

1.2 Children's health and well-being

Many issues and shortcomings in health care that lead to death or illness for women around the time of childbirth also affect the health of newborns and young children. Other factors that affect the health and life chances of women – including poverty, inequity, malnutrition and adverse social norms – also profoundly affect their children.

STATUS UPDATE

Survive

The link between maternal health and child health is seen most starkly in the neonatal mortality rate (NMR), which is still both too high and declining too slowly. In 2015, 2.7 million newborns died within 28 days of birth, representing 45% of all deaths among children under five and an NMR of 19 deaths per 1000 live births (down from 36 deaths per 1000 live births in 1990).⁴⁶ The SDGs and EWEC *Global Strategy* target an NMR of no more than 12 deaths per 1000 live births in any country.⁴⁷

More progress was made in reducing the under-five mortality rate (U5MR) than the neonatal mortality rate in the MDG era, with declines of 53% and 47% respectively between 1990 and 2015. However, this fell short of the MDG 4 target of a 66.6% reduction. There still is a high death toll: 5.9 million children died in 2015, largely from preventable causes.⁴⁸ The smallest relative declines occurred in the WHO Eastern Mediterranean Region (48%) and the WHO African Region (54%). The SDG target is a U5MR of no more than 25 deaths per 1000 live births in any country.⁴⁹ Currently, 79 countries worldwide do not meet the SDG target for under-five mortality.

More than half of the decline in the U5MR since 2000 has been achieved by addressing the major causes of deaths in childhood (Figure 5). A 75%



reduction in measles deaths among children under five was achieved, and significant progress made against other major killers such as pneumonia, diarrhoea and malaria, including by substantially scaling up vaccine coverage, addressing environmental factors such as water, sanitation and hygiene, and using insecticide-treated nets.⁵⁰ Malnutrition underlies around half of all child mortality.⁵¹



