

Opportunities, challenges & steps forward to action

Professor Nick Spencer, ISSOP
2015, Geneva, Sept '15

THE UNIVERSITY OF
WARWICK

Thanks & Acknowledgements

- Many thanks to Olivier & colleagues for organising a timely & excellent conference and for giving me the opportunity to present my thoughts
- I acknowledge a range of sources for much of my presentation, particularly UNICEF and Jeff Goldhagen's group at the University of Florida

Presentation outline

- Successes & limitations of MDGs
- Focus on equity & child rights
- Equity & child rights in the context of the SDGs
- Challenges and tasks for Social Paediatrics & ISSOP

Successes & limitations of MDGs

- *UNICEF Progress for Children 2015:*
- “And since 2000, the Millennium Development Goals (MDGs) have helped drive tremendous progress for children, proving how much can be achieved by galvanizing global efforts around concrete, common goals”
- BUT
- “Because for all our progress, we *have* failed millions of children: the most vulnerable children, to whom we owe our greatest efforts. And even as some gaps have narrowed, others have persisted and in some cases widened – even within “countries reporting national gains”

Progress and disparities for children...

NUTRITION

41% reduction in the stunting rate since 1990



Yet today...

Rural children are more likely to be stunted than urban children



POVERTY

Number of people living in absolute poverty



Yet today...

47% of people living in extreme poverty are 18 years old or under



PRIMARY EDUCATION

Number of out-of-school children



Yet today...

The poorest children are more likely to be out of school than the richest children



GENDER EQUALITY

Four regions have achieved gender parity at the primary school level since 1990



Yet today...

Female youths are more likely to be illiterate than male youths



CHILD MORTALITY

53% reduction in the number of under-five deaths



Yet today...

The poorest children are more likely to die before age 5 than the richest children



MATERNAL HEALTH

45% reduction in maternal mortality ratio since 1990



Yet today...

The richest women are more likely to give birth with a skilled attendant than the poorest



HIV/AIDS

58% reduction in new HIV infections (0-14 years old) since 2001



Yet today...

Girls account for nearly 2/3 of all new HIV infections among adolescents (15-19 years old)



WATER AND SANITATION

People who gained access to improved drinking water and sanitation facilities since 1990



Yet today...

90% of people who still use surface water live in rural areas



Equity focus

- Equity focus is consistent with going “beyond averages”
- Addresses inequity in outcomes & healthcare provision
- Consistent with SDGs – relevant to both low & middle income and rich countries

Child rights focus

- Child rights are indivisible & apply to all children so equity central to child rights
- UNCRC requires State signatories to promote and protect child rights
- UNCRC as tool to address inequity

Explaining inequity

- WHO Commission on Social Determinants of Health 2008:
- *“Inequities in health, avoidable health inequalities, arise because of the circumstances in which people grow, live, work and age & the systems put in place to deal with illness. The conditions in which people live and die are, in turn, shaped political, social and economic forces.”*

Children's circumstances & living conditions leading to inequity

Poverty as underlying factor

- Child poverty has reduced globally since 2000
- BUT millions of children across the world still suffer its consequences
- Poverty is intimately linked to children's life circumstances which lead to health inequities

Deprivation of basic needs

- Gordon et al in 2003 described deprivation of basic needs affecting millions of children:
- **Shelter; Sanitation; Water; Nutrition; Health care; Education; Information**
- Although improvements noted since 2000, these deprivations remain the main drivers of health inequities

Diseases related to deprivations

- **Diarrhoea** – often repeated episodes as a result of water and sanitation deprivation and exacerbated by malnutrition due to food deprivation.
- **Acute Respiratory infection (ARI)** – related to overcrowding and indoor smoke exposure associated with shelter deprivation – also associated with reduced immune competence resulting from malnutrition.
- **Stunting and wasting** – related to nutritional deprivation
- **Malaria and other vector-borne diseases** – related to water and sanitation deprivation
- **Learning difficulties** – related to information and educational deprivation exacerbated by frequent illness
- **Prematurity and low birth weight** – related to their mother's exposure to these same deprivations in her childhood

