© Olivier Asselin / GAVI

Time for the EU to take an active stance to promote child health

GLOBAL HEALTH ADVOCATES

World Vision

Save the Children

RESULTS
the power to end poverty

The outbreak of Ebola in Western Africa has devastated already fragile health systems by leaving clinics understaffed following the death of large numbers of health workers. Moreover, women and children are increasingly failing to seek out medical help for fear of catching the virus, while routine services are being compromised. This crisis illustrates the importance of investing in health systems and ensuring developing countries are well equipped with the necessary tools to counter such health threats.

The European Institutions have the power to play an active role in global health. By supporting the attempts of partner countries to provide universal access to essential services for the population at large and children in particular, the EU institutions can contribute to reducing global child mortality and morbidity. It is essential that life-saving initiatives such as the GAVI alliance as well as proven effective interventions in nutrition and health systems strengthening receive EU backing. Moreover, the EU can use its influence as the world's largest donor to shape the post-2015 debate and place child health at the top of the agenda.

Progress has been made but challenges remain!

Strong investments in child health over the last decade have brought about impressive cuts in child mortality around the world. **Since 1990, the global under-five mortality rate has dropped by almost half** —from 90 deaths per 1,000 live births in 1990 to 46 in 2013.[1] Improvements in child health have been driven in part by expanded immunisation programmes which have permitted 80% of infants to be immunised against common childhood diseases.[2] In addition the GAVI Alliance, has played a key role in ensuring that new and underused vaccines are more readily available in the poorest countries in the world, allowing for 400 million children to be immunised and thereby preventing 6 million deaths since 2000.[3]

Despite this considerable progress, 17,000 children continue to die every day from largely preventable diseases.[9] In fact, three quarters of under-five deaths are related to pneumonia, diarrhoea, malaria and newborn conditions such as asphyxia and infections for which cost-effective protection prevention, treatment interventions are known.[10]

Country Examples of Progress

Progress has not been limited to wealthy countries - **Ethiopia** witnessed a 67% drop in child deaths compared to 1974.[4] This progress was made possible by a cross-country network of government-financed community health workers, who administered basic services to address the leading killers of children including malnutrition, malaria and diarrhoea.[5]
In **Malawi**, child mortality rates were cut by 72% by means of a similar community system as well as the promotion of 'kangaroo care' whereby new-borns are cradled by their mothers and thus protected from infections.[6]
Liberia's strategy has entailed mass immunisation campaigns against pneumonia, bringing the vaccine to 100,000 children under the age of 12 months[7], thus contributing to a 71% reduction in child mortality.[8]


©François Lenoir

Great disparities and inequities in access to life-saving services remain. In both Western and Central Africa, every eighth child dies before he/she reaches the age of five.[11] On top of recurrent political instability and natural disasters, children in the above-mentioned regions suffer additionally due to scant budgetary health allocations and a dearth of services.[12] For example, in Chad only 2.8% of GDP was spent on health from 2009-2013.[13] In contrast, the EU health expenditure average lay at 9.2% of GDP in 2009.[14]

The poor are most affected, facing both a disproportionately high disease burden and greater difficulties in accessing health care.[15] Inequalities also remain between rural and urban areas as health workers tend to reside in economic centres. For example, in Bangladesh 30% of nurses work in four metropolitan districts where only 15% of the population resides.[16] Furthermore, medicine is also more difficult to obtain in remote, rural areas where the supply chain including cold chain is often not functioning. Moreover, infrastructural shortcomings result in delivery and storage difficulties, which prevent the effective administration of life saving commodities.

Undernutrition


©Véronique Burger-Phanie

Undernutrition is responsible for 45% of the deaths among under-fives as it weakens the immune system of children and renders them more vulnerable to diseases.[17] It is a direct consequence of an insufficient nutritional intake, which is usually conditioned by food insecurity, poor water and wanting sanitation services. Acute malnutrition, which tends to strike during famines, will result in death if left untreated. In 2013, 52 million children below the age of 5 were wasted (10% of the world's population), meaning that they were underweight due to acute malnutrition.[18] In contrast, 165 million were stunted and therefore too short for their age due to chronic malnutrition, a consequence of extensive periods of nutritional deprivation.[19] This has long-term effects on both a child's physical and cognitive development and leads to reduced productivity levels for a country's economy. The 1000-day window from the start of a woman's pregnancy is critical in this regard as damage incurred during this period tends to be irreversible.

Failure to scale up efforts now will result in the international community missing the MDG 4 target to reduce child mortality by two-thirds between 1990 and 2015. Even if we have managed to substantially cut the number of child deaths, MDG 4 is lagging behind all other MDGs. At the current rate of progress, MDG 4 will not be met until 2026 – 11 years behind schedule!

