

Ensuring Survival and Health for the Most Vulnerable Children

Key Messages to OWG Members in Response to OWG Focus Areas document (June 2nd)

World Vision believes that health, particularly of the world's poorest and most vulnerable children, families and communities, must be at the centre of any goals established on sustainable development. The inextricable links between good health and the pillars of sustainable development – environmental sustainability, social outcomes, and economic progress – are well known. The well-being of children is one of the best indicators of sustainable development and the health of a society: research shows that 'a 5 per cent improvement in child survival raises economic growth by 1 per cent per year over the subsequent decade.'ⁱ A strong consensus is developing among Member States and other stakeholders that the post-2015 framework should build on vital unmet commitments to ending preventable maternal, newborn and child deaths – the so-called 'unfinished business' of the MDGs.

Despite remarkable progress by some low and middle incomes countries, it is clear that many will not meet the MDG targets for improving child and maternal health by 2015. Even if the MDGs were to be met, there would still be 4 million preventable child deaths each year, with the majority of these deaths concentrated in the poorest communities and among the most vulnerable children. In 2012 an estimated 6.6 million children died before the age of five and there were close to 300,000 women maternal deaths. The vast majority of these women and children die from largely preventable causes, for instance, during childbirth or shortly after, or due to infectious diseases such as pneumonia, diarrhoea and malaria. Undernutrition is the single biggest cause of preventable deaths of children under five years of age, responsible for 45% of child deaths in 2012.

Current measures of child health mask inequalities between the best off and worst off. Vast numbers of children are born but never counted, their fundamental right to an identity violated. Children and mothers die because we don't always know where they are and how to reach them. There are big holes in the health information collected which makes it difficult to understand who suffers as a result of health inequality and where resources must be targeted for greatest impact on morbidity and mortality. As World Bank President Dr Jim Yong Kim recently stated "To stop mothers and young children from dying, we first need to know who is dying, from what causes and where. Vital statistics systems are a key cornerstone of any country's development infrastructure."ⁱⁱ

Efforts to tackle inequalities depend hugely on the availability of the right data. Data on inequalities present a major constraint – such data are very poor or non-existent in many countries, particularly for factors of health and wellbeing that go beyond income, and for the poorest and most marginalised social groups. Health information systems should be designed with a focus not just on generating data for data's sake but on driving analysis, review and use of information collected in order to better target and ensure efficiency of services, with the goal being improved health for children, families and communities.

Specific comments on the Introduction and Proposed Goals and Targets on Sustainable Development for the Post-2015 Development Agenda (June 2nd):

- We are pleased to see that **the 'unfinished business' of the current health-related MDGs** is reflected in the first three targets under proposed goal 3. However **the focus on reducing child and maternal morbidity has been lost in this version**. This should be restored to ensure that we are prioritising and measuring the well-being of mothers, babies and children beyond their survival.

Suggested new target: “by 2030 reduce by x% child and maternal morbidity”

- The revised document **still does not include any mention of maternal, infant and young child nutrition within proposed goal 3**, despite undernutrition being responsible for an estimated 45% of all under five child deaths and up to 20% of maternal deaths. **Targets to improve nutrition through core health sector strategies**, such as support for exclusive breastfeeding, **are crucial to include within this proposed goal**, in line with the global nutrition targets agreed at by 194 Member States at the World Health Assembly in 2012.ⁱⁱⁱ **Increasing rates of exclusive breastfeeding is critically important to reducing preventable child deaths** and ensuring long-term health, well-being and productivity. Recent evidence also links nutrition in early childhood to the incidence of non-communicable diseases in later life.

Suggested new target: “by 2030, significantly improve child and maternal nutrition, including increasing rates of exclusive breastfeeding to 6 months of age to at least 60% and reducing maternal anaemia”

- We are pleased to see the **addition of a target** under the newly included proposed goal 10 on reducing inequality to ‘**ensure the availability of high-quality, timely and disaggregated data to ensure monitoring of progress for marginalised groups and people in vulnerable situations**’. Realising the right to the highest attainable standard of health requires having effective systems to measure and track progress.
- **Well-functioning civil registration and vital statistics (CRVS) systems are a core indicator of effective and capable institutions**. They are fundamental for safeguarding the rights to which every human being is entitled but only one-quarter of the world’s population lives in countries where more than 90% of births and deaths are registered. A target to ‘provide legal identity for all, including birth registrations’ is included within the ‘rule of law’ section of proposed goal 16 but this does not go far enough. This **target should be edited to reflect the need for ‘universal and effective birth and civil registration and vital statistics systems’** by 2020.

ⁱ. Edward Anderson and Sarah Hague (2007) The Impact of Investing in Children: Assessing the Cross-Country Econometric Evidence. Overseas Development Institute and Save The Children, London.

ⁱⁱ Speech by World Bank President Jim Yong Kim at the Maternal, Newborn and Child Health Summit hosted by the Government of Canada, May 28-30th 2014 <http://www.worldbank.org/en/news/speech/2014/05/30/speech-world-bank-group-president-mnch-summit>

ⁱⁱⁱ http://www.who.int/nutrition/topics/nutrition_globaltargets2025/en/