



The Sustainable Development Goals (SDGs): Agenda for Child Health

unite for
children

unicef 

Overview of presentation

- The MDGs: what worked and what didn't
- The broader context of the post-2015 agenda for health
- The SDG process
- UNICEF's role in the SDG process



MDG 1: eradicate extreme poverty and hunger

Target 1C. Halve, between 1990 and 2015, the proportion of people who suffer from hunger

MDG 2: Achieve universal primary education

MDG 3: Promote gender equality and empower women

MDG 4: Reduce child mortality

Target 4A. Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

MDG 5: Improve maternal health

Target 5A. Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio

Target 5B. Achieve, by 2015, universal access to reproductive health

MDG 6: Combat HIV/AIDS, malaria, and other diseases

Target 6A. Have halted, by 2015, and begun to reverse the spread of HIV/AIDS

Target 6B. Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

Target 6C. Have halted, by 2015, and begun to reverse the incidence of malaria and other major diseases

MDG 7: Ensure environmental sustainability

Target 7C. Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

MDG 8: Develop a global partnership for development

Target 8E. In cooperation with pharmaceutical companies, provide access to affordable essential medicines in developing countries

Progress on selected Millennium Development Goals

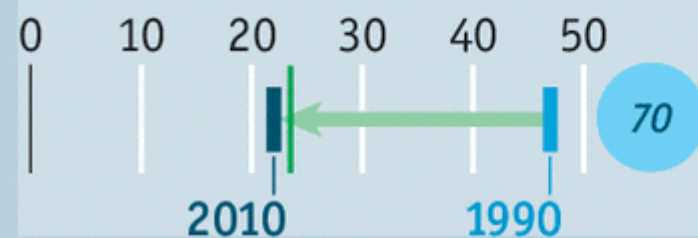
Developing countries

2015 targets (goal met): | (Yes) | (No)

00 % of countries on track, 2010

Reduce extreme poverty by half

Population living on less than \$1.25 a day*, % of total (Y)



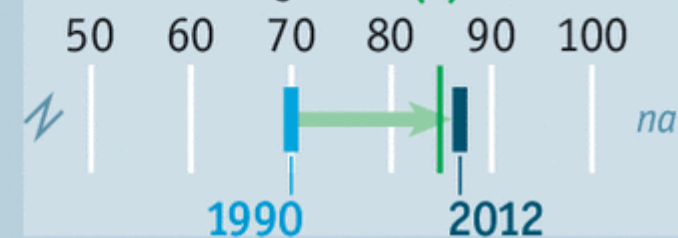
Gender equality in education

Ratio of enrolled females to males at primary school (Y)[†]



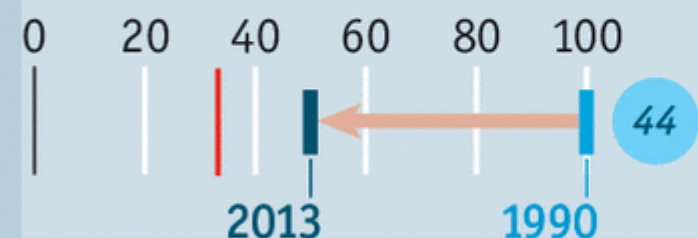
Halve the proportion of population without improved drinking water

% of population with access to safe drinking water (Y)



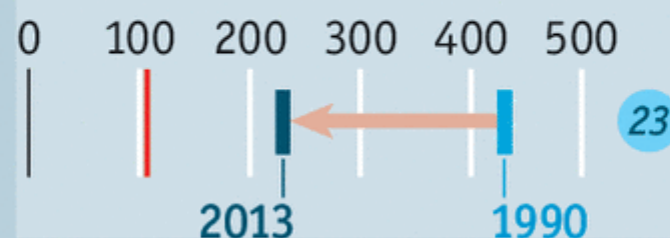
Reduce child mortality by two-thirds

Deaths of children under five per 1,000 live births (N)



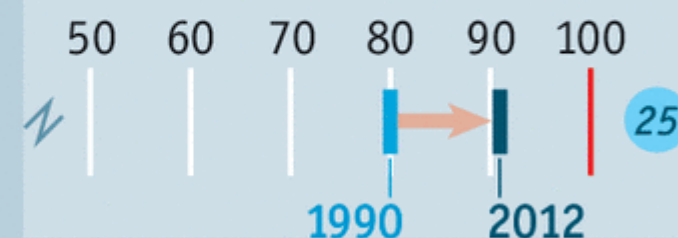
Reduce maternal mortality by three-quarters

Maternal deaths[†] per 100,000 live births (N)



Universal primary education

Enrolment as % of all primary-school-age children (N)

