

Forum on
**Towards equitable futures: Integrating history,
theory and practice**

Wellington, 24 March 2010

**Equity in the context of global
maternal and child health:
most progress where it is least needed.**

Cesar Victora
Federal University of Pelotas
Brazil



Outline of presentation



- **The MDGs**
- Child survival: the last 10 years
- The Countdown to 2015
- Brazil: a case-study





The MDGs

- Set in 2000 and endorsed by leaders from 192 countries
- Baseline = 1990
- Endline = 2015



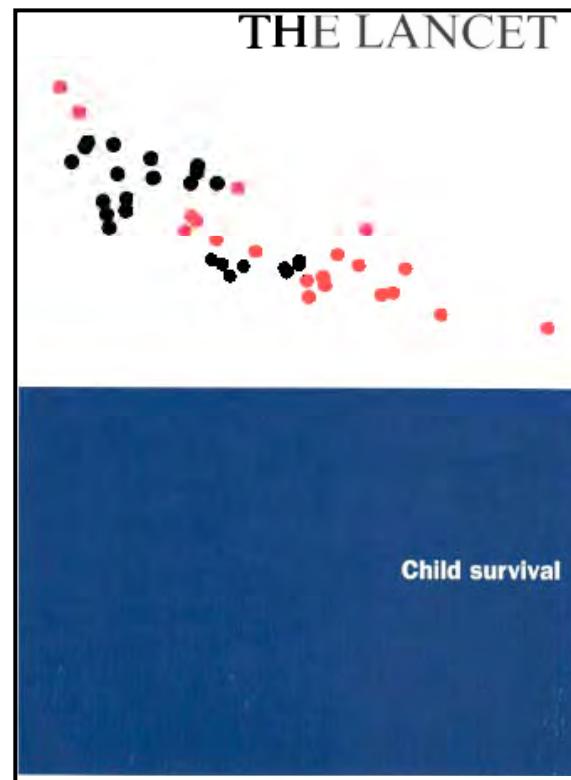
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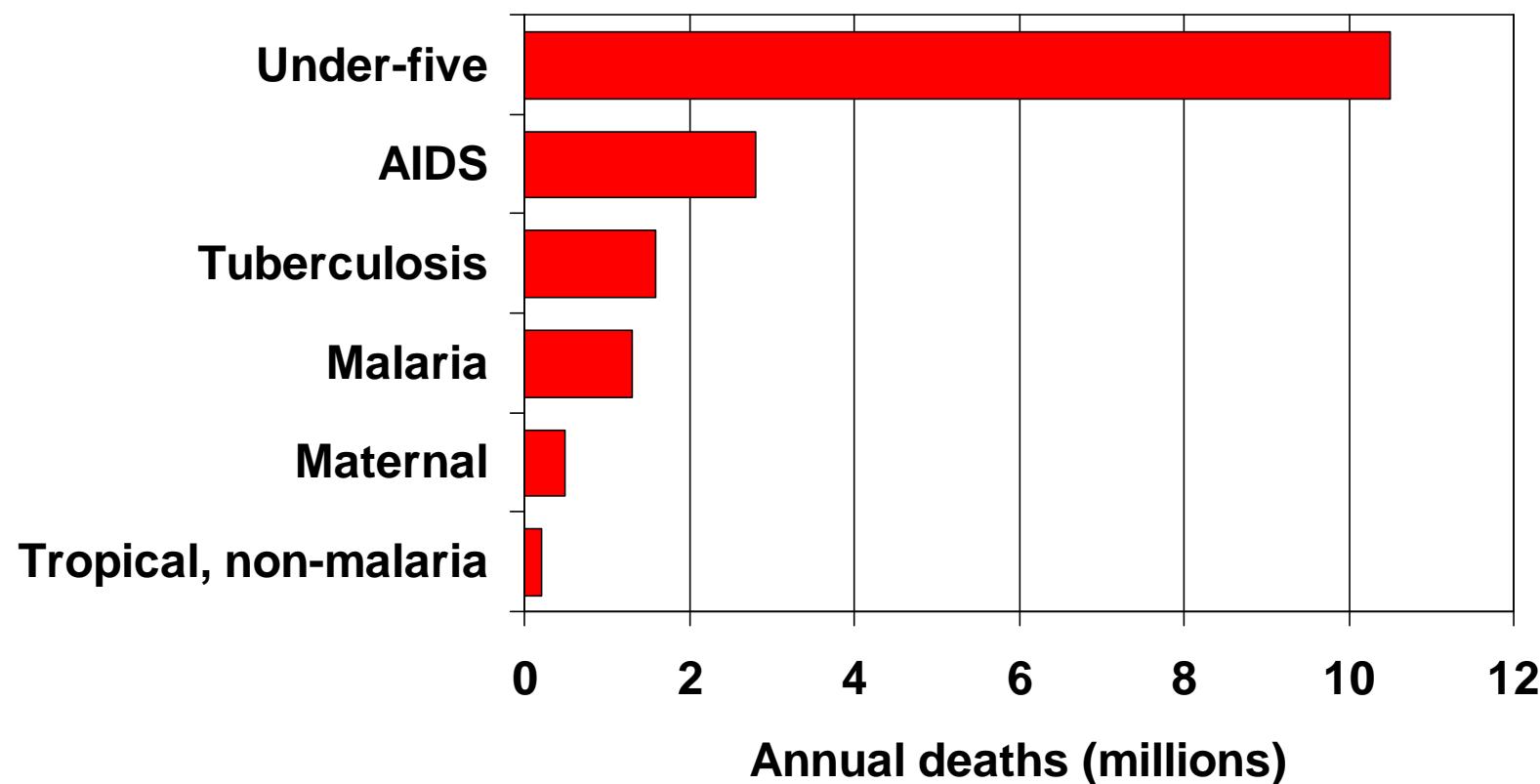
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The Lancet Child Survival Series