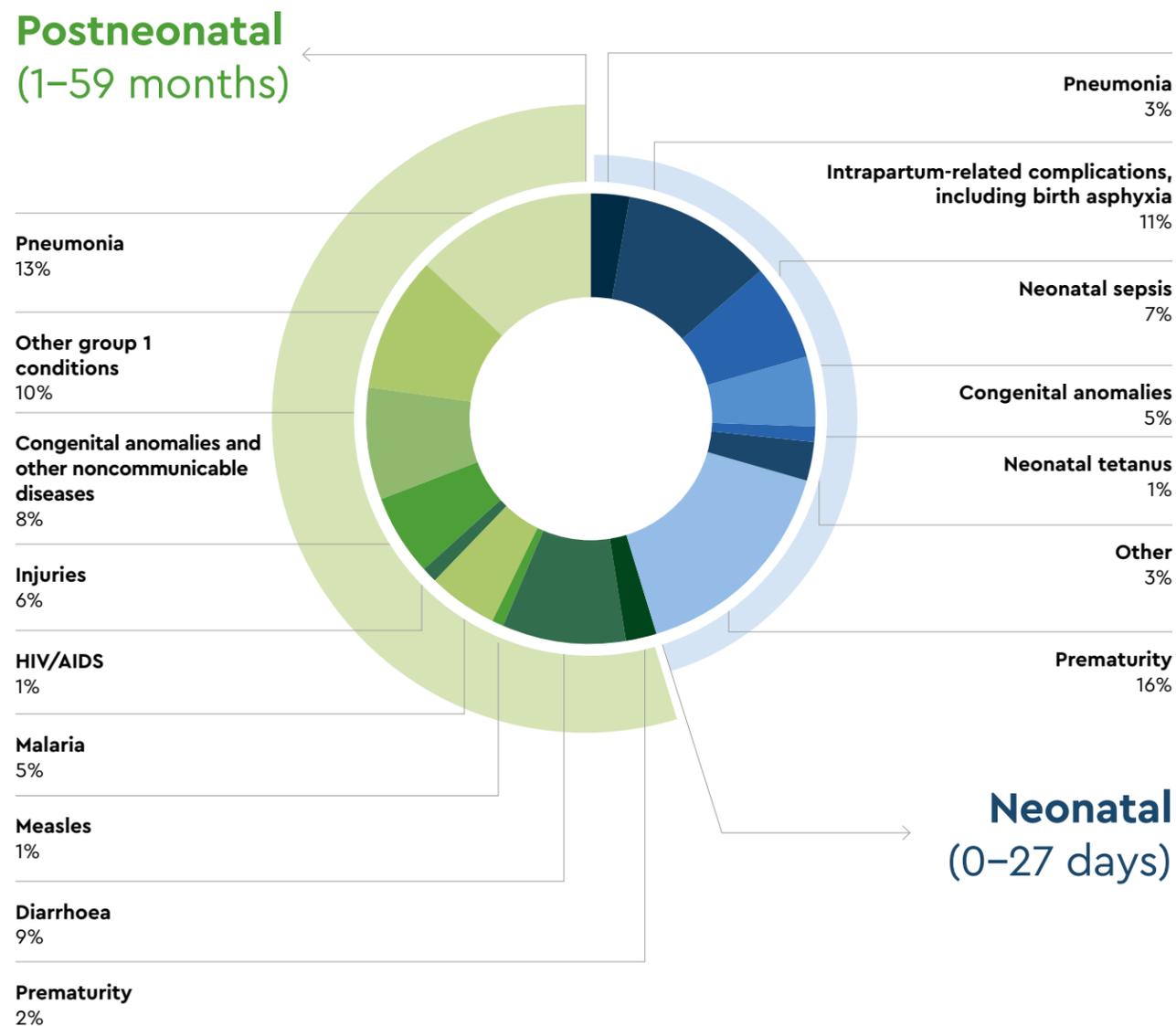
Thrive

Beyond mortality and morbidity, current monitoring systems are generally poor at capturing data about the health and development of children. This makes it difficult to assess whether children are thriving through childhood and into adolescence. However, indirect data clearly indicate several risk factors, such as poverty, undernutrition, lack of access to education and exposure to violence.⁵² The Early Childhood Development (ECD) Lancet series (2016) indicates that 250 million children in low- and middle-income countries are at risk of suboptimal development due to poverty and stunting (Figure 6).⁵³ The effects of undernutrition and stunting can include diminished cognitive and physical development, poor educational performance and reduced resistance to disease.

Significant improvements were made to childhood nutrition during the MDG era. A 44% reduction was achieved between 1990 and 2015 in the proportion of children under age five who were underweight. Globally, stunting declined by 41% in the same period, although the condition still affected an estimated one in four children in 2015.⁵⁴

A poor start in life also affects future generations. It is estimated to cause adults to lose about one quarter of average adult income per year, causing a loss for some countries of twice their current GDP expenditures on health and education.⁵⁵