Be part of the change you want to see!

It is a matter of justice to guarantee that every child has access to a healthy future regardless of where they are born or live in the world.

Not only are the moral arguments for intervention compelling, investing in child health also makes sense from an economic perspective. Reaching out to the poorest and most vulnerable children is good value for money. In fact, an increase in GDP of 0.15% has been recorded in countries where health inequality was reduced by 1% annually.[20]

Cost-effective interventions, such as Oral Rehydration Solution (ORS) and zinc to treat diarrhoea, antibiotics to treat pneumonia and vaccines are proven to improve the health of children, helping raise performance at school thus improving their employment prospects later on in life. Moreover, benefits are also felt at the national level with GDP levels typically increasing in correlation to improving health outcomes. **For instance, for every dollar invested in nutrition, a return of 138 dollars is expected in increased productivity and health care savings.**[21] Furthermore, prevention is far cheaper than treatment, especially when multiple interventions are combined to form a package of care, allowing for fewer trips by medical staff. In fact, the main cost is the delivery of health services in the form of salaries and transport costs, rather than the treatment per se.[22] The baseline cost thus stays constant even when interventions are added, highlighting the efficiency of combining numerous health interventions.

The health of children is influenced by a range of inter-linking and cross-sectoral factors including poverty, the environment in which children are born and live, and the educational status of their mothers. **Improving child health therefore requires a comprehensive and integrated approach, addressing multiple factors together including: the availability of essential health services, access to clean water, sanitation and hygiene, nutrition and education.**

We know the solutions and they work!

It is generally recognised that a three-pronged approach is needed to improve child health. This entails protection, prevention and treatment.

In terms of protection, it must be borne in mind that the first 24 hours of a child's life are the most precarious. In fact, **close to 50% of all under-five deaths occur during the first month of life.** It has been proven that the health of new-borns is directly linked to that of their mother as well as to a range of other factors such as a safe delivery, good nutrition and treatment in case of post-birth complications. The increasing relevance of newborn deaths in under-five mortality has led the World Health Organisation to elaborate an "Every Newborn Action Plan" (ENAP). Adopted by all the WHO Member States at the World Health Assembly. The ENAP offers support to ensure the scaling up of interventions known to work in reducing newborn deaths. Furthermore, breastfeeding plays an instrumental role in improving the health of children and should be encouraged exclusively during the first six months of a baby's life.

With regards to **prevention**, a comprehensive package of vaccines against common child diseases has the potential to save millions of lives. Equally, steps to prevent mother-to-child transmission of HIV during childbirth, as well as malaria prevention through the use of bed nets, are simple but effective ways of preventing child mortality. In addition, the environment in which a child lives is of paramount importance- children require access to clean water, good hygiene and high sanitation standards to be spared the effects of infectious diseases, such as diarrhoea and pneumonia. In the same vein, reducing air pollution inside of homes can prevent respiratory diseases like pneumonia and tuberculosis.

Finally, **treatment** has to be made available and accessible to all so that children can be aided along the road to recovery in case of illness. Community-based management is an effective way of providing health care and has a proven track record in reducing child morbidity. At present, children in rural communities frequently lack access to common treatments. However, Integrated Community Case Management (iCCM) - which entails training a network of health workers and building links between workers and communities -has yielded positive results as illustrated by falling child mortality rates in Ethiopia.

1 UNICEF "Committing to Child Survival: A Promised Renewed" Progress Report 2014 page 5. - http://files.unicef.org/publications/files/APR_2014_web_15Sept14.pdf

2 Action "Ending Preventable Child Deaths in our Lifetime 5: Reasons to invest in Child Health" 2014 page 2 - http://www.action.org/resources/item/5-reasons-to-invest-in-child-health

3 European Immunisation and Vaccine Advocacy Coalition "Improving Access to Immunisation: how the GAVI Alliance can make a Difference" - http://www.ghadvocates.eu/wp-content/uploads/2014/04/1404_GAVI-CSO-EU_PP_web.pdf

4 Jobson, Elissa " Ethiopia achieves development target on reducing child mortality" The Guardian 13 September 2013 - http://www.theguardian.com/global-development/2013/sep/13/ethiopia-achieves-development-target-child-mortality

5 Beaubien, Jason "Simple, Cheap Health Remedies Cut Child Mortality In Ethiopia" NPR 1 January 2014 - http://www.npr.org/blogs/health/2013/12/19/255448192/simple-cheap-health-remedies-cut-child-mortality-in-ethiopia

