MDGS to SDGS: what next for women & children’s health?

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Launch of CICH Imperial
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Millennium Development Goals

“One of the great successes of human history especially for the effect on women’s and children’s health” - Ban Ki-Moon, United Nations Secretary General
At the end of the Millennium Development Goals era...

Almost 9 million deaths of women and children, 6 million related to pregnancy and birth
Progress to MDG 4 for child survival globally, 1990 to 2015

6.4 million fewer child deaths, progress still accelerating
Slower for neonatal deaths, now 44% of under-five deaths
Most of the reduction in child mortality worldwide is from INFECTIONS (pneumonia, diarrhoea, measles, malaria)
9 of the 10 fastest reducing causes of child death are INFECTIONS...

But not all due to immunisation coverage... Look at 3 examples
AIDS child deaths reducing 6.7% a year
Now ~100,000 deaths annually

**Prevention** Mother-to-Child-Transmission (PMTCT)
- 67% ARV coverage (2013)
- From zero ARV coverage (2000)
- Still challenges on infant feeding approaches

**Treatment** of HIV+ Children
- 34% ARV child coverage 2013
- Yet 64% ARV adult coverage

**Risks**
- New infections in adolescents ~800,000 new infections <24 yrs old, especially girls
- Societal barriers...

Not easy!!
Major health system and societal complexity.
Yet major investment, innovation & leadership
and unprecedented level of ambition....
Countdown to Zero
Malaria child deaths reducing 4.5% a year  
Now ~450,000 deaths annually

<table>
<thead>
<tr>
<th>Prevention with Insecticide Treated Bednets</th>
<th>Treatment of Malaria in Children</th>
<th>Risks and gaps</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 49% coverage (2013)</td>
<td>• Rapid Diagnostic Tests 160 million (2013)</td>
<td>• Drug / insecticide resistance</td>
</tr>
<tr>
<td>• From 3% (2000)</td>
<td>• ACT courses 392 million (2013)</td>
<td>• Risk of severe disease with changing immunity</td>
</tr>
<tr>
<td>• 214 million bednets (2014)</td>
<td></td>
<td>• Gap still for malaria prophylaxis in pregnancy</td>
</tr>
</tbody>
</table>

Major investment (USD2.7 billion/yr), innovation & leadership  
Potential from further innovations (eg vaccines)
Pneumonia & Diarrhoea child deaths reducing by around 5% per year

**Prevention**
- Water and sanitation improvements
- Breastfeeding
- Vaccines especially measles, pneumo and now rotavirus, BCG

**Treatment**
- ORS and zinc for diarrhoea now 49% coverage
- Simpler antibiotic therapy including community level
- Treatment of TB slower progress

**Risks**
- Ongoing low level of attention and investment apart from vaccines
- Antimicrobial resistance
- Environmental challenges

Major scope still to reduce deaths and cases but limited research apart from regarding vaccines

Key to also address to environmental and societal change.
**WHAT do children die of?**

Global causes of child death for 2013

- Neonatal pneumonia: 2%
- Preterm birth complications: 15%
- Intrapartum-related events: 11%
- Sepsis or meningitis: 7%
- Congenital abnormalities: 4%
- Other neonatal disorders: 4%
- Tetanus: 1%
- Diarrhoea: 9%
- Measles: 2%
- Injuries: 5%
- Malaria: 7%
- Pertussis: 2%
- Meningitis: 2%
- AIDS: 2%
- Other disorders: 15%
- Pneumonia: 13%

Neonatal Death: 44%

Preterm birth now top cause of CHILD deaths

Also important cause of disability and loss of human capital

Beyond survival

The world you are born into determines your survival and your risk of disability

In low income countries the major challenge is still survival
BUT in middle income countries disability is increasing
Must track and minimise disability as we scale up more complex neonatal care

Lawn et al http://www.nature.com/pr/journal/
Every Newborn Series

5 papers
6 comments
55 authors from 18+ countries
60+ partner organisations

Every Newborn Action Plan
Based on the evidence from the Series
Co-led by UNICEF & WHO, Launch June 2014
Consultation >60 country governments
>80 organisations, >1000 individuals
World Health Assembly 2014 resolution
One year after, already policy and programme change in at least 20 high burden countries

Main funders: Bill & Melinda Gates Foundation, USAID, Children’s Investment Fund Foundation

Ending preventable maternal mortality

Strategies toward ending preventable maternal mortality (EPMM)

At the core of good health programmes for women and children is health...
PRIORITIES
WHERE? Africa carries the heaviest burden

By 2030

Africa will have one third of the world’s births (assuming ongoing increases in family planning use)

BUT

Over 60% of the world’s child deaths
## WHERE?

Countries with highest neonatal mortality rates & those with biggest numbers

### Countries with highest neonatal mortality rates

<table>
<thead>
<tr>
<th>Country</th>
<th>Mortality Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central African Rep</td>
<td>40.9</td>
</tr>
<tr>
<td>Mali</td>
<td>41.5</td>
</tr>
<tr>
<td>DR Congo</td>
<td>43.5</td>
</tr>
<tr>
<td>Lesotho</td>
<td>45.3</td>
</tr>
<tr>
<td>Angola</td>
<td>45.4</td>
</tr>
<tr>
<td>Guinea Bissau</td>
<td>45.7</td>
</tr>
<tr>
<td>Somalia</td>
<td>45.7</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>49.5</td>
</tr>
</tbody>
</table>

### Countries with biggest numbers of neonatal deaths

1. India (779,000)
2. Nigeria (267,000)
3. Pakistan (202,400)
4. China (157,400)
5. DR Congo (118,100)
6. Ethiopia (87,800)
7. Bangladesh (75,900)
8. Indonesia (72,400)
9. Angola (41,200)
10. Kenya (40,000)

**As many newborn deaths in 1 day as all Ebola deaths so far this epidemic**
Countries making progress for newborn survival?