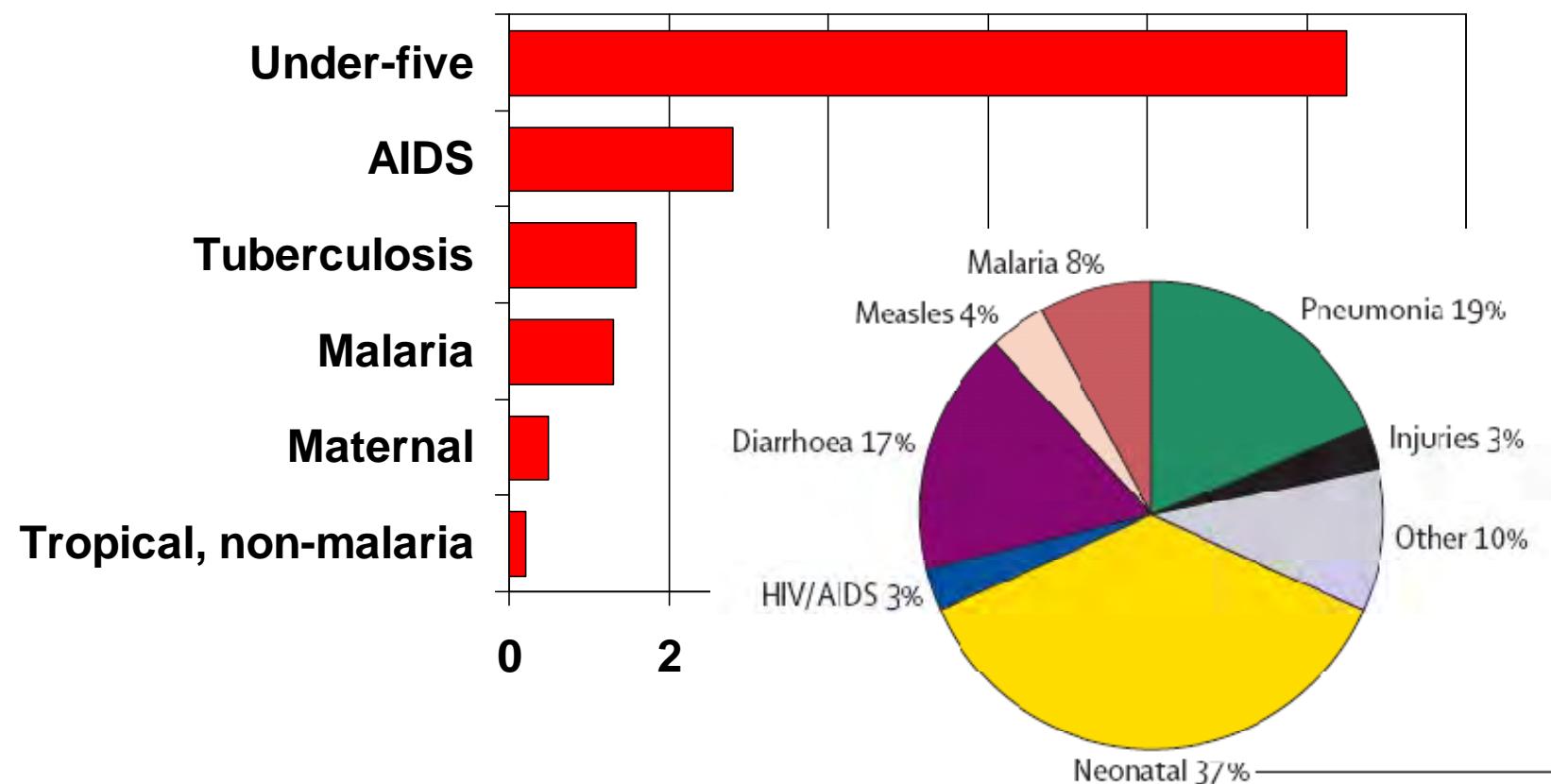


Deaths by cause: 2003 estimates

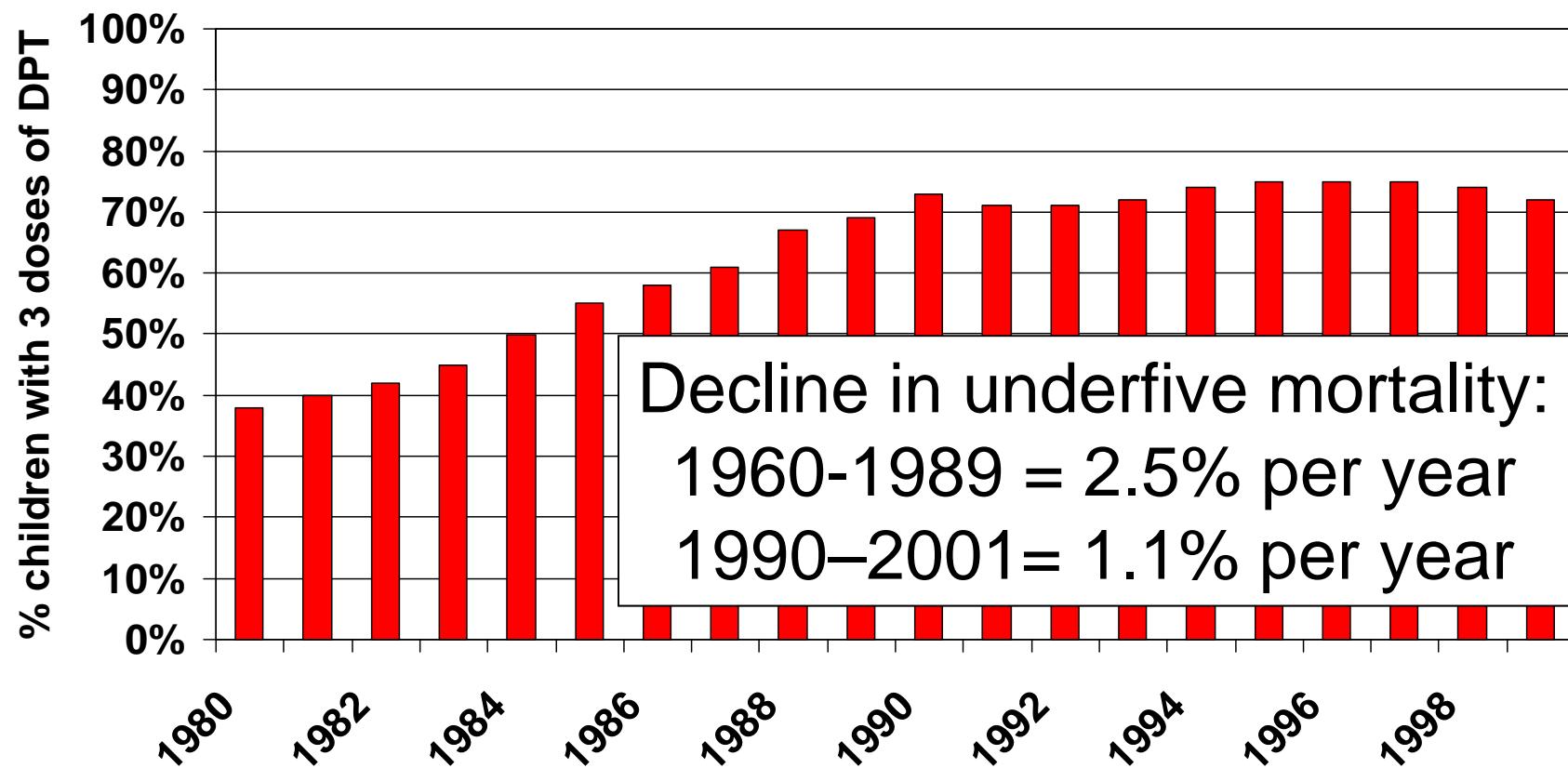


Source: 2003 World Health Report

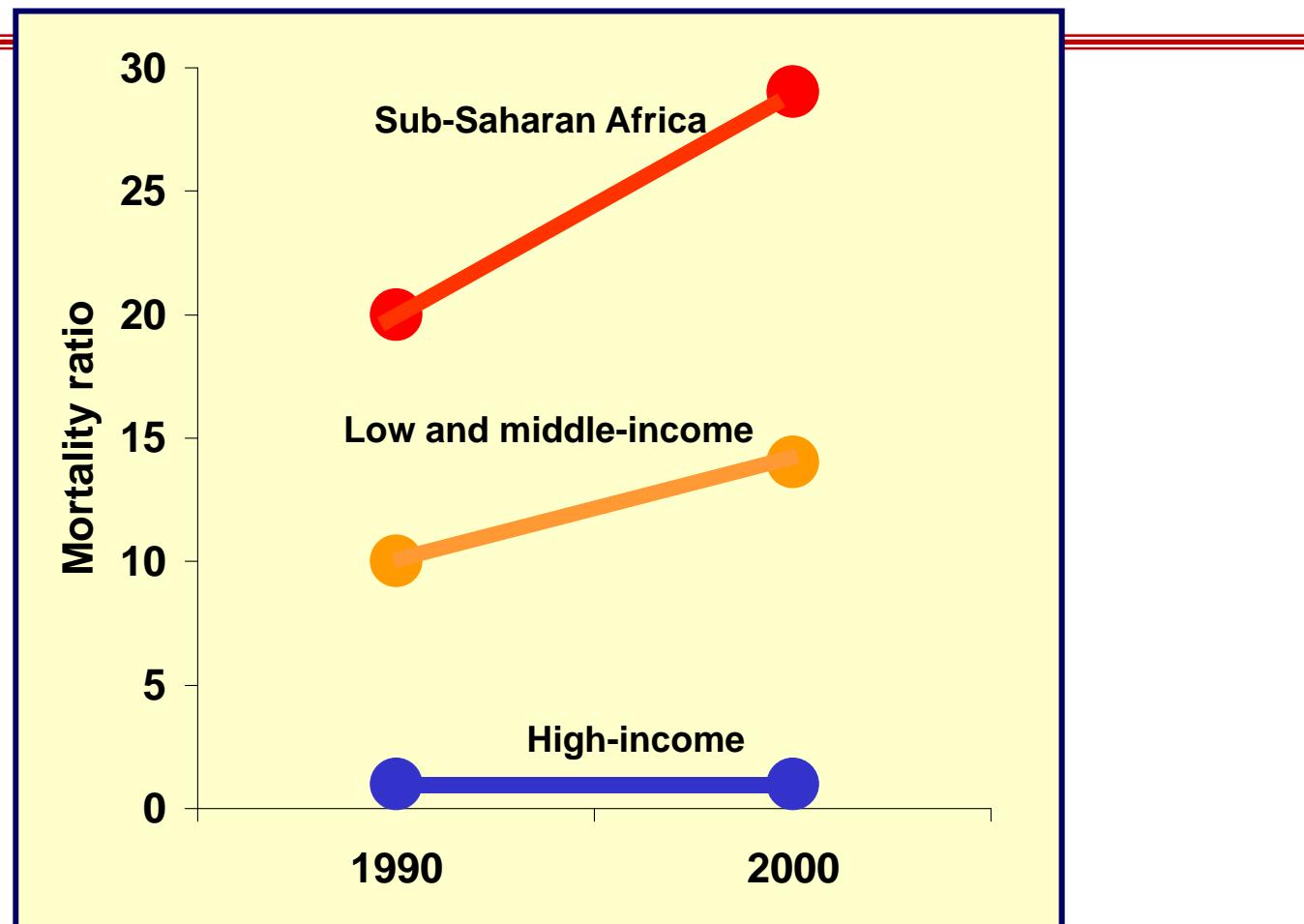
Deaths by cause: 2003 estimates



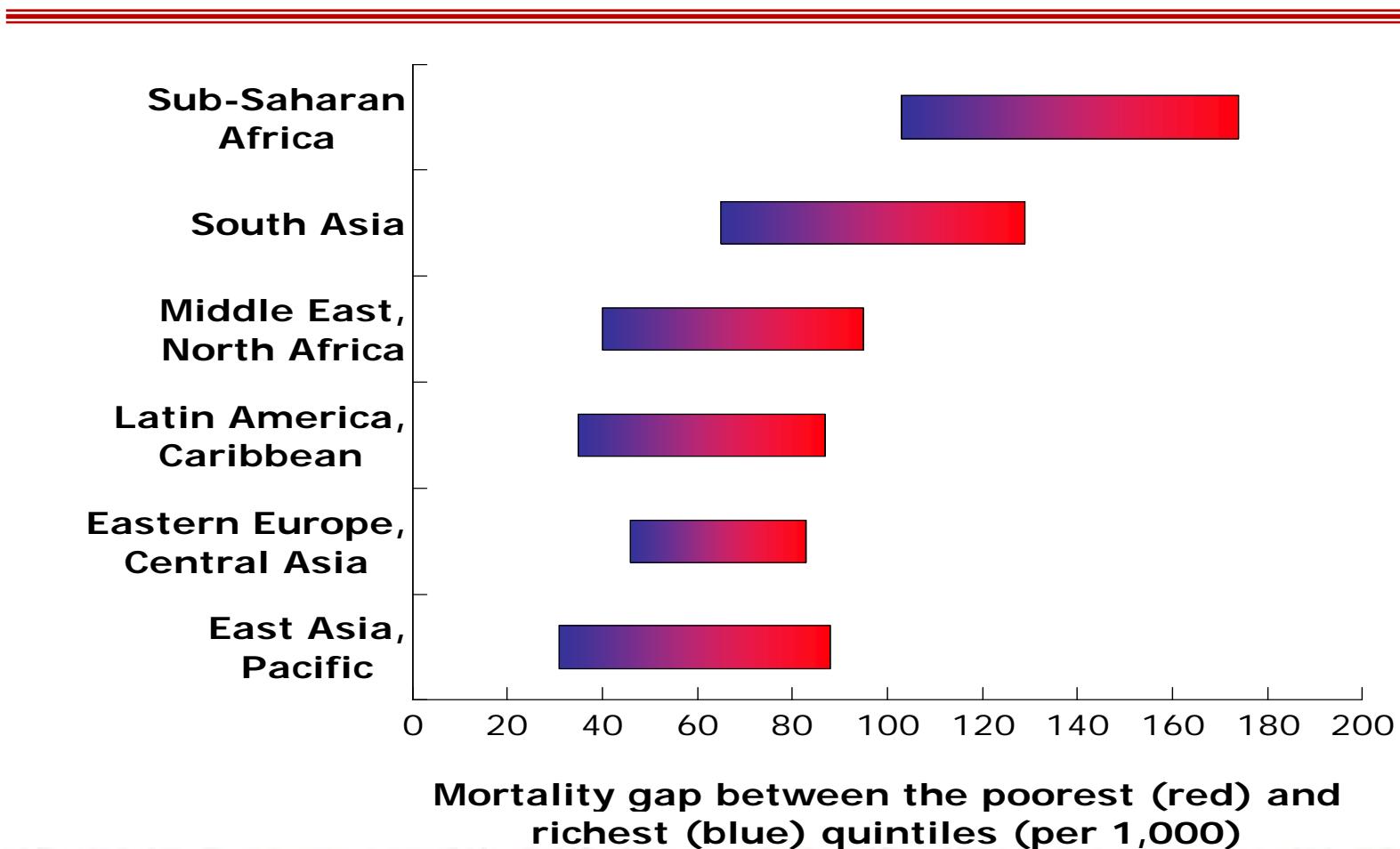
Global coverage of DPT3 vaccine



Gaps between rich and poor countries were increasing



Within-country equity gaps for underfive mortality



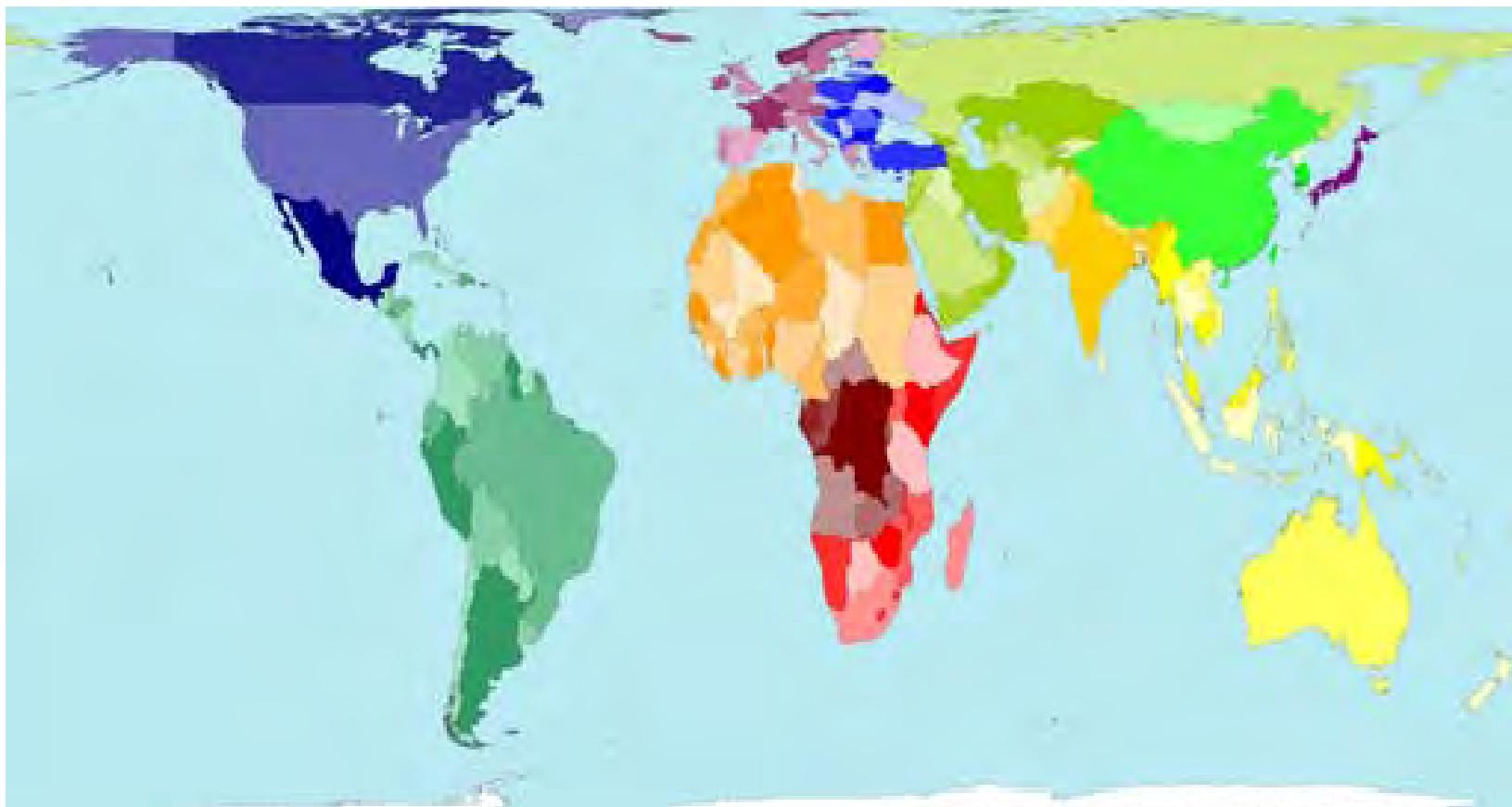
The challenge of reaching high and equitable coverage

Available, feasible interventions could prevent 6 million (63%) child deaths if they reached all mothers and children.