Exacerbated by healthcare deprivation

- *“In view of these differences in exposure and resistance, poor children are more likely to become sick. In an ideal world, coverage levels for preventive interventions such as vaccination, vitamin A supplementation, and insecticide-treated mosquito nets would be highest in the poorest households to offset these higher risks. The reality is the opposite. The poorest children are the least likely to be vaccinated, to receive vitamin A, or to sleep under a treated net. Inequities in exposure and resistance are therefore compounded by inequities in coverage for preventive interventions, making poor children even more likely to become sick and in need of curative care compared with their better-off peers”*
- Victora et al p. 234

Equity & child rights focus in context of SDGs



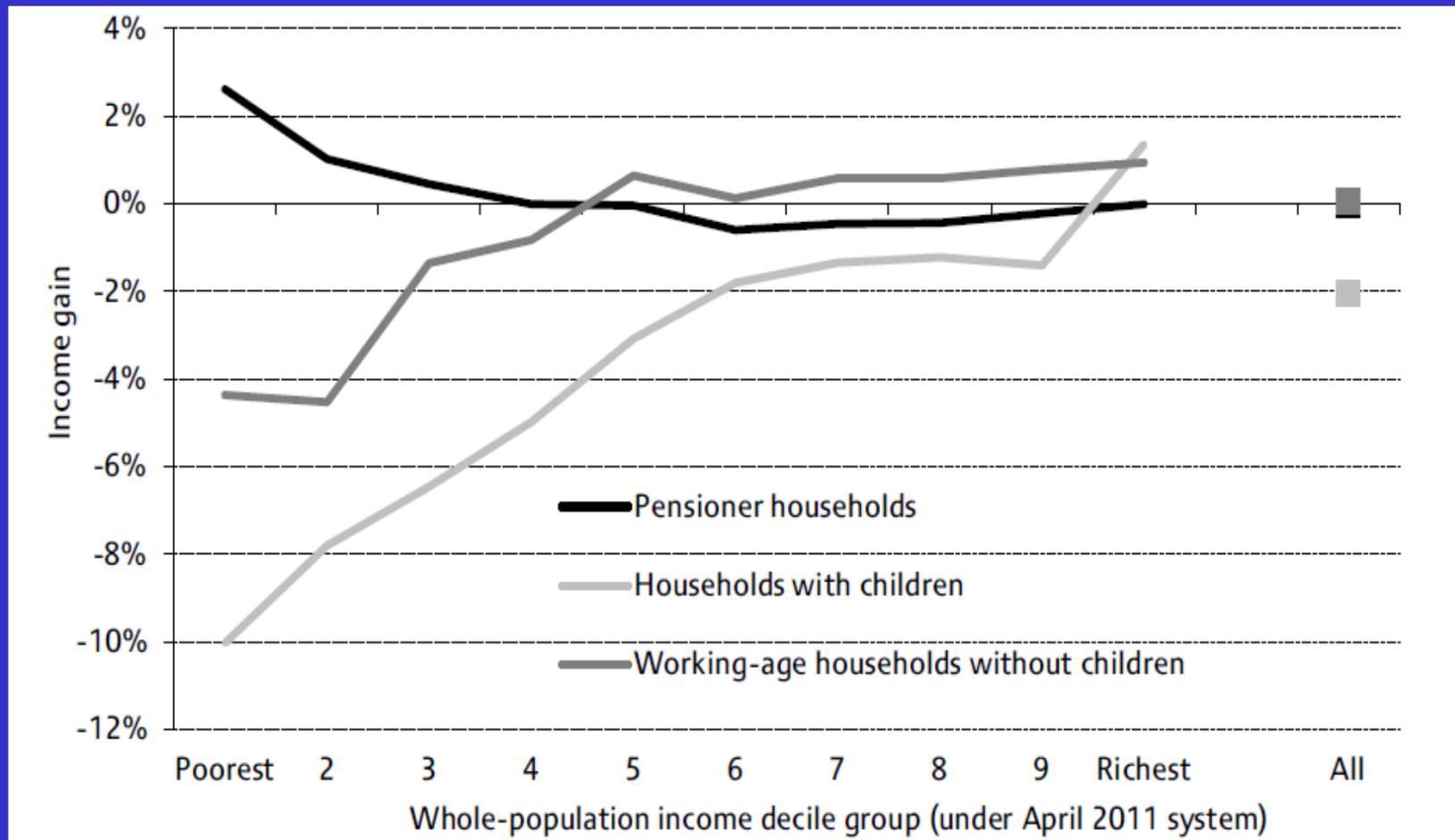
SDGs & Equity

- “For all”
- Equity central to achieving SDGs
- Ambitious
- Huge challenge to existing structures
- Political will
- Focus on most vulnerable
- Equitable healthcare necessary but not sufficient

Achieving equity

- SDGs provide aspirational framework on which action can be based
- States have endorsed SDGs BUT many economic & social policies perpetuate inequity
- With political will, societies can & do reduce inequity

Inequity promoting tax & benefit changes – UK '10-'15



Success factors for reducing maternal & child mortality

Kuruvilla et al '14

Abstract Reducing maternal and child mortality is a priority in the Millennium Development Goals (MDGs), and will likely remain so after 2015. Evidence exists on the investments, interventions and enabling policies required. Less is understood about why some countries achieve faster progress than other comparable countries. The Success Factors for Women's and Children's Health studies sought to address this knowledge gap using statistical and econometric analyses of data from 144 low- and middle-income countries (LMICs) over 20 years; Boolean, qualitative comparative analysis; a literature review; and country-specific reviews in 10 fast-track countries for MDGs 4 and 5a. There is no standard formula – fast-track countries deploy tailored strategies and adapt quickly to change. However, fast-track countries share some effective approaches in addressing three main areas to reduce maternal and child mortality. First, these countries engage multiple sectors to address crucial health determinants. Around half the reduction in child mortality in LMICs since 1990 is the result of health sector investments, the other half is attributed to investments made in sectors outside health. Second, these