Annex: Mapping of Global Leadership in Child Health

Sub-Saharan Africa Perspective

Introduction

Child health has reached a pivotal point. The launch of the Millennium Development Goals (MDGs) in 2000 was aspirational; the established goals and targets seemed achievable. Moving into the era of the Sustainable Development Goals (SDGs), it is important to be mindful of the achievements of the MDG era as well as the shortfalls experienced while refocusing efforts in child health.

The United States Agency for International Development's (USAID) Maternal and Child Survival Program (MCSP) conducted the study "Mapping of Global Leadership in Child Health" from November 2015 to April 2016 to better understand the evolution of child health as a global health issue since 2000 and to understand its complex network of stakeholders and leaders. Based on reviewed published literature and over 30 in-depth interviews with child health experts, the report explores how leadership might be strengthened and child health repositioned by the community to better attain outcomes in the current time period.

Interviewees also included five representatives from agencies in the sub-Saharan Africa (SSA) region: two interviews with representatives from the World Health Organization (WHO) Regional Office for Africa (coded as "multilateral organization"), two interviews with representatives from the Africa Union/Initiative (also coded as "multilateral organization"), and one from the African Leaders Malaria Alliance (ALMA) (coded as "global partnership"). This small sample was not regionally representative, but the perceptions, concerns, and suggestions from this group of interviewees were considered important enough to present separately in this annex. The following sections include both the statements of those interviewed and results of the literature review performed for the larger study. The hope is that this annex will serve as a valuable addition to the USAID Africa Bureau Team and other interested parties as they review child health strategies and the way forward in the SSA region.