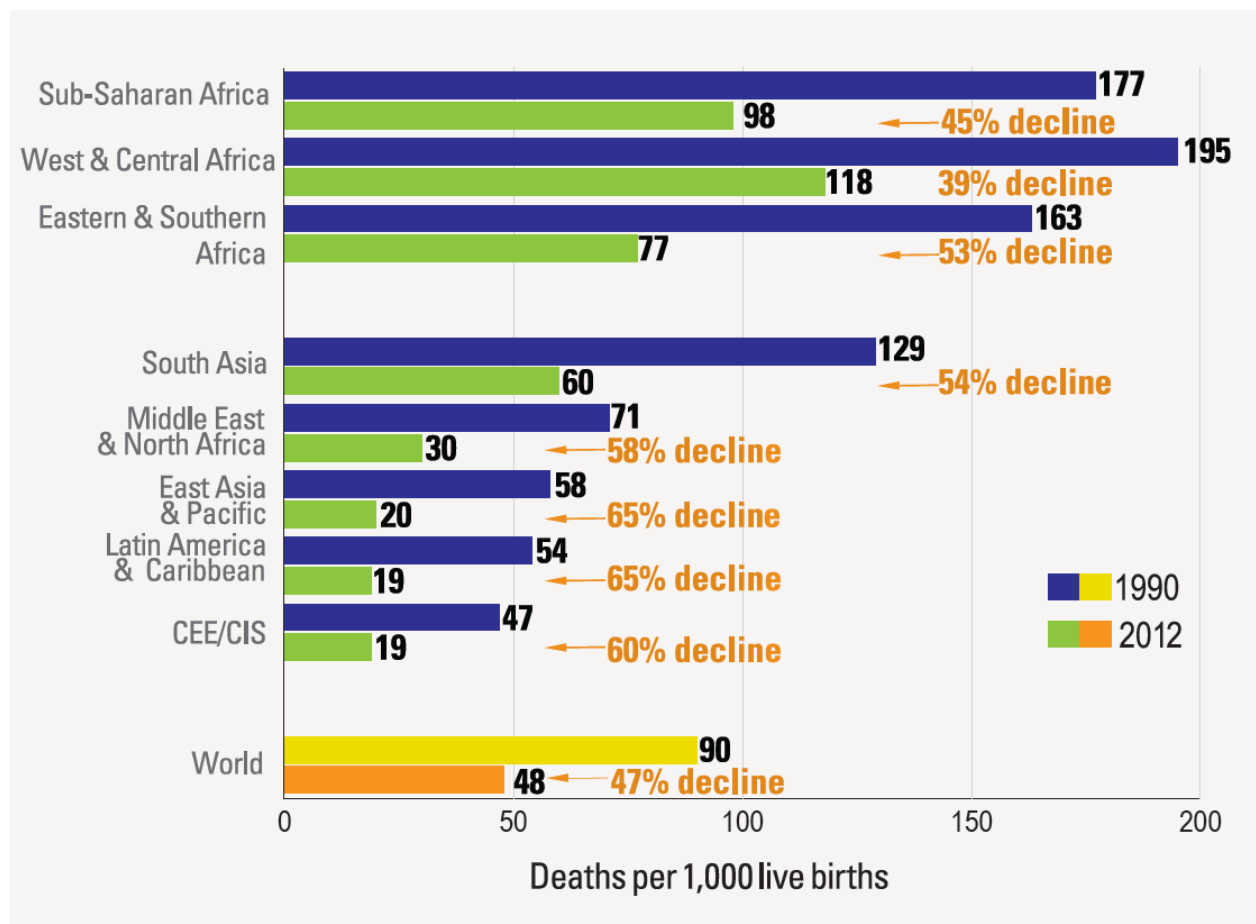


Sources: UN; E. Samman, L. Rodriguez Takeuchi, Overseas Development Institute

*At purchasing-power parity [†]Women aged 15-49

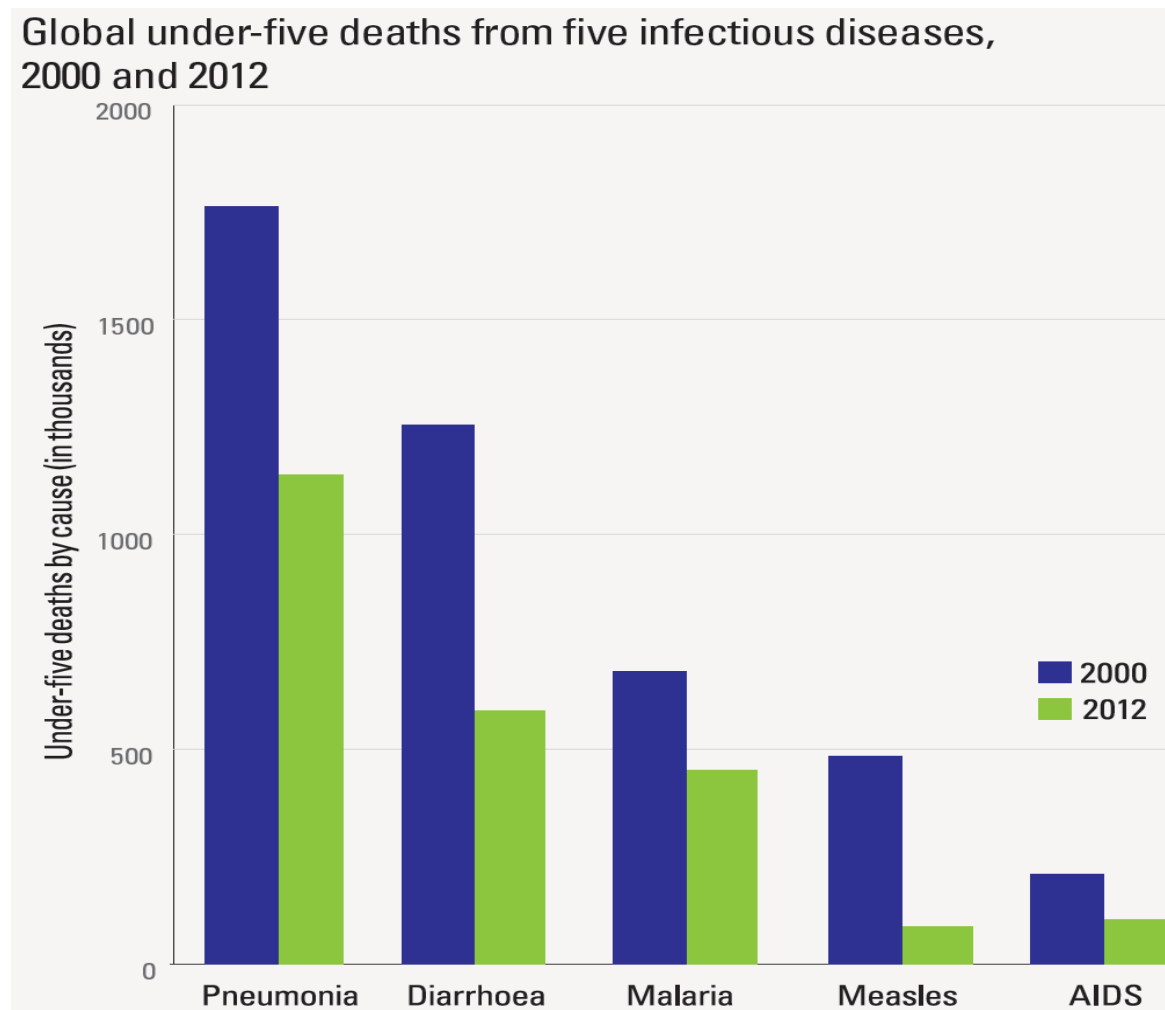
And while child mortality has declined, there are countries and regions lagging behind...

Under-five mortality rate by region, 1990 and 2012, and % declines



Source: UNICEF Data & Analytics Section, as presented in APR Progress Report 2013.

The past decade has seen major declines in child deaths due to leading infectious diseases

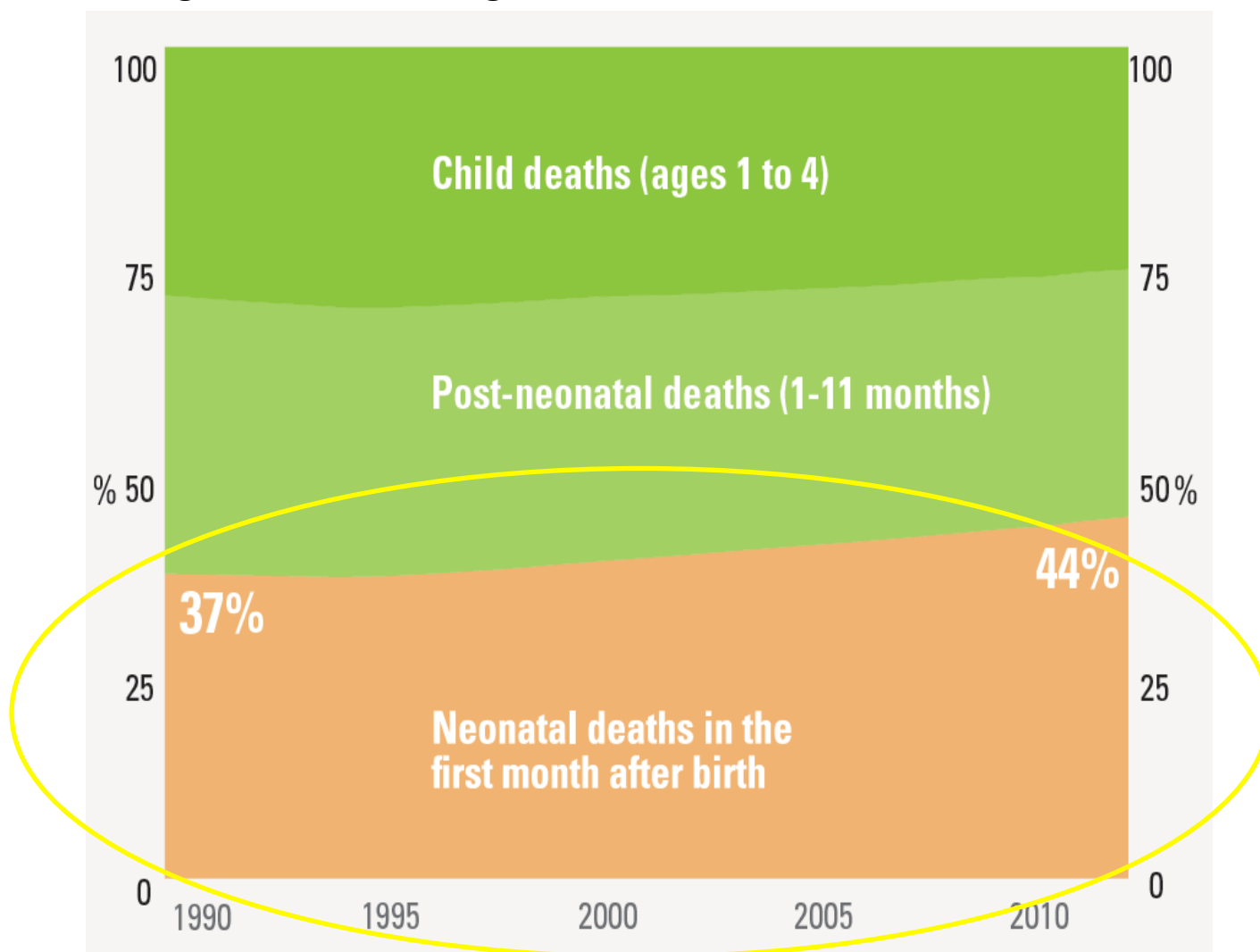


Source: UNICEF Data & Analytics Section, as presented in APR Progress Report 2013.

