UNICEF and the 2030 agenda for Sustainable Development; Focus on Health

Dr Claudia Vivas Torrealba, Health Specialist
cvivas@unicef.org
Health Section. Program Division
Sep 2016
UNICEF Health Strategy guided by global commitments

Convention on Rights of the Child
Convention on the Elimination of all Forms of Discrimination against Women

Sustainable Development Goals

Every Woman Every Child Global Strategy

2016-2030 Health Strategy
Global context as articulated in Every Woman, Every Child is a shift from “survive” to also “thrive” and “transform”

**SURVIVE: End preventable deaths**
- 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)

**THRIVE: Ensure health and well-being**
- 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 Program 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
- Achieve universal health coverage, including financial risk protections and access to quality essential services, medicines and vaccines

**TRANSFORM: Expand enabling environments**
- Eradicate extreme poverty
- Ensure that all girls and boys complete free, equitable and good quality secondary education
- Eliminate all harmful practices and 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
Health strategy aims to build on rich history, embrace the SDGs and increase coherence

Evolution of Strategy over Time

Early history (1946-1980)
- Advocate for children's right to health
- Mobilize resources
- Establish global footprint to begin delivery of basic health services and disease- control programs
- Provide supplies and equipment

Child Survival Revolution (1980s and 1990s)
- Bring life saving, cost effective interventions to children in developing countries (focused on Growth, ORS, Breastfeeding, Immunization)
- Promote access to affordable and sustainable primary health care services (Bamako Initiative)

MDG era (2000-2015)
- Eradicate polio
- Decrease child and maternal mortality by scaling up coverage of high impact interventions, often delivered via vertical programs
- Leverage dramatic increase in development assistance to health
- Lead on equity agenda

SDG era (2016-2030)?
- Achieve sustainable and equitable coverage of high-impact interventions to prevent maternal & child mortality
- Enhance child development efforts, better leveraging UNICEF's multi-sector advantage
- Strengthen operational role in emergency/fragile contexts
- Better use of domestic health resources in higher capacity contexts
- Continue to be the voice for children
UNICEF’s Strengths

Convener of Partners

Integrated Programs

UNICEF’s Comparative Advantage

Linking upstream and community initiatives

Government Relationships

Technical expertise in 190 countries
Shifts anticipated in next 15 yrs

<table>
<thead>
<tr>
<th>Emergency</th>
<th>Fragile</th>
<th>Low Capacity</th>
<th>Medium Capacity</th>
<th>High Capacity</th>
<th>Global</th>
</tr>
</thead>
<tbody>
<tr>
<td>A situation that threatens the lives and well-being of large numbers of a population and requires extraordinary action to ensure their survival, care and protection.</td>
<td>Areas with post-conflict or prolonged crisis. Inability to meet the population’s expectations or manage changes in expectations and capacity through the political process.</td>
<td>Insufficient fiscal resources; medium functioning government and infrastructure. May struggle with persistent equity challenges among sub-populations.</td>
<td>Limited fiscal resources; medium functioning government and infrastructure.</td>
<td>Adequate fiscal resources; high functioning government and infrastructure. May struggle with persistent equity challenges among sub-populations.</td>
<td>Providing guidance, influencing agendas and leveraging resources on a global scale.</td>
</tr>
</tbody>
</table>

Frequency of disasters increasing

Fragility persisting

Economic growth shifting countries from low to medium and medium to high capacity at national level (where accompanied by improvements in government effectiveness), but low capacity settings persisting at sub-national level.
UNICEF Health Strategy for 2016–2030

Guided by the Convention on the Rights of the Child (CRC) & the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), and in line with the Sustainable Development Goals (SDGs) and Every Woman, Every Child (EWEC)

**Vision**

A world where no child dies from a preventable cause, and all children reach their full potential in health and well-being

**Goals**

- End preventable maternal, newborn & child deaths
- Promote the health and development of all children

**Approaches**

- Address inequities in health outcomes
- Strengthen health systems, including emergency preparedness and resilience
- Promote integrated, multi-sectoral policies and programs

**Actions**

- Advocate for every child’s right to health
  - Support data capture, evidence generation, and use
  - Engage with partners
  - Expand available resources
- Influence government policies
  - Support evidence-based policymaking and financing
  - Promote scale-up of effective interventions/innovations
  - Share knowledge & promote south-south exchange
- Strengthen service delivery
  - Build capacity of management and health providers
  - Support programmes, including service provision, in particular at community level and in emergencies
  - Strengthen supply chain systems
- Empower communities
  - Engage for social and behaviour change
  - Generate demand
  - Strengthen accountability