How to deliver these interventions to those who need them most?

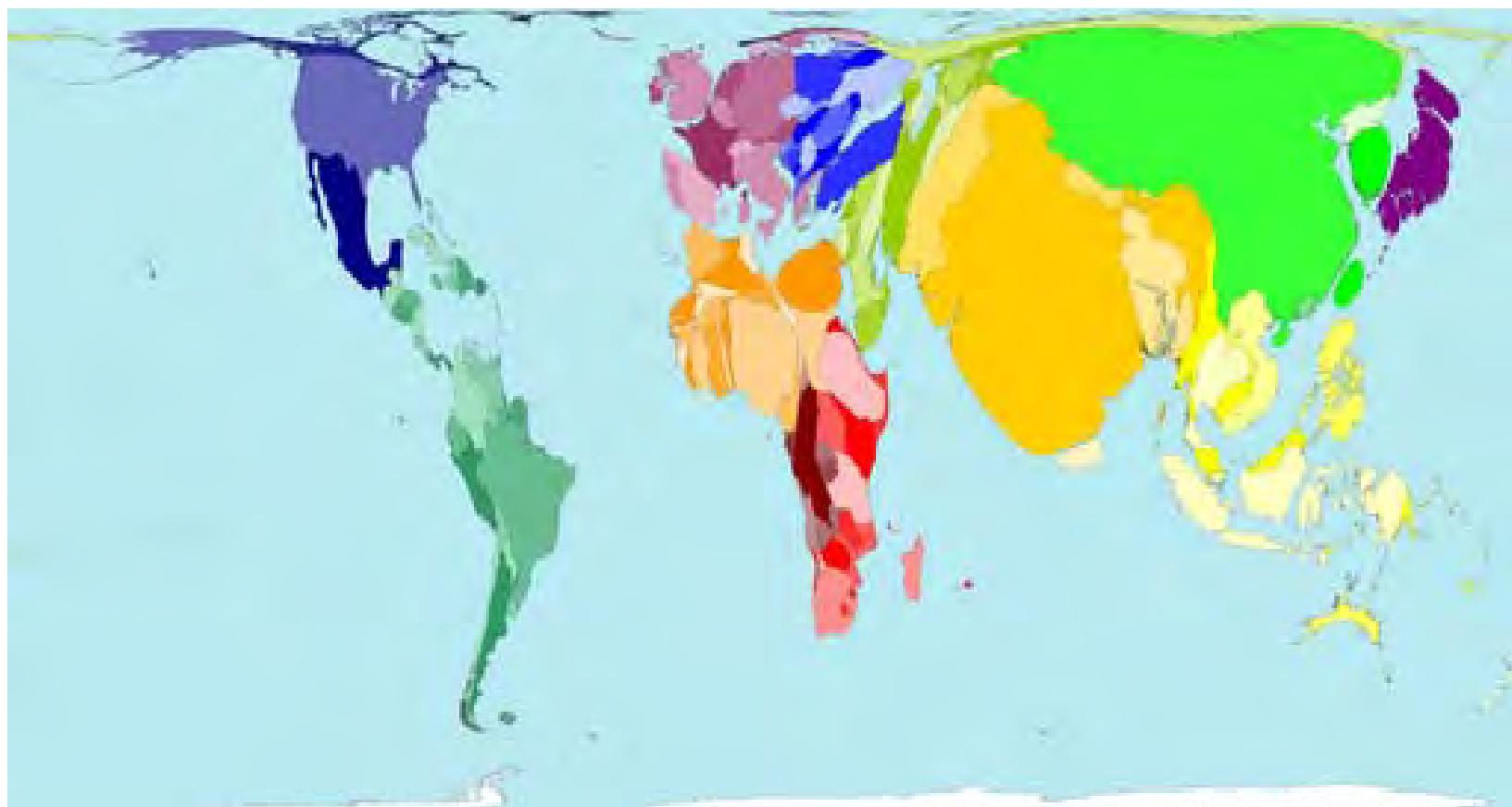


Land area



Source: www.worldmapper.org

Total population, 2000



Source: www.worldmapper.org

Total births, 2000



Source: www.worldmapper.org

Infant mortality rate, 2002



Source: www.worldmapper.org

1-4 yr old mortality rate, 2002



Source: www.worldmapper.org

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The Countdown to 2015 Report



**TRACKING PROGRESS IN MATERNAL,
NEWBORN & CHILD SURVIVAL**

The 2008 Report



The Countdown Partnership



THE LANCET



BILL & MELINDA
GATES foundation



BASICS

JOHNS HOPKINS
BLOOMBERG
SCHOOL OF PUBLIC HEALTH

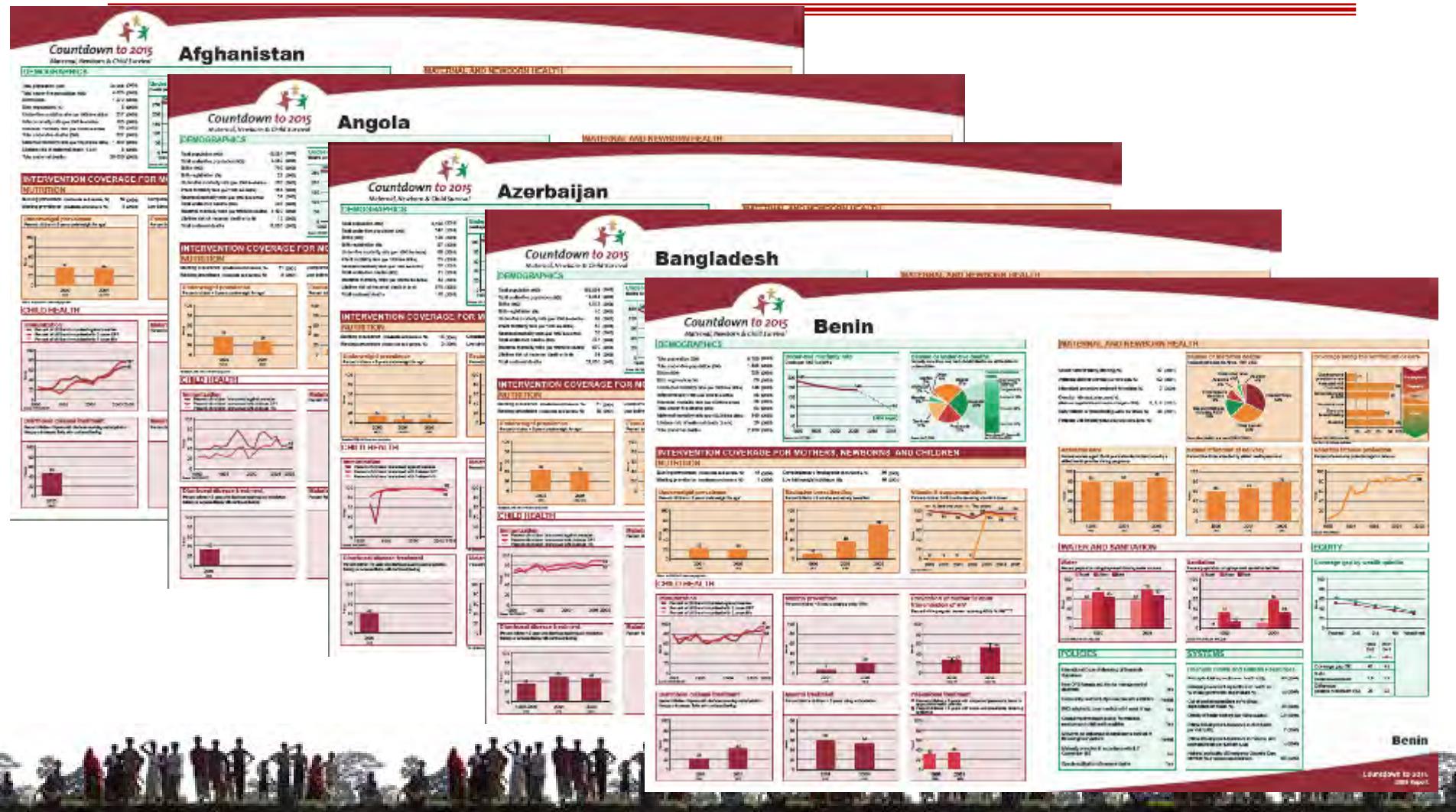


London School of Hygiene
& Tropical Medicine

UNIVERSITY
OF ABERDEEN



The country profiles: monitoring progress



Progress toward MDG4: under-five mortality

- Of 68 priority countries:
 - 16 on track
 - 26 insufficient progress
 - 14 no progress
 - 12 worsening
- The 10 countries with least progress are all in sub-Saharan Africa

Rank	Mortality in children younger than 5 years (1990)	Mortality in children younger than 5 years (2006)	Change (1990–2006)
Ten with most progress			
Peru	1	78	25
Brazil	2	57	20
Indonesia	3	91	34
Egypt	4	91	35
Nepal	5	142	59
Morocco	6	89	37
Laos	7	163	75
Bangladesh	8	149	69
Bolivia	9	125	61
Guatemala	10	82	41
Ten with least progress			
Chad	59	201	-4%
Cameroon	60	139	-7%
South Africa	61	60	-15%
Equatorial Guinea	62	170	-21%
Congo	63	103	-22%
Kenya	64	97	-25%
Lesotho	65	101	-31%
Zimbabwe	66	76	-38%
Swaziland	67	110	-49%
Botswana	68	58	-114%

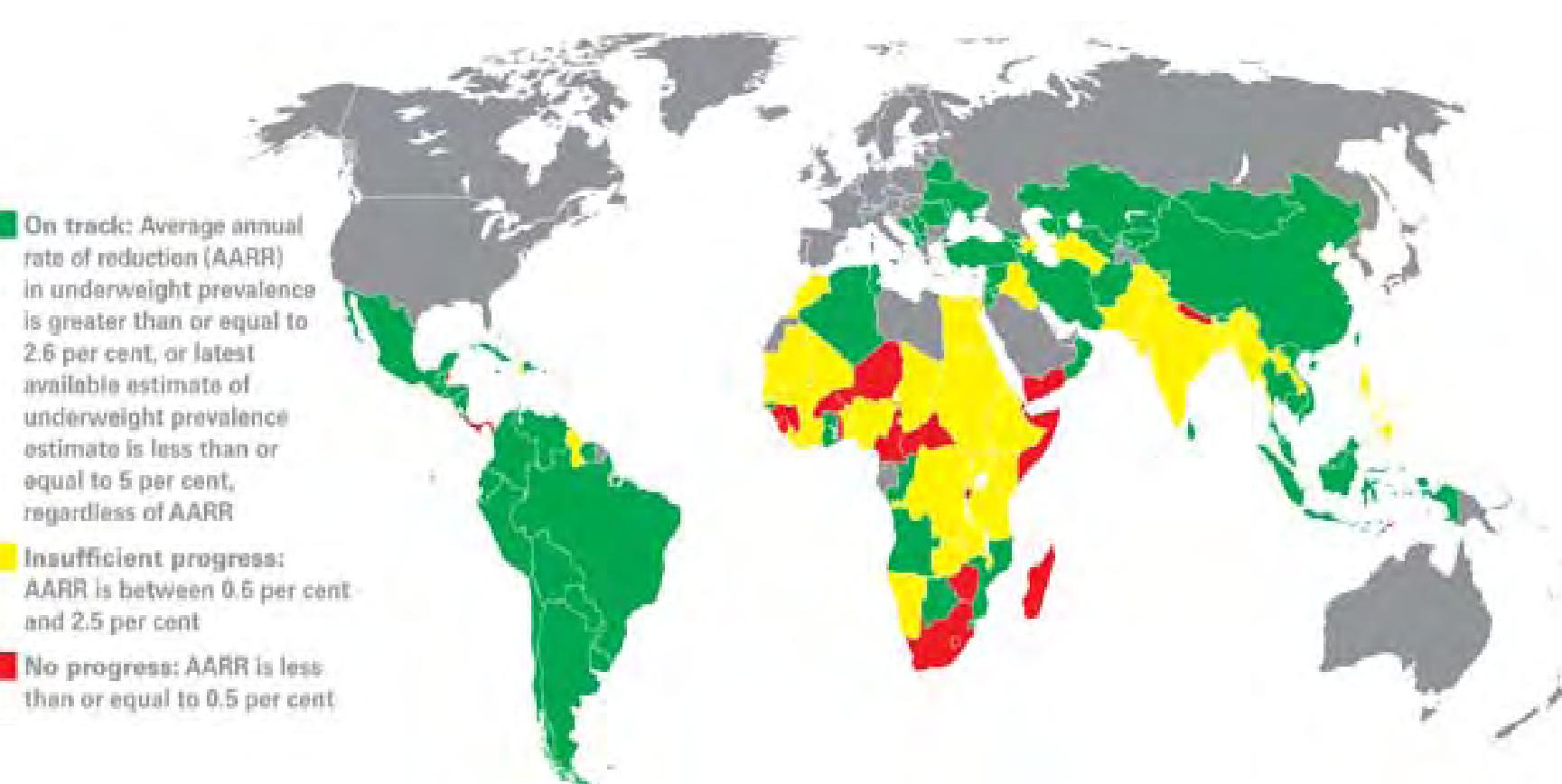
Data are rank or deaths per 100 000 livebirths, unless otherwise specified.
MDG—millennium development goal.