Note: For comparability across diseases, this report presents analysis based on IGME 2013, drawing on provisional analyses by WHO and Child Health Epidemiology Reference Group (CHERG) 2013. These estimates may differ, therefore, from those presented elsewhere.

Neonatal deaths are growing as a share of global under-five deaths

Age distribution of global under-five deaths, 1990-2012



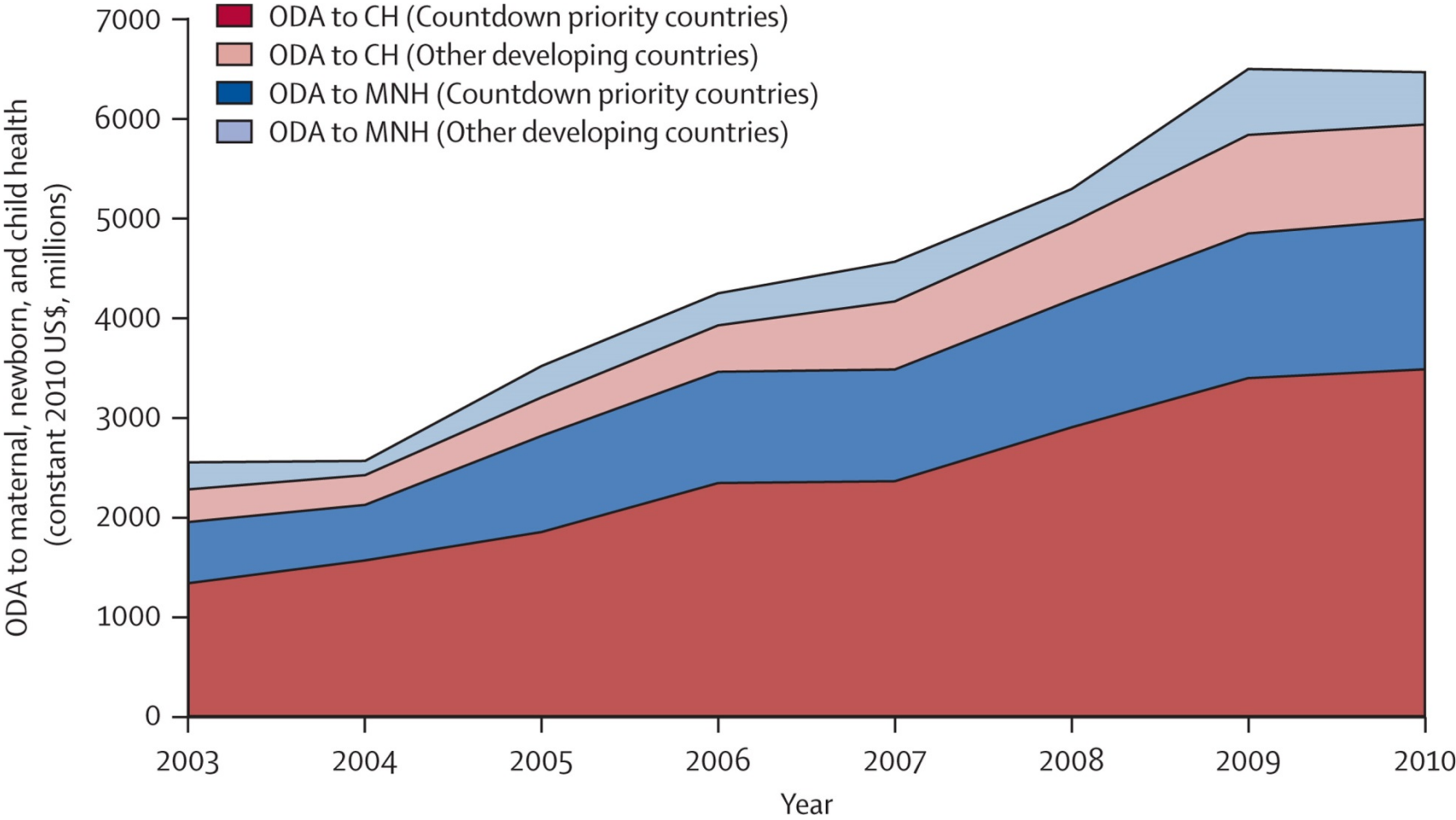
Source: UNICEF Data & Analytics Section, as presented in APR Progress Report 2013.

Lessons learnt from the health MDGs

- **Health MDGs success**
 - More money for health
 - More progress since 2000
 - Influenced political discourse at highest levels
 - Driven by concrete measurable goals and targets
- **But also shortcomings**
 - Lack of focus on equity
 - Human rights aspect missing
 - Too much a top-down process
 - Contributed to a more fragmented approach to health

MDGs have been associated with an increase in health financing

ODA to maternal, newborn and child health, 2003-2010

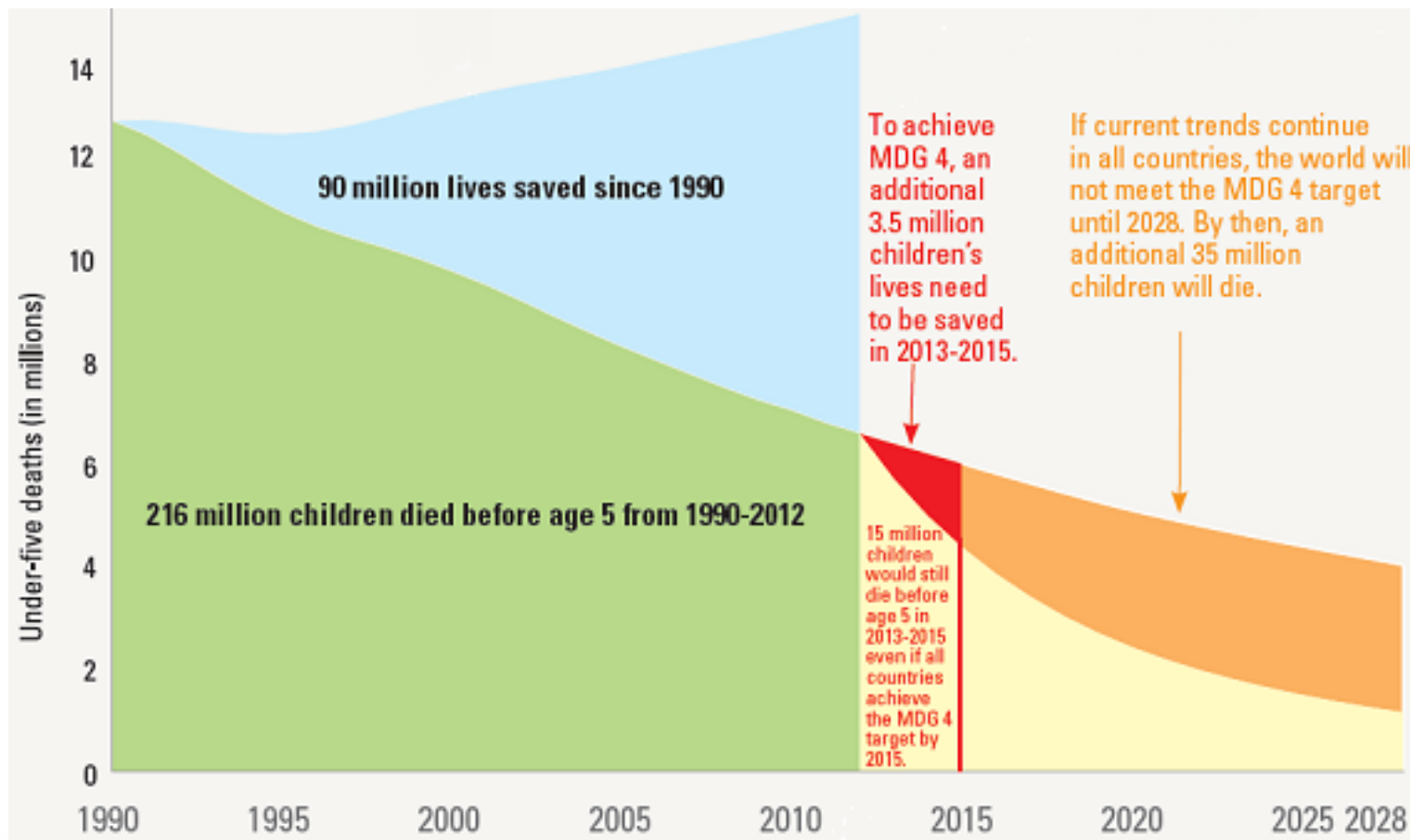


Source: Hsu et al, [The Lancet 2012; 380:1157-1168](#) (DOI:10.1016/S0140-6736(12)61415-9)