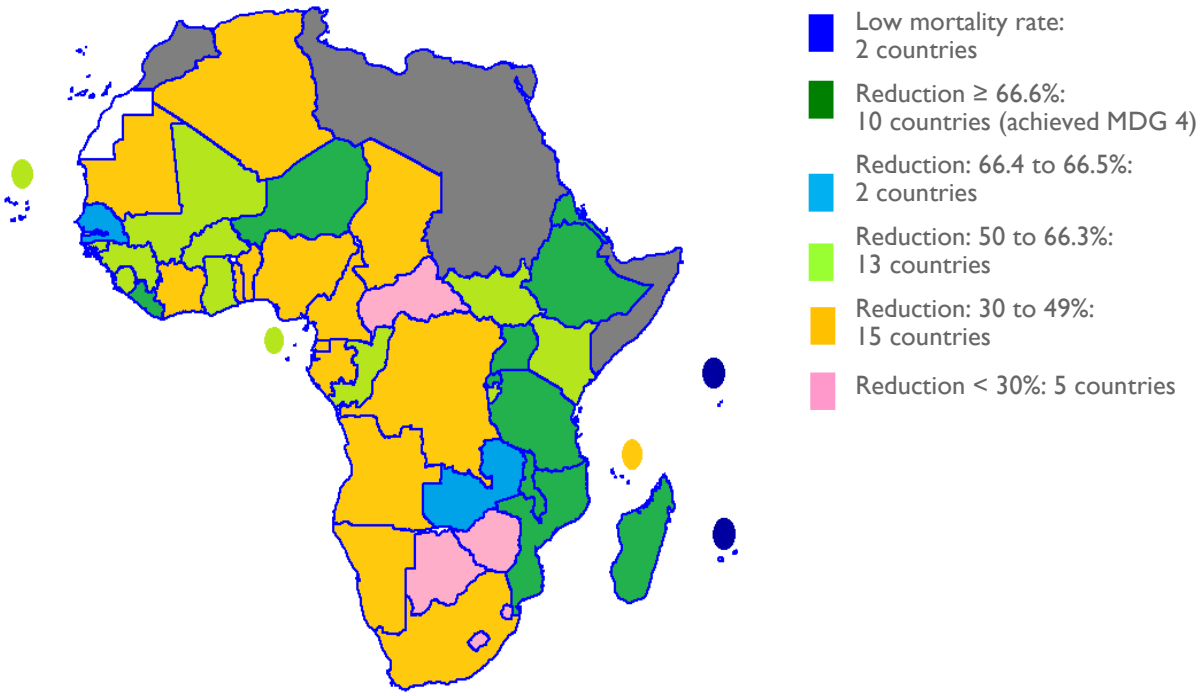
Background

Child Health Successes

The 62 of 195 countries that achieved the MDG 4 target were not necessarily those with the most resources; other factors were critical in the success achieved (Figure A). Rwanda, an example of a country with limited resources but with great leadership and political will regarding maternal and child health, achieved impressive results. To hold countries accountable to these promised targets, the Countdown to 2015 was established as a reminder of annual progress for countries. The joint call for action (established by UNICEF, the World Bank, and many other partners) held countries accountable by producing country profiles and tracking progress on key indicators for the highest-burden countries, together accounting for more than 95% of maternal, newborn, and child deaths. Respondents further discussed how similarly the Partnership for Maternal, Newborn, and Child Health provided momentum, organized efforts, and brought partners together. The Global Action Plan for Pneumonia and Diarrhea brought the child health community together, focusing attention on pneumonia and diarrhea, new vaccines, and on ending preventable deaths by 2025. The

partnership of Every Woman Every Child, launched during the United Nations MDGs Summit in September 2010, was able to leverage resources for maternal and child health.

Figure A. Progress toward MDG 4 - WHO African Region, 1990 to 2015



Source: United Nations Inter-agency Group for Child Mortality, 2015 Report.

However, disparities in child mortality remain, such as for SSA, which continues to have the highest under-five mortality rate (U5MR) in the world. To combat these vast inequalities, global leaders must limit fragmentation by developing clear aims and roles of stakeholders so the child health community can unite behind a unified strategy and not duplicate efforts.

