

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



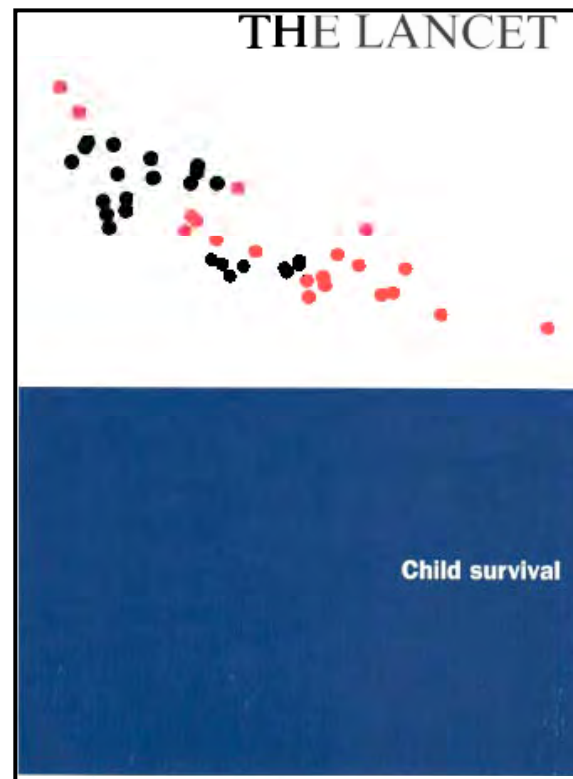
Outline of presentation



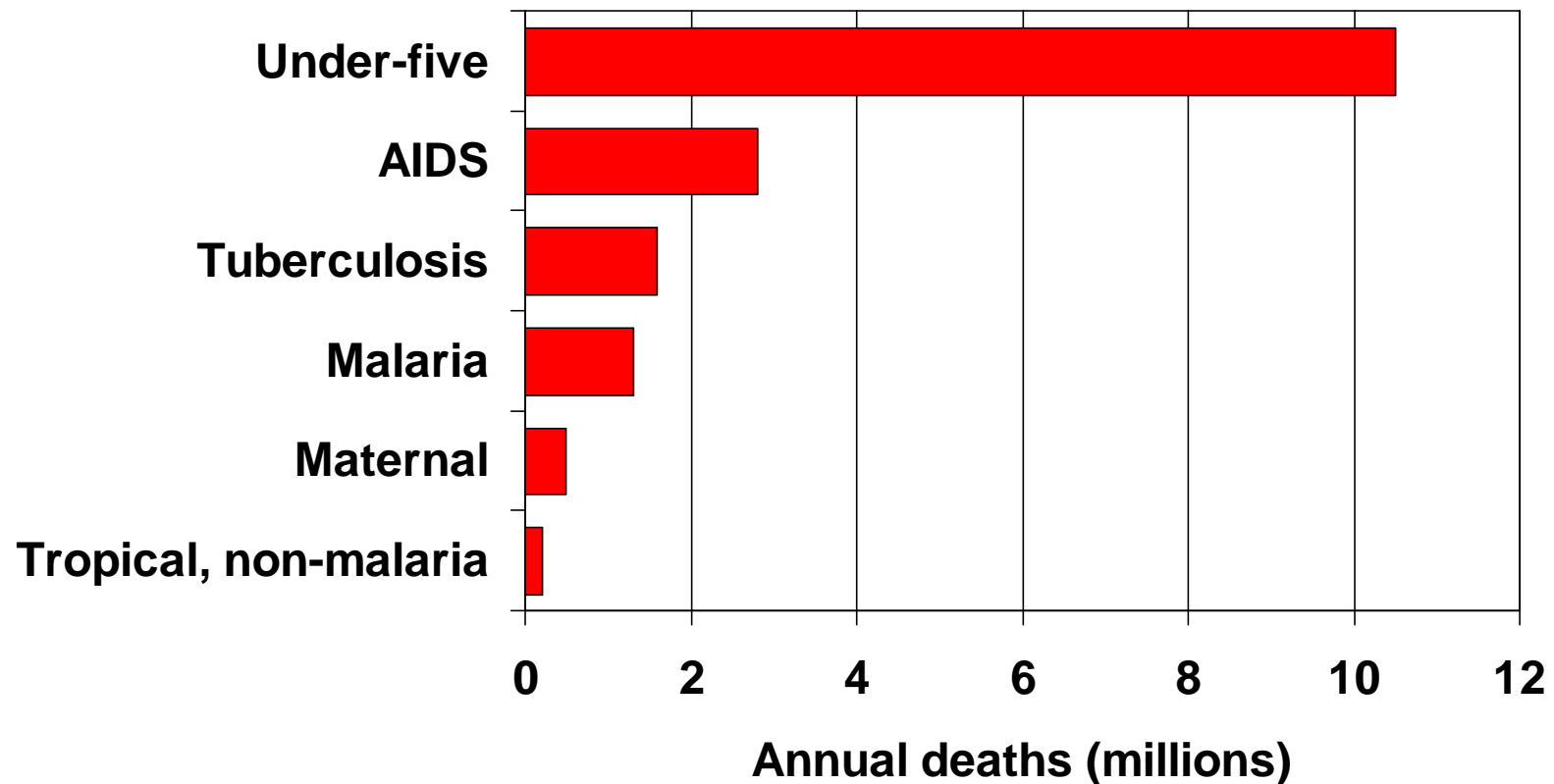
- The MDGs
- **Child survival: the last 10 years**
- The Countdown to 2015
- Brazil: a case-study



