A tipping point for child survival, health, and nutrition

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In the final push toward the 2015 Millennium Development Goals (MDGs), there is growing evidence that the world is making ever faster progress on reducing maternal and child deaths. The annual rate of decline for maternal mortality has risen from 2% in 1990–2000 to 3·4% in 2000–2010.[1] Similarly, the rate of decline in under-5 mortality has drastically accelerated in the past decade—from 1·8% per year during the 1990s to 3·2% between 2000 and 2011.[2] This success has spurred governments, civil society organisations, faith-based groups, and individual advocates to launch *Committing To Child Survival: A Promise Renewed,* a global effort to accelerate action on maternal, newborn, and child health during the next two decades.[3]

Among the key steps outlined by *A Promise Renewed* is the imperative to target the poorest and most disadvantaged children as a strategy for further accelerating progress and lowering every country's under-5 mortality rate to 20 or fewer deaths per 1000 livebirths by 2035. The strategic importance of focusing on the poorest and hardest-to-reach children is supported by an analysis by UNICEF presented in two articles in *The Lancet*.[4,5]

These two papers mark the culmination of a process that was prompted by alarming statistical analysis showing the large and sometimes widening disparities in child survival rates within developing regions. Reaching deprived populations with evidence-based interventions to prevent childhood deaths is now the central challenge for the international child survival movement. But although we know much about what the most disadvantaged children need, multiple bottlenecks such as lack of health workers and medicines, as well as financial constraints, continue to impede both the delivery and use of essential services by vulnerable populations.

Drawing on published work and UNICEF's own programmatic experience, the analytical team reviewed the evidence on proven strategies to overcome these major impediments. These findings[4] confirm several innovative interventions and strategies that, applied at scale, have the potential to reach poor and marginalised people. The review affirmed that engaging communities in understanding and participating in their own health care holds great potential to overcome many of the interrelated and entrenched bottlenecks. The authors challenge conventional wisdom that reaching remote children who are most in need, although a moral imperative, is too costly, time consuming, and difficult to pursue with the limited purses of international aid and public finance.

To ask whether gains in child survival, health, and nutrition, which could be achieved by reaching out to the most deprived children, are sufficiently large to outweigh the additional costs required, the team developed a mathematical model which compared a set of strategies that prioritised reaching the most deprived first against a more mainstream set of strategies that incrementally increase coverage from the easier-to-reach to the more difficult. Although the cost effectiveness of any approach will ultimately depend on the context and strategies applied, the analysis shows that an equity-focused set of strategies which prioritise quality health care and nutrition for the poorest and most deprived children are not only just and equitable, but are also technically feasible and can save many more lives for every US$1 million expended.[5]

The study's findings show that we can reach a tipping point where it is both sound in principle and efficient in practice to target the poorest and most marginalised communities with essential services. Focusing on the most disadvantaged children will lend additional momentum and further accelerate the global effort to reduce child deaths.

Two papers also published in *The Lancet* by the Countdown to 2015 group reinforce this conclusion.[6,7] The first explains how Niger has achieved an annual rate of decline of child mortality 2–3 times greater than its neighbours by prioritising interventions that reach the poor and by strengthening community-based care.[6] In the second paper, analysis by Cesar Victora and colleagues of 35 low-income and middle-income countries finds that those countries with the largest increase in overall intervention coverage did so primarily through achieving the greatest increase among the poorest quintiles.[7]

These findings have striking implications. A cost effective and principled strategy will require scaling up interventions in the highest burden countries; strengthening health coverage in underserved populations; and applying high-impact, proven, and cost effective solutions to the major causes of child mortality. This will necessitate additional investment in programming solutions to overcome supply and demand bottlenecks, in data collection and analysis, and in monitoring and assessment of results. Since interventions in health and nutrition require a supportive environment to be most effective and sustainable, investing in education, child protection, and women's empowerment are critical to the success of an equity-focused approach to child survival, as well being key tenets of human and child rights, and we can learn from the examples of successful countries and initiatives.

None of this will be easy. The analysis presented in these articles provides a strong case for proceeding with optimism. Great things can be achieved when the best possible science, sound strategies, adequate investment, and political will combine. *A Promise Renewed* provides the framework for such an integrated push on child survival. It is time to translate talk, data, and science related to equity in child survival, health, and nutrition into action to give the world's most vulnerable children a fair chance to survive and develop.

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I am the Executive Director of UNICEF. I declare that I have no conflicts of interest.

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