Child health in the SDG era

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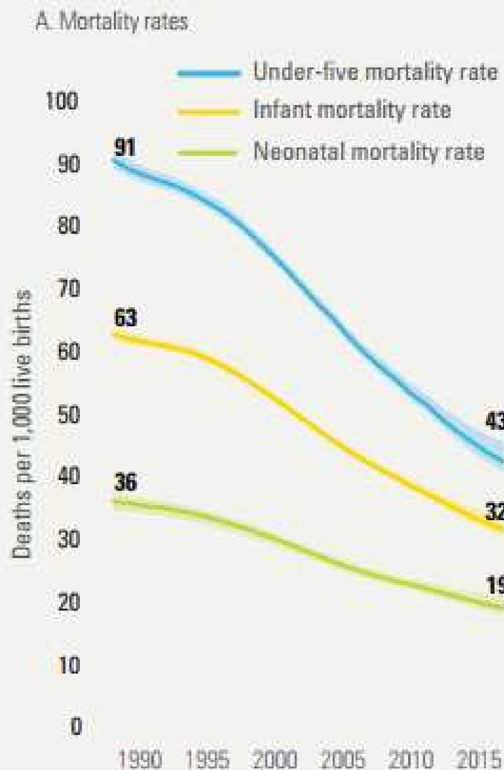
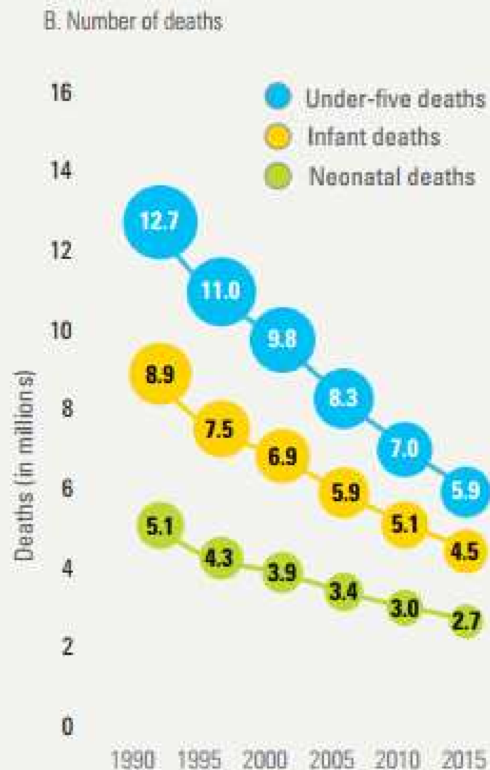
FIG.1 Both the under-five mortality rate and the number of under-five deaths have fallen by more than half since 1990