Table 3: Ten best and ten worst performing countries on progress towards MDG 4 since 1990



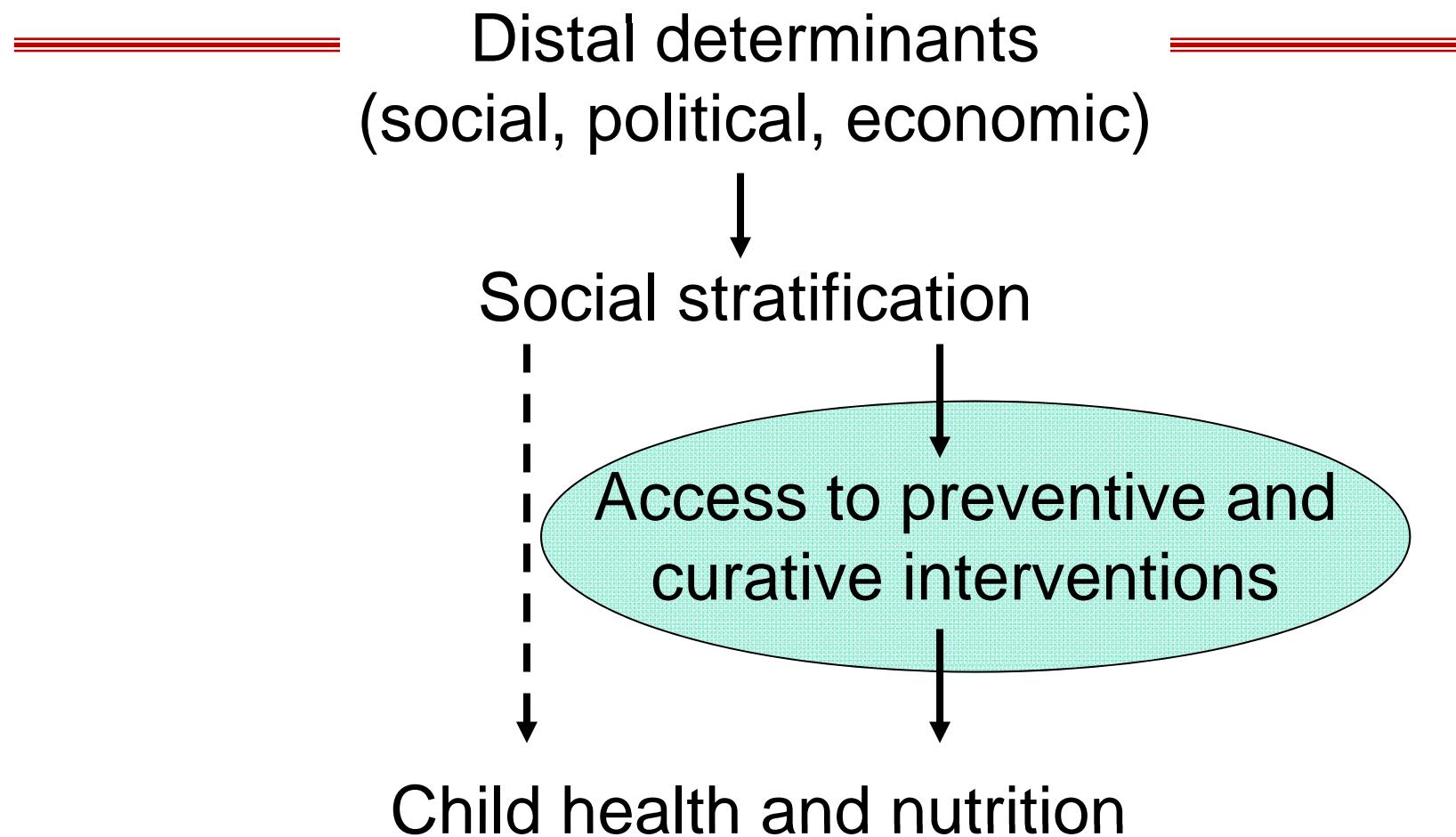
MDG1: halving underweight prevalence – who is on track?

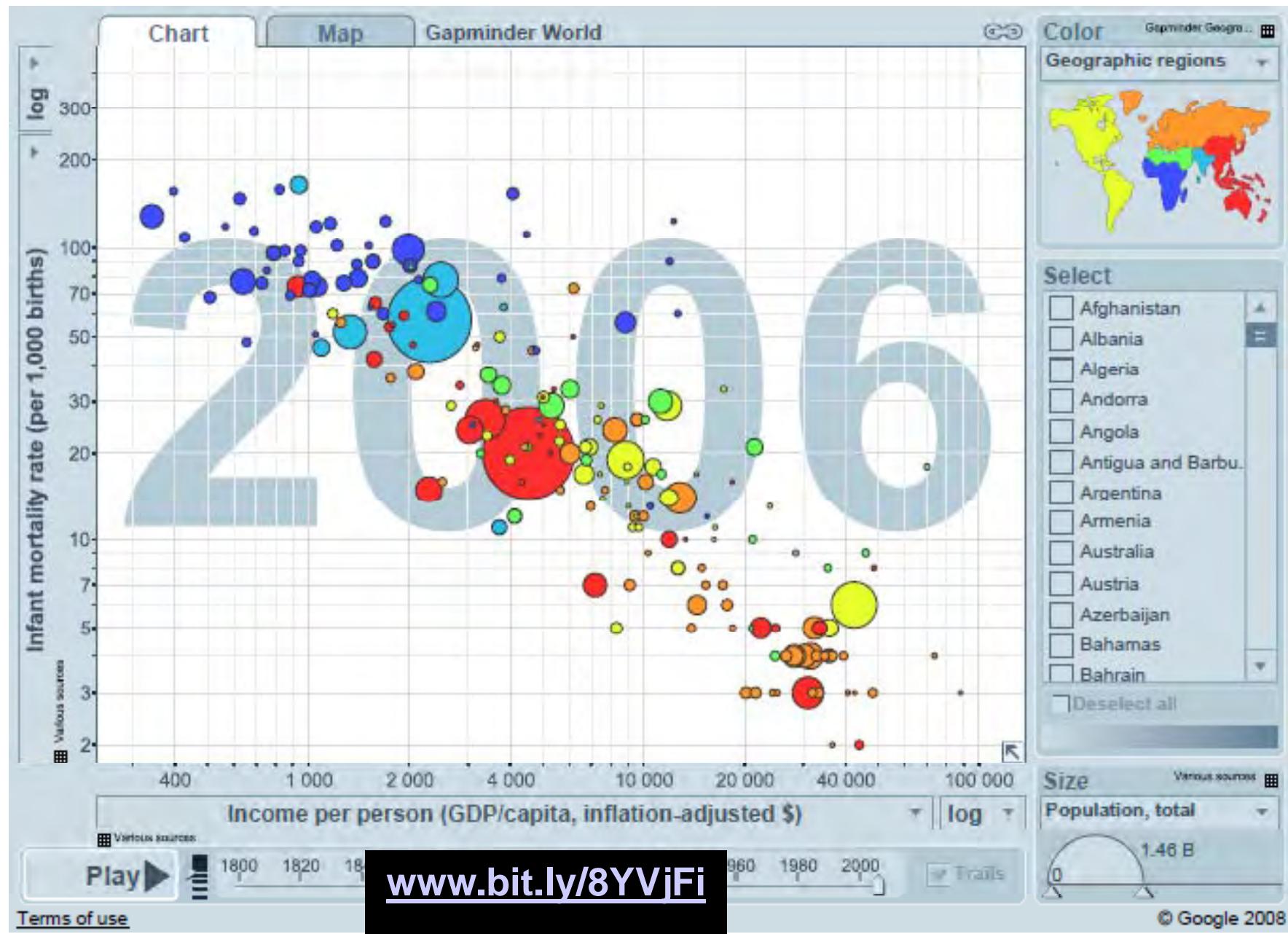
- On track: Average annual rate of reduction (AARR) in underweight prevalence is greater than or equal to 2.6 per cent, or latest available estimate of underweight prevalence estimate is less than or equal to 5 per cent, regardless of AARR
- Insufficient progress: AARR is between 0.5 per cent and 2.5 per cent
- No progress: AARR is less than or equal to 0.5 per cent



