Countdown to 2015
Maternal, Newborn & Child Survival



Reaching the Unreached is UHC enough?

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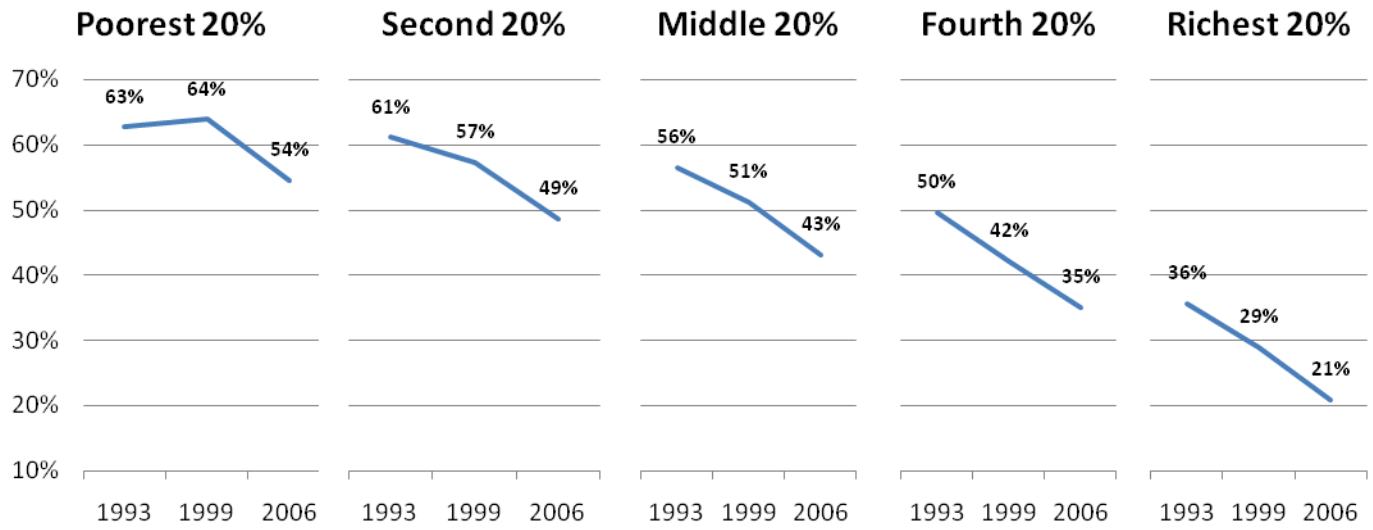
Maternal, Newborn & Child Survival

Historically, richer groups tend to capture more of the social benefits of increased economic growth…..

Proportion of children 0 – 59 months old who are stunted, by household wealth quintile



Note: *Prevalence trend estimates are calculated according to the NCHS reference population, as there were insufficient data to calculate trend estimates according to WHO Child Growth Standards. Estimates are age-adjusted to represent children 0–59 months old in each survey.*

Information on household wealth quintiles was not originally published in the 1992–1993 and 1998–1999 National Family Health Surveys (NFHS). Data sets with household wealth quintile information for these surveys were later released by Measure DHS. For the analysis here, the NFHS 1992–1993 and 1998–1999 data sets were reanalyzed in order to estimate child stunting prevalence by household wealth quintile. Estimates from these two earlier rounds of surveys were age-adjusted so that they would all refer to children 0–59 months old and would thus be comparable with estimates from the 2005–2006 NFHS.

Source: *National Family Health Survey, 1992–1993, 1998–1999 and 2005–2006.*

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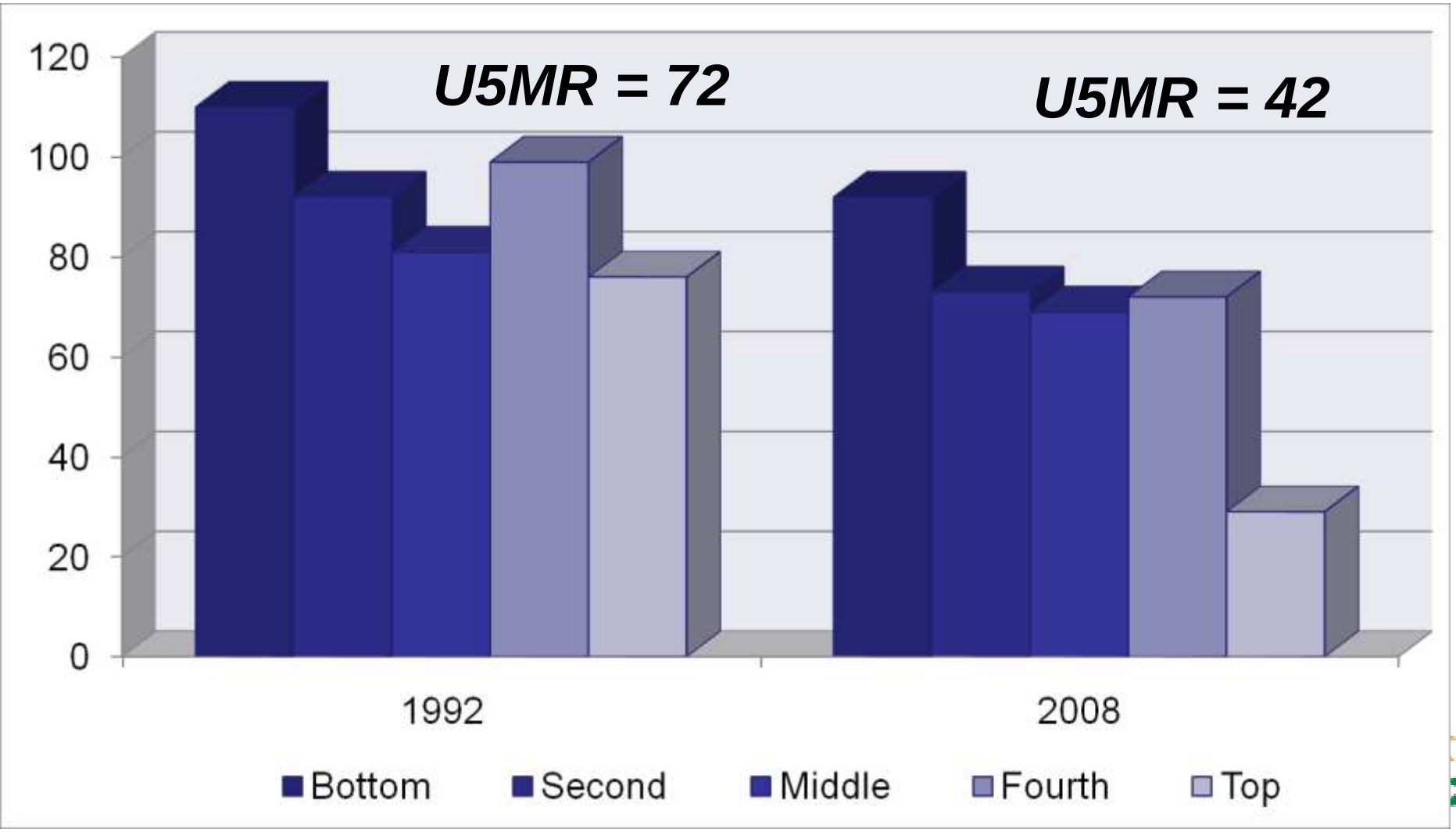
Leading to widening disparities in health outcomes…..