90 million lives saved since 1990

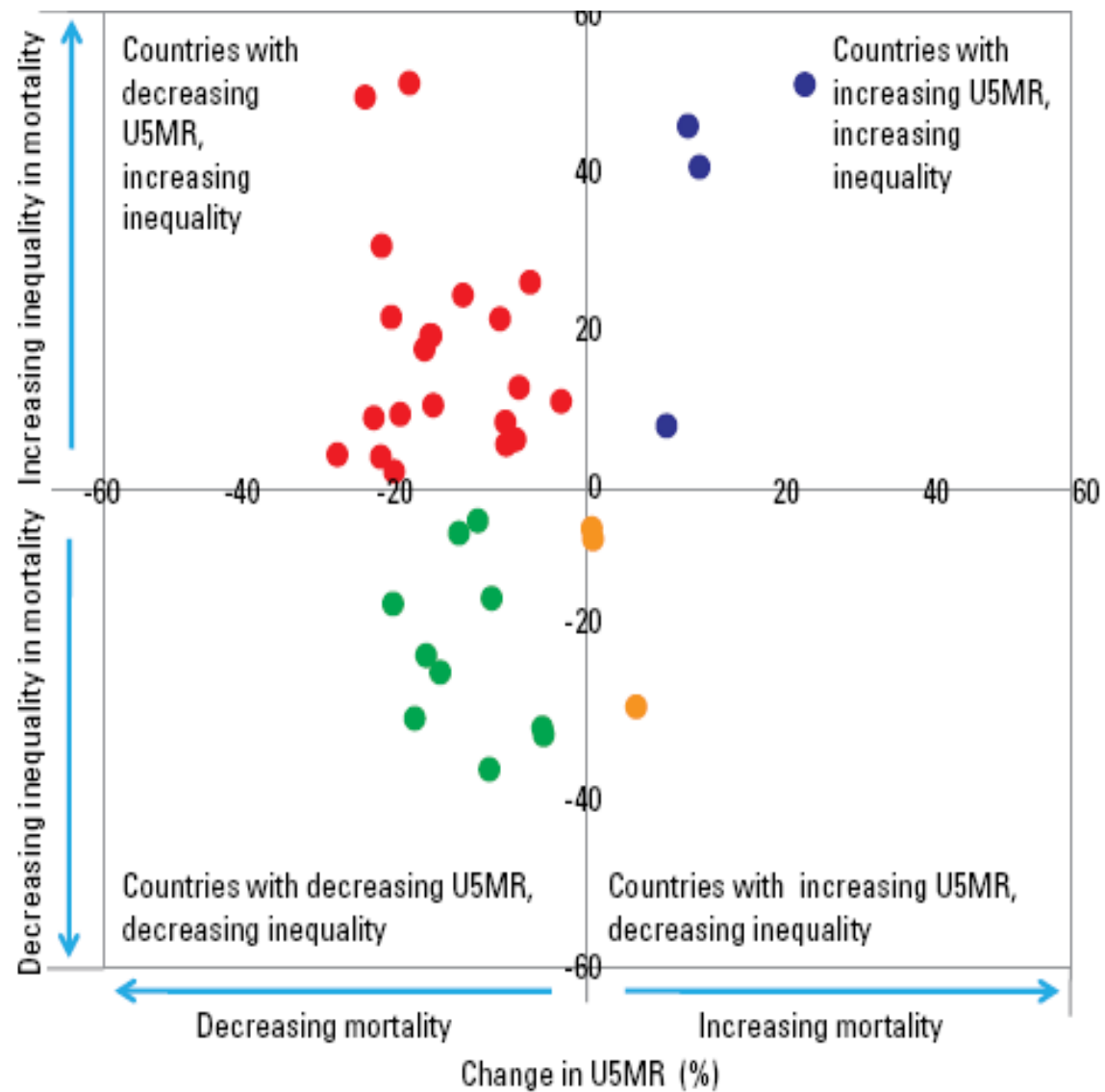
Number of lives saved since 1990 among children under age 5, and number of lives to be saved in order to achieve MDG4



Unequal progress

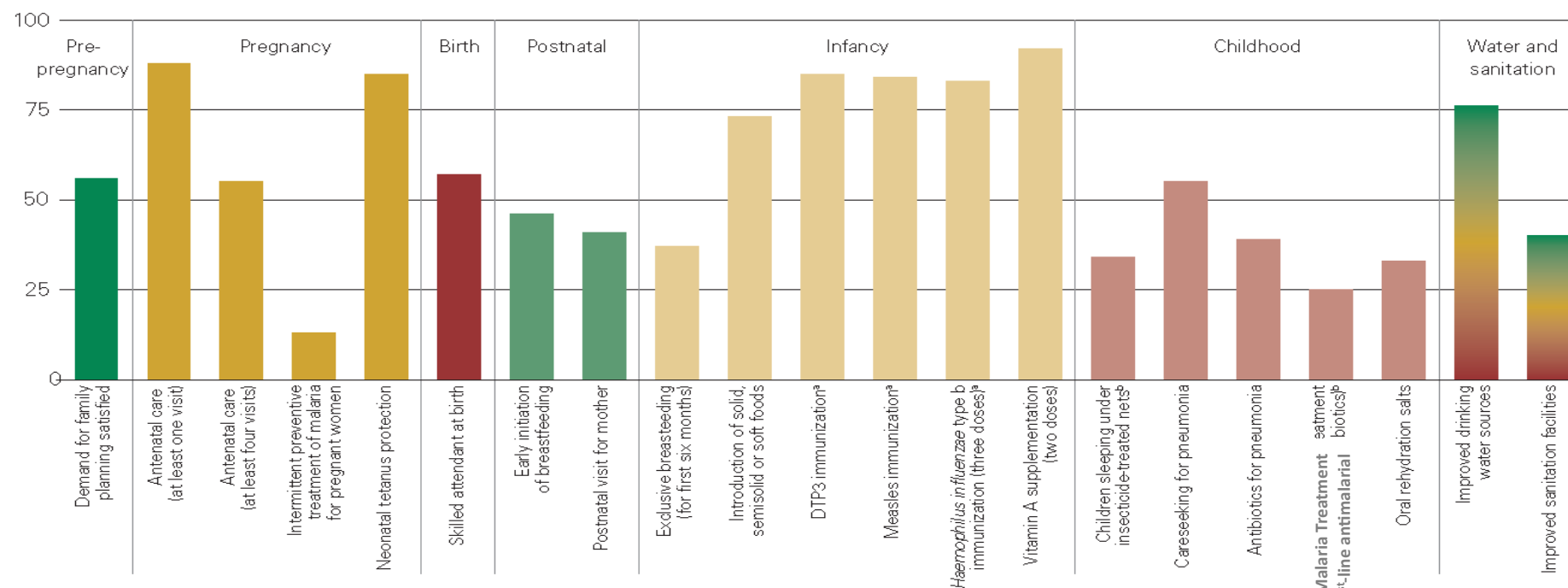
2/3 countries that have made progress in reducing U5MR have shown worsening inequalities

Indicates : delivery and financing of health and nutrition services as well as demand / use of these favor the better off



Low coverage with effective interventions

Median national coverage of selected *Countdown* interventions, most recent year since 2006 (%)