6 Walsh,Fergus "Surviving childhood in Africa" BBC 16 September 2014 - http://www.bbc.com/news/health-29045065

7 Julius, Kanubah "Cutting child deaths from pneumonia in Liberia" Deutsche Welle 15.01.2014 - http://www.dw.de/cutting-child-deaths-from-pneumonia-in-liberia/a-17363301

8 Suzuki, Emi "Global child mortality rate dropped 49% since 1990" - http://blogs.worldbank.org/opendata/global-child-mortality-rate-dropped-49-1990 The World Bank Data Blog 16 of September 2014

9 http://files.unicef.org/publications/files/APR_2014_web_15Sept14.pdf page 13

10 WHO, UNICEF "Integrated Community Case Management: an equity-focused Strategy to improve Access to essential Treatment Services for Children" 2012 - http://www.unicef.org/health/files/iCCM_Joint_Statement_2012.pdf page 2

11 Jobson, Elissa " Ethiopia achieves development target on reducing child mortality" The Guardian 13 September 2013 - http://www.theguardian.com/global-development/2013/sep/13/ethiopia-achieves-development-target-child-mortality

12 Ibid

13 World Bank "Health Expenditure" - http://data.worldbank.org/indicator/SH.XPD.TOTL.ZS

14 " OECD "Health at a Glance: Europe 2012" - http://www.oecd-ilibrary.org/sites/9789264183896-en/05/03/index.html;jsessionid=3urhptctkahh0.x-oecd-live-02?contentType=&itemId=%2fcontent%2fchapter%2f9789264183896-53-en&mimeType=text%2fhtml&containerItemId=%2fcontent%2fserial%2f23056088&accessItemIds=%2fcontent%2fbook%2f9789264183896-en

15 European Parliament ACP-EU Joint Parliamentary Assembly "The social and economic consequences of malnutrition in ACP countries" - http://www.europarl.europa.eu/meetdocs/2009_2014/documents/acp/dv/background_/background_en.pdf

16 Zurn P et al "Imbalance in the health workforce" Human Resources for Health - http://www.human-resources-health.com/content/2/1/13

17 The Lancet "Maternal and Child Nutrition" - http://download.thelancet.com/flatcontentassets/pdfs/nutrition-eng.pdf

18 European Parliament ACP-EU Joint Parliamentary Assembly "The social and economic consequences of malnutrition in ACP countries" - http://www.europarl.europa.eu/meetdocs/2009_2014/documents/acp/dv/background_/background_en.pdf

19 Ibid

20 Action "Ending Preventable Child Deaths in our Lifetime 5: Reasons to invest in Child Health" 2014 page 2 - http://www.action.org/resources/item/5-reasons-to-invest-in-child-health

21 Ibid

22 European Immunisation and Vaccine Advocacy Coalition "Scaling up Integration to improve Child Health" 2013 - http://www.ghadvocates.eu/wp-content/uploads/2013/09/Child-survival.pdf

What can the EU do?

International donors have a critical role to play in filling the current €31 billion funding gap, which hinders the provision of essential health services to all mothers and children around the globe.[23] The EU Institutions in particular should:

FINANCIAL SUPPORT

- Respect current commitments of allocating 20% of EU development aid to basic social services in order to allow health systems to develop a certain level of resilience in order to better deal with crises such as the one we are currently facing with Ebola.
- Increase commitments to the GAVI Alliance from €25 million to €50 million per year in order to increase immunisation coverage worldwide.
- Ensure the disbursement of the nutrition for growth pledge of €3.5 billion and track the spending of the funds to ensure that resources yield the maximum results possible.
- Support with financial and technical assistance the delivery of national plans of partner countries to delivery their national component of the Every Newborn Action Plan.

POLICIES

- Develop a fully costed and outcome-oriented Programme for Action on Global Health.
- Advocate for the inclusion of post-2015 targets on universal health coverage and ending all preventable child deaths as well as indicators related to immunisation coverage, wasting and stunting.
- Support countries in implementing Universal Health Coverage by providing the necessary technical and financial support.
- Incorporate nutrition-sensitive measures into all EU policies in order to combat undernutrition in a comprehensive manner and address its underlying causes.

© ACF, Kenya

23 WHO and PMNCH "Analysing Progress on Commitments to the Global Strategy for Women's and Children's health" The PMNCH 2013 Report Geneva http://www.who.int/pmnch/knowledge/publications/pmnch_report13.pdf

GLOBAL HEALTH ADVOCATES

World Vision Brussels & EU Representation Office

Save the Children

RESULTS the power to end poverty