

NARROWING THE GAPS TO MEET THE GOALS

UNICEF study shows focus on equity the most practical and cost-effective way to approach Millennium Development Goals for children.

Introduction

In some ways, it has been one of the great success stories in human history.

Since 1990, the number of children dying before their fifth birthday has dropped from more than 34,000 a day to 24,000 – saving as many children as the entire population of Argentina in less than two decades. Almost two billion more people now have clean drinking water. Deaths from AIDS fell last year for the fifth year in a row.

Such achievements testify to the concerted efforts of national and international partners who joined to adopt the Millennium Development Goals in 2000.

As we approach the final push towards 2015, though, we see disturbing trends.

The risk of widening disparities

Many countries making overall progress see the gap in child mortality between well off and poor children widening – often by as much as 10%. The already existing disparities are devastating enough. Compared with their wealthiest peers, children from the poorest households run twice the risk of dying before age five, or suffering the irreversible stunting that results from chronic undernutrition. Meanwhile, for some countries, achieving the MDGs lies decades away.

Now, a new UNICEF study shows a way to accelerate progress towards those goals and lessen disparities in a practical and cost-effective way. That strategy would involve an equity-focused approach to child survival and development. That means focusing on the poorest and most marginalized areas first.

Equity focus: right in principle – but right in practice?

The focus on equity for children has long been the mission for UNICEF, and the UN as a whole.

However, even many of those who believe such a focus to be right in principle have questioned whether it is practical. They see attempts to reach the very poor as difficult to implement, costly, and time-consuming. It is a difficult argument to dismiss; the most deprived often live in remote areas, where transportation is difficult and infrastructure weak.

Over the past decade, though, evidence has mounted that new technology and innovative new interventions might mean this is no longer true.

That is why, in the spring of 2010, UNICEF asked itself this question: **Because the needs are greatest in these areas, would the benefits of concentrating on them outweigh the costs of reaching them?**

In May, it set out to find the answer, through an exhaustive and innovative new study involving several stages.

First, UNICEF's research teams examined data on disparities within developing countries, and reviewed the evidence about what a variety of strategies seemed to accomplish in reducing under-five mortality.

The organization then assembled a team of in-house specialists and international experts. Their two pronged task: 1) modelling an equity-focused approach to public health; and 2) comparing likely outcomes against the current mainstream strategies for achieving the health MDGs for children.

The exercise itself involved three steps.

- **Selecting countries:** The team reviewed about 60 countries, choosing 15 for which enough data existed for effective analysis. It grouped them into four typologies. These ranged from low-income countries with high deprivation to middle-income ones with less deprivation but significant inequality.
- **Setting strategies.** Now the team defined two model strategies: an *equity-focused approach*, involving enhanced efforts to focus on those worst off- through community outreach, eliminating user charges, and other ways; and the *current path approach*, one similar to what many countries use today, with greater emphasis on training professional health workers, and building infrastructure – such as clinics and hospitals, but also removing user charges.
- **Running the simulation.** The team ran each strategy through the four country typologies, using a tool jointly developed by UNICEF and the World Bank: the Marginal Budgeting for Bottlenecks model (MBB). MBB helps researchers see how development can overcome bottlenecks in both the delivery of services, such as the availability of drugs, and demand for such services – barriers like high costs, or poor awareness. The team then

compared each strategy's impact on survival rates, cost, and cost effectiveness – which in the case of under-five mortality meant the number of deaths averted for each \$1 million spent.

The research team and UNICEF staff considered over 180,000 variables, reviewed hundreds of articles, consulted specialists and worked with international experts charged with reviewing the work. We summarize the results below.

THE RESULTS

- **An equity-focused approach will accelerate progress towards the health MDGs faster than the current path.**
- **It will prove far more cost-effective and sustainable than the current path.**

The equity-focused approach proves most effective -- and most cost-effective -- in low-income, high mortality countries. One way to compare results: each \$1 million investment there using an equity focus would avert 60% more deaths than the current path.

The study also showed better results in reducing maternal mortality, diminishing stunting, preventing mother to child transmission of HIV, and eliminating unsanitary conditions.

INITIAL POLICY IMPLICATIONS

In the coming months UNICEF will refine its health model and apply it to other areas of child development, like education. But even now, the facts strongly suggest five practical policy steps.

- **Identify and invest more in the most deprived.** Several measures now exist to assess poor communities. SMS and other technologies offer exciting new ways to gather data. Meanwhile new outreach services make services like immunization and micronutrient supplementation cost-effective. In short, we now know how to see who needs help most and deliver it effectively.
- **Invest in proven, cost-effective interventions.** We know which interventions in primary health care are most cost-effective in averting deaths and reducing stunting. Meanwhile, in education, abolishing school fees and introducing hygiene programs in

school both boost enrolment. Very cost-effective solutions exist in areas like providing water and sanitation, too.

- **Overcome bottlenecks.** To remove the obstacles to supplying health services, an equity approach could expand the supply of drugs and increase investment in community health workers. It could reduce the time and distance such services involve through mobile and outreach techniques while using innovative ways to educate in order to overcome cultural and social barriers. Finally, financing mechanisms like cash transfers and social insurance can help make services affordable.
- **Partner with communities.** Excluded from mainstream services by distance and other obstacles, remote communities can benefit from community approaches. Just helping a community adopt hand washing with soap can lower diarrhoea by almost 40 percent.
- **Make the most of available resources.** In difficult economic times, new money is scarce. How can we make costs for health care and education more affordable for the poor within these constraints? The evidence shows that abolishing direct user charges such as school fees give marginalized families incentive to use other key services for their children. In recent years, abolishing school fees has sharply increased enrolment throughout Africa.

CONCLUSION

This new study is by no means the last word on these issues. But it is far more than a first step. It shows us that what we know to be right in principle turns out to be right in practice.

That means refocusing not just our energies but our investments.

If we do this, we can dismantle barriers that have excluded those children from the services they deserve. Millions more will live, go to school, live productive lives.

It is a great opportunity.

To move quickly in scaling up the interventions at the heart of an equity-focused approach will allow us to say, by 2015, that we not only saw that opportunity – but seized it.