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Child Survival...

*... Where will we be
in 20 years?*



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Basic Agreement:

- The future is unpredictable.
- Especially 20 years out!

MegaTrends & MegaChallenges

1. Equity will continue to be a major issue:

- Many countries will ultimately make and surpass MDG 4, and many will move toward being “middle income”
- Others will not... *and the gap between these and those who progress is likely to increase*

<u>Country</u>	<u>Indicator</u>	<u>Years</u>	<u>Lowest Quintile</u>	<u>Highest Quintile</u>
Bolivia	DPT3	1994	21%	46%
		2003	57%	70%
Bangladesh	Skilled Birth	1994	4%	31%
	Attendant	2004	4%	46%
India	Modern CPR	1993	25%	36%
		2005	35%	48%

MegaTrends & MegaChallenges

2. Urbanization will require major adjustments in health programming



- Between 1998 and 2006, the proportion of the developing world that was “urban” rose from 38% to 43%*
 - *Pakistan – 39%; Ghana, Nigeria, Indonesia – 49%; Liberia – 59%*
- Child health indicators in the poorest urban quintile are often worse than in the rural poor
- Urban poor are mobile, sometimes illegal; numbers and residences usually aren’t known
- Responsibility for urban health services is often undefined or fragmented (e.g., roles of municipalities)
- Also brings new environmental threats, *e.g.*, accidents and lead

MegaTrends & MegaChallenges

3. Under-five mortality rates will finally decline in Africa due to scale-up of malaria interventions
- While the overall number of under-five deaths has decreased globally, the estimated number in Africa has actually *increased*
 - But, recent DHS data indicate major declines in U5MRs associated in countries with effective malaria programs

	<u>2000</u>	<u>2008</u>	
World	11,140	9,733	
Africa	4,093	4,786	(49%)

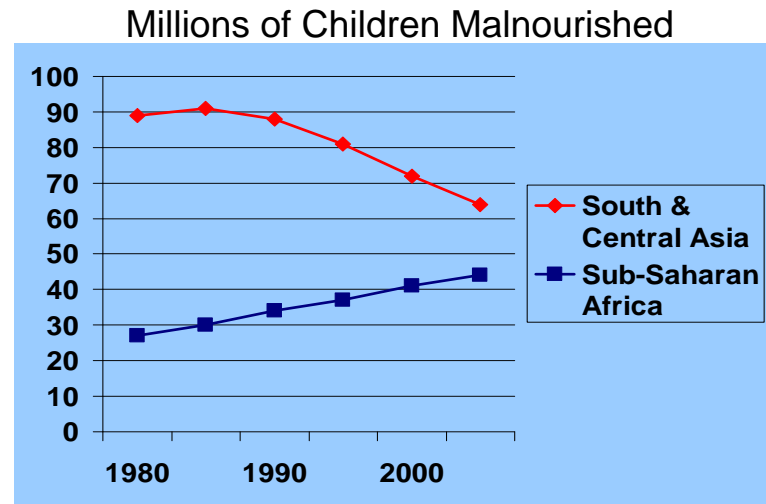
MegaTrends & MegaChallenges

5. Global crises and other unpredictable forces will modify the epidemiology of risk for children
- *e.g.*, “Food Price Crisis” and global economic crisis: increased risk for –
 - *urban poor*
 - *newly unemployed without safety nets*
 - *families depending on remittances*
 - Identified as additional threats by some missions:
 - *global warming* (crop failures, population dislocation)
 - *water shortages*

MegaTrends & MegaChallenges

6. Looking beyond survival – supporting the broader development and well-being of young children

- Beginning with nutrition!