Source: Social & economic policy brief, UNICEF, August 2010

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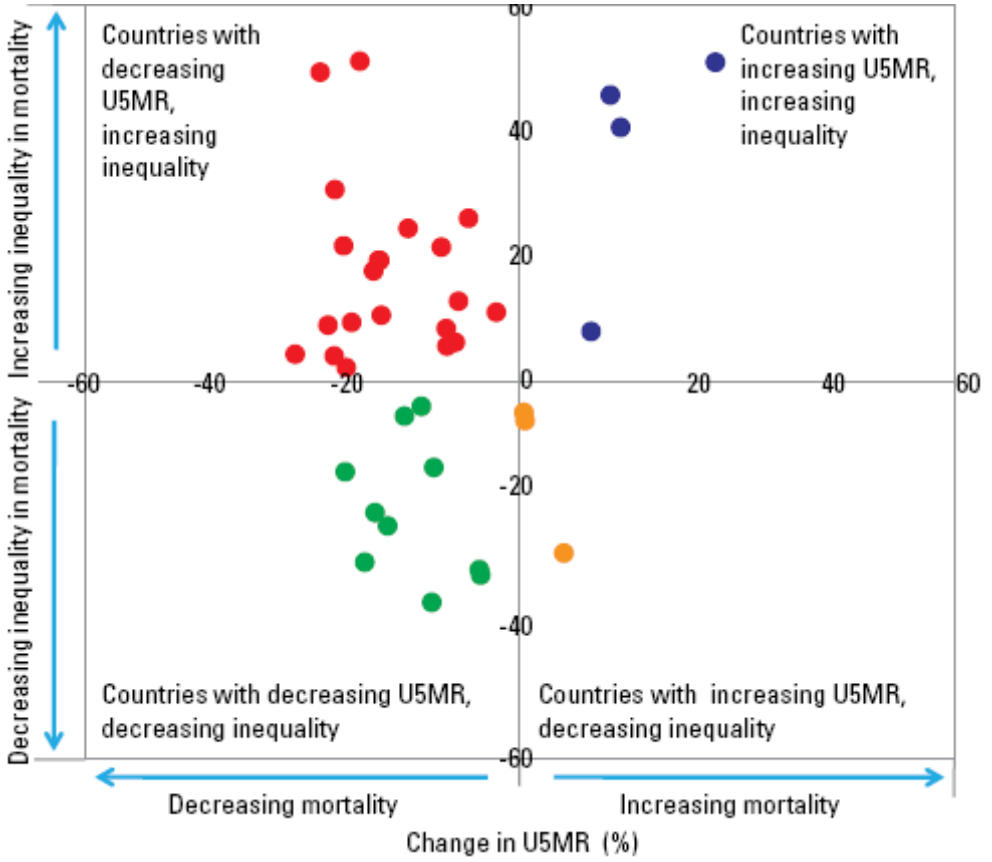
… and growing inequalities within most countries

- Two-thirds of the countries that have made strong progress in reducing the under-five mortality rate have shown worsening inequalities since 1990.
- In short, gaps between better off and worse off have increased.
- This suggests that the delivery, financing, and use of essential health services for children favor the better off.