Figure 5. Causes of deaths in newborns and children under age five



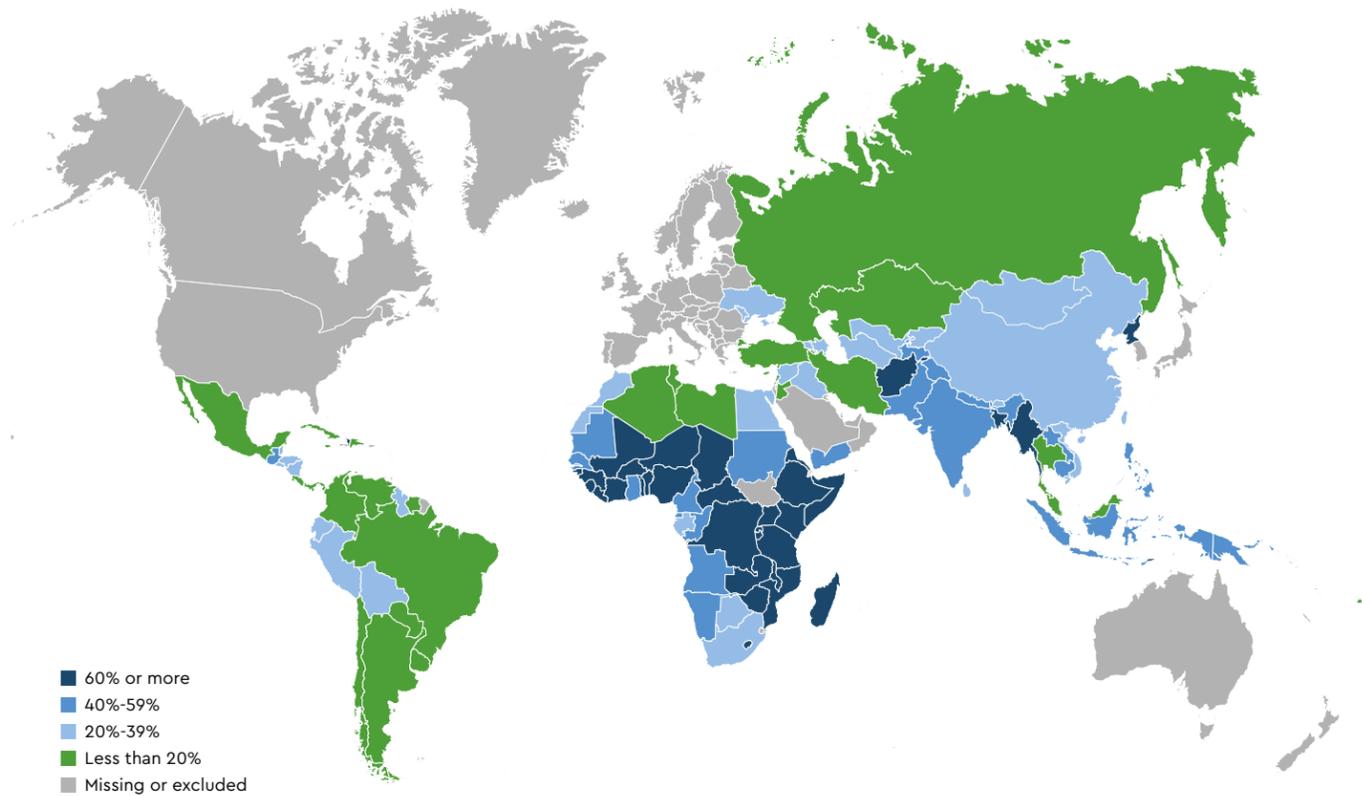
Source: WHO Global Health Observatory data.

250
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are at risk of suboptimal development due to poverty and stunting