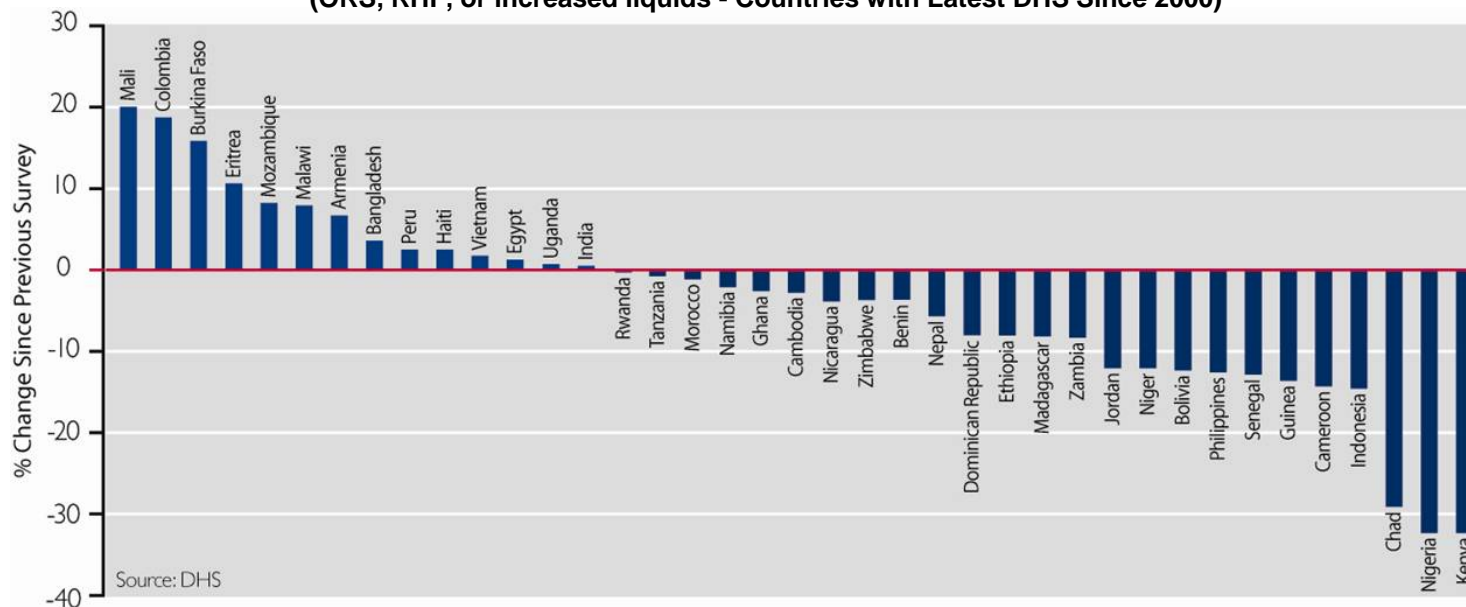


Based on *WHO Global Database on Child Growth & Malnutrition*

MegaTrends & MegaChallenges

Plus – The continuing need to achieve – and sustain – child health impact at scale

Change in Oral Rehydration Therapy Use (ORS, RHF, or increased liquids - Countries with Latest DHS Since 2000)



Eleven of 39 countries with a DHS since 2000 had decreases in ORT coverage of more than 10 percent since their preceding survey



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Technologies and Interventions

Technologies - 1

The fall in malaria burden will affect new technologies

e.g., Malaria Rapid Diagnostics:

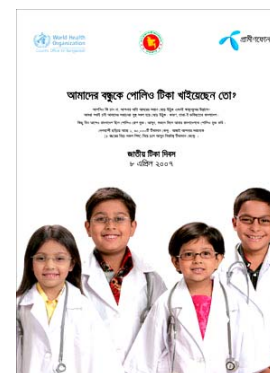
- *Will have a major impact on treatment of both malaria-positive and (especially) malaria-negative febrile children in endemic areas*
- IPTi



Technologies - 2

Communication

- *Almost 2.5 billion mobile phones in developing countries*
- *Africa: fastest growing market*
- *Already being used for surveillance, polio campaigns, reporting, inter alia*
- *Potential links to data and information technologies*
- *Potential for individualized patient education and follow-up*