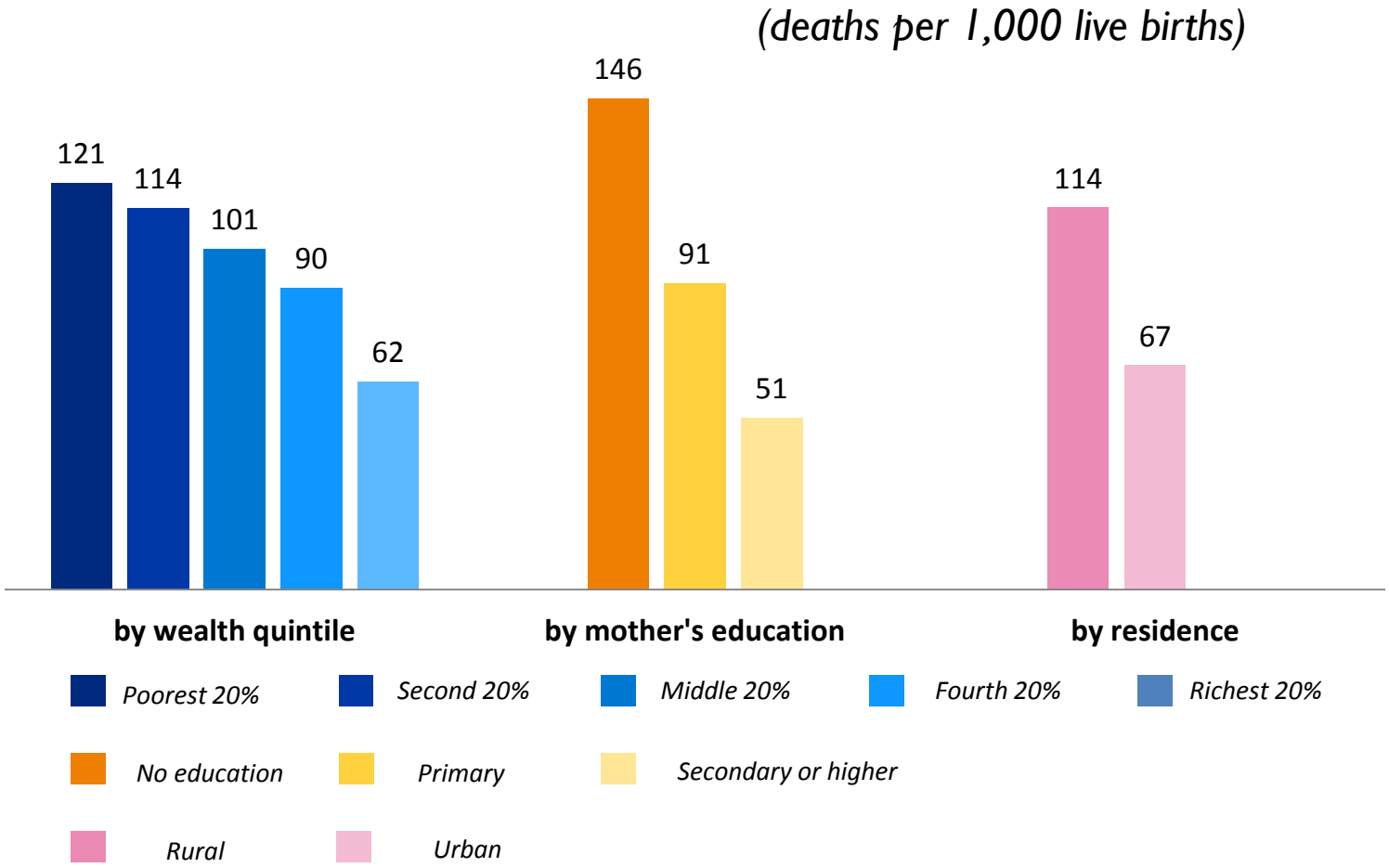


Source: DHS, various years (reanalysed by UNICEF, 2010). PROGRESS FOR CHILDREN, Achieving the MDGs with Equity, Number 9, September 2010, UNICEF

Some Potential drivers of these inequities are found in current UHC efforts

- **Supply-side**
  - Hub-to-spoke expansion of services; the poor are the last to receive investments & to be reached
  - The scope and quality of services supplied is lower in the periphery, and in rural and poorer areas
  - Institutional & informal discrimination, beyond financial
- **Demand-side**
  - Urban & rich: more aware of services, and have more powerful networks to capture benefits.
  - Poor face proportionately greater opportunity costs
  - Avoidance of care can be due to fear of discrimination as well as fear of impoverishment

There are multiple causes of deprivation hidden within national aggregates



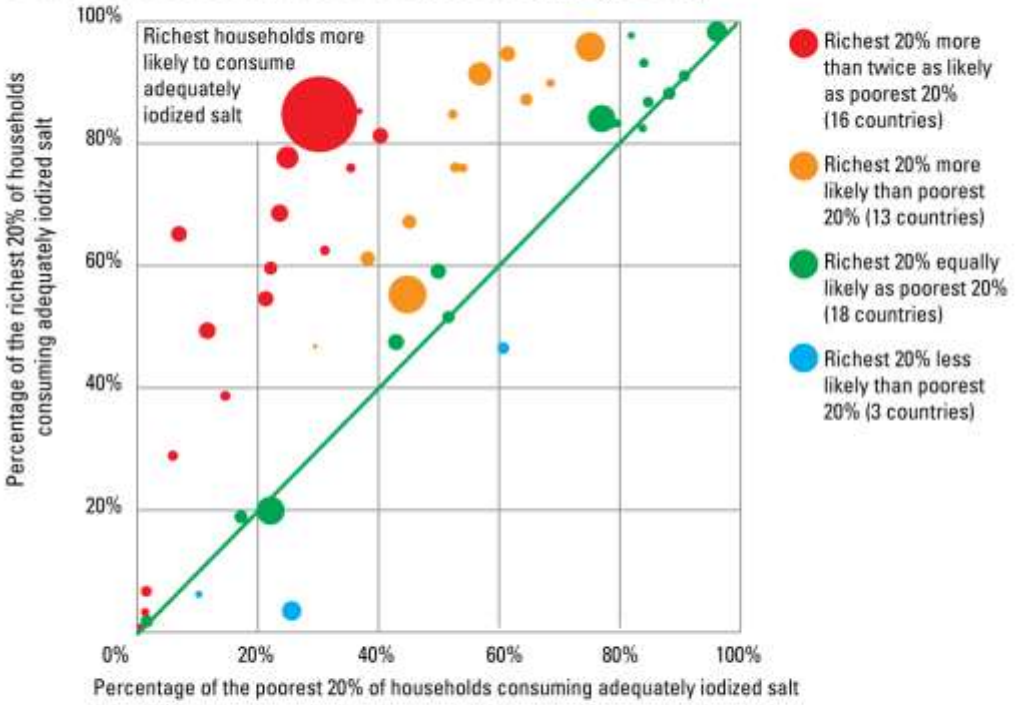
Children from poorer households, from rural areas, and whose mothers have less education are at higher risk of dying before age five