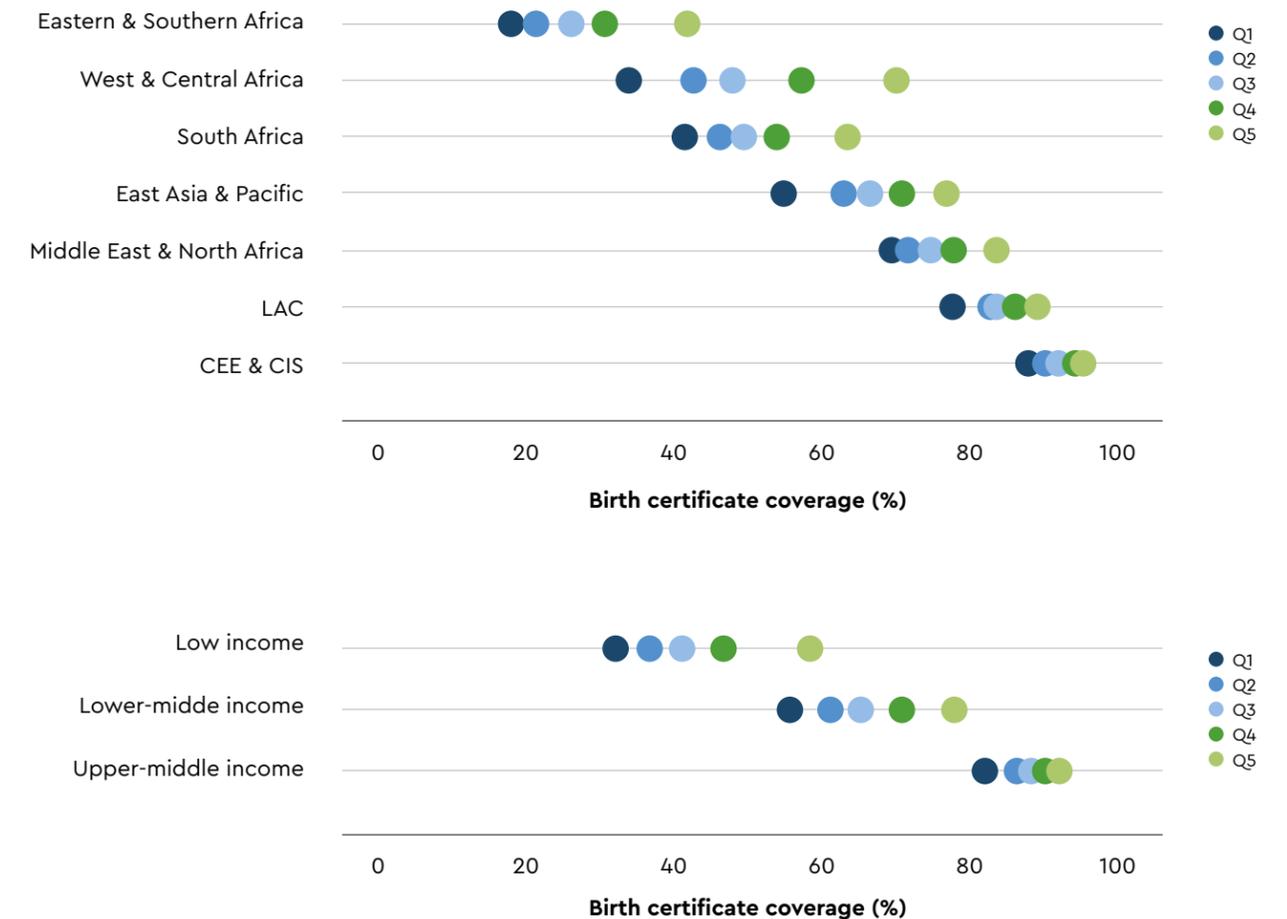
Figure 6. Percentage of children at risk of suboptimal development due to extreme poverty and stunting



Source: Daelmans B, Darmstadt GL, Lombardi J, Black MM, Britto PR, Lye S, et al. Early childhood development: the foundation of sustainable development. *Lancet* 2017;389(10064): 9–11.

America/Caribbean (Figure 7). Coverage is also higher in middle-income than in low-income countries. Within every regional or country income grouping, coverage increases with family wealth. The widest gaps are seen in West/Central Africa and in low-income countries, where birth certification is over twice as high in the wealthiest families (fifth quintile) as in the poorest families (first quintile).⁵⁷

Figure 7. Inequalities in birth registration coverage



Q: wealth quintile; **LAC:** Latin America and the Caribbean; **CEE & CIS:** Central and Eastern Europe & the Commonwealth of Independent States.
Notes: Mean wealth quintile inequalities in birth certificate coverage among children under the age of five years by UNICEF region and World Bank income group. Q1 to Q5 represent five wealth quintiles, from poorest to wealthiest.
Source: Bhatia A, Ferreira L, Barros A, Victora C. *Int J Equity Health*, under review.