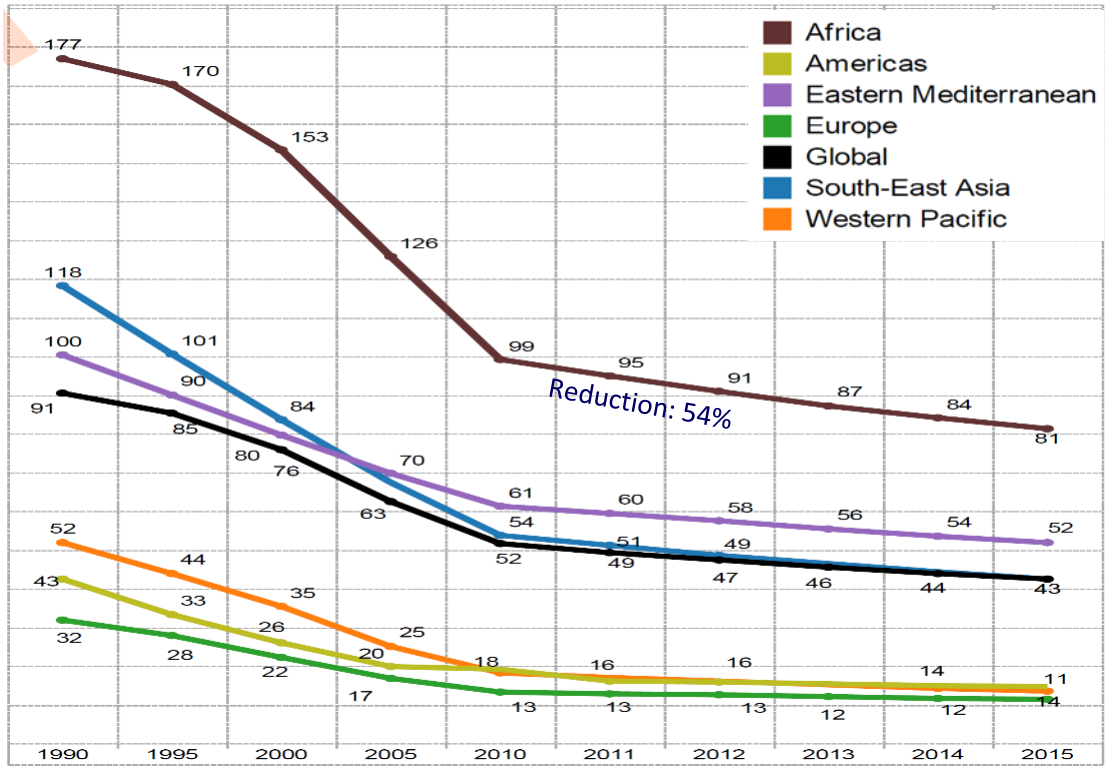
Child Health Issue Characteristics

Severity of the Child Health Problem

Although the U5MR in Africa has decreased 54% between 1990 and 2015, from 177 per 1,000 live births in 1990 to 81 in 2015 (Figure B), compared to other regions throughout the world, Africa still has the world's highest rates of neonatal, infant, and children under-five mortality. In SSA, 60% of child mortality still occurred during the post-neonatal period and was largely preventable. In Nigeria, the Democratic Republic of Congo (DRC), and Ethiopia, which together had the highest number of under-five child deaths, non-newborn deaths represented 67% of all under-five mortality (Figure C).

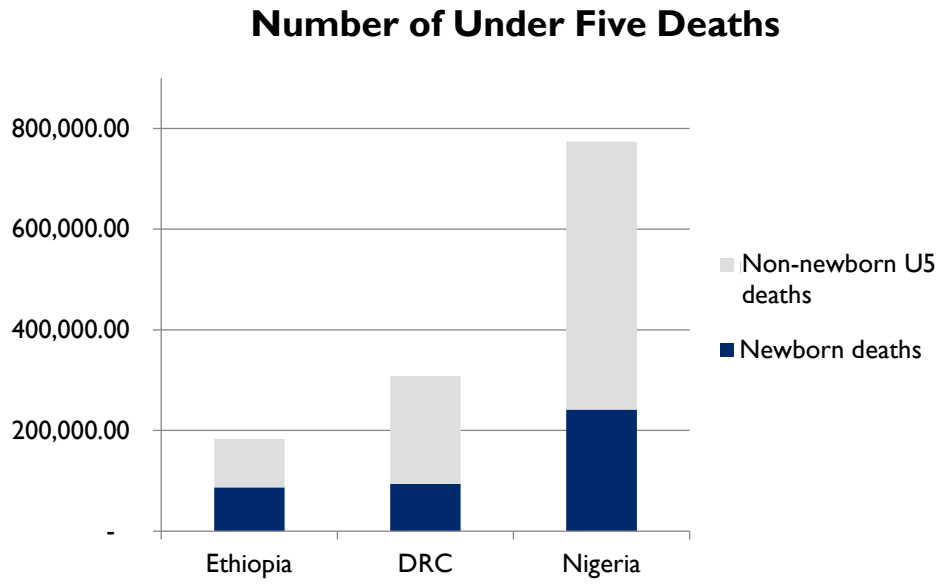
In SSA, although the annual rate of reduction in under-five mortality improved from 1.6% in the 1990s to 4.1% in 2000–2015, the region still has an unacceptably high number of child deaths: 1 of 9 children dies before age five, more than 16 times the average for developed regions (1 in 152).

Figure B. Trends in under-five mortality rates by region, 1990-2015



Source: United Nations Inter-agency Group for Child Mortality, 2015 Report.

Figure C. Newborn deaths as a fraction of under-five deaths in Ethiopia, the DRC and Nigeria