39 countries with most recent DHS surveys conducted after 2005 with further analyses by UNICEF for under-five mortality rates by wealth quintile, 40 countries for rates by mother's education and 45 countries for rates by residence. Source: Levels & Trends in Child Mortality Report 2011; Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation

MDG 1: Eradicate extreme poverty and hunger

Iodized salt consumption is higher among the richest households than the poorest households in countries with available data

Percentage of households consuming adequately iodized salt among the richest 20% of households as compared to the poorest 20%, by country



How to read this chart: This chart is based on 50 countries with available disparity data. Each circle represents data from one country. The size of a circle is proportional to the size of a country's population. The horizontal axis represents the percentage of the poorest 20% of households consuming adequately iodized salt, while the vertical axis represents the percentage of the richest 20% of households. Circles along the green line represent countries in which the likelihood of consuming adequately iodized salt is similar among the richest and the poorest households. Circles above or below the green line suggest disparity. The closeness of circles to the upper-left corner indicates greater advantage for the richest households in that country (greater disadvantage for the poorest households).

Source: MICS, DHS and national nutrition surveys, 2003–2009, with additional analysis by UNICEF.

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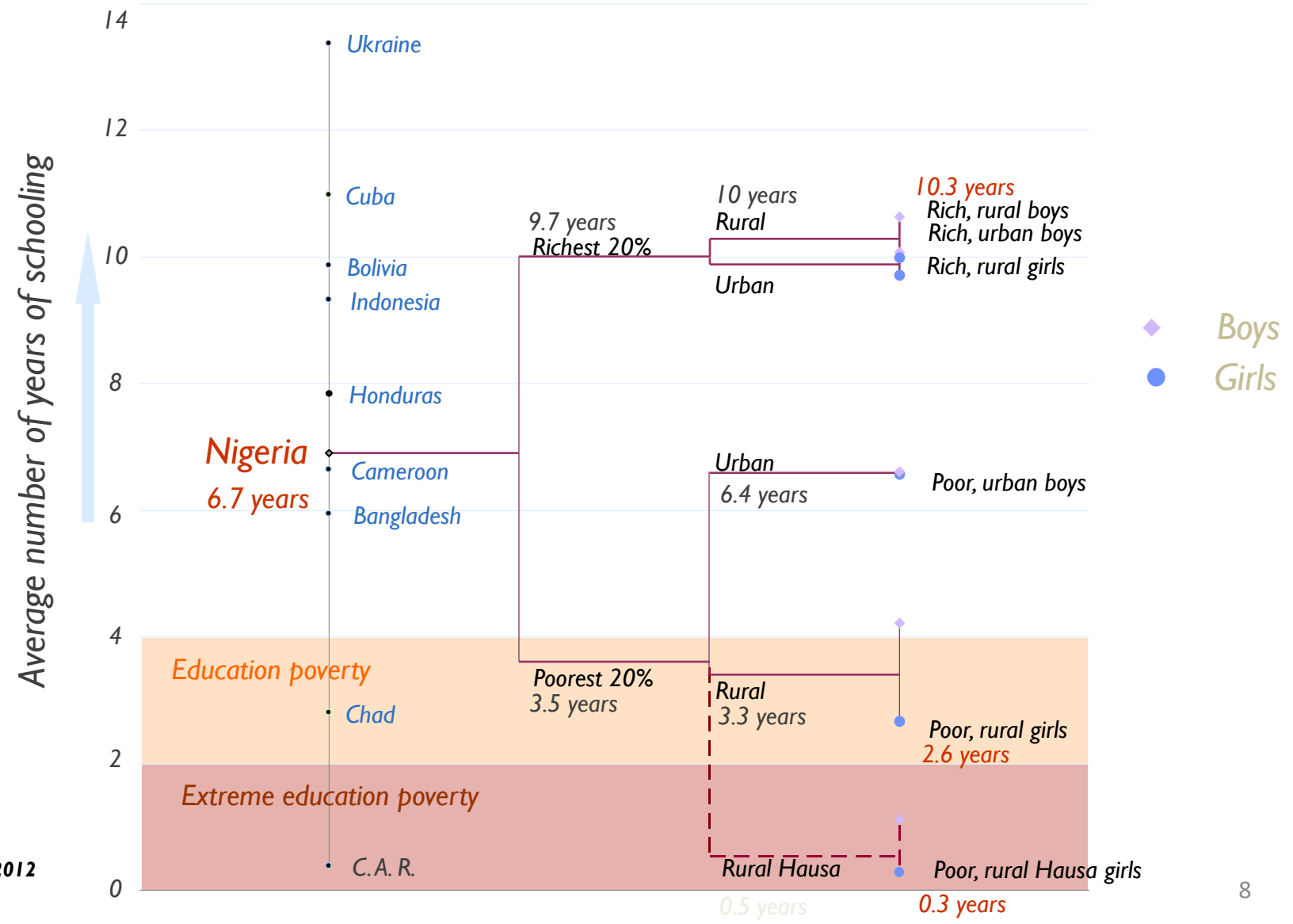
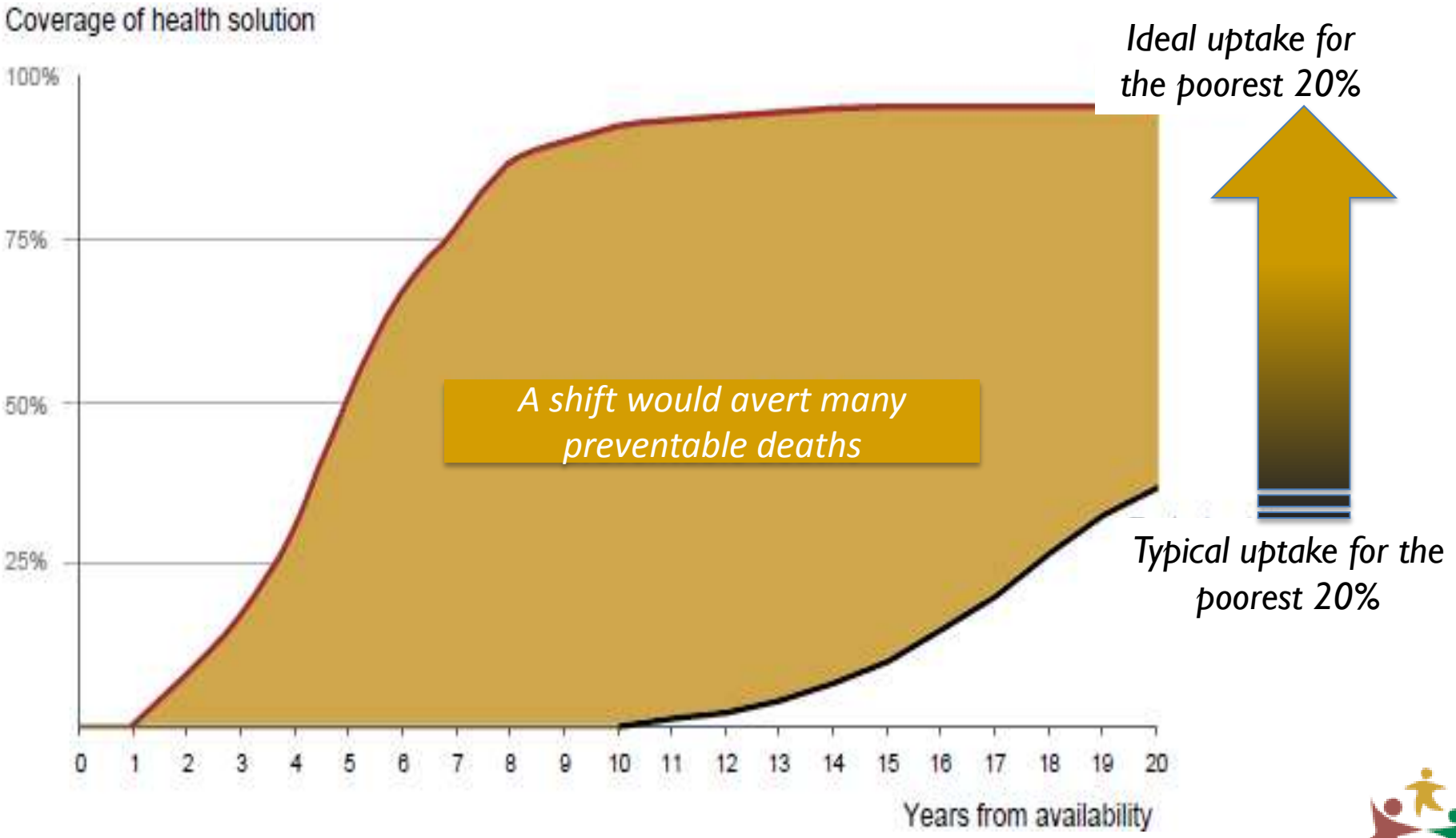
Health inequities are often linked to multiple deprivations: e.g. Education marginalization