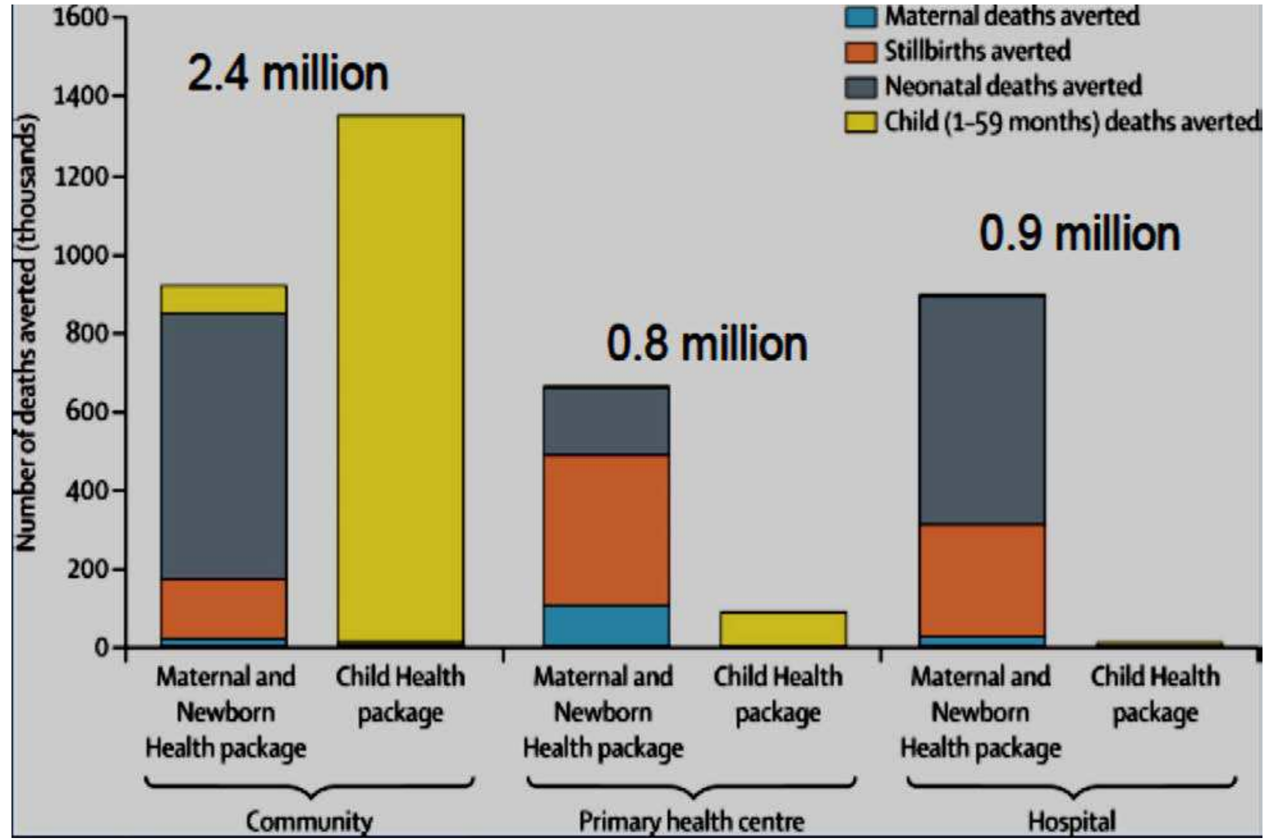
Global under-five, infant and neonatal mortality rates and number of deaths, 1990–2015





unicef for every child

Lives that can be saved through the continuum of care from community to hospital



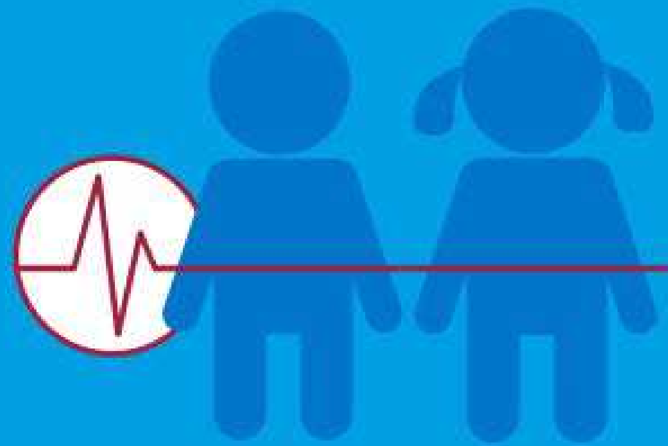
Black, Lancet 2016

unicef for every child

Compared to the richest children, the **poorest children** are:

1.9 times

as likely to **die before age 5**



NARROWING THE GAPS

THE POWER OF INVESTING IN THE POOREST CHILDREN

Carlos Carrera, Geneviève Begkoyian, Shahrouh Sharif, Rudolf Knippenberg

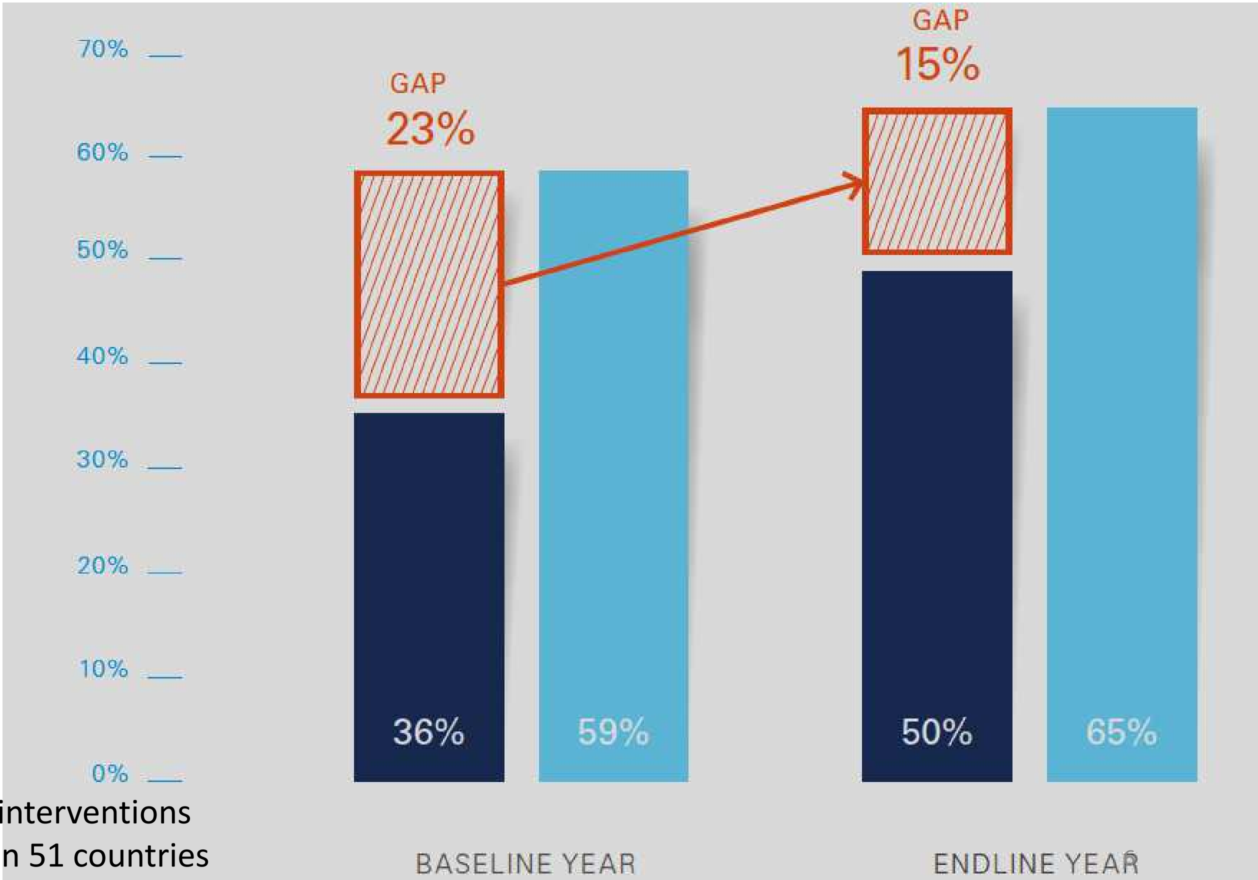
1. Have coverage gaps between poor and non-poor groups changed in recent years?

2. What is the projected impact on under-five mortality?

3. Is investing in the poor more cost-effective than investing in the non-poor?

Have coverage gaps between poor and non-poor groups changed in recent years?