Source: UNICEF Global Database, Nov 2009

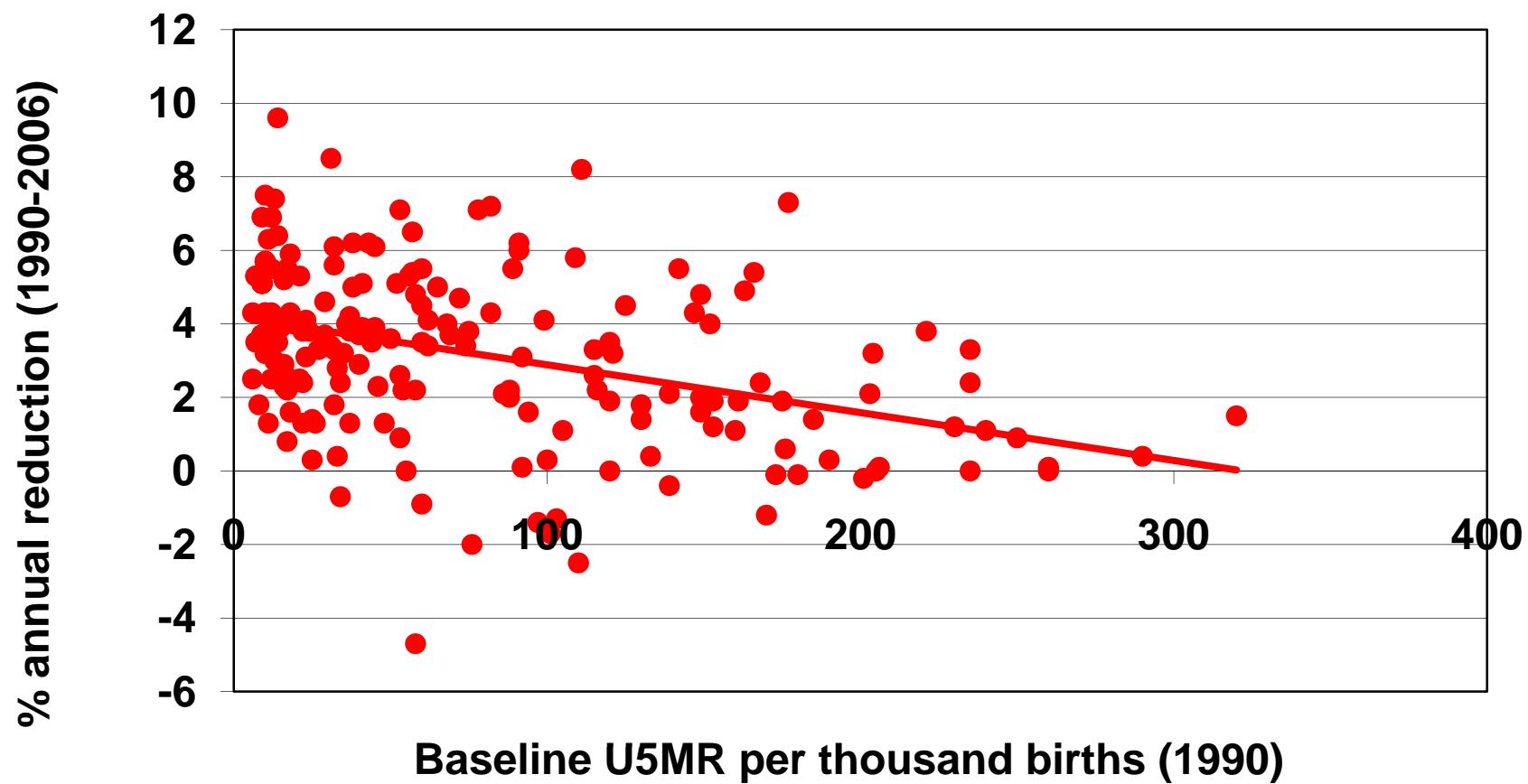
Inequalities in child health



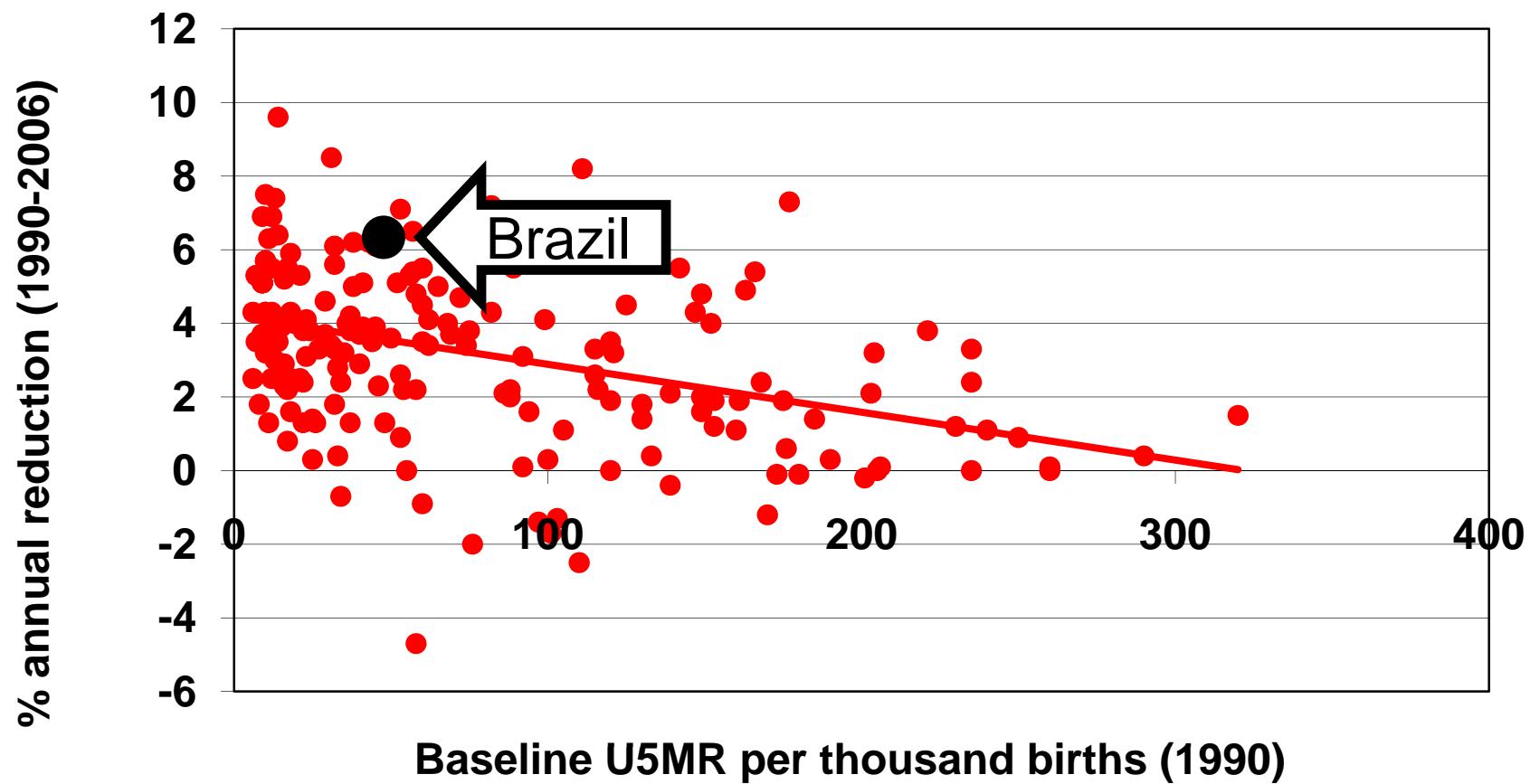


www.bit.ly/8YVjFi

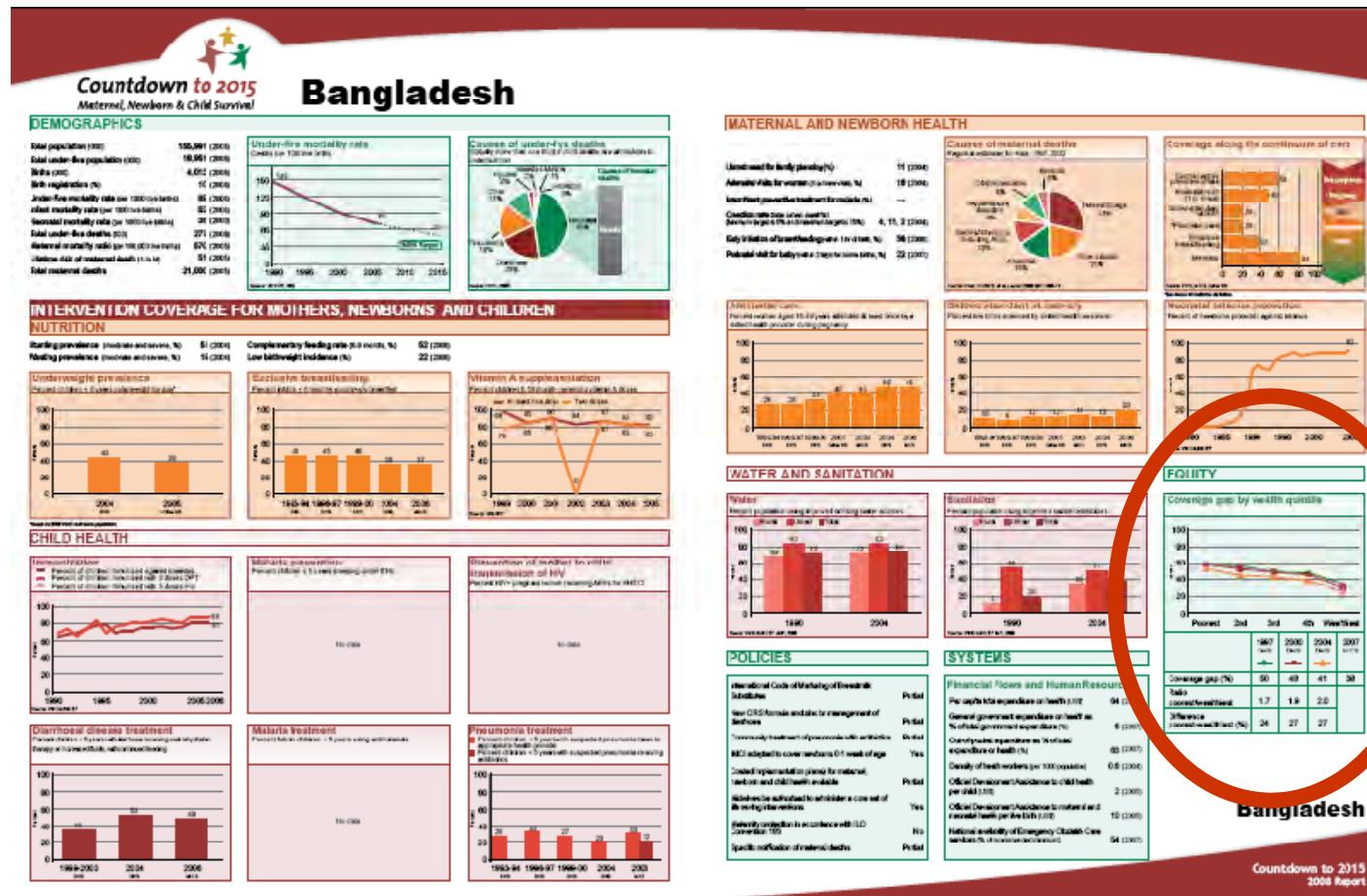
Faster progress where it is least needed



