned children that are born into poverty are very likely also to grow up and be poor adults. The policies we will be looking at - is the role of early childhood development and education in breaking the intergeneration cycle of poverty, which are probably very relevant to the MedChild focus.

We will be launching a study on child poverty in south-east European countries and central Asia, which is likely to apply a somewhat different

perspective on child poverty, including more emphasis on measurements of absolute poverty.
The Innocenti work on child poverty in rich countries and in the SEE/CIS suggests that there may be opportunities for collaboration with MedChild and with your partners on the proposals Jacques has made about a child poverty assessment, and strengthening the data collection and analysis necessary for the assessment.
Just two more points to emphasise the importance of situation analysis. One of the areas that is often ignored, certainly when we are talking of child poverty or even poverty reduction, is migration and how that effects the well being of children, both children left behind, children brought along and children born abroad. And there are also other issues, such as institutionalization of children, children with disabilities that are very important for child well being, and which may best be captured in a comprehensive situation analysis. A situation analysis could also take a different evidence-based theme each year. Any further work on an index of child welfare development ought to be complemented by a systematic approach to discuss elements of child well being in more depth.
Unicef seeks to do so, both for children in rich countries and of course also for children in poor countries, in the State of the World Children Report and specifically for the CEE/CIS, in the annual Social Monitor. I'd like to end here but just thank the presenters for the papers and also say that we are interested in being part of discussions of child poverty in the Mediterranean.

Ermenegildo Ciccotti
I should like to start by pointing out that I am here as a representative of the Centro Nazionale di Documentazione e Analisi per l'Infanzia e Adolescenza, a department of the Italian Ministry of Welfare operating out of the Istituto degli Innocenti. Given the lateness of the hour, I shall try to be brief in my outline of the Center's experience in the development of statistical indicators for children. I must agree with Prof. Biggeri that official statistics in the field of children have improved a great deal in the last ten years, thanks not only to ISTAT but also to the data supplied by ministries and other institutions. This has enabled us, as a national center, to develop 140 elementary child-oriented statistical indicators for Italy alone in our statistical publications. And I would like to inform Prof. Ruffolo that we have

them all except GDP. We have not succumbed to the GDP dictatorship. The only indicator of an economic character that we include is social expenditure. We have also undertaken a comparative analysis of indicators for children in Europe. We started in 1999 with six countries and then moved on to include the 15 countries of the European Union, which is when the problems of data comparison began. In our publication regarding the 15-country European Union, we succeeded in comparing about 70 indicators, a far lower number than those used in Italy. Most of these indicators were of a demographic nature, and thus of course more readily comparable. Our most recent publication (*I Numeri Europei, Quaderno nazionale 32,* September 2004) also includes some indicators regarding the countries that have recently joined the European Union, and immediately there emerged a divergence in the basic statistical data leading us to a diversification that was not present in the 15-country EU but in the very data of EU 15. The importance of the sophistication of the basic statistics can thus derive from this. We were able to pinpoint considerable differences in the 15 countries of the European Union. For example, the average social expenditure on children in EU 15 is approximately 8.3 percentage points of the total. To clarify matters with reference to an indicator under attack, the average social expenditure in Europe is approximately 28% of Gross Domestic Product. Italy is slightly below this level with 25-26%. Taken like that, these raw figures would tell us little. If we go on to analyze their internal composition, however, we see a very sharp difference between Italy and the other countries in that expenditure on social security accounts for 70% in Italy as against a European average of 50-55%. This means that Italy's social expenditure on children is below the European average. This means that high-quality official basic statistics are essential in developing overall indexes because it is sometimes impossible to develop a sensitive indicator on the basis of the raw figures. This means that, on the basis of our experience, the mammoth task MedChild is undertaking will require efficient basic statistics that cannot always be found even in industrially advanced countries such as those of the European Union. In this sense, for example, we believe that while the work carried out by Prof. van der Gaag and the CER is of excellent quality, it stands in need of very efficient basic statistics and indicators making it possible to develop an overall index of well-being in the medium term. It is in fact our view that an initial step toward an overall index is the identification of

countries that are homogeneous in terms of basic statistics. If we cannot trust to the dictatorship of GDP, nor can we compare the infant mortality rate of a country like Egypt with that of the West European countries, which is approximately 0.55 per cent. In any case, I find the work of the CER very interesting and believe that it can lead in the medium term to the development of a reasonably efficient indicator of welfare. In this connection, I agree with Ms. Jespersen that the basic statistics should also include the number of children living outside the family present in institutions.