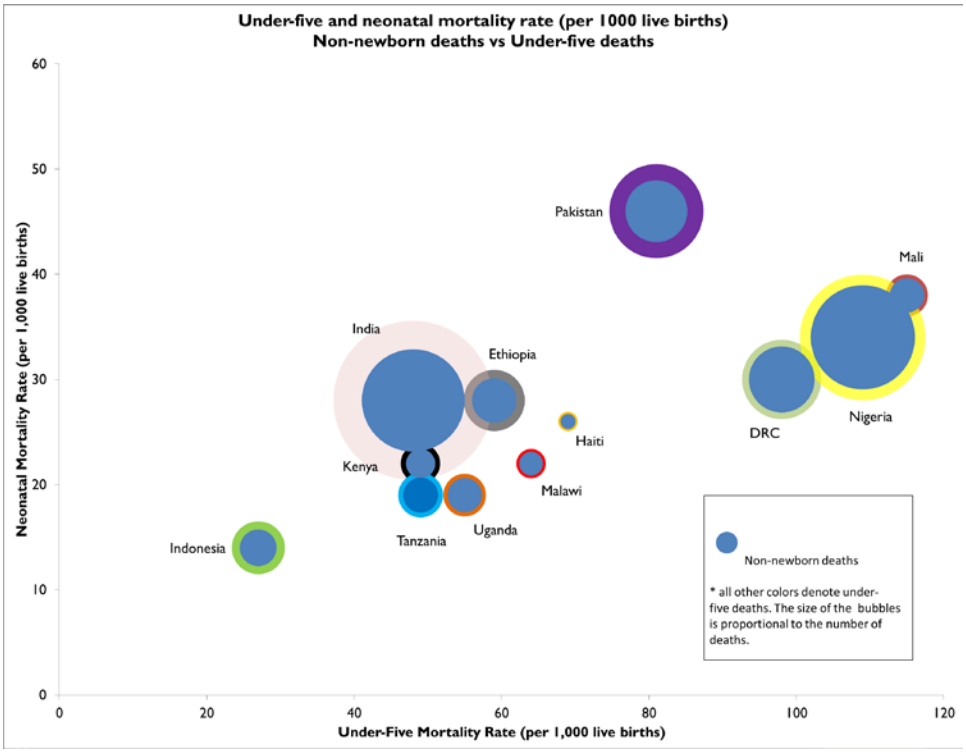


- …Interest in maternal newborn and child health has really only taken place in the last five years…but if this had happened early, 15 years ago, today the continent would be very far in terms of reaching the MDGs, because we should have met all the MDGs. I think where we missed an opportunity was in terms of funding maternal, newborn, and child health (MNCH). (multilateral organization, region)
- Child mortality in some countries in the African region is still the highest proportion of deaths in children under five years of age. It is important to remind ourselves of this and keep the momentum going. (global partnership, region)
- Neonatal deaths have decreased over the last years by 28%, but at a much slower pace [than under-five deaths]. It is important to continue the effort, advocacy for the neonate, and to do more. (multilateral organization, region)

Neonatal mortality across the sub-Saharan African region has declined at a slower rate than post-neonatal and child mortality. Although the neonatal mortality rate is now 50% or more of U5MR in the rest of the world, post-neonatal and child mortality continue to be high and together are still over 60% of the total U5MR in most of the countries in the sub-Saharan African region (Figure D).

When considering absolute numbers of preventable child deaths, some countries contribute significantly more than others, not only based on their high neonatal, infant, and child mortality rates, but also on the size of their populations and their annual birth cohorts. Figure D compares the total burden of neonatal and under-five mortality in some key countries to illustrate how in Africa non-newborn deaths (or post-neonatal mortality plus child mortality) still far outnumber neonatal deaths. As shown in Figures C and D, the SSA countries with the largest numbers of child deaths each year were Nigeria, DRC, and Ethiopia—each with more than 100,000 under-five deaths annually. In general, the U5MR decreased less dramatically in these countries over the past 25 years because not only has the neonatal mortality rate failed to decline, but their post-neonatal and child mortality rates continue to be higher than in other African countries.