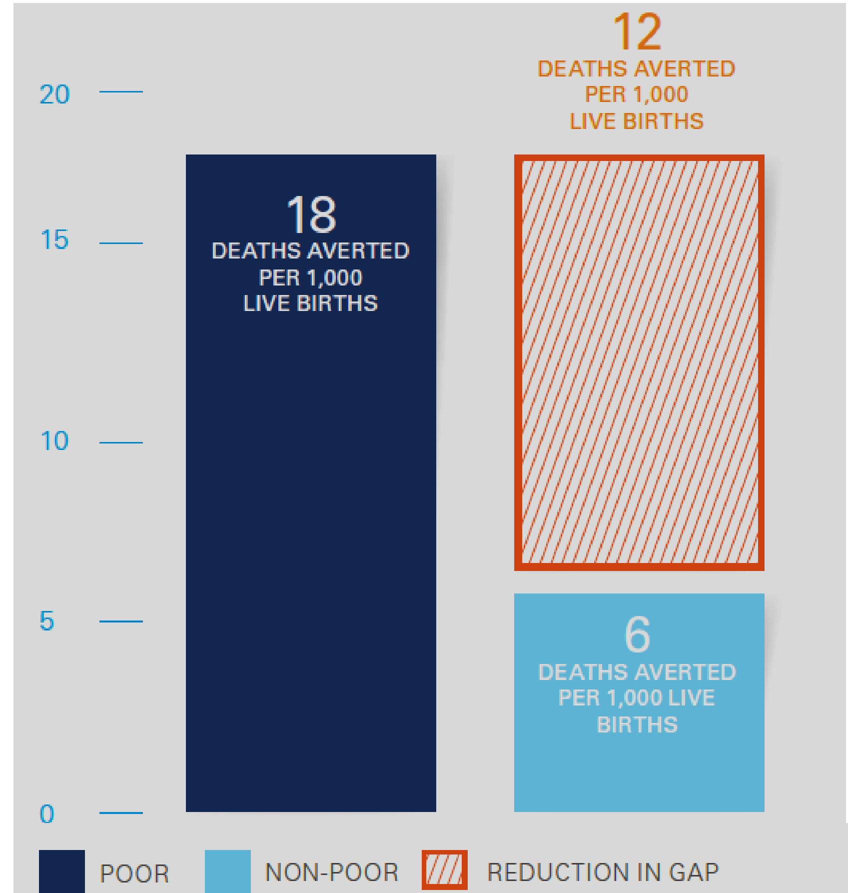
Coverage of high-impact interventions increased more rapidly among the poor than non-poor



Mean intervention coverage of 6 tracer interventions among poor and non-poor populations in 51 countries

What is the projected impact of these changes on under-five mortality?

Narrowing the gaps in intervention coverage narrowed the gaps in mortality



Mean reduction in under-five mortality rates for poor and non-poor groups across 51 countries (/1000 live births)

Is investing in the poor more cost-effective than investing in the non-poor?

- US $1 million saved 166 lives among the poor versus 92 deaths among the non-poor

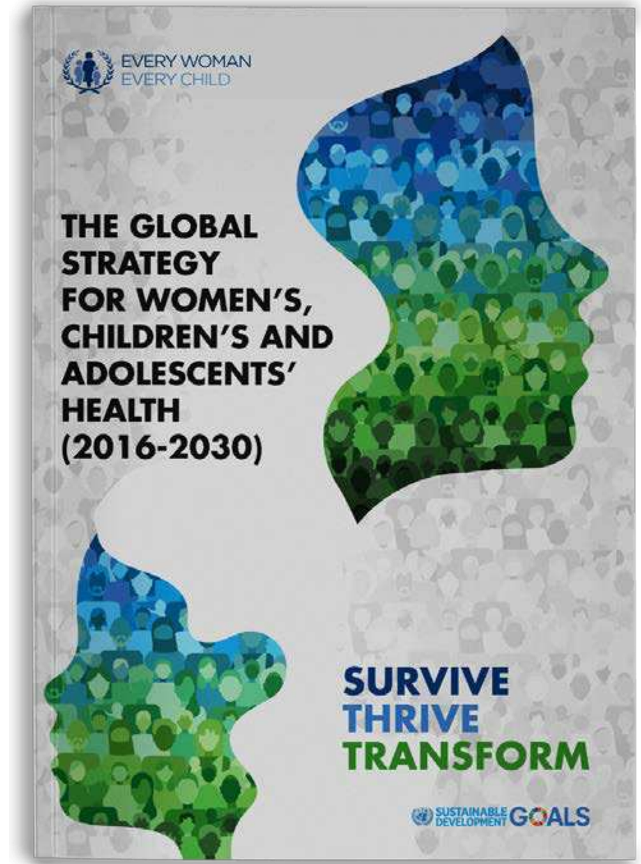
- 1.8 times more lives saved among the poor versus the non-poor

Child health in the SDG Era

Survive

Thrive

Transform



Guiding principles in the Global Strategy for Children's Health?