**Programme areas**

- Maternal, newborn, and child health
  (focus on equitable access to quality primary health care)
- Older child and adolescent health
  (focus on public policies and supportive environments)

*Proposed actions and program areas represent global "menu" to be tailored to country context by country offices*

**Measurement, learning and accountability**
# What's changing for each programme area

<table>
<thead>
<tr>
<th>Programme area</th>
<th>Key changes</th>
</tr>
</thead>
</table>
| **Equitable access to quality maternal, newborn, and child primary health care** | • Increased focus on care around the time of birth for mothers and newborns  
• Shift from a more vertical focus on disease- and intervention-specific programs (vaccines, pneumonia, diarrhea, malaria, tuberculosis) to an HSS-focused approach (integrated community-based primary health care within the district health system)  
• **Increased focus on identifying and covering the unreached with life-saving vaccines, commodities, and care**                                                                                                                                               |
| **Supportive social norms and policies for older child and adolescent health**   | • Adds focus on over-nutrition and obesity to already-strong focus on undernutrition  
• Better leverages UNICEF program linkages between health and education, nutrition, child protection, social inclusion, etc.  
• Increases focus on older children and social determinants of health, making "menu of options" more relevant for higher capacity contexts |
UNICEF’s approach to HSS connects national and sub-national levels, focusing particularly on sub-national management capacity and community engagement based on sound national policy, plans and financing.

The approach includes **five issue-specific areas** of existing UNICEF capacity and perceived priority, including PSM:

- Strengthening the community platform for demand generation, social accountability, service delivery, social inclusion and reduction of financial barriers
- Improving decentralized management capacity for evidence-based analysis, prioritization, planning & monitoring
- Supporting development of health-related policies, strategies, plans & budgets at national level

**Areas of focus specific to the three main levels of the health system**

**Areas of focus on specific issues as appropriate to the level of the health system and the local context**

- Improving data and information systems
- Procurement and supply chain management
- Social protection and welfare
- Engagement and regulation of the private sector
- Quality of care at community and facility levels

**Health systems that close the equity gap in MNCH and related outcomes, contribute to UHC and broader child devt, and that are resilient**

**Schematic representation of UNICEF’s system wide and issue-specific approach to HSS**
Community, Sub-national and National levels

Areas of focus at community, district and national levels

**Community**
- Demand creation and service provision
- Influencing norms and addressing barriers to access
- Supporting initiatives to overcome financial barriers
- Improving accountability of health and community leaders
- Strengthening resilience and emergency response capacity

**District**
- Improving health manager capacity for planning, budgeting, supervision and monitoring
- Coordination with other sectors
- Efforts to formalize contingency planning and emergency response capacity

**National**
- Contributing to evidence-based, equitable plans and policies
- Leveraging national and international resources
- Linking with UNICEF contributions in other sectors
Main killers of children under age 5

Fig. 16: Pneumonia, diarrhoea and malaria are main killers of children under age 5; preterm birth and intrapartum-related complications are responsible for the majority of neonatal deaths.

Global distribution of deaths among children under age 5 and among newborns, by cause, 2015

A. Deaths among children under age 5

- Pneumonia (neonatal), 3%
- Pneumonia (post-neonatal), 13%
- Preterm birth complications, 16%
- Intrapartum-related complications, 11%
- Sepsis, 7%
- Tetanus, 1%
- Congenital abnormalities, 5%
- Other neonatal, 3%
- Diarrhoea (neonatal), 0%
- Diarrhoea (post-neonatal), 9%
- Injuries, 6%
- Malaria, 5%
- Other, 17%
- Measles, 1%
- AIDS, 1%
- Meningitis and Pertussis, 3%

45% of all under-five deaths occur in the neonatal period.
Program and Product needs: HIV/AIDS, Pneumonia, Malaria, TB

CD4

EID/VL

Amoxicillin 250mg dispersible tablets (DT)

Pneumonia Treatment

1 year to 5 years

Day 1  Day 2  Day 3  Day 4  Day 5

1 year to 5 years

Complete all steps of treatment
Bacterial load decrease

Take 3 tablets
Put in a cup

Add a little drinking water (30ml) to cover tablets
Mix water and tablets well for 2 minutes and then dissolved
Take one by the child with an adult for the medicine
HIV/AIDS: 
Accelerating access to testing and innovative diagnostics

