Young Child Survival and Development

Thematic discussion on results and lessons learned in the Medium Term Strategic Plan Focus Area 1

August 2011
OVERVIEW

• Introduction
• Situation Analysis
  – Progress; Disparities
• Programming strategies
• Narrowing the gaps - sharpening equity focus
• Strategies at work … illustrating results
• Going forward
Trends in Immunization Coverage: The Measles Story

Increase in 1st dose Measles Vaccine Coverage, Globally and in 47 Highest Burden countries, 2000-2009

- Estimated total measles deaths in thousands
- 78% reduction in measles mortality
- Middle East & Central Asia
- East Asia & Pacific
- South Asia
- Africa

Source: (1) MCV1 coverage: UNICEF/WHO coverage estimates (2) Mortality reduction: WER 4 Dec 2009
Malaria … a partnership

UNICEF ITN procurement increased 40 times between 2000 and 2009

Number of ITNs procured by UNICEF (in millions), 2000-2009

Source: Roll Back Malaria 2010.
Major progress in LDCs - vitamin A supplementation coverage

Percentage of children 6–59 months old reached with two doses of vitamin A, 2000–2008

Source: UNICEF Global Database, Nov 2009
Progress in Community Management of Acute Malnutrition (CMAM) in 55 countries

• +50 countries implementing CMAM

• >50% of programmes integrate CMAM with other PHC (IMCI, HIV/AIDS, etc.)

• Globally, UNICEF procures over 80% of all Ready-to-Use- Therapeutic-Food

UNICEF RUTF procurement (2000-2010)
SITUATION ANALYSIS

8.1 million child deaths in 2009

Note: New estimates to be released mid September 2011

Source: IGME (UNICEF, WHO, World Bank and UNPD) 2010
Fewer children dying in all regions

The global under-five mortality rate has fallen by one third since 1990.

This is one of the greatest success stories in international development.

Pneumonia, diarrhoea, and malaria - 41% of annual under-five deaths; increase in proportion of newborn deaths

More than one third of child deaths are attributable to undernutrition

Stunting remains a central 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
Maternal mortality is declining, but more needs to be done

Maternal deaths per 100,000 live births

<table>
<thead>
<tr>
<th>Category</th>
<th>1990</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
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<td>590</td>
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<tr>
<td>Developing countries</td>
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<td>14</td>
</tr>
<tr>
<td>World</td>
<td>400</td>
<td>260</td>
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</tbody>
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DISPARITIES
Equity gaps in under-five mortality, by region of the world

Source: DHS analyzed by World Bank PovertyNet
Fragile states ...

1) Chad (209 per 1000 live births)  
2) Afghanistan  
3) Democratic Republic of the Congo  
4) Guinea-Bissau  
5) Sierra Leone  
6) Mali  
7) Somalia  
8) Central African Republic  
9) Burkina Faso  
10) Burundi  
11) Angola  
12) Niger  
13) Cameroon  
14) Equatorial Guinea  
15) Guinea  
16) Mozambique  
17) Zambia  
18) Nigeria  
19) Congo  
20) Uganda (128 per 1000 live births)

Source for mortality rank: SOWC 2011; fragile states are shown in red (source: World Bank 2011)
In developing countries, rural children are 50% more likely to be stunted than urban children

Percentage of children 0–59 months old who are stunted, by area of residence

Note: Analysis is based on a subset of 72 countries (excluding China) with residence information, covering 65% of the under-five population in the developing world. Prevalence estimates are calculated according to WHO Child Growth Standards, 2003–2009.

PROVEN “INTERVENTIONS” ARE NOT REACHING ALL CHILDREN
Exclusive breastfeeding rates: mixed picture

Decline in Middle East/North Africa, trend data lacking for Latin America

Percentage of infants aged 0-5 months who are exclusively breastfed (around 1995 and around 2008)

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

* Excludes China
Little progress in expanding case management for common childhood illnesses across Africa

Note: Trend analysis is based on a subset of African countries covering 75 per cent (pneumonia care-seeking), 50 per cent (ORT with continued feeding) and 57 per cent (antimalarial treatment) of the under-five population in this region.

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

- 884 million do not use an improved source of drinking-water
- 2.6 Billion do not use improved sanitation
- 88% of global diarrhoeal deaths are attributable to unsafe water, inadequate sanitation, & poor hygiene
- Handwashing with soap can reduce diarrhoea by 44% while also impacting pneumonia and neonatal mortality.
The poorest in sub-Saharan Africa are **more than fifteen times** as likely as the richest to practice open defecation.
Skilled birth attendance by wealth quintile and region

Percentage of births attended by skilled health personnel

Note: Estimates are based on more than 70 countries with available data (2003-2009) on skilled attendant at delivery by household wealth quintile, representing 69% of births in the developing world.

Early Childhood Development

- Over 200 million under-five children do not reach their developmental potential

- Access: 30% in developing countries; poorest and those living in remote areas left behind
Basic Systems are not Targeted by Water Sector Aid
The bottlenecks

• Geographic access
• Supplies
• Service delivery staff unavailable, poorly trained, unmotivated
• Caretakers unaware of need or are hampered by social/cultural issues
• Costs / opportunity costs (e.g. time)
• Policies / resources not geared to the poor/disadvantaged
• Hard / costly to reach the unreached
The MTSP – FA1

• **Key result area 1**: improving child nutrition through improved practices and enhanced access to commodities and services.

• **Key result area 2**: increased coverage of integrated packages of services, improved practices and an enhanced policy environment.

• **Key result area 3**: increasing access to and sustainable use of improved water sources and sanitation facilities.

• **Key result area 4**: In declared emergencies, every child is covered with lifesaving interventions, in accordance with the UNICEF Core Commitments for Children (CCCs).
“Game changer”- *Narrowing the Gaps* study

• Death/disease, deprivations concentrated in poor/disadvantaged

• Cost-effective to focus on these children – in addition to moral imperative

• MDGs can be reached faster
Implications for programming:

• WHO/WHY – where are the disadvantaged / causes of deprivations

• WHAT – integrated packages of cost effective interventions

• HOW – shifting ways in which interventions are delivered / addressing behaviours/social norms

• WITH WHOM – maximize partnerships

• WHETHER and what EXTENT – closely monitor progress to check if we are making a difference
STRATEGIES AT WORK ....
Partnerships, leveraging, policy ... 

- Vaccine pricing; increasing availability of ready to use therapeutic foods
- Leveraging malaria funds
- Reduction in costs of boreholes
- Investment cases
- Policy advocacy – e.g. antibiotic use by community health workers for treatment of pneumonia
- Nutrition as a priority in national development plans
Nigeria: analyzing mortality causes in poor children compared to rich children

(Under Five Mortality Rate per 1000 Live Births)
Improving access - services closer to those who need it

- Child Health and Nutrition Days are now conducted in more than 50 countries; two-thirds in Sub-Saharan Africa.

Source: UNICEF data
Creating demand - CATS

UNICEF Programmes in West and Central Africa are seeing an enormous increase in people accessing sanitation since CATS was introduced.
More to be done:

- **Equity-focus to investment cases** – policy dialogue with national and local governments / partners

- Working on **other essential commodities**

- **Integration of ECD interventions** into health/nutrition

- Support **scale up in different contexts**
More to be done:

• **Innovations to serve the poor and marginalized**

• **Link with social protection e.g. removal of financial barriers**

• **Different partners** - private sector / non-traditional in humanitarian contexts

• **STRENGTHEN LOCAL LEVEL MONITORING** – “strategic result areas”
Thank you