Faster progress where it is least needed

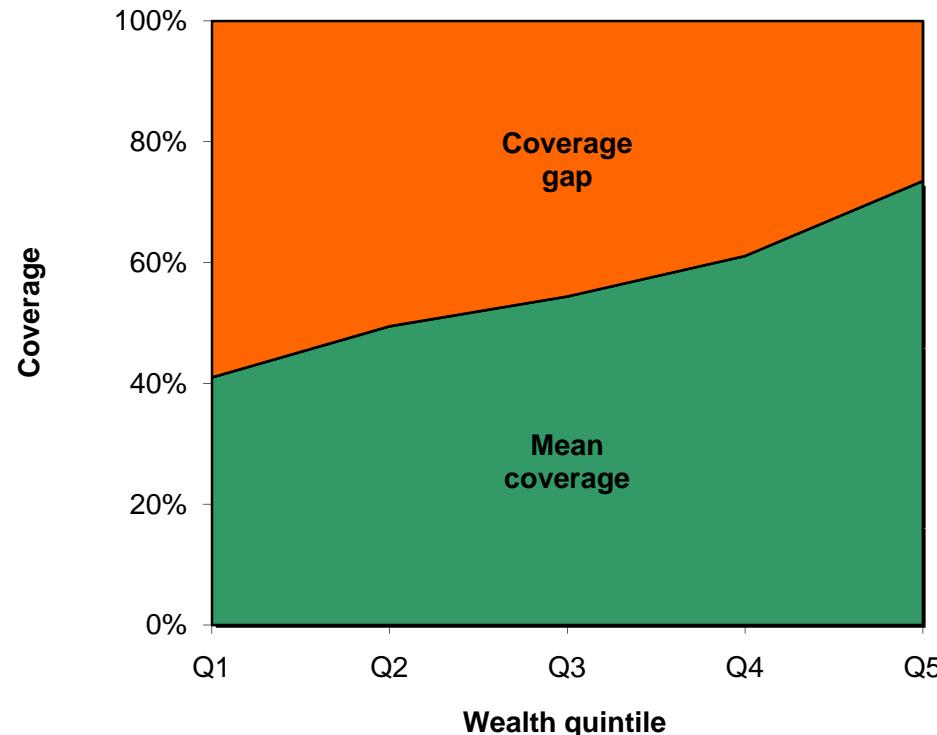


Countdown to 2015: Equity



Mean coverage index / coverage gap

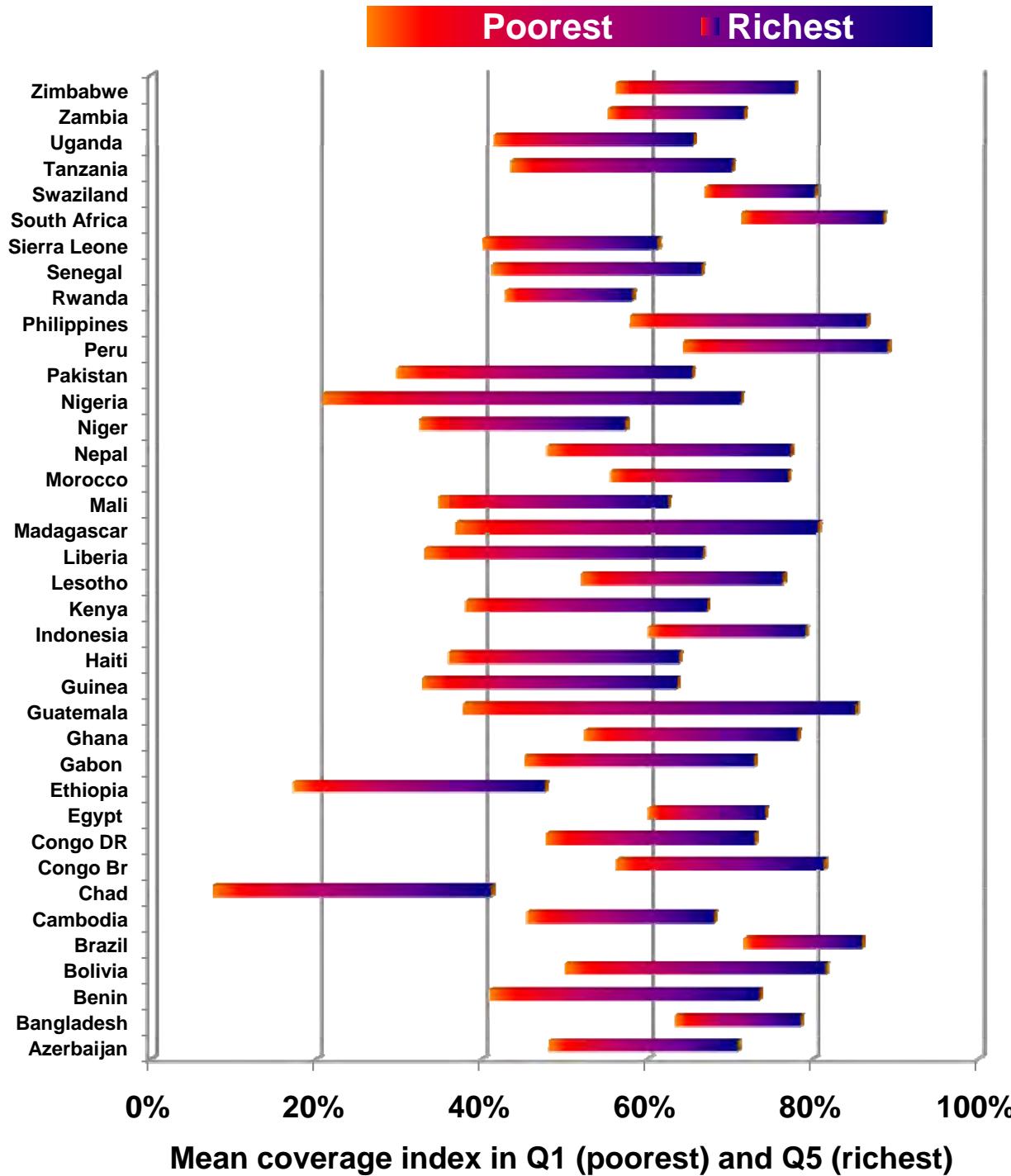
- Single summary measure – mean coverage with 8 key interventions
- Allows easy comparison over time and across countries



**Magnitude in
inequity
ranges:**

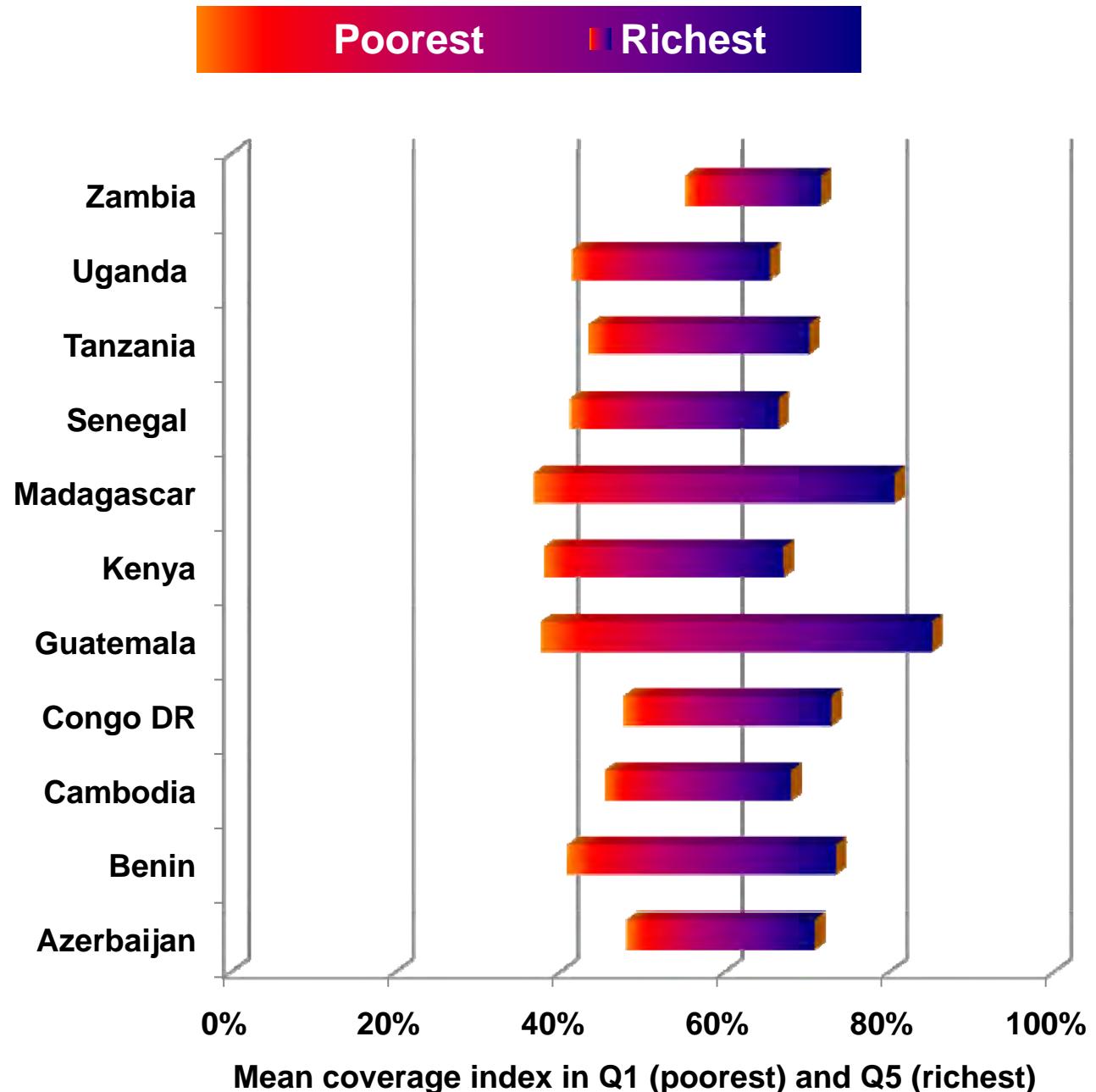
**mean
coverage
index
(Q5-Q1),**

38 countries

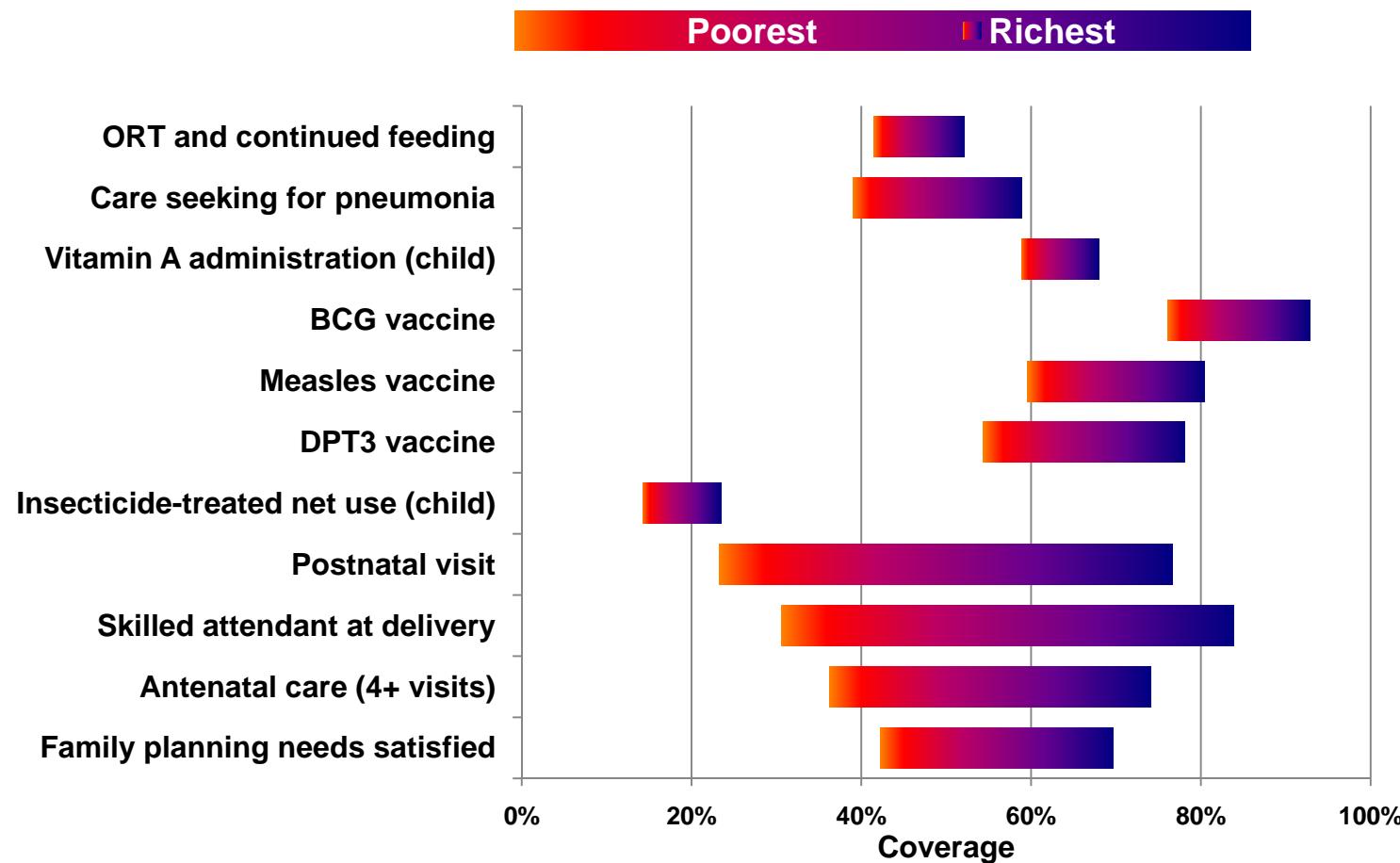


Mean coverage index (Q5-Q1) by country

**Variability in
magnitude of
inequities in
countries with
50-60% overall
coverage**



Magnitude in inequities by intervention in 38 countries



Increasing the visibility of disparities

- W.H.O. – Global Health Observatory
 - All indicators broken down by wealth quintiles, sex, ethnicity, place of residence, region of country
- UNICEF
 - As of 2010, all goals to be expressed not only as national averages but also as specific achievements for subgroups: wealth, sex,
 - 2010 Progress for Children Report: achieving MDGs with equity