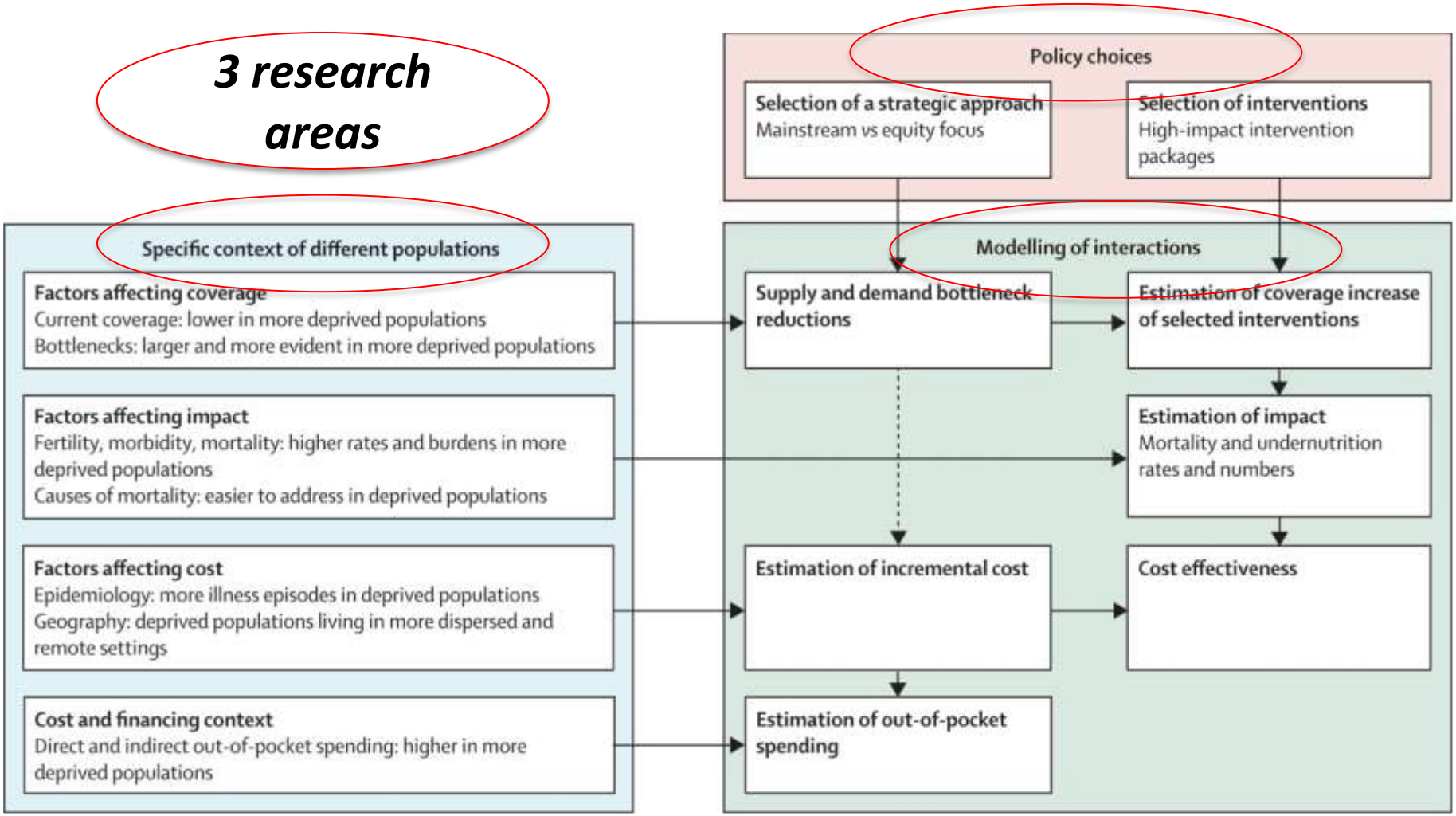
Source: SOWC 2012

An alternative: shifting the curve towards pro-equity strategies



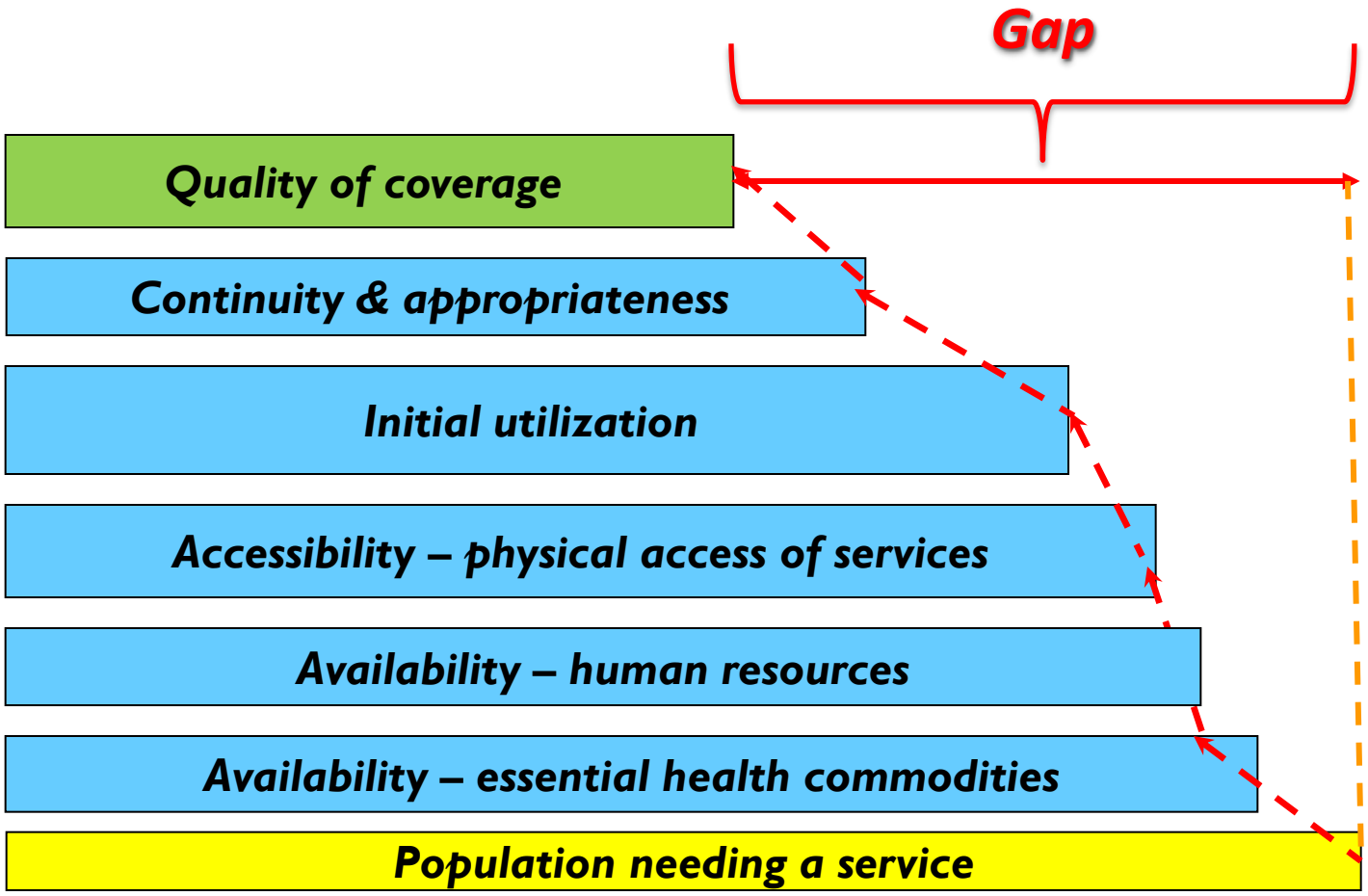
Source: adapted from M. Chopra, UNICEF

Research areas on how to shift the curve, and move towards UHC with Equity



Source: The Lancet 2012; 380:1341-1351 (DOI:10.1016/S0140-6736(12)61378-6)

