

Scaling up integration to improve child health

For decades, donors, governments and civil society from the North and the South have contributed to the effort to end preventable child deaths. In twenty years, the percentage of children who did not reach their fifth birthday has dropped by more than 40% from 12 million to 6.9 million in 2011.

Nevertheless, this figure remains unacceptably high. In a world that has the resources and technology to save millions of young lives, we cannot be content with this progress as 19,000 children continue to die every day, and Millennium Development Goal 4 falls out of reach.

Most child deaths could be prevented through the provision of high impact and integrated interventions especially in the first 1,000 days of life. A comprehensive, integrated package of essential services combining vaccinations, improved prenatal and postnatal care, increased breastfeeding rates, adequate nutrition, affordable treatment and improved sanitation can more effectively reduce preventable child deaths from leading killers like pneumonia and diarrhoea.

The Millennium Development Goals (MDGs) brought about significant political commitment for global health and substantial financial support. A holistic approach to tackle the leading killers of children represents one of the most effective paths we have to accelerate progress towards reaching MDG 4.

Why invest in child health?

- **It saves lives**

Globally, infectious diseases like pneumonia, diarrhoea, malaria and complications at birth are the leading killers of children under the age of five. Underlying one-third of these deaths is under-nutrition which can make children more vulnerable to disease and severe acute malnutrition is directly responsible for the death of one million children every year. We know how to prevent these deaths. Investments in interventions that protect, prevent and treat children have led to the reduction of child deaths in the past twenty years. Expanding access to the treatment of severe acute malnutrition and access to vaccination, which saves an estimated 2-3 million lives each year, improved water and sanitation, scaling up prevention efforts to combat paediatric HIV, tuberculosis and malaria while investing in human resources for health have been central to this progress.

Saving children's lives is not only a moral imperative, but it leads to more prosperous, stable communities.

- **It increases economic growth**

Maternal and newborn morbidity have critical socio-economic consequences in developing countries. Even by investing in low cost public health measures such as vaccines and vitamin supplementation we can prevent diseases and disability, thus saving millions of euros in treatment.

Child mortality feeds the vicious circle of poverty. At micro level, it perpetuates generational poverty and weakens the family circle. At a macro level, it reduces the future labour force of countries. USAID has estimated that maternal and newborn mortality leads to nearly \$15 billion in lost potential productivity every year. Money invested in child health today fuels growth and development for tomorrow. According to the World Health Organization (WHO), if governments and development partners increase investments to prevent child deaths, they could save up to 650 million Euros per year.

What investments work?

Child survival is the product of multiple factors. It includes effective interventions in many sectors as well as supportive environments for their delivery, access and use in many countries. Scaling up interventions that are known to work is necessary but not sufficient if delivered in a fragmented manner. Individual approaches, which have already been shown to be effective at reducing child deaths (see box) could be even more effective if delivered together.

What interventions work?

- Increasing breastfeeding rates, especially immediately after birth so as to harness the value of the first milk – the colostrum¹ This colostrum provides the infant with protection against some of the most threatening infections prior to immunisation
- Vaccines and immunizations
- Oral rehydration therapy and zinc supplements to manage diarrhea
- Nutritional supplements such as vitamin A
- Community based management of acute malnutrition
- Oral rehydration therapy and antibiotics like amoxicillin
- Kangaroo care for new borns, especially those born prematurely has dramatically improved survival for infant most at risk
- Global Strategy for Women and Children's Health
- Insecticide-treated bed nets

Integrated approaches allow a package of interventions to be delivered that can address numerous diseases and other health problems, encompassing prevention, treatment and care. The scale up of an integrated approach to child health needs to take root at both programmatic and policy levels, and be tailored to each country context.

● Improving efficiency

Not only can integrated services prevent and treat more childhood illnesses at a single point in time, this sort of delivery is also cost effective. Existing child health intervention packages delivered in Ecuador, Somalia and Ethiopia have shown that base line cost of services remains constant even when additional interventions are added to child health packages. In other words, the main cost of interventions is service delivery –the cost of health care workers and supply transport. Adding additional interventions to an already existing program increases the overall costs minimally. It is much less expensive to deliver multiple services in one trip than to deliver single services through multiple campaigns.

● Improving equity

Integration is a great tool to improve child health equity. Integrated Community Case Management ICCM, for example is making great strides in reaching the hard to reach. This strategy simultaneously addresses malaria, pneumonia and diarrhoea for underserved and hard to reach communities. Thanks to the network of community health workers, it increases coverage by bringing treatment closer to the patients. This enhances equity since significantly more of the community can be reached. In Nepal, since the expansion of iCCM programming, 69% of under-five children have access to treatment

and both the mortality rate for acute diarrhoea and severe pneumonia have decreased substantially.¹ Using integration as an approach to addressing inequality can also be applied to interventions well beyond traditional health care interventions. For example, improved sanitation and access to safe water, or nutrition including breastfeeding rates, are interventions that benefit from integrated approaches and ones that the most marginalised and excluded benefit from the greatest.

¹ See the WHO and UNICEF report "An equity-focused strategy to improve access to essential treatment services for children"

What needs to be done?

Donors must:

- Protect aid to health and earmark at least 0.1% of their GNI to promote health as recommended by the Commission on Macroeconomics and Health by
 - o Supporting global initiatives such as the Global Fund and the GAVI Alliance, which help strengthen routine health systems as well as delivering on their core mandates.
 - o Investing in health sector programmes especially those contributing to building the necessary human resources for health
- Strengthen the coordination between specific-disease programmes and increase their technical support to health system strengthening
- Promotion free health care at the point of use for essential services
- Ensure that direct nutrition interventions are integrated in primary healthcare programmes that they support as defined by the Framework For Action of Scaling Up Nutrition²
- Support nutrition sensitive interventions and policies for key sectors including agriculture and food security, public health and education
- Invest in Research and Development (R&D) to develop affordable and accessible products for poverty-related and neglected diseases, adapted to the needs of children.

Governments in the global south must:

- Uphold to the Abuja declaration³ and allocate minimum of 15% of their national budgets to the health sector
- Set national health plans with subnational level programmes which target specific causes of child mortality to ensure increased impact including direct nutrition interventions in primary healthcare programmes defined by the Framework For Action of Scaling Up Nutrition⁴
- Integrate the Global Action Plan for Pneumonia and Diarrhoea into national health plans and transpose the WHO code of conduct on breast milk substitutes into national legislation
- Investing in training and retaining a health workforce that can provide good quality integrated healthcare for children, newborns and mothers
- Integrate civil society organisation and communities in the design, implementation, monitoring and evaluation for those plans as actors that can reach the hardest to reach and tackle inequalities.
- Invest in monitoring and evaluation to improve transparency and accountability to their citizens.
- Explore how global health R&D can be operationalized in developing countries and how transfer of technology and local production can offer solutions to fill the global health research gap and improve access to medicines in developing countries

² <http://siteresources.worldbank.org/NUTRITION/Resources/281846-1131636806329/PolicyBriefNutrition.pdf>

³ Available on www.who.int/healthsystems/publications/Abuja10.pdf

⁴ <http://siteresources.worldbank.org/NUTRITION/Resources/281846-1131636806329/PolicyBriefNutrition.pdf>



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