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Transform

The human right to a legal identity is violated for many children: worldwide, one in four children under age five has not had their birth registered.⁵⁶ Data from national surveys carried out since 2005 in 94 countries show that birth registration coverage varies substantially between different world regions, with the lowest coverage in Africa and South Asia, and the highest in Eastern Europe/Central Asia and in Latin

The most transformative influences on young children come from nurturing care provided by parents, other family members, caregivers and community-based services. Nurturing care is characterized by a stable environment that promotes early childhood development (ECD) and children's health and nutrition, protects children from harm, and gives them opportunities for early learning, through affectionate interactions and relationships. The benefits of such care and early development are lifelong, and include improved health and well-being, and greater ability to learn and earn.

National policies and legislation are important for providing a long-term stable environment for childhood development. This includes policies such as paid parental leave, and population-based services in a range of sectors, including health, nutrition, education and child and social and environmental protection.

Education delivers recognized benefits, and is a core element of the overall empowerment of girls. Between 1990 and 2015, the average time girls spent in education increased globally from 4.7 years to 7.0 years; however, only 1% of the poorest girls in low-income countries completed secondary school education.⁵⁸ Although the number of out-of-school children of primary school age, both boys and girls, declined globally from 99 million to 59 million between 2000 and 2013, progress has stalled since 2007.⁵⁹