Technologies - 3

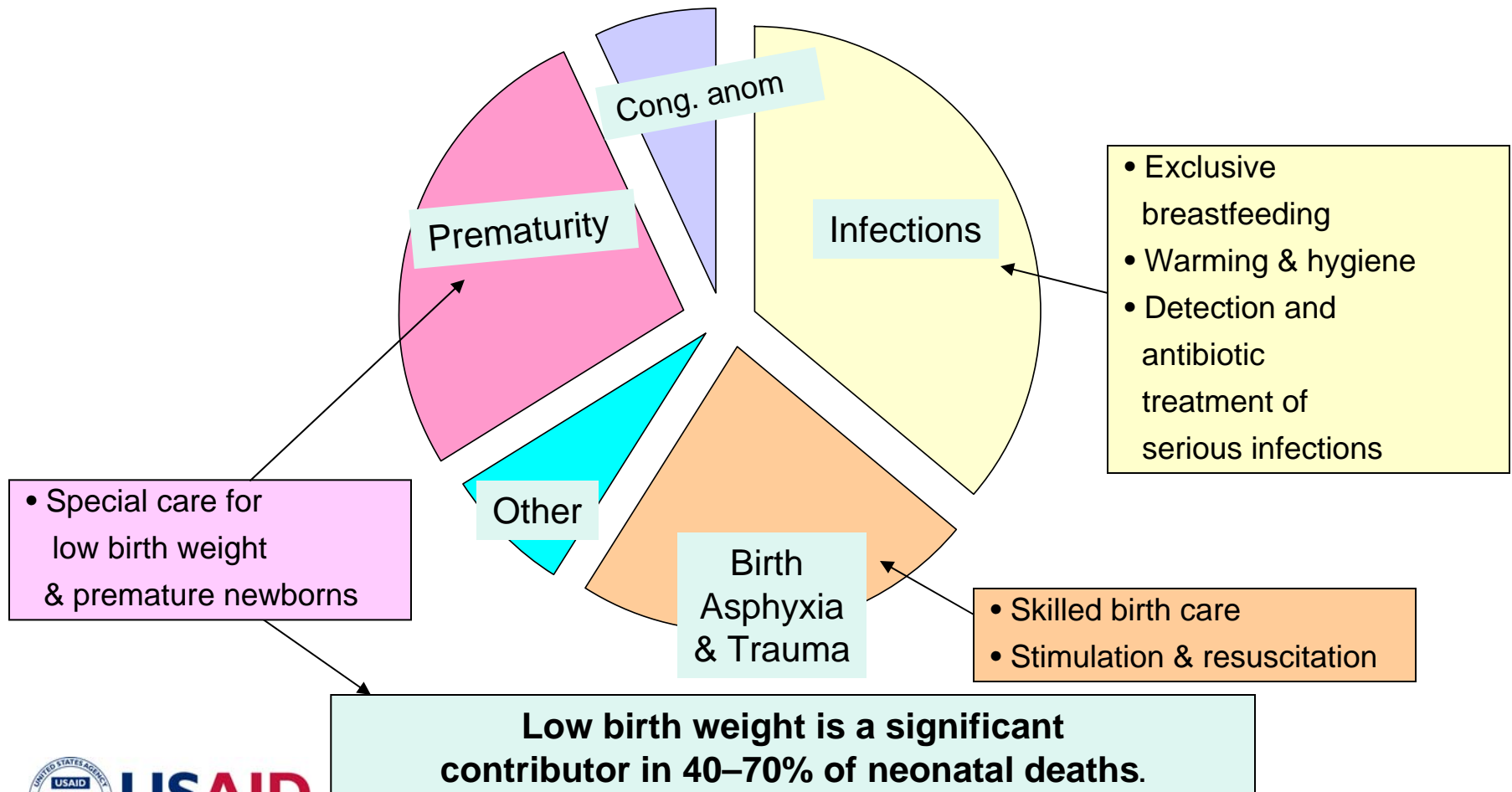
Information

- *Several countries already have internet-based logistics management systems*
- *Clear (and under-utilized) potential for*
 - *epidemiology*
 - *information systems*
 - *management and administration of health systems*
 - *online education and consultation*
 - *widely accessible (secure) patient records*
- *Integration with communication technology*
- *Will require standardization, less vulnerable systems and hardware to be reliable*



Interventions

As with child survival – identifying and responding to the major causes of newborn (and maternal) deaths





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Policies and Politics

(Spanish: “*Política*” – the same word!)

“*Politica*”

International:

- Conflict vs. Negotiation - *conflict kills children!*
- Economic and trade - *agricultural, economic protectionism*
- Links to actions of private (multinational) sector

Country-specific:

- Universal access
- Task shifting
- New era in decentralization



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Financing

Who Pays? Who Should Pay?

- Most costs are now borne in countries themselves
- But most is out-of-pocket, by families (including the poor)
- Most African countries are not near the Abuja targets (15% on health)
- Increasing numbers of donors - countries (China, India, Brazil, others) and private entities
- Innovative financing

The (hoped for) Financing Future

- Increased resources for health by countries themselves
- Better buys and protection for families: *risk pooling, social insurance, safety nets*
 - A key area for technical assistance – easy for insurance schemes to fail if not well designed and managed
- Operationalization of the Paris Principles – *donor-government complementarity within a defined national framework*
- A robust role for the private sector, with appropriate government role – *contracting, regulation and accreditation*

A Systematic Approach to Government-Private Sector Partnerships: South Africa



Other Trends Affecting Children

- Increased threat of pandemics, especially caused by zoonotic agents
- Preparedness and response
- International health regulations

Better Approaches to HSS

- Research into what works
- More accountability and focus
- M&E frameworks
- Building health sub-systems in a trackable, accountable way



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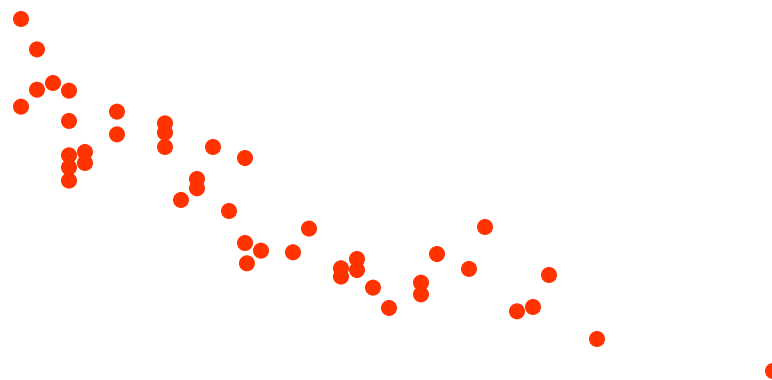
Research

“How” Research

“A major research priority is how to effectively scale-up the successful experiences of many local projects; this area of research has received less attention than the development of new interventions.”

- J. Bryce et al, Lancet, 2003

THE LANCET



Child survival

The Bottom Line

Child Survival will not be “finished” in 2015 or in 20 years.



The Child Survival community, and its inheritors, will need to continue to *protect and promote* the health and well-being of children in the face of *foreseeable and unforeseeable threats and opportunities*.



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Thank you