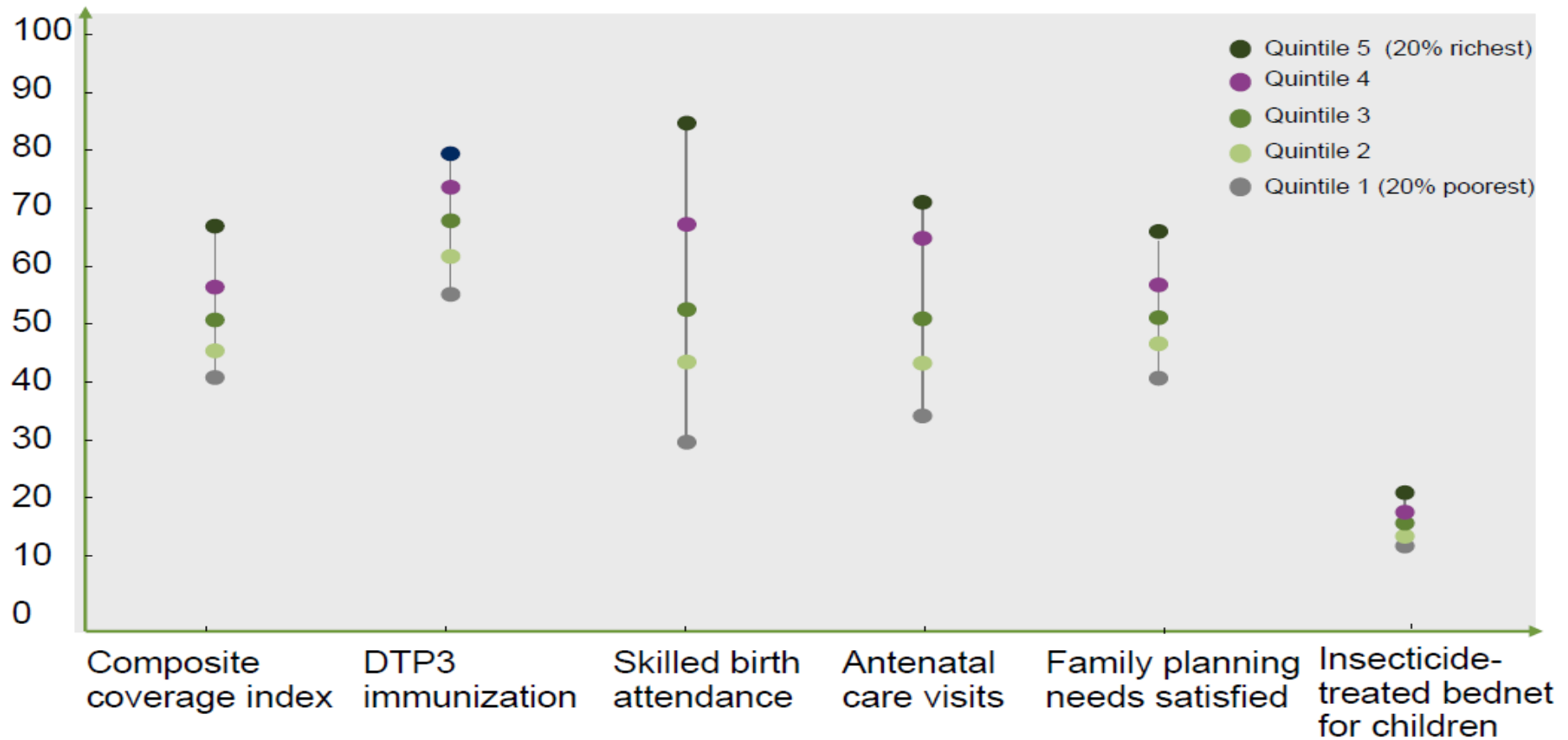
a. Data are for 2010.

b. Analysis is based on countries with 75% or more of the population at risk of *p. falciparum* transmission.

Source: Immunization rates, WHO and UNICEF; postnatal visit for mother, Saving Newborn Lives analysis of Demographic and Health Surveys; improved water and sanitation, WHO and UNICEF Joint Monitoring Programme 2012; all other indicators, UNICEF global databases, April 2012, based on Demographic and Health Surveys, Multiple Indicator Cluster Surveys and other national surveys.