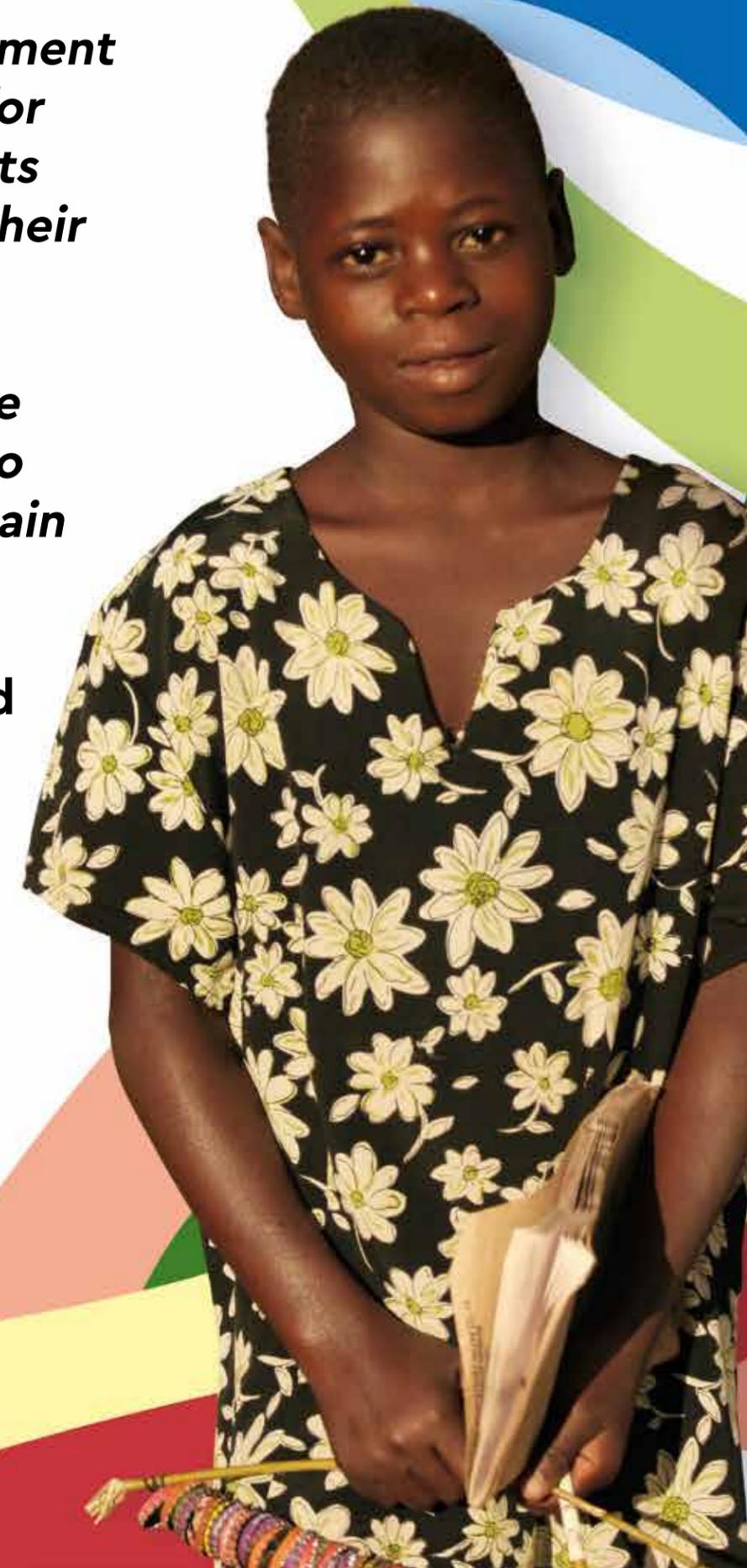
ONLY
1%

**OF THE POOREST GIRLS IN
LOW-INCOME COUNTRIES
COMPLETED SECONDARY
SCHOOL EDUCATION**



Equality, empowerment and participation for women, adolescents and children: it is their right, and our responsibility. I am committed to make this a reality, and to transform and sustain our communities. I support the Every Woman Every Child movement.

H.E. Dame Meg Taylor, DBE
Secretary-General, Pacific Islands Forum
Member of the High-Level Steering Group
for Every Woman Every Child