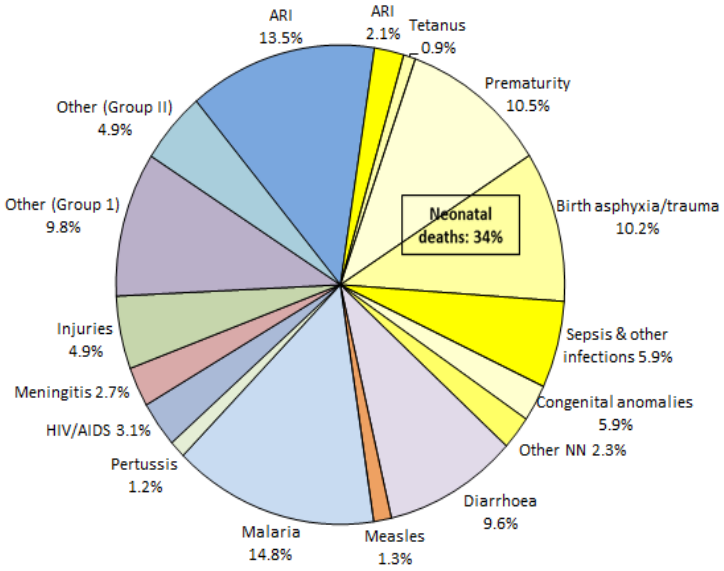
Figure D. Under-five and neonatal mortality rate (per 1,000 live births) and non-newborn deaths vs. under-five deaths



Regional Characteristics of Child Mortality

In 2015, the top three causes of post-neonatal death in the region were malaria (14.8% of U5MR), acute respiratory infection/pneumonia (13.5% of U5MR) and diarrhea (9.6% of U5MR). For newborns, the top causes of death were prematurity (10.5% of U5MR), birth asphyxia/trauma (10.2% of U5MR), sepsis and other infections, including acute respiratory infection (8% of U5MR).

Figure E. Major causes of death in children under five in the African Region, 2013



Source: United Nations Inter-agency Group for Child Mortality, 2015 Report

Effectiveness of Solutions

- Malaria: There was a 68% reduction in U5M in Africa, and it [malaria] contributed 20-25% reduction in U5M globally. Clearly, the success against malaria has been massive and contributed to Africa and globally. The distribution of bed nets was very effective, treatment was important but to a lesser degree. (global partnership, region)

Although it was once the most prevalent cause of under-five mortality in SSA, malaria rates have decreased due to the success of control measures, particularly through the distribution of long-lasting insecticide-treated nets; however, access to treatment has lagged behind. Regional respondents indicated that initiatives like the President's Malaria Initiative and the Global Fund have been instrumental to this success. The Global Fund links the disease-specific interventions with health systems strengthening and capacity-building, and more recently, under the Global Fund New Funding Model, countries can use Global Fund financial support to strengthen integrated approaches such as integrated community case management (iCCM) for malaria case management. However, respondents also pointed out that the Global Fund did not provide for commodities for treatment of important childhood illnesses such as pneumonia and diarrhea.

- Measles mortality reduction has been a great contribution. (multilateral organization, region)
- Immunization programs are well targeted, get resources, and have government buy-in/ ownership. Countries procure of most of the vaccines and are able to measure it. The buy-in seen for immunization is not comparable with other MNCH interventions.(global partnership, region)

Immunization programs had been effective because they had built a demand for services, had adequate support systems, clear targets, and sufficient resource availability. There was an effective monitoring system, and there had been increasing country ownership, responsibility, and accountability. Measles immunization

coverage had a huge impact on child mortality rates. Additionally, the immunization coverage strategy of Reaching Every District was identified as one of the most important successes and legacies of the global immunization program.

- Case management: … moving forward into more recent years, rolling out iCCM and getting those into policy, things like antibiotics being allowed to be used at the community level, zinc, etc. (global partnership, region)
- HIV and Preventing mother-to-child transmission: important impact, especially integrating the child in antiretroviral treatment guidelines (multilateral organization, region)

Furthermore, multiple regional respondents suggested that pneumonia case management, neonatal interventions and, in high-burden countries, the prevention of mother-to-child transmission of HIV and the early detection and treatment of pediatric HIV infection were other interventions that contributed to the reduction in under-five mortality.

Leadership and Coordination

Although the SSA interviewee sample was too small to generate findings representative for the sub-continent, a number of agencies and individual leaders were mentioned when respondents were asked about current and past child health champions.