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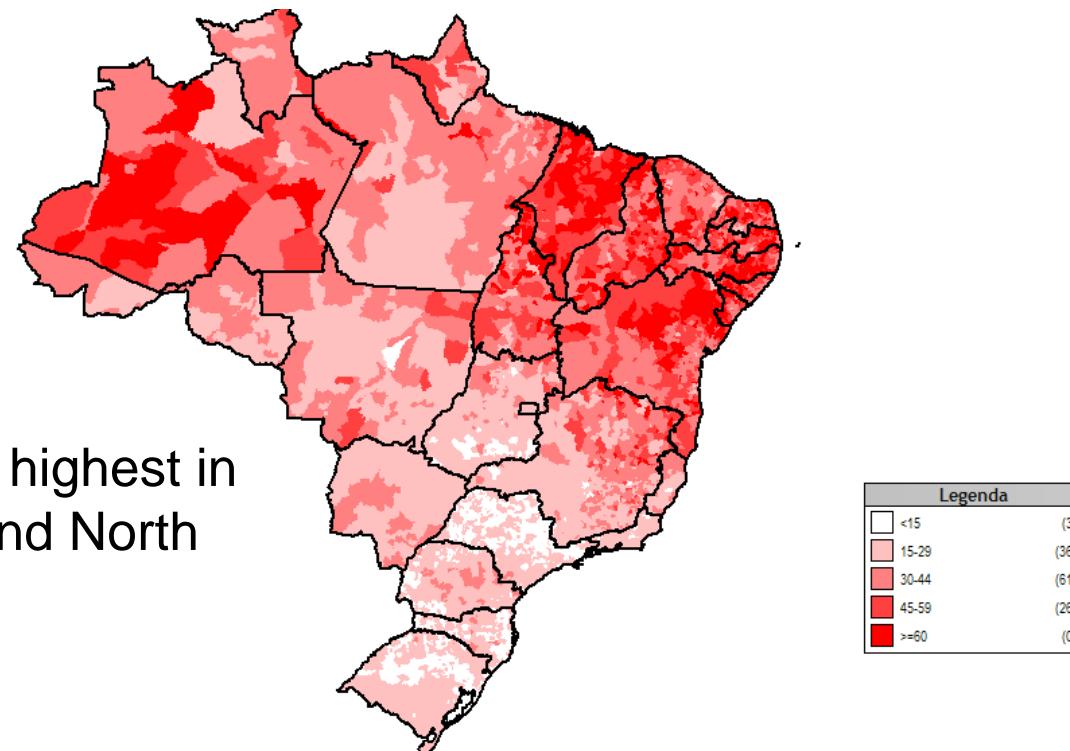


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Infant mortality by region, Brazil

Infant mortality rate, 2000



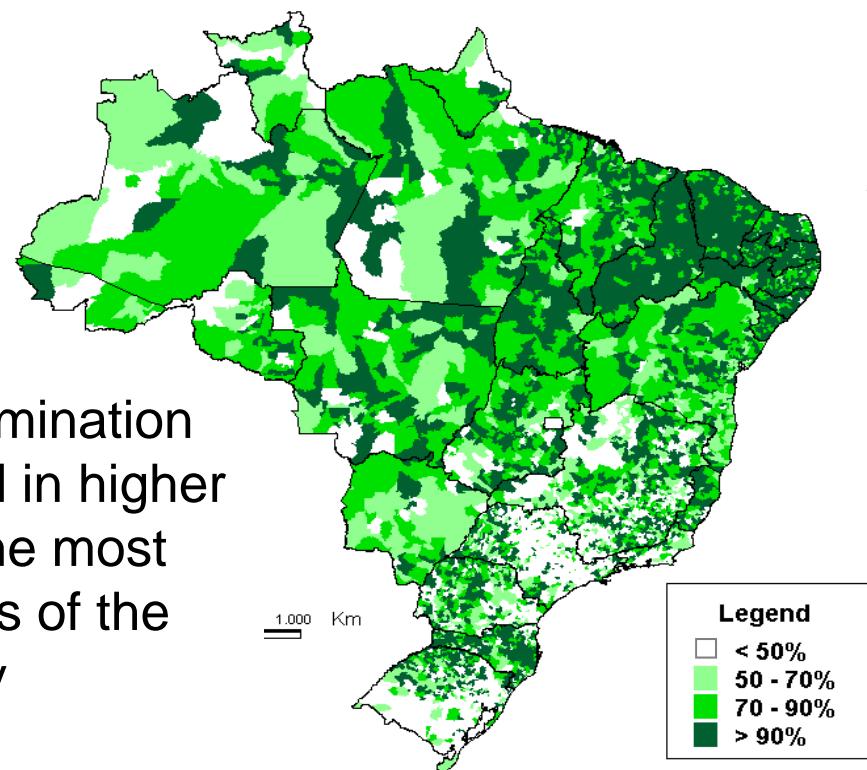
Infant mortality is highest in the Northeast and North



Family health program, Brazil

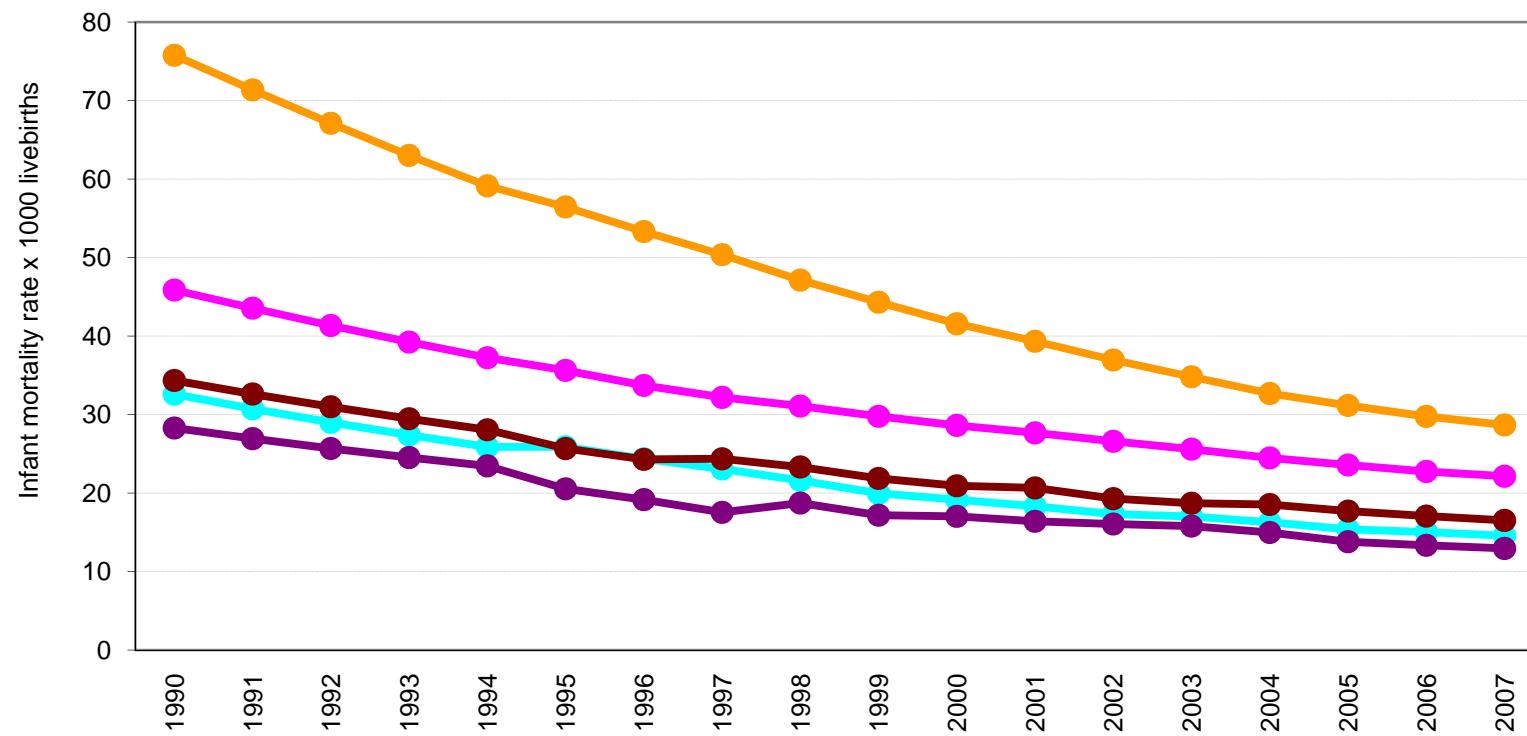
Coverage of the Family Health Program. Brazil, 2002-04

Pro-poor dissemination strategy resulted in higher coverage in the most deprived areas of the country