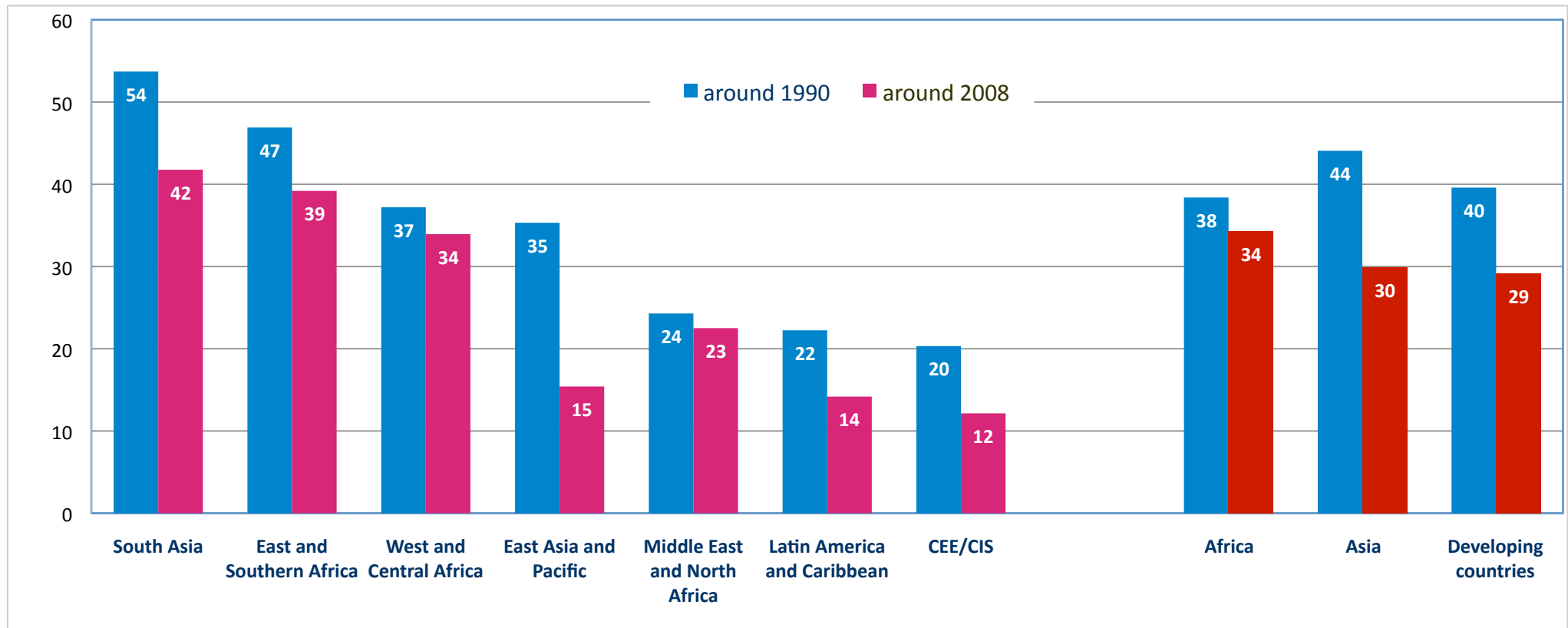
Coverage is Unequal

Mean coverage in 54 countdown countries
Percent



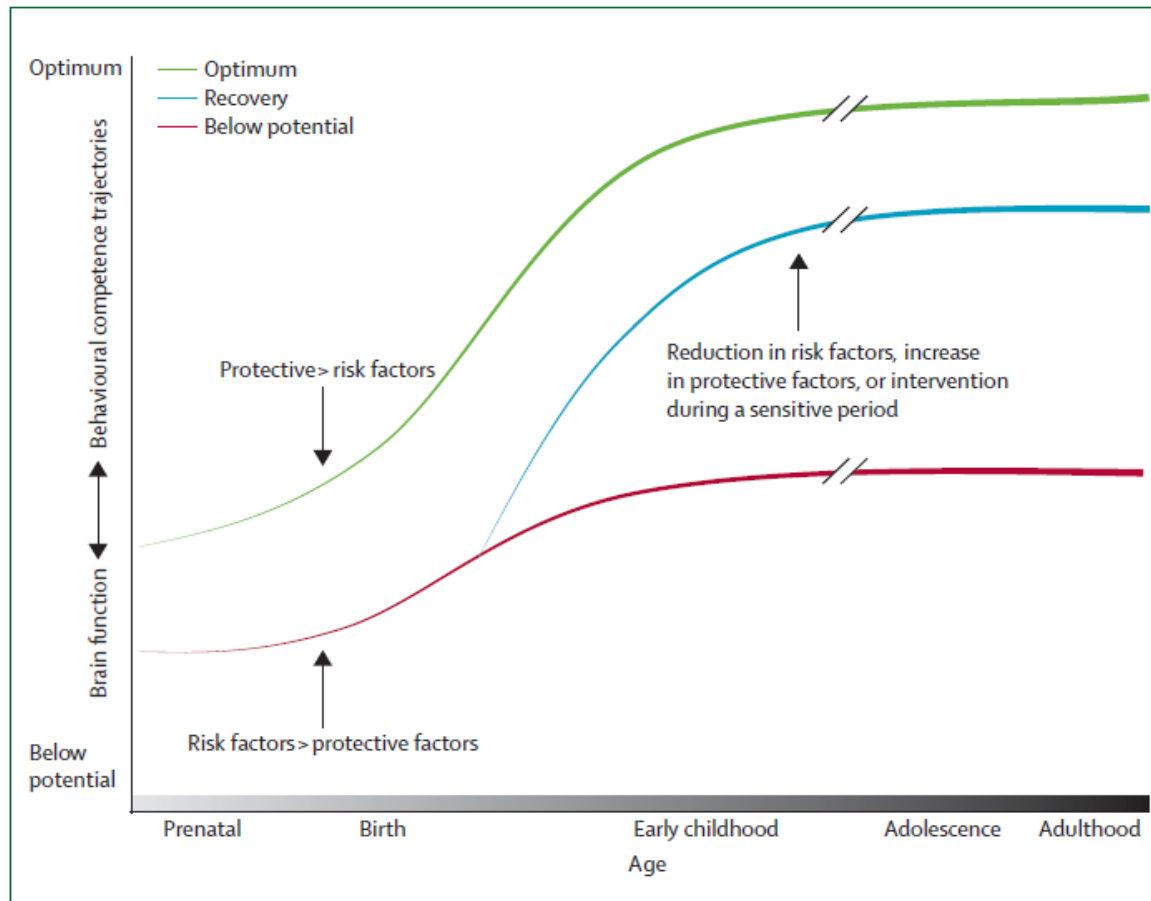
Stunting remains a major problem for children

Percentage of under-five children who are stunted (moderate and severe), around 1990 and 2008



Source: UNICEF Global Database, Nov 2009 Compiled from MICS, DHS and other national surveys

Investing in Early Childhood Development – the Most Powerful Equalizer



Children who start behind stay behind are more likely to be stunted, developmentally delayed, separated from their families, exposed to violence, institutionalized...socially excluded.

Figure 2: Differing trajectories of brain and behavioural development as a function of exposure to risk and protective factors

The cumulative effect is illustrated by the progressive strengthening (darker lines) of the trajectories over time.

GLOBAL STRATEGY FOR WOMEN'S AND CHILDREN'S HEALTH

UN Secretary-General Ban Ki-moon



COMMITTING TO CHILD SURVIVAL

A PROMISE RENEWED

**Every country reaching U5MR at 20/1000
or below by 2035**

1990

Global disability-adjusted life year ranks between 1990 and 2010

2010

Mean rank (95% UI)	Disorder	Disorder	Mean rank (95% UI)	% change (95% UI)
1.0 (1 to 2)	1 Lower respiratory infections	1 Ischaemic heart disease	1.0 (1 to 2)	29 (22 to 34)
2.0 (1 to 2)	2 Diarrhoea	2 Lower respiratory infections	2.0 (1 to 3)	-44 (-48 to -39)
3.4 (3 to 5)	3 Preterm birth complications	3 Stroke	3.2 (2 to 5)	19 (5 to 26)
3.8 (3 to 5)	4 Ischaemic heart disease	4 Diarrhoea	4.9 (4 to 8)	-51 (-57 to -45)
5.2 (4 to 6)	5 Stroke	5 HIV/AIDS	6.6 (4 to 9)	351 (293 to 413)
6.3 (5 to 8)	6 COPD	6 Low back pain	6.7 (3 to 11)	43 (34 to 53)
8.0 (6 to 13)	7 Malaria	7 Malaria	6.7 (3 to 11)	21 (-9 to 63)
9.9 (7 to 13)	8 Tuberculosis	8 Preterm birth complications	8.0 (5 to 11)	-27 (-37 to -16)
10.2 (7 to 14)	9 Protein-energy malnutrition	9 COPD	8.1 (5 to 11)	-2 (-8 to 5)
10.3 (7 to 15)	10 Neonatal encephalopathy*	10 Road injury	8.4 (4 to 11)	34 (11 to 63)
11.3 (7 to 17)	11 Low back pain	11 Major depressive disorder	10.8 (7 to 14)	37 (25 to 50)
11.8 (8 to 15)	12 Road injury	12 Neonatal encephalopathy*	13.3 (11 to 17)	-17 (-30 to -1)
12.9 (8 to 16)	13 Congenital anomalies	13 Tuberculosis	13.4 (11 to 17)	-19 (-34 to -6)
15.0 (8 to 18)	14 Iron-deficiency anaemia	14 Diabetes	14.2 (12 to 16)	69 (58 to 77)
15.2 (11 to 18)	15 Major depressive disorder	15 Iron-deficiency anaemia	15.2 (11 to 22)	-3 (-6 to -1)
15.3 (3 to 36)	16 Measles	16 Neonatal sepsis	15.9 (10 to 26)	-3 (-25 to 27)
15.4 (8 to 24)	17 Neonatal sepsis	17 Congenital anomalies	17.3 (14 to 21)	-28 (-43 to -9)
17.3 (15 to 19)	18 Meningitis	18 Self-harm	18.8 (15 to 26)	24 (0 to 42)
20.0 (17 to 26)	19 Self-harm	19 Falls	19.7 (16 to 25)	37 (20 to 55)
20.7 (18 to 26)	20 Drowning	20 Protein-energy malnutrition	20.0 (16 to 26)	-42 (-51 to -33)
21.1 (18 to 25)	21 Diabetes	21 Neck pain	21.1 (14 to 28)	41 (28 to 55)
23.1 (19 to 28)	22 Falls	22 Lung cancer	21.8 (17 to 27)	36 (18 to 47)
24.1 (21 to 30)	23 Cirrhosis	23 Cirrhosis	23.0 (19 to 27)	28 (19 to 36)
25.1 (20 to 32)	24 Lung cancer	24 Other musculoskeletal disorders	23.1 (19 to 26)	50 (43 to 57)
25.3 (18 to 34)	25 Neck pain	25 Meningitis	24.4 (20 to 27)	-22 (-32 to -12)
	29 Other musculoskeletal disorders	32 Drowning		
	33 HIV/AIDS	56 Measles		