Countries in dark red are making slowest progress for newborn survival, 29 countries need to at least double progress to meet post 2015 targets

- **Peru**: Financial protection measures, health insurance, & linking data to action.
- **Malawi**: Workforce planning increased numbers and specific skills
- **Nepal**: Dynamic leadership, innovative interventions at community level, plus family planning

**BUT in every region there are countries with rapid progress**

Source: Lawn et al. Lancet Every Newborn series, paper 2
PRIORITISING WHAT TO DO FIRST
WHEN?

For women, stillbirths, newborns, highest risk is at same time

- 1.2 million intrapartum stillbirths
- >1 million neonatal deaths
- ~113,000 maternal deaths

“The two most important days in your life are the day you are born ...and the day you find out why.”

Mark Twain (1835-1910)

Birth day

Birth is the time of greatest risk of death and disability
TRIPLE return on investment – quadruple if count development outcomes
Risk of dying on your birth day

... Industrialized countries (37 with high quality data)

USA ranked 34th
UK ranked 26th

In rich countries, the first day is proportionately even more important ... especially with a high preterm birth rate
What return on investment?
3 million lives could be saved per year with universal coverage

Source: The Lancet Every Newborn series, paper 3

2 of the 3 MILLION
POTENTIAL LIVES SAVED / YEAR
Running cost $1.15 per person
QUALITY gap for facility births

Could save 2 million lives a year by closing this quality gap for births already in facilities

Health system change especially midwives and neonatal nurses

Important to better measure and address hospital acquired infections

Source: Lancet Every Newborn series, paper 3 and 4

THE LANCET
Immediate care for every newborn: Essential newborn care

- **Cord care**
  - Delayed cord clamping (15 RCTs)
  - Cord care including chlorhexidine cleansing if appropriate (3 large RCTs from Asia, WHO guidance context specific)
  - Handwashing and hygienic practices (multiple studies)

- **Breastfeeding**
  - Exclusive breastfeeding (multiple studies, multiple positive outcomes)
  - Immediate breastfeeding (analyses of descriptive data)

- **Thermal protection for term infants**
  - Skin to skin care, delayed bathing etc (limited low quality evidence)

**Mis-match of evidence with action for “simple” things**
Eg handwashing, breastfeeding

www.everynewborn.org #EveryNewborn
What works in community settings?
POTENTIAL (AND RISK) POST 2015
Health at the heart of the MDGs 4,5,6

Learning from the MDGs

RESULT HEADLINES

Progress for every goal at least at global level

Accelerating especially last 5 years

Improved data, with at least 79 countries having time series data for 18 or more of 22 core indicators

Increased funding, particularly for women’s & children’s health

BUT...
Donor funding for MNCH (tracked by Countdown to 2015)
Major mis-match with burden

The word “Stillbirth” or “fetal” occurred < 5 times in 250 million donor disbursements, 2003 – 2010, despite 2.6 million stillbirths

2003: $52 million
2010: $ 613 million
1,573 projects mentioning “newborn”

Over 2/3rds for immunisation, HIV and malaria

10% of ODA for MNCH mentions “newborn”
From 8 MDGs to …17 SDGs (Sustainable Development Goals)

Making the case for health will have to be smarter – economic, environmental
ENDING PREVENTABLE CHILD AND MATERNAL DEATHS BY 2030
(and being able to measure!)
Ending preventable child and newborn deaths

Mortality targets in Every Newborn Action Plan and A Promise Renewed

EVERY NEWBORN TARGET BY 2030:
National neonatal mortality rate of 12 or fewer

From 2.8 to 0.8 million neonatal deaths
~100 countries have already met the target – focus on equity gaps
About 29 countries will have to more than double their rates of progress

Source: Lancet Every Newborn series, paper 2
Ending preventable maternal deaths
Maternal mortality target also included in Every Newborn Action Plan

Global average MMR of 70 per 100,000 with different targets for different countries
Also targets for sexual and reproductive health
From 2.6 to 1.1 million stillbirths

Aligned with neonatal mortality target but more ambitious change needed

56 countries need to at least double their rate of progress... BUT still not mentioned in any SDG document
WHAT DO WE NEED TO DO DIFFERENTLY?
What to do differently?

Intentional leadership development
Emphasize leadership in countries with highest burden

Increase the voice of women
Promote women’s rights, support them to raise their voices for accountability; increase attention to respectful care

Increase implementation and investment
Address health system bottlenecks, integrate and invest in Quality of Care

Improve indicators & metrics
Ensure sufficient data and monitoring to meet 2030 Targets, measure progress and impact

Investigate critical knowledge gaps
Collaborate and build the evidence base

Integrated care and also integrated science along the research pipeline

Epidemiology & epigenetics, social science & implementation

**Adolescents & young people**
... Healthy transitions especially for girls
..... Reducing risks, providing services

**Births**
... Family planning, reproductive health
..... Care at birth for women and babies
....... Healthy start

**Children**
... Survive and thrive
..... Optimal nutrition and growth
....... Child development
LSHTM MARCH Centre
Massive Open Online Course - Free

Improving the Health of Women, Children & Adolescents

2nd Cycle opens Feb 29th 2016
1st cycle in late 2015 had >10,500 participants

@joylawn
@LSHTM_MARCH  march.lshtm.ac.uk
We have the potential to transform survival and health for EVERY woman EVERY baby EVERY child including for the world’s poorest families –

What will CICH do? How can we in LSHTM MARCH work with you?