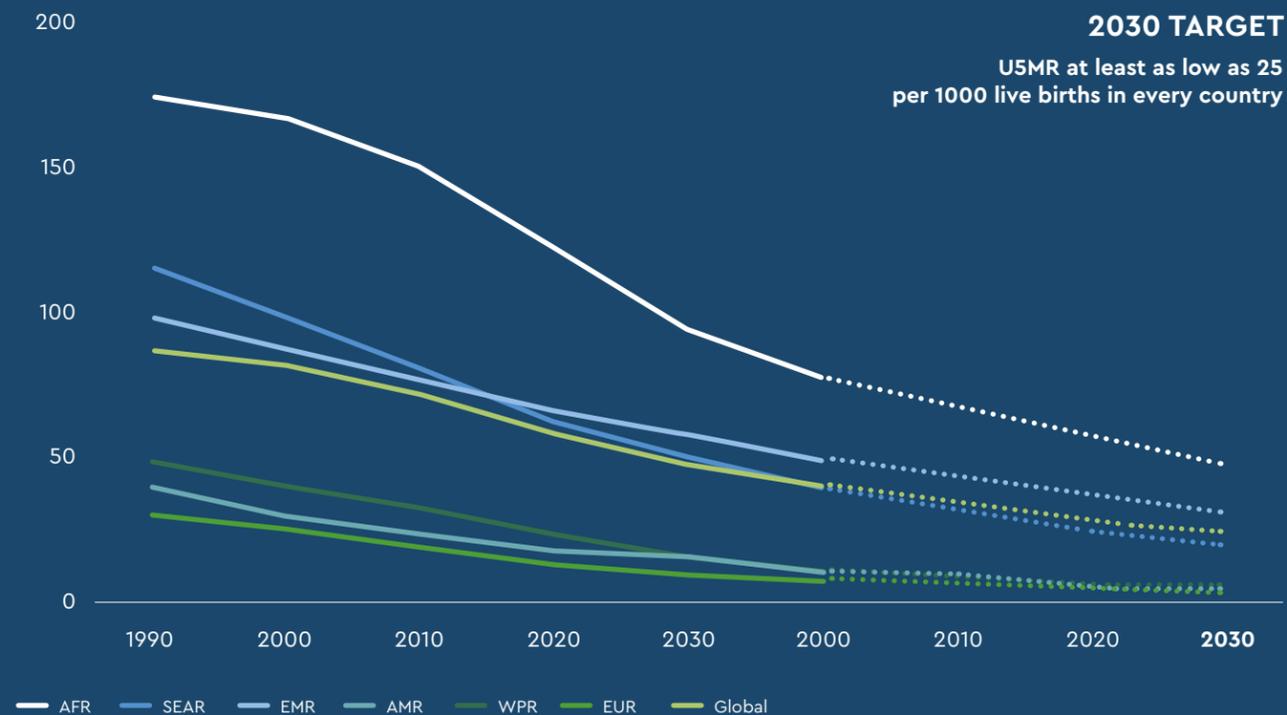


STRATEGIC PRIORITIES

Accelerate action to reduce child mortality

For every country to meet the SDG child mortality target of at least as low as 25 per 1000 live births, much more rapid progress is needed in many low-income countries. Projections of regional U5MRs to 2030 offer an indication of the different rates of progress needed by countries to reach the SDG target (Figure 8).⁶⁰

Figure 8. Projection of under-five mortality rates from 2015 to 2030 by WHO region, based on the annual rate of reduction in countries, 1990–2015



Key: AFR: African Region, SEAR: South-East Asia Region, EMR: Eastern Mediterranean Region, WPR: Western Pacific Region, AMR: Region of the Americas, EUR: European Region.

Source: Calculations based on estimates and ARR provided in: UNICEF/WHO/World Bank/UN. Levels & trends in child mortality report 2015. Estimates developed by the UN Inter-agency Group for Child Mortality Estimation. UNICEF, September 2015.

Prioritize reducing newborn mortality

With newborn mortality reducing at slower rates than child mortality, a specific emphasis is required. Many of the vital interventions for women during childbirth, such as skilled birth attendance, are also key to newborn survival. Implementation of the Every Newborn Action Plan (ENAP) should be prioritized to reduce the NMR.⁶¹ The Quality of Care Network,⁶² described in the preceding section on women's health strategic priorities, also works to strengthen the provision of essential care for newborns and children.

Address inequities in child mortality within countries

High-income and some low- and middle-income countries will achieve child mortality rates of well below 25 per 1000 by 2030. However, there are large inequities in child mortality within many countries that need to be addressed. For example, in the United States, babies born to African American mothers in Wisconsin are nearly three times more likely to die before their first birthday than babies born to Caucasian mothers there.⁶³

Accelerate implementation of the Global Vaccine Action Plan 2011–2020

This is essential to reach the 20% of children globally who do not currently receive at least a basic set of vaccinations against the major causes of childhood illness and death. This requires allaying concerns causing vaccine hesitancy, where they exist, to prevent the resurgence of diseases such as measles.⁶⁴

Emphasize early childhood development

Countries should develop integrated, multistakeholder and cross-sectoral plans to ensure equitable access to good-quality ECD. Families need support to provide nurturing care for young children, including material and financial resources, national policies such as paid parental leave, and population-based services in a range of sectors, including health, nutrition, education and child and social protection.⁶⁵ WHO and partners are working on a new set of metrics and a development framework for ECD.

Expand the breadth of investment

As under-five mortality declines, congenital anomalies, accidents and injuries, overnutrition and childhood obesity, and other noncommunicable diseases are playing a more prominent role among the causes of deaths in childhood. Tracking the incidence of these causes of morbidity and mortality and addressing them with effective interventions providing access to essential services like water, sanitation and hygiene and clean energy will achieve important health benefits.⁶⁶

Focus on empowering girls, including through education

The Lancet series on ECD identifies lack of access to education as one of the risk factors for suboptimal development in childhood.⁶⁷ Countries should commit to providing equal educational opportunities as part of their overall support for the empowerment of girls and women.

Cross-cutting priorities, including social and environmental determinants and birth registration and data, are addressed later in this chapter.