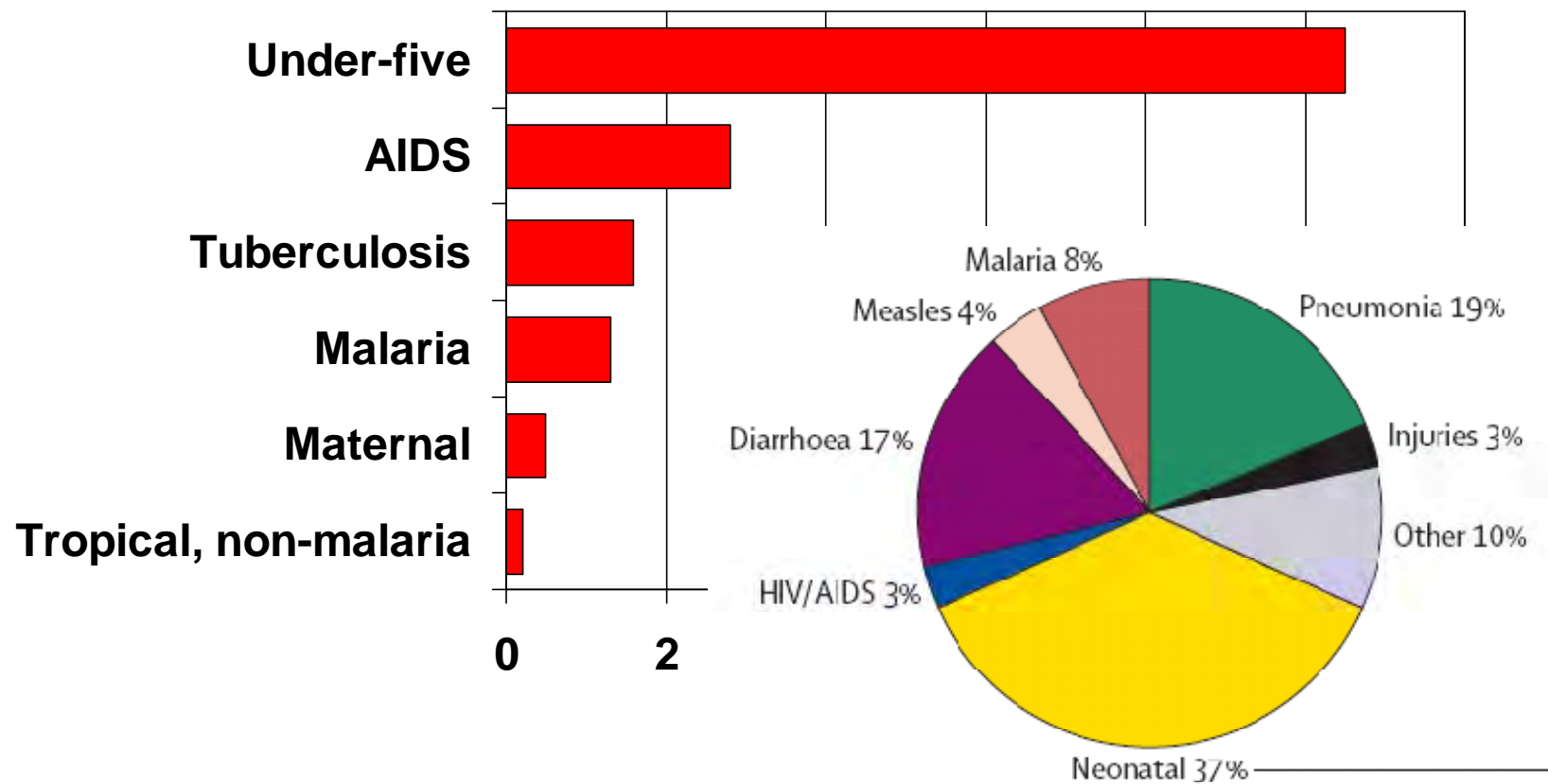
The Lancet Child Survival Series



Deaths by cause: 