Mary Eming Young

I had the privilege to follow the conceptualization of MedChild Institute prior to its launch at the Children and the Mediterranean Conference in Genoa in January 2004. I would like to congratulate the Gaslini Foundation through Lynkeus for its substantial effort in the chartering of this Institute. My task here is to discuss the two approaches to develop the child welfare index. This is a challenge and I am obviously very biased. One method draws on the lessons learned from applying the human development index, extending it to a child well being index. The other measure uses factors analysis, which is mainly a statistical manipulation of a set of variables, not all of which relate directly to child welfare. Hence, instead of addressing the pros and cons of each methodology, I would like to bring to discussion the importance of mapping and tracking our countries child well being by focusing on young children in poverty.

A year ago when Prof. Morley-Fletcher brought up the possibility of developing the child well being index for the Mediterranean region, I was very supportive and actually convinced him that I knew just the right person to do it. Having followed the process I now have some concerns of whether a single indicator of child well being is a right tool or approach. One could say that it depends on the question that a tool or approach would address and the purpose for which it would be used.

My interpretation of the mission of the MedChild Institute, again are very biased here, is that it will identify and promote strategies to improve the lives or promote the well being of *young children* in the Mediterranean region, focusing especially on young children in *poverty*.

Why do young children in poverty matter? There are at least three main reasons:

- Young children (that is, children under age 6) are more likely to be poor other than any other age group.
- Living in poverty limits young children future life chances.
- Children's early years are critically important for their later development. A fact that is clearly documented by recent findings in early child development, neurosciences and operational research.

Why focus on young children?

Studies of brain development show that quality of children's earliest experiences affects the growth of their brains and their later emotional development. The experience of poverty has damaging effect in early childhood, and this early poverty has an even greater effect on children's future chances than does poverty later during childhood.

Young children in poverty are more likely to be born at low birth rate, be hospitalized during childhood, die in infancy or early childhood, receive lower quality of medical care, experience hunger and malnutrition, experience high levels of interpersonal conflict in their homes, be exposed to violence and environmental toxins in their neighborhood, and experience delays in their physical cognitive, and emotional development which affect their readiness for school.

Studies show that young children who grow in poverty into adolescence and adulthood are more likely to drop out of school, be delinquent, have early pregnancies, bear children out of wedlock, and be unemployable and unemployed. As adults, they struggle to sustain their own families, often raising *their* children in poverty, thus maintaining a cycle of poverty from generation to generation.

The high cost of child poverty to society

In addition to the human cost of child poverty, nations bear substantial economic costs of child poverty. The Nobel laureate Roberts Slow estimates that the cost of child poverty in the United States is $36 billion to 177 billion *each* year. This high cost would constrain the productivity and competitiveness of any nation's labor force. When the rate of young children in poverty *increases*, it is not only detrimental to individuals affected (who suffer for insufficient schooling, poor health, and negative behavior and social outcomes), but it also threatens a country's future stability (that is, its social cohesion).

It may appear that child poverty is not an issue in developed countries any more and that perhaps we should focus on the positive, rather than

negative, aspects of countries well-being. You may be surprised. Data from the Luxembourg Income study (see lee Rainwater and Timothy M. Smeeding, 2003) show that, in 1997 the United States had an extremely high child poverty rate of 20.3 percent and still increasing, and Italy had the second highest child poverty rate just below 20 percent (19,9 percent), followed by the United Kingdom at 16 percent. Other countries just below 10 percent were Germany (9.5 percent), France (7.2 percent), and the Netherlands (7.2 percent). Nordic countries have very low rate of child poverty, less than 5%.

There are evidence-based solutions:
Intensive early childhood interventions can alter the developmental trajectories of young children in poverty. Most Mediterranean countries, and, in particular, France and Italy, already have comprehensive early childhood programs. Yet, many other countries in the region still do not have programs that begin to address inequities in the provision of and access to early childhood services.

We need to do more:
The purpose of measuring child well-being or the lack of well-being is to do something about it. Economic and policy decisions (regarding, for example, parental leave, childcare support, and education) made in the next few years can help determine the future of young children. Moving beyond the comparing of countries on a score-card index of child well-being, we could do more by taking steps to:

- Identify, assess, and develop policies that can reduce the rate of young children in poverty
- Map and track the magnitude of poverty in Mediterranean countries.

We need to know:

- How many children are poor and near poor? Has the number increased or decreased over time?
- Where do poor young children live — in urban, rural, and/or suburban settings? Have the numbers in the different settings increased or decreased over time?

- In what kinds of families do poor young children live? How are the families structured (are they headed by married parents or unmarried mothers)? What is the parents' educational attainment and employment status? (Parents with more education are more likely to earn enough to keep their children out of poverty.)
- What are the racial and ethnic backgrounds of poor young children?

The rate of young children in poverty is an indicator of a nation's health and a significant predictor of the future well-being of a nation's children. The rate of young children in poverty can even serve as a measure of a nation's economic well-being.