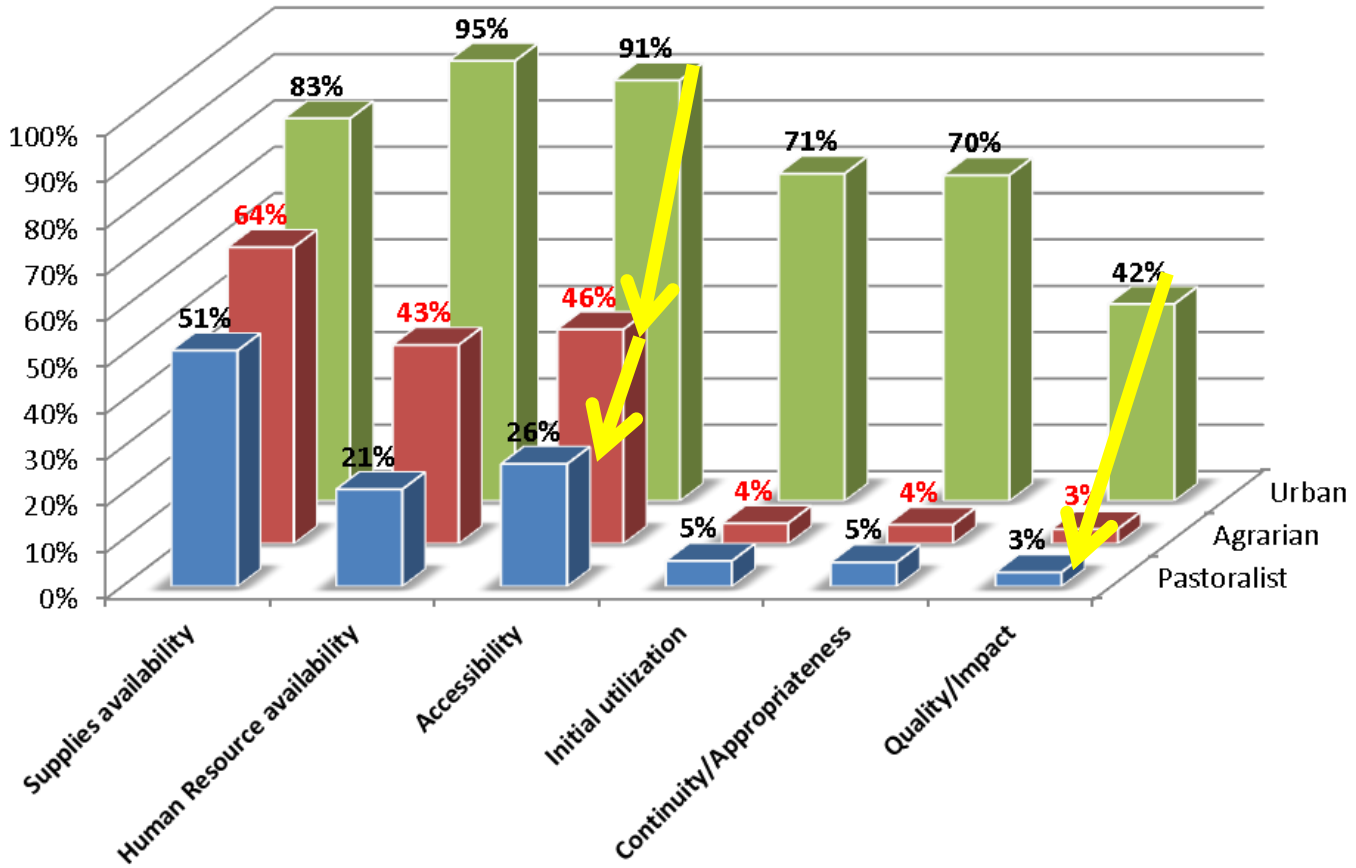
Assessing health system bottlenecks to access for children & other at-risk groups



Adapted by T O'Connell from Tanahashi T. Bulletin of the World Health Organization, 1978, 56 (2) http://whqlibdoc.who.int/bulletin/1978/Vol56-No2/bulletin_1978_56(2)_295-303.pdf

Resolving inequities requires data on inequities in access faced by each group

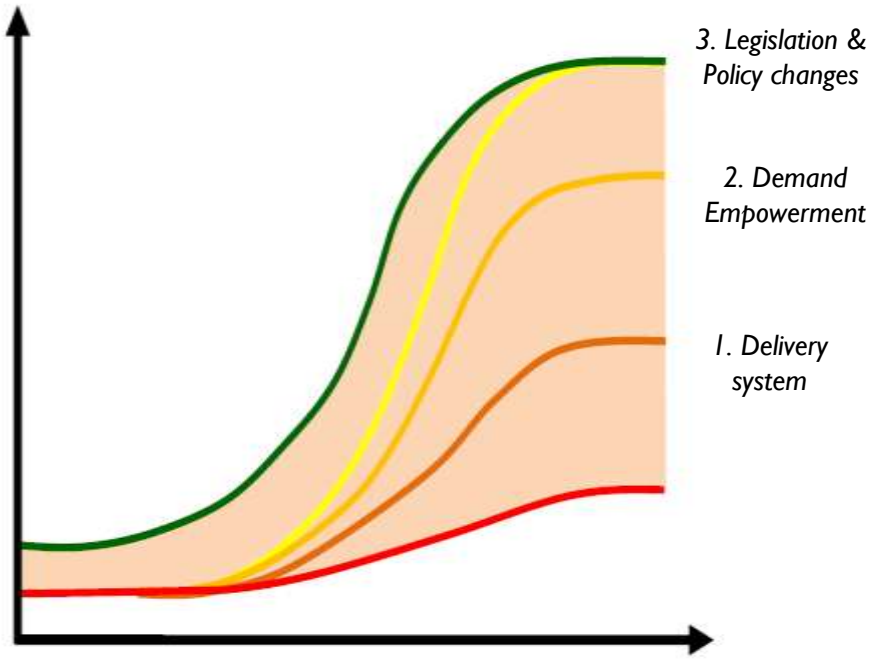
Analysis of services delivered at primary health facilities in Ethiopia



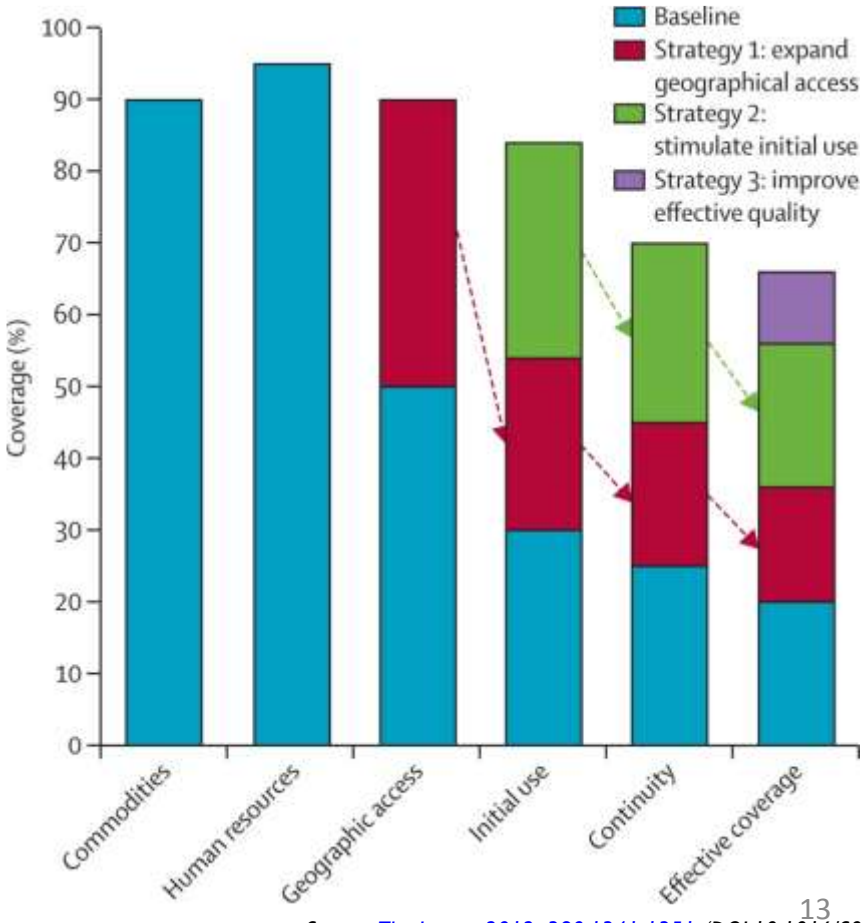
Source: UNICEF 2011 reanalysis of DHS. MICs data

Strategies to shift the curve

Reducing the gap



Reorienting towards pro-equity delivery & demand



Source: The Lancet 2012; 380:1341-1351 (DOI:10.1016/S0140-6736(12)61378-6)

Delivery Platforms

THE LANCET

Community-based promotion and case management:

- *160% significant increase in the use of oral rehydration solution*
- *80% increase in use of zinc in diarrhoea*
- *13% increase in care-seeking for pneumonia*
- *9% increase in care-seeking for diarrhoea.*
- *75% significant decline in inappropriate use of antibiotics for diarrhoea*
- *40% reduction in rates of treatment failure for pneumonia.*

Reduction of financial barriers

- *Promote increased coverage of child health interventions*
- *Pronounced effects achieved by those that directly removed user fees for access to health services.*

We can and should get to UHC

- An equity-focused approach has real potential to avert many more child and maternal deaths and episodes of stunting than the current path, and do so effectively.

An optimistic note

- We are getting real movement towards UHC,
- Yet, in the majority of countries
  we could accelerate progress *by shifting the curve,*
  through greater use of explicitly pro-equity UHC strategies and policies

COMMITTING TO CHILD SURVIVAL
A PROMISE RENEWED

Thank you!

EVERY WOMAN EVERY CHILD