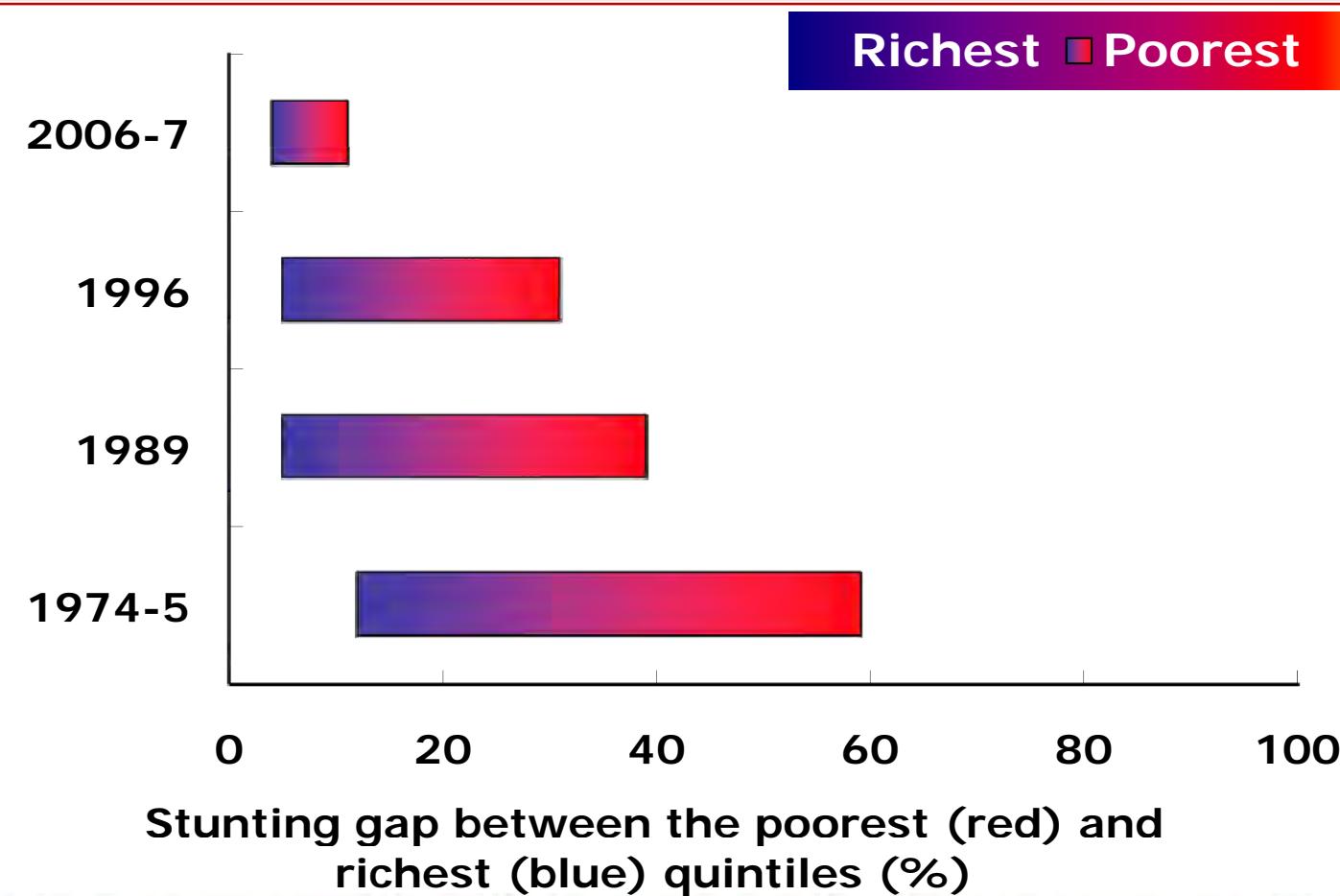


Brazil: regional inequalities in infant mortality

—●— North —●— Northeast —●— Southeast —●— South —●— Central - West

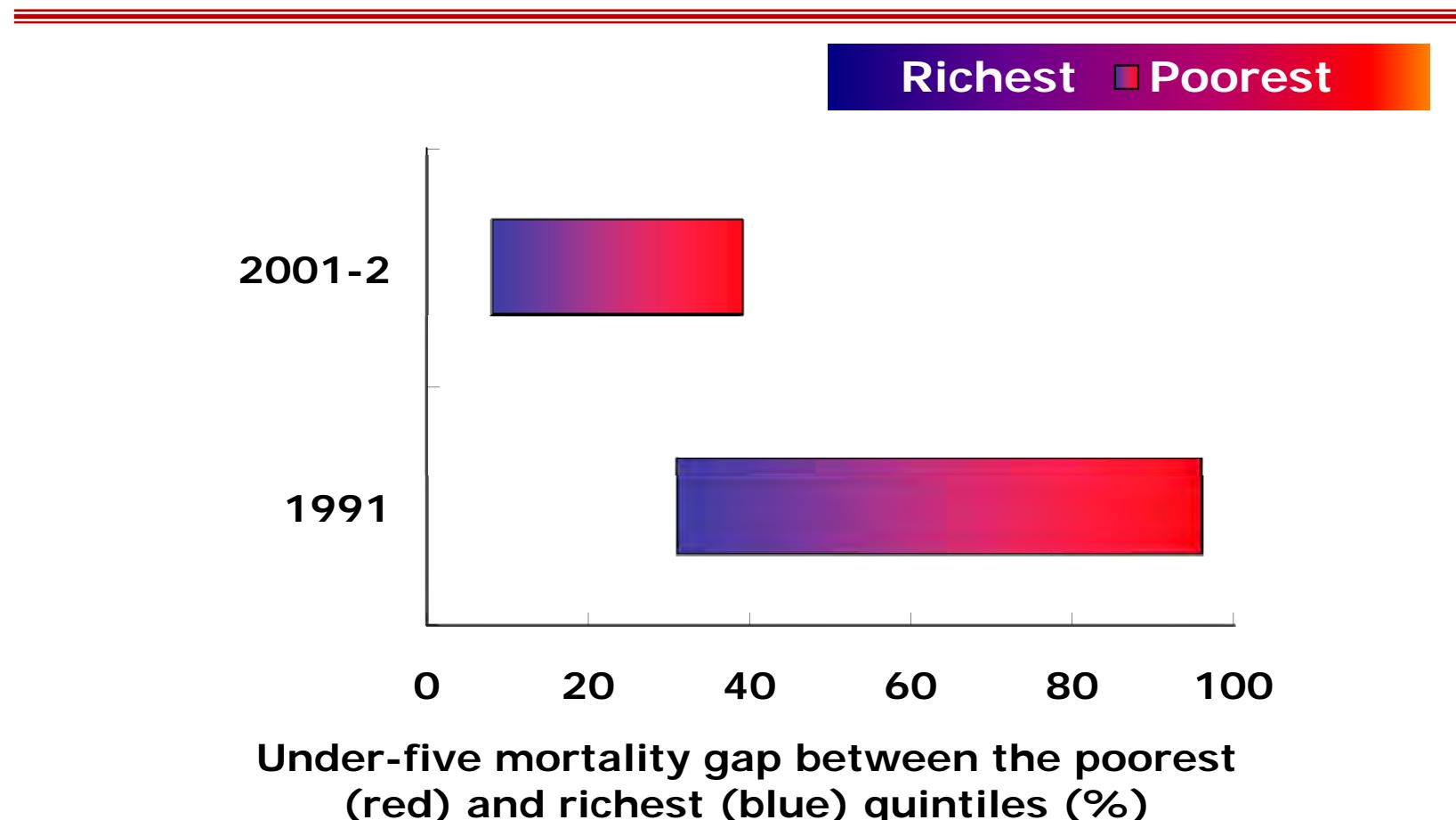


Brazil: poor-rich gaps in stunting, 1974-5 to 2006-7



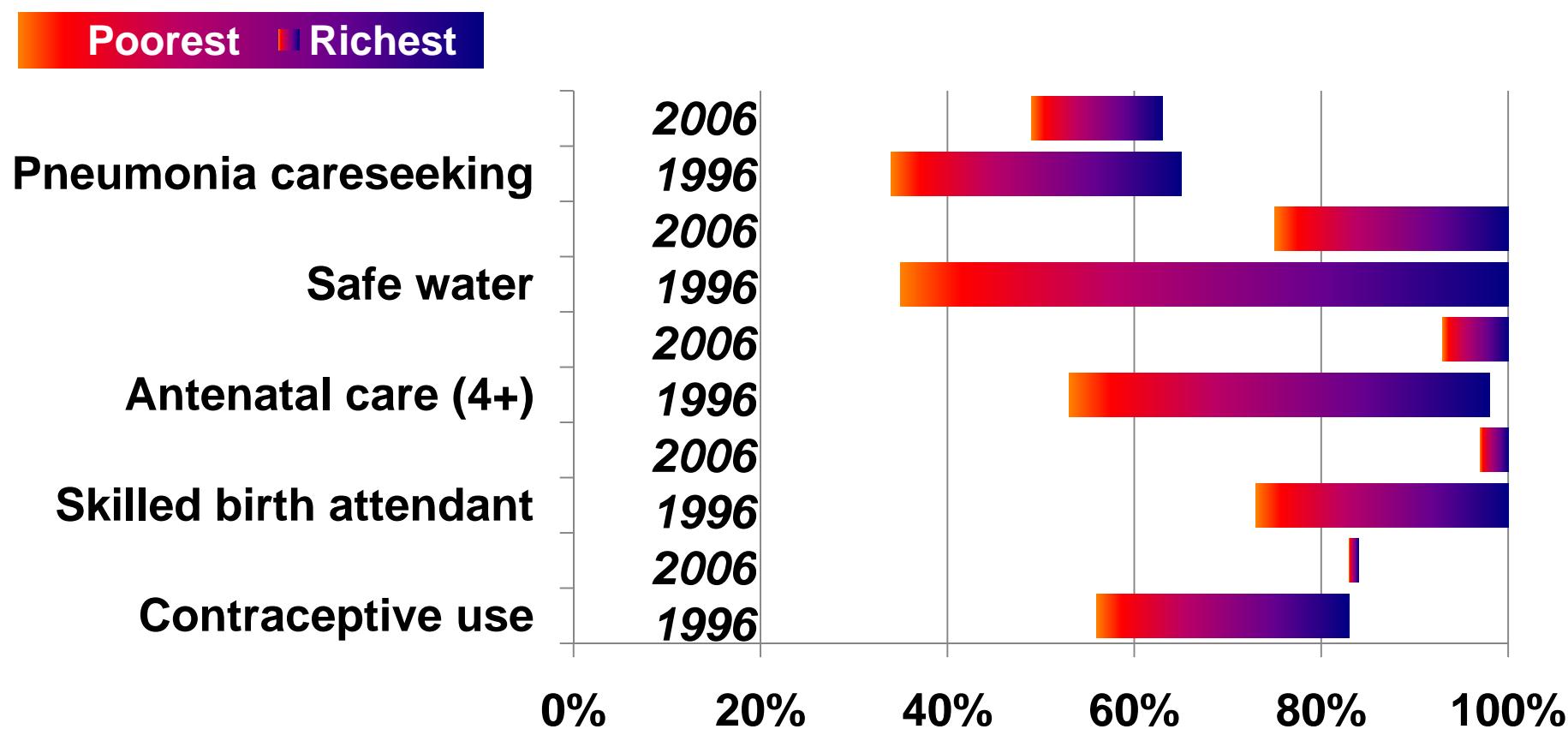
Source: Monteiro et al, Bull WHO 2010.

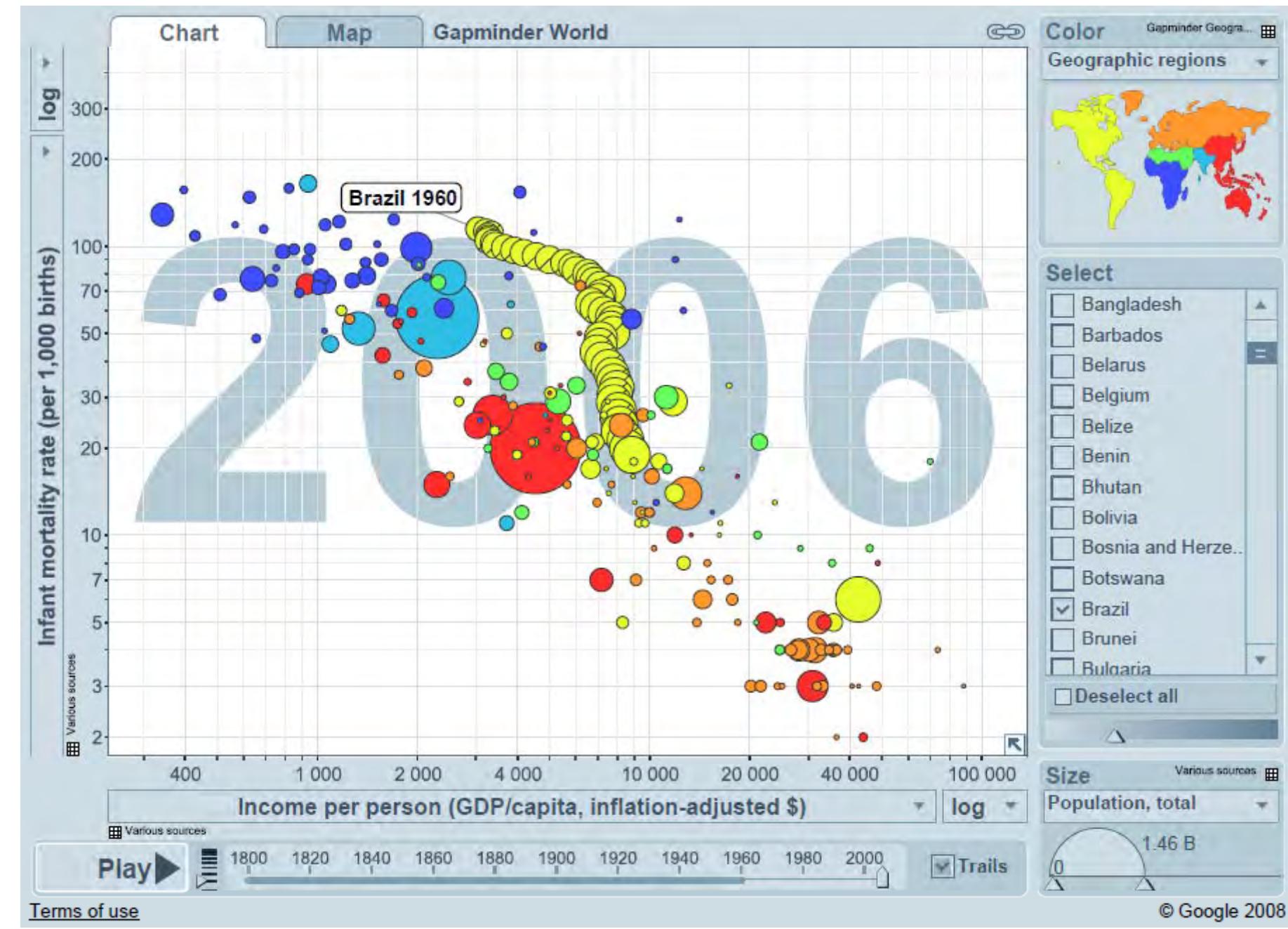
Brazil: poor-rich gaps in under-five mortality, 1991 and 2001-2



Source: new analyses.

Inequity gaps in coverage of maternal and child health interventions, Brazil 1996-2006/7





Reasons for Brazil's progress

- Socioeconomic and demographic factors
 - Moderate economic growth
 - Reduction of socioeconomic inequalities (>2000)
 - Improved maternal education
 - Sharp decline in fertility
 - Urbanization
- Non health-sector interventions
 - Huge conditional cash transfer program
 - Marked improvement in water supply
 - Rural social security



Reasons for Brazil's progress

- Health sector interventions
 - Vertical programs in the 1980s-1990s
 - Oral rehydration
 - Immunizations
 - Breastfeeding promotion
 - Creation of a national health system in 1989
 - Strong popular participation at all levels of the NHS
 - Family health program with geographical targeting
- But most and foremost
 - High visibility of child health/mortality
 - Reducing inequities of all types has been a central component of governmental policies



Summing up

- At the global level, progress in maternal and child health is insufficient to meet the MDGs
 - Particularly in the poorest countries
 - Particularly in Sub-Saharan Africa
- The relative gap between rich and poor is increasing
- But there are good examples of progress
- And concerns with equity are being mainstreamed