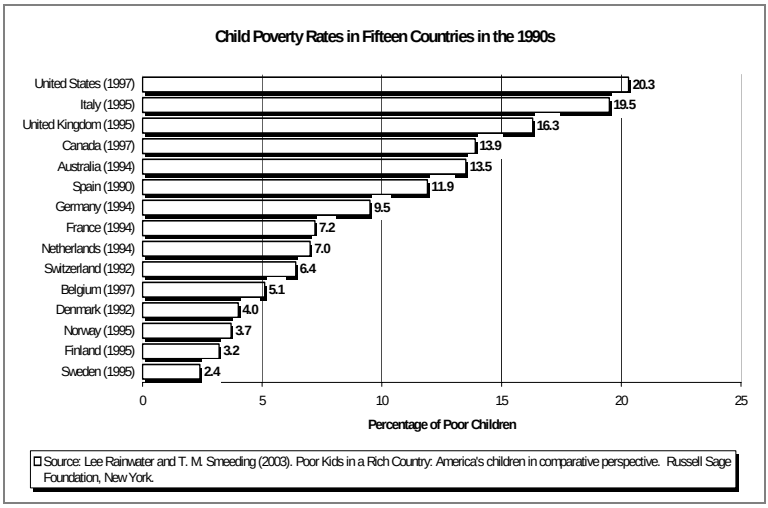
The mission of the Mediterranean Child Institute

Coming back to the mission of the Mediterranean Child Institute — is it to identify and promote strategies that reduce the number of young children in poverty in the Mediterranean region? And, is it to improve the life chances of children under age 6 who are growing up poor?

In addition, if the Mediterranean Child Institute's role is to alert the public about demographic statistics on child poverty and about scientific research on the impact of poverty on young children, families, and communities, then the Institute would disseminate information on early childhood care and education, child health, and family and community efforts in countries and throughout the region to government officials, private organizations, and child advocates.

Also, the Institute could galvanize the public and private groups to assess the efficacy of potential strategies for lowering the rate of young children in poverty and improving the well-being of all young children in poverty.

If these are the premises on which the Mediterranean Child Institute was chartered, then I would urge that priority be given to mapping and tracking young children in poverty throughout the Mediterranean region. This effort would add value over and above other efforts already being carried out by other institutes and agencies. Finally I would like to congratulate again the Gaslini Foundation for its mission to promote the well being of children in the Mediterranean region. This initiative would set an example for all regions beyond the Mediterranean region and for the collaboration of many other agencies, including the World Bank on the work on children and youth.



Bruno Musso

Thank you very much indeed, Ms. Young. It is now one fifteen and Fernanda Contri, the president of our scientific committee, tells me that she would rather not address us so as to avoid protracting the session any further. Minister Frattini and Ambassador Vattani have summed up today's proceedings, and I shall present a concise overview of the seminar as a whole. First of all, I thank all those who have taken part and especially those who presented and discussed the scientific reports on the construction of indexes. A few observations. As regards Mary Young's question, we shall endeavor to respond in the afternoon meetings, the first of the MedChild joint organs, by tracing general guidelines for the Foundation. Mary Young asks what we intend to do, where we want to operate, and how we are thinking of providing information. Clarifying our objectives is today's task because in some respects MedChild was founded on an intuition, some ideas, on a set of projects that took shape somewhat haphazardly. Today we want to develop a more organic framework.

I noted Prof. Padoan's observation to the effect that alongside the quality of the life of children, there is a problem of the quality of their integration in the Mediterranean, which is crucial for the future of the area. I will not say that this is necessarily a matter for an index. That is for the experts to decide, not me. It is, however, certainly a key issue for

the future of our initiatives and one that we must bear constantly in mind.

When Prof. Biggeri pointed out the need for an index specifically for children, I was reminded of the initiative we launched on October 1st for the pediatric drug center to obtain medicines tailor-made for children. This strikes me as the same problem. It is all too easy to come up with drugs or indexes that are “downsized”, so to speak, from what has been established with reference to adults. But children are never little adults, neither when we seek to treat them nor when we endeavor to analyze their situation and future.

Finally, I should like to adopt the conclusion of the written report left us by Prof. van der Gaag, which puts forward various proposals. Proposal number three is to carry out over the next few years a in-depth sectorial analysis to assess the effectiveness of the current policies and programs for children in the Mediterranean countries. This is an evolutionary proposal that, as he says, can be successfully implemented only over a certain number of years. If improving child welfare in the Mediterranean countries constitutes our first priority, however, we shall have to undertake the arduous task of evaluating all the programs and all the policies capable of contributing to their well-being. The question of whether all these appraisals will then be condensed in a single overall index of child-policy performance is ultimately of secondary importance. I regard these observations by Prof. van der Gaag as perfectly encapsulating the sense of this initiative.