SUPPLY
CD4

EID/VL

DEMAND
Policy and Guidelines development
Product Selection and Procurement

Product evaluations (sites)
Product evaluations (Labs)
in-country Registrations
Pilot/Operational Research

ROUTINE USE
Monitoring & Evaluation
Phased Scale-up

Competitive tenders
Market Analysis
Global Pricing

“Speed clinical decision-making by expanding access to POC HIV diagnostic testing, leading to reduced mortality and improved patient outcomes”

– Ethiopia
– Kenya
– Uganda
– Tanzania
– Mozambique
– Malawi
– Zimbabwe
HIV/AIDS: Prevention and Treatment

• Delivery of PrEP to sexually active older adolescents at high risk of HIV acquisition:
  1. Target 15,200 adolescents (15-19) enrolled on PrEP over 5 years. (BRA, THA, SA)
  2. Seek to define options around service organization, approaches to uptake and effective use (adherence), and risk management in the target population

• UNICEF does not foresee PrEP use among adolescents to shape the PrEP (ARV) market at this time. However, Important for reflecting on fairness in pricing and equity in access to PrEP

• New pediatric fixed dose formulations for children.
Childhood Tuberculosis

**Global epidemiology** (Children aged 0-14)
- 1 million incident cases/year (36% case notification)
- 67 million healthy children with prevalent TB infection requiring evaluation, preventive therapy
- 25 000 incident cases of MDR TB
  → **massive under-diagnosis**

**Diagnostics**
- **Xpert MTB/RIF**
  - Recommended by WHO for diagnosis of TB and MDR TB in children and adults, increasingly scaled up globally
  - BUT limitations in children
    - Limited accuracy
    - Sputum-based

  → **Need for ‘child-friendly’ (i.e. non sputum-based), point of care diagnostic tools for TB**
Childhood Tuberculosis

Overall need for:

- Registration and improved access for new medicines (FDCs, Rifapentine, new drugs/formulations for drug-resistant TB)

- Early inclusion of children in the development process of new drugs and regimens: pharmacokinetics and child-friendly formulations.
Pneumonia

Amoxicillin Dispersible Tablets:

- In 2015, Pneumonia killed 922,000 children under five
- AMX DT used for pneumonia, neonatal sepsis and severe acute malnutrition
- Child-friendly patient packs to help increase the uptake and utilization of AMX DT as the first-line treatment of childhood pneumonia, and increase adherence
- Ensuring quality manufacturing of AMX DT at an affordable price:
  - E.g. Manufacturers in China and producing sub-par AMX DT and selling it for double the cost of the OS (reason Mongolia is not using AMX DT)

Devices:

- Acute Respiratory Infection Diagnostic Aid (ARIDA)
  - Automated respiratory rate counter
  - UNICEF SD is open for the next 24 months to receive tenders to coming
- Pulse oximeters (lower cost, portable, wide range probe)
- Oxygen – life saving RMNCH intervention, not available (cost effective easy to produce).
Diarrhea

**ORS** can avert 93% of deaths

**Zinc** reduces 23% of treatment failure/death

- Care-seeking for Diarrhea and ORS utilization is increasing
- Zinc use is still very low in most countries (0-2%)
- Use of CoPacks (ORS + Zinc) has been shown to increase overall uptake and adherence to Zinc
Malaria

214 Million new cases with an estimated 438,000 malaria deaths (of which 70% were in children) in 2015

Prevention:
- LLINS, IRS & SMC. Managing malaria in pregnancy (IPTp). IPTi
- UNICEF is an active proponent of SMC which could avert millions of cases and thousands of deaths in areas of highly seasonal transmission

Diagnosis & Treatment: ACTs & RDTs.

And eventually the malaria vaccine (RTS,S)

Challenges:
- Sourcing of SP for IPTp, SMC, IPTi and the development of pediatric formulations
- Instilling confidence in “negative malaria diagnosis”
- Diagnosis of sub-clinical cases
- Growing insecticide-resistance.
Product needs, and new challenges for Every Woman, Every Child, Everywhere

**SURVIVE:** *End preventable deaths*
- 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 non-communicable diseases and promote mental health and well-being (e.g. reduce adolescent suicides by at least one third)

**THRIVE:** *Ensure health and well-being*
- Ensure universal access to sexual and reproductive health-care services (including for family planning)
- Achieve universal health coverage, including financial risk protections and access to quality essential services, medicines and vaccines

**TRANSFORM:** *Expand enabling environments*
- Enhance scientific research, upgrade technological capabilities and encourage innovation
- Enhance the global partnership for sustainable development
THANK YOU