Multiple respondents mentioned the current **United Nations Secretary General**, Ban Ki-moon, as an important champion for child survival worldwide. He was credited with creating significant momentum when the MDGs were launched in 2000, and again through his leadership championing the Every Woman Every Child strategy in 2010, when achieving MDGs 4 and 5 seemed almost impossible. One respondent in particular discussed how the United Nations Secretary General continues to be an important leader in the African region. His support for the SDGs and the establishment of accountability mechanisms were seen as other important steps in the effort to end preventable child deaths.

Similarly, the **African Union** was mentioned as having promoted international cooperation among member states to achieve improved health outcomes for the people of Africa through campaigns and setting spending targets. Two regional respondents specifically cited the meeting of African Union country representatives in Abuja, Nigeria, in April 2001 where they pledged to set a target of allocating at least 15% of their annual budget to improve the health sector. Rwanda and South Africa were the only two countries to achieve these targets, but 27 other African Union countries increased their total government expenditures for health services[1]. A regional respondent further mentioned the creation of the **Campaign on Accelerated Reduction of Maternal Mortality in Africa** by the African Union Commission in 2009 to address maternal mortality rates in African countries as being an important milestone. In 2011, it was expanded to include newborn and child health survival measures. The campaign has promoted child health through increased messaging and knowledge sharing, as well as intensification of efforts to decrease child mortality in Africa.

Another regional respondent acknowledged leaders in the African region, the **ALMA,** a coalition of 49 African heads of state and governments working across countries and regional borders to eliminate malaria by 2030. Perceived as a successful model, ALMA has provided leadership across the region by encouraging greater accountability for MNCH outcomes through country MNCH scorecards. A regional respondent felt that the implementation of score cards was highly effective as a mechanism for following up on commitments and showing progress at country level. Other than the scorecards that ALMA and others have helped countries to adapt and adopt, respondents felt that there were no other clearly defined accountability mechanisms at the country level.

Interviewees indicated that the presence of **WHO and UNICEF regional and sub-regional offices** was important in child health leadership in the African region. Some indicated that UNICEF had a relevant role at

[1] The World Health Organization Abuja Declaration: Ten Years On. Available at: http://www.who.int/healthsystems/publications/Abuja10.pdf

the country level where most of the coordination with stakeholders takes place. WHO, in contrast, has well-established sub-regional offices that cover the entire African region. Respondents felt that their role in partner coordination was not well defined and perceived them as being technically and politically weak. Nonetheless, at the country level, regional respondents felt that WHO can be an important broker of this coordination with both governments and stakeholders.

Challenges

- In Africa, we have been complacent as a region. Political leadership didn't realize what was at stake in the MDGs… one great success is that 10 countries achieved MDG 4 and another 15 countries reduced mortality. We could have achieved better, but others didn't internalize and focus on interventions seriously. (multilateral organization, region)

Respondents providing a regional perspective indicated that child health was not high on the African health agenda until 2010, when the United Nations Secretary General called for a push to achieve MDGs 4 and 5. These goals were viewed as a priority for all regions, but especially for the African region, given its high rates of child mortality. The fragmentation observed in the child health community at the global level was also perceived at the regional level.

Although there was an increasing commitment from African leaders in terms of MNCH, regional respondents felt that this commitment did not always translate into country action. Therefore, there was an important role for actors at the regional level to advocate for MNCH issues in high-level meetings.

- Basic packages of MNCH services do not reach every child everywhere—equity is a problem. (multilateral organization, region)
- There is sound evidence that oral rehydration solution and zinc are effective and inexpensive treatments for diarrhea, but there is oral rehydration solution stagnation and many children continue dying of diarrhea. (multilateral organization, region)

Looking to the future, regional respondents indicated the importance of having a comprehensive, integrated MNCH strategy that reaches every mother and child, from health facility to community level. Country MDG progress reports highlighted inequities in the coverage of health services in the region, and disparities in the resources available to improve access and increase demand. A regional respondent felt that these country-specific progress reports would be instrumental in the development of an integrated regional or global strategy.

Despite focusing on interventions that cover the most prevalent causes of child mortality and morbidity, respondents mentioned that there has been less focus on nutrition and neonatal interventions than these problems merit. Multiple respondents further commented on the disappointing trends in oral rehydration solution and zinc use for the treatment of diarrhea. All of these were considered missed opportunities in the effort to achieve the MDG 4 target in many SSA countries.