- **Universality:** For all children, marginalized, hard to reach with an explicit focus on humanitarian settings
- **Life-course approach:** Health and well-being are interconnected at every stage of life, and across generations
- **Equity:** Focus on reaching the most vulnerable and leaving no one behind
- **Multi-sectoral approach:** interventions across core sectors address health determinants e.g. nutrition, education, WASH, environment, infrastructure

Department of Maternal, Newborn, Child and Adolescent Health

October 2016

Towards a Grand Convergence for Child Survival and Health

A strategic review of options for the future building on lessons learnt from IMNCI

Aim of the Strategic Review

Lessons from
20 years of IMNCI
implementation

State of the art in
care for children

A “big picture” view
of the best
investments in child
health

Problem	Recommendations
1. **Fragmentation** of global child health strategies undermines programming and limits impact.	a) WHO-Unicef issue **joint statement to reposition IMNCI**, child health; b) Partners consolidate around **one leadership body**; c) Country stakeholders advocate for **high-level representation** in coordination mechanisms.
2. Child health goals will not be met without **adequate funding** and **delivery to marginalized populations**.	a) Global partners develop innovative **strategies to target poor populations** and support removal of user fees; b) Country leaders **mobilize support and resources** and use GFF investment cases to develop ambitious, costed plans; c) WHO-Unicef develop **less resource-intensive training**.

Problem	Recommendations
3. **Evidence is not systematically** generated, captured and integrated into policy and programming.	a) WHO-Unicef establish a **global expert advisory group** to gain consensus on state-of-the art recommendations; b) Partners create an **online resource hub** and forum; c) **Regional actors** provide technical & policy support; d) Countries use implementation science and facilitate **shared learning among district teams**.
4. Strategies are **insufficiently tailored to country context**, and tools need improved end-user design.	a) WHO-Unicef harmonize tools into a **one flexible, adaptable set** w/ input from users, design specialists; b) Expert advisory group recommends **strategies to build upon country strengths** (private sector, community …); c) **Combined approach** for facility, systems, community.

Problem	Recommendations
5. There is a **lack of accountability** and corresponding need for clear targets and strong monitoring	a) WHO-Unicef establish a joint leadership process to **develop and adopt clear IMNCI targets**, alongside global accountability processes; b) Partners strengthen country capabilities to **routinely monitor and evaluate progress** using scorecards; c) Countries scale up monitoring alongside **improved community engagement, using data to enhance accountability**.

Child Health Moment of Reflection

UNICEF & WHO hosted consultation to define the principles for repositioning child health within the SDG

Florence, Italy, 10th-12th January 2017

Firenze’s 6 principles

1. Child health incorporates development and well-being, not only the absence of disease, and is central to the success of the SDG agenda.

2. Child health encompasses the first two decades of life (0-18), including preconception, consistent with the life-course approach.

3. Child health advocacy, policies, and programmes must address the physical, environmental, and social factors that influence the health and well-being of children aged 0-18.

Firenze’s 6 principles

4. The child health agenda of the SDG era needs one narrative that can be adapted to the realities of children and families everywhere.

5. Child health leadership must be country-led, supported by a revitalized global architecture, and capacity development for national leaders.

6. Increased domestic investment is needed to bridge gaps in local institutional capacities, resources, and accountability mechanisms for national child health priorities.

Conclusions

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- The SDG framework and goals provide a tremendous opportunity to reflect, review, reconsider, and revise our global child health response… but this remains to be done
- It is about a comprehensive approach to child health not a step away form child survival. At current rates will miss the 2030 SDG 3 deadline by <u>70 million child deaths</u>
- Part of the solution lies in pro-poor strategies focused on children, families, and communities as reaching the poor is right in principle and right in practice

Thank You

https://data.unicef.org/narrowing-the-gaps/

https://www.unicef.org/publications/files/UNICEF_SOWC_2016.pdf

http://www.apromiserenewed.org/wp-content/uploads/2016/01/APR-Report-2015-e-version.pdf

http://apps.who.int/iris/bitstream/10665/251855/1/WHO-MCA-16.04-eng.pdf?ua=1

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