2003 estimates



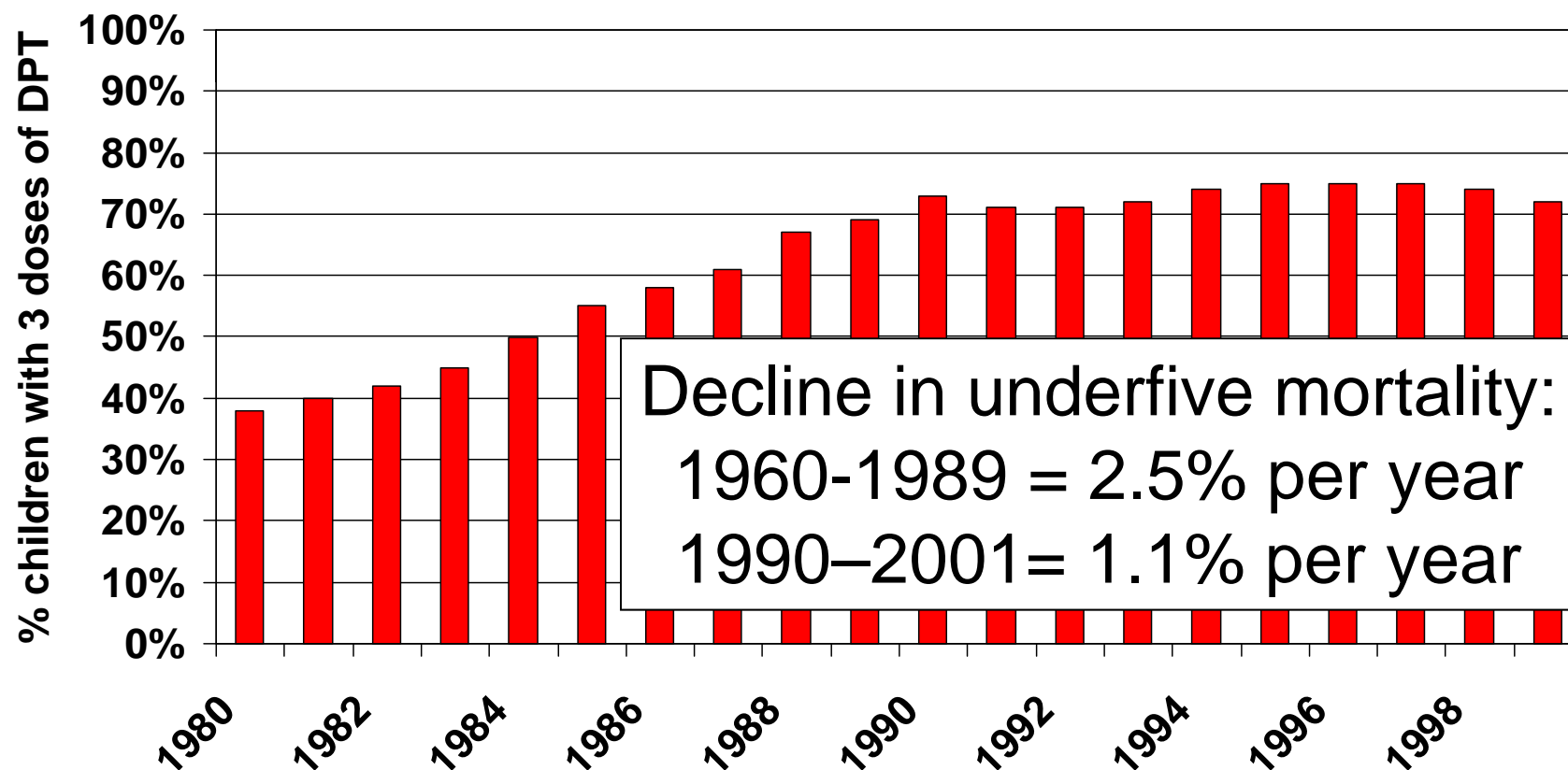
Deaths by cause: 2003 estimates