Since 2010, activities around nutrition and neonatal health were felt by regional respondents to have been more visible, and there have been many successful community case management programs targeting diarrhea, pneumonia, and malaria. However, despite the advances in neonatal health, it has become clear that high-impact services for the newborn need to move beyond the classic service delivery points like hospital settings and into the community.

- The implementation needs of evidence-based interventions, integrated in national strategies, was often not matched with funding…(multilateral organization, region)

Limitations

The lack of information from the country level makes it impossible to draw general conclusions about leadership or perceptions of leadership in the Africa region. However, the five interviewees expressed important insights about the need for coordination to move down from global and regional levels as interventions happen at the country level.

Future Coordination

From the SSA perspective, global and regional coordination continues to be important, especially to support integration and harmonization among donors and partners. Possible changes in development assistance after the MDGs, as well as regional coordination and roles will need to be further explored and defined. For MNCH, the regional level organizations could support the identification of regional standards and basic interventions as guidance for partners and countries. Interviewees felt that regional-level coordination would also contribute to the harmonization process among partners and donors and reinforce messaging and advocacy.

With the introduction of the SDGs, the country level has become the main focus for intervention and coordination efforts, increasing the importance of country ownership and leadership of child health programs. According to one regional interviewee, partners should align with national/country policies and strategies and be responsive to their needs, instead of driving or imposing their own agenda. To assure effective coordination at the country level, a common coordination platform should be established, led by high-level country representatives, to facilitate harmonization and partner alignment. Given the scope of the SDGs and Every Woman Every Child, cross-sectoral coordination at the country level should be encouraged. The perception was that the success or failure of a coordination mechanism or group often boiled down to the personalities of those involved in it. Among those interviewed for this exercise, it was acknowledged that existence of a coordination platform did not necessarily assure effective coordination; there was a need to have the right people at the table and they must be motivated to coordinate.

The new funding mechanisms around reproductive, maternal, newborn, and child health were not clearly defined and added to some degree of uncertainty at the country level. The Global Funding Facility provided countries with funding opportunities while pushing the reproductive, maternal, newborn, and child health agenda forward, enabling coordination mechanisms at the country level. However, the regional interviewees did not consider funding to be sufficient. Technical assistance will also be required if countries will achieve the expected results. Participants in the interview voiced the opinion that this technical assistance responsibility should be given specifically to the United Nations organizations, using a similar mechanism as established by Gavi, the Vaccine Alliance, as well as to other supporting agencies like Save the Children Fund or the Last 10 Kilometers Project among others.

International and regional meetings and forums have been highly valued in the past and were considered by interviewees to be important in the future to strengthen the regional role, influence high-level leaders, and share information across the continent. Such meetings and forums would provide a space to bring partners together on a periodic basis to discuss the way forward with child health programs. Forums like this could also institutionalize accountability measures, which have become increasingly important. Lastly, it would create an opportunity for high-level leaders and champions to determine the best way to hold countries accountable to SDG targets and measure success.

Future Strategy Suggestions

Availability of child health funding was just one aspect of consideration for support to child health interventions in countries. Nongovernmental organizations and civil society organizations have received important funding in the past, but often the scope of their work and coverage were limited, resulting in limited impact when it comes to national statistics. Also, more recently, questions around equity and reaching the underserved have arisen and need to be appropriately addressed. Interviewees consider that program implementation should follow three principles: 1) *scale up* interventions to serve those who targeted to receive them; 2) accelerate the *speed* of introduction or scale-up; and 3) raise the *standard or quality* of care.

For future coordination of child health programs in SSA countries, country leadership and ownership are essential. This requires building of capacity, defining roles and responsibilities, and establishing effective harmonization mechanisms. It is important to enhance government commitment and engagement, and leadership should be linked with commitment and accountability. Global harmonization among partners and programs should respond to the idea of "one plan, one strategy." Similarly, child health interventions and approaches need to link with other programs, especially those that impact child health such as female education.