countries use strategies to mobilize partners across society, using timely, robust evidence for decision-making and accountability and a triple planning approach to consider immediate needs, long-term vision and adaptation to change. Third, the countries establish guiding principles that orient progress, align stakeholder action and achieve results over time. This evidence synthesis contributes to global learning on accelerating improvements in women's and children's health towards 2015 and beyond.

SDGs & Child Rights

- Linking UNCRC articles with SDGs – additional tool in promoting equity
- Some governments (e.g. Welsh) require all government departments to have due regard to rights & obligations in UNCRC
- Others will need constant pressure & monitoring
- Combined SDGs/UNCRC = further pressure points

Challenges & tasks for social paediatrics & ISSOP

Why social paediatrics is essential to equity promotion

- Paediatricians & their societies – potentially valuable role in promoting equity
- Classical clinical paradigm insufficient
- Requires social paediatric approach combining commitment to universal high quality child healthcare, evidence-based prevention & a broad societal level approach

Challenges arising from this meeting

- Commitment to everywomaneverychild
- Violence against children
- Paediatric education/training
- Health in all policies

Specific challenges – getting our voice heard

- Small voice in paediatric world still dominated by biomedical paradigm
- Within paediatric societies focus on: beyond biomedical paradigm; preventive strategies; advocacy; political role; monitoring inequity
- Alliances with non-paediatric and community groups with equity focus

Specific tasks within paediatrics

- Universal access to clinical & preventive interventions with special focus on most vulnerable groups
- Monitor equity of access & outcomes
- E-bulletin & position statements as tools
- Ensure social paediatrics = essential part of training [e-curriculum]
- Develop & promote equity & child rights based paradigm [global agenda]
- Child Health Information For All (CHIFA e-forum)
- Link with paediatric societies in LMICs

Specific tasks with NGOs, Community groups etc.

- Alliances on health equity (People's Health Assembly)
- Alliances around specific issues (IBFAN; UNICEF; UHC)
- Advocacy
- Expert advice & monitoring data

Conclusions

- Equity & child rights focus essential to success of SDGs
- Major challenges but success of many countries shows can be done
- Essential role for social paediatrics in confronting these challenges
- Evidence-based healthcare AND political action both essential