□ Communicable, maternal, neonatal, and nutritional disorders

□ Non-communicable diseases

□ Injuries

— Ascending order in rank

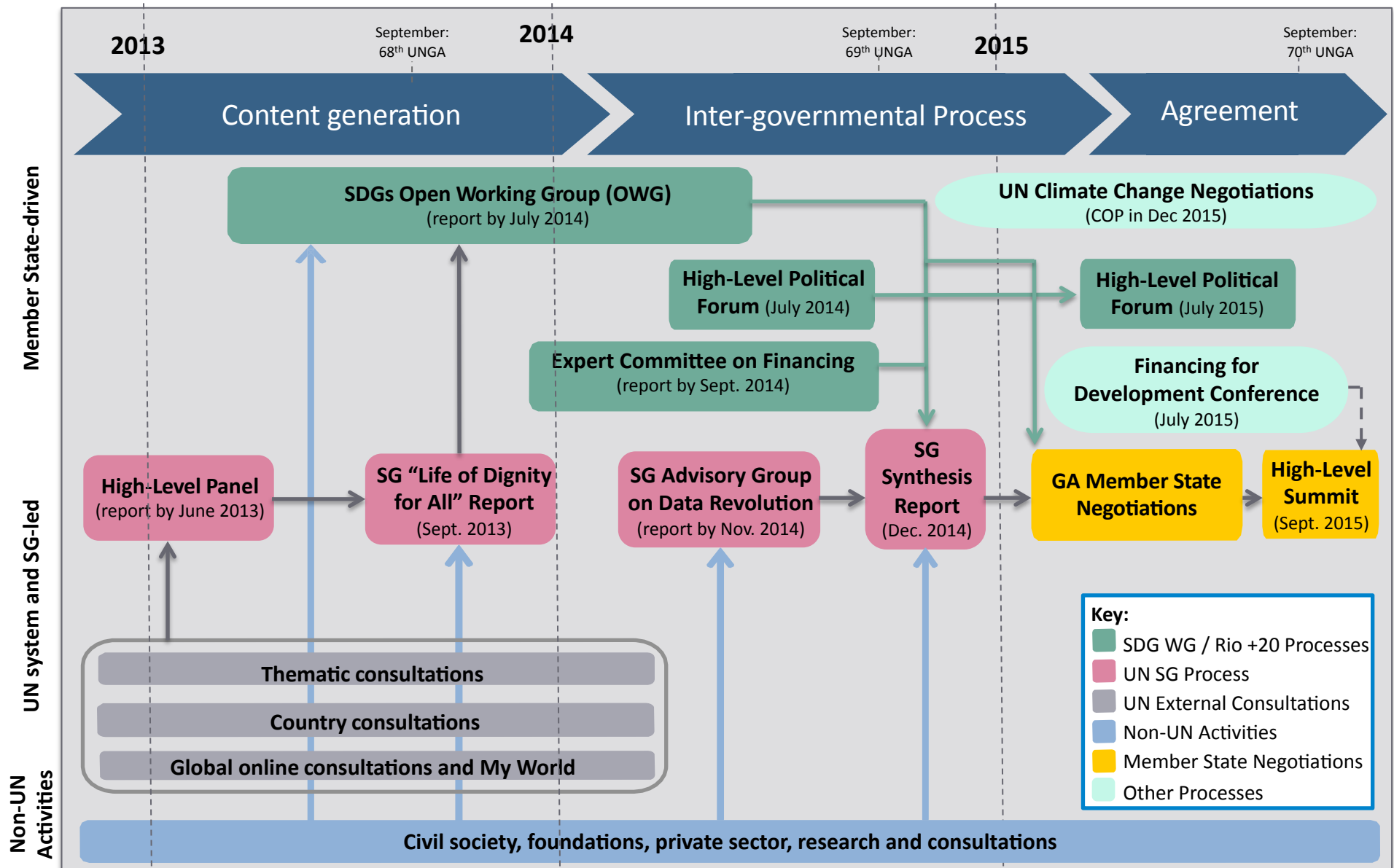
--- Descending order in rank

Source: [The Lancet 2012; 380:2197-2223](http://www.thelancet.com/pdfs/S0140-6736(12)61689-4) (DOI:10.1016/S0140-6736(12)61689-4)

Health priorities post-2015

- The health MDGs remain priorities
- Emerging non-communicable diseases and their risk factors
- Key drivers of rapid changes in global health patterns
 - Demographic transition
 - Epidemiological transition
 - Risk transition
- Equity
- Strengthening health systems
- More attention for specific topics:
 - Sexual and reproductive health and rights
 - Adolescents
 - Nutrition
 - Mental health

Processes feeding into the Post-2015 Development Agenda



Source: UN Foundation and Dalberg analysis

UNICEF's key asks for children in the post-2015 agenda

- **Targets:**

- By 2035, reduce under-five mortality rate to 20 or fewer deaths per 1,000 live births;
- Eliminate all preventable maternal deaths;
- By 2025, reduce stunting among children under five by 40% worldwide;
- Universal coverage of basic health services, safe drinking water and sanitation;
- Successful completion by all children of quality education that fosters learning;
- Protection of all girls and boys from all forms of violence, abuse and exploitation;
- Strengthened resilience of children, families and communities to shocks and stresses relating to disasters, violence, conflicts, climate change and epidemics.

- **Strategies** for these targets should **focus on the worst-off** as first priority

- **All targets disaggregated** by gender, location, age, ethnicity, disability and wealth, as relevant, and investments in data collection, birth registration & disaggregation

- **Cross-cutting themes:**

- Gender equality and rights
- Rights of adolescents
- Attention to rights of people living with disabilities
- Social Protection

www.unicef.org/post2015

Emerging consensus on health in the sustainable development agenda

- **Build on the MDGs** – with more ambitious targets
 - e.g. ending preventable maternal and child deaths, universal access to reproductive health, new HIV, TB, malaria targets
- **Noncommunicable diseases (NCDs)** and their risks
- Strengthening health systems – “**universal health coverage**” (UHC)
- Equity and human rights – realizing the right to health for all in a **universal agenda**
- Health targets also require actions beyond the health sector – “**determinants of health**”
 - e.g. demographic transition, food security and nutrition, water and sanitation, education, urbanization, climate change and other environmental risks, trade links to unhealthy consumption

Open Working Group (OWG) SDGs

End poverty in all its forms everywhere
End hunger, achieve food security and improved nutrition, and promote sustainable agriculture
Ensure healthy lives and promote well-being for all at all ages
Ensure inclusive and equitable quality education and promote life-long learning opportunities for all
Achieve gender equality and empower all women and girls
Ensure availability and sustainable management of water and sanitation for all
Ensure access to affordable, reliable, sustainable, and modern energy for all
Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all
Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation
Reduce inequality within and among countries

11. Make cities and human settlements inclusive, safe, resilient and sustainable
12. Ensure sustainable consumption and production patterns
13. Take urgent action to combat climate change and its impacts*
14. Conserve and sustainably use the oceans, seas and marine resources for sustainable development
15. Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss
16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels
17. Strengthen the means of implementation and revitalize the global partnership for sustainable development



How the SDGs will change the way we work?

Is this MDGs recooked and business as usual?

- **Significant departure from the MDGs**
 - Vertical and silo-ed versus integrated and horizontal
 - Was a largely North-South Agenda -> will apply in all countries
- **A (truly) transformative agenda because**
 - Rights-based perspective -> explicit focus on inequality, discrimination and gender
 - Climate change and development agenda together in one framework
 - Getting to zero – leave no-one behind

Challenges and opportunities (financing mechanisms)

- Intense debate among developed and developing countries and with donors and partners on **financing and sustainability**, increasing domestic financing becomes a priority.
- Existing Global Initiatives will still exist, and the **Global Financing Facility** is in the making (mapping gaps, coordinating aid, making resources available)

Indicators

- Delinked process: framework will be launched with the declaration, goals and targets
- Indicators will be further refined until March 2016
- Make sure that the indicators are measurable and meaningful in the country context

Conclusion

- Maternal, newborn and child health and infectious diseases will maintain a strong presence in the SDG agenda
- Window for discussion on indicators
- Greater focus needs to be on transition and implementation – what will happen on January 1, 2016?
- Key areas for implementation:
 - Financing and feasibility
 - Data availability
 - Collaboration between sectors
 - Accountability



SURVIVE, THRIVE, TRANSFORM

The Global Strategy for Women's, Children's and Adolescents' Health

FINAL DRAFT

31 July 2015

Please note: This draft is based on comments received during the consultations and collated in the PMNCH report, the final versions of the Global Strategy Working Papers, and the Writing Group discussions, including a 2-day meeting in Geneva. It also reflects comments received after the SCG review of the draft of 4 July.



**EVERY WOMAN
EVERY CHILD**



WOMEN'S HEALTH CHALLENGES

289,000 WOMEN DIED IN 2013 IN
PREGNANCY AND **CHILDBIRTH**,
WITH MORE THAN ONE LIFE LOST
EVERY 2 MINUTES



225 MILLION
WOMEN HAVE
AN UNMET NEED FOR
FAMILY PLANNING



52% OF MATERNAL DEATHS (IN PREGNANCY, AT OR SOON AFTER CHILDBIRTH)
ARE ATTRIBUTABLE TO THREE LEADING PREVENTABLE CAUSES –
HAEMORRHAGE, SEPSIS, AND HYPERTENSIVE DISORDERS

28% OF MATERNAL MORTALITY RESULTS FROM
NON-OBSTETRIC CAUSES
SUCH AS MALARIA, HIV, DIABETES, CARDIOVASCULAR DISEASE AND OBESITY

8% OF MATERNAL MORTALITY
IS ATTRIBUTABLE TO
UNSAFE ABORTION



CERVICAL CANCER
KILLS ALMOST AS MANY
WOMEN AS CHILDBIRTH -

270,000 DEATHS A YEAR

1 IN 3 WOMEN AGED 15–49 YEARS
EXPERIENCES **PHYSICAL AND/OR**
SEXUAL VIOLENCE
EITHER WITHIN OR OUTSIDE THE HOME





CHILD HEALTH CHALLENGES

6.3 MILLION CHILDREN

UNDER THE AGE OF FIVE DIE EACH YEAR FROM

PREVENTABLE CAUSES,

52% DUE TO

COMMUNICABLE DISEASES,

WITH PNEUMONIA, DIARRHOEA AND MALARIA AS LEADING CAUSES



2.8 MILLION CHILDREN

WHO DIE ARE **NEWBORNS;**

MORE THAN **80%** WERE **PREMATURE**

AND/OR **SMALL** FOR GESTATIONAL AGE



IN ADDITION, **2.6 MILLION BABIES** DIE IN THE LAST 3 MONTHS OF PREGNANCY OR DURING CHILDBIRTH (**STILLBIRTHS**)

45% OF UNDER-FIVE CHILD DEATHS ARE DIRECTLY OR INDIRECTLY DUE TO

MALNUTRITION;

GLOBALLY, **25%** OF CHILDREN ARE

STUNTED AND



6.5% ARE **OVERWEIGHT** OR **OBESE;**



LESS THAN **40%** OF INFANTS

ARE **BREASTFED** EXCLUSIVELY UP TO 6 MONTHS

1 IN 3 CHILDREN (200 MILLION GLOBALLY)

FAILS TO REACH THEIR FULL PHYSICAL, COGNITIVE, PSYCHOLOGICAL AND/OR SOCIO-EMOTIONAL POTENTIAL

DUE TO **POVERTY,** **POOR HEALTH** AND **NUTRITION,** **INSUFFICIENT CARE** AND **STIMULATION,**

AND OTHER RISK FACTORS TO EARLY CHILDHOOD DEVELOPMENT



ADOLESCENT HEALTH CHALLENGES

1.3 MILLION ADOLESCENTS
DIE EVERY YEAR FROM **PREVENTABLE**
OR **TREATABLE CAUSES**;

THE 5 LEADING

CAUSES OF DEATH

IN ADOLESCENT BOYS AND GIRLS ARE,

ROAD INJURIES, HIV, SUICIDES,
LOWER RESPIRATORY INFECTIONS
AND **INTERPERSONAL VIOLENCE**

IN ADOLESCENT GIRLS AGED 15-19

THE 2 LEADING **CAUSES OF DEATH**

ARE **SUICIDE** AND

COMPLICATIONS DURING
PREGNANCY AND **CHILDBIRTH**;

2.5 MILLION UNDER 16 **GIVE BIRTH**;

15 MILLION UNDER 18 **ARE MARRIED**

AROUND **1 IN 10** GIRLS (AROUND 120 MILLION)

UNDER THE AGE OF 20 HAVE BEEN VICTIMS OF

SEXUAL VIOLENCE;

30 MILLION ARE AT RISK OF
FEMALE GENITAL MUTILATION

IN THE NEXT DECADE

GLOBALLY

80% OF ADOLESCENTS

ARE **INSUFFICIENTLY**

PHYSICALLY

ACTIVE



70% OF PREVENTABLE ADULT DEATHS FROM **NONCOMMUNICABLE DISEASES**
ARE LINKED TO RISK FACTORS THAT **START IN ADOLESCENCE**



ENVIRONMENTAL HEALTH CHALLENGES

1 IN 8 DEATHS WORLDWIDE
(7 MILLION DEATHS)
IS LINKED TO **AIR POLLUTION**; 
INCLUDING AROUND **50%** OF CHILD DEATHS
DUE TO **PNEUMONIA**

EVERY YEAR **LEAD EXPOSURE** IS LINKED
TO ABOUT **600,000** NEW CASES OF
INTELLECTUAL DISABILITIES
IN CHILDREN, AND TO
143,000 DEATHS IN THE POPULATION

 **32%** OF THE GLOBAL POPULATION
LACKS ACCESS TO
ADEQUATE SANITATION;
9% OF THE GLOBAL POPULATION
LACKS ACCESS TO
SAFE DRINKING WATER 

IN SUB-SAHARAN AFRICA,
WOMEN AND GIRLS SPEND
40 BILLION HOURS A YEAR
COLLECTING WATER 
— EQUAL TO A YEAR'S WORK
OF THE ENTIRE LABOUR FORCE
IN SOME HIGH-INCOME COUNTRIES

IN HEALTH FACILITIES IN 59 LOW- AND MIDDLE-INCOME COUNTRIES,
WATER IS NOT READILY AVAILABLE IN ABOUT **40%**,
MORE THAN **30%** LACK **SOAP** FOR HAND WASHING, AND **20%** LACK **TOILETS**,
WHICH SIGNIFICANTLY AFFECTS QUALITY OF CARE, INCLUDING AT THE TIME OF BIRTH



HUMANITARIAN AND FRAGILE SETTINGS

60% OF MATERNAL DEATHS,
AND 53% OF CHILD DEATHS
45% OF NEWBORN DEATHS
OCCUR IN **FRAGILE STATES** AND
HUMANITARIAN SETTINGS



THERE WERE **51.2** MILLION
FORCIBLY DISPLACED
PERSONS AND

16.7 MILLION
REFUGEES IN 2013

WOMEN AND CHILDREN ARE UP TO
14 TIMES MORE LIKELY
THAN MEN TO DIE IN A **DISASTER**

ALMOST **60%** OF THE **1.4** BILLION PEOPLE
LIVING IN **FRAGILE STATES** ARE
UNDER 25 YEARS OF AGE

THE **AVERAGE TIME**
A PERSON SPENDS IN
REFUGEE SITUATIONS
IS **17** YEARS

AT LEAST **1** IN **5** FEMALE REFUGEES AND
INTERNALLY DISPLACED PERSONS IN COUNTRIES
AFFECTED BY CONFLICT ARE VICTIMS OF
SEXUAL VIOLENCE

IN REFUGEE CAMPS, MILLIONS OF WOMEN AND GIRLS ARE AT RISK OF **SEXUAL VIOLENCE**,
DISEASE OR **DEATH** WHEN THEY HAVE TO ACCESS TOILETS OR SHOWERS
OR SEARCH FOR WATER AND FIREWOOD IN **UNSAFE AREAS**

SURVIVE:	THRIVE:	TRANSFORM:
<p><i>End preventable deaths</i></p> <ul style="list-style-type: none">- Reduce global maternal mortality to less than 70 per 100,000 live births- Reduce newborn mortality to at least as low as 12 per 1000 live births in every country- Reduce under-5 mortality to at least as low as 25 per 1000 live births in every country- End epidemics of HIV, tuberculosis, malaria and neglected tropical diseases- Reduce by one third premature mortality from noncommunicable diseases and promote mental health and well-being (e.g. reduce adolescent suicides by at least one third)	<p><i>Ensure health and well-being</i></p> <ul style="list-style-type: none">- End all forms of malnutrition, and address the nutritional needs of adolescent girls, pregnant and lactating women and children- Ensure universal access to sexual and reproductive health-care services (including for family planning) and rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action- Ensure that all girls and boys have access to good quality early childhood development- Substantially reduce pollution-related illnesses	<p><i>Expand enabling environments</i></p> <ul style="list-style-type: none">- Eradicate extreme poverty- Ensure that all girls and boys complete free, equitable and good quality secondary education- Eliminate all harmful practices, all discrimination and violence against women and girls- Achieve universal and equitable access to safe and affordable drinking water and to adequate sanitation and hygiene- Enhance scientific research, upgrade technological capabilities and encourage innovation- Provide legal identity for all, including birth registration- Enhance the global partnership for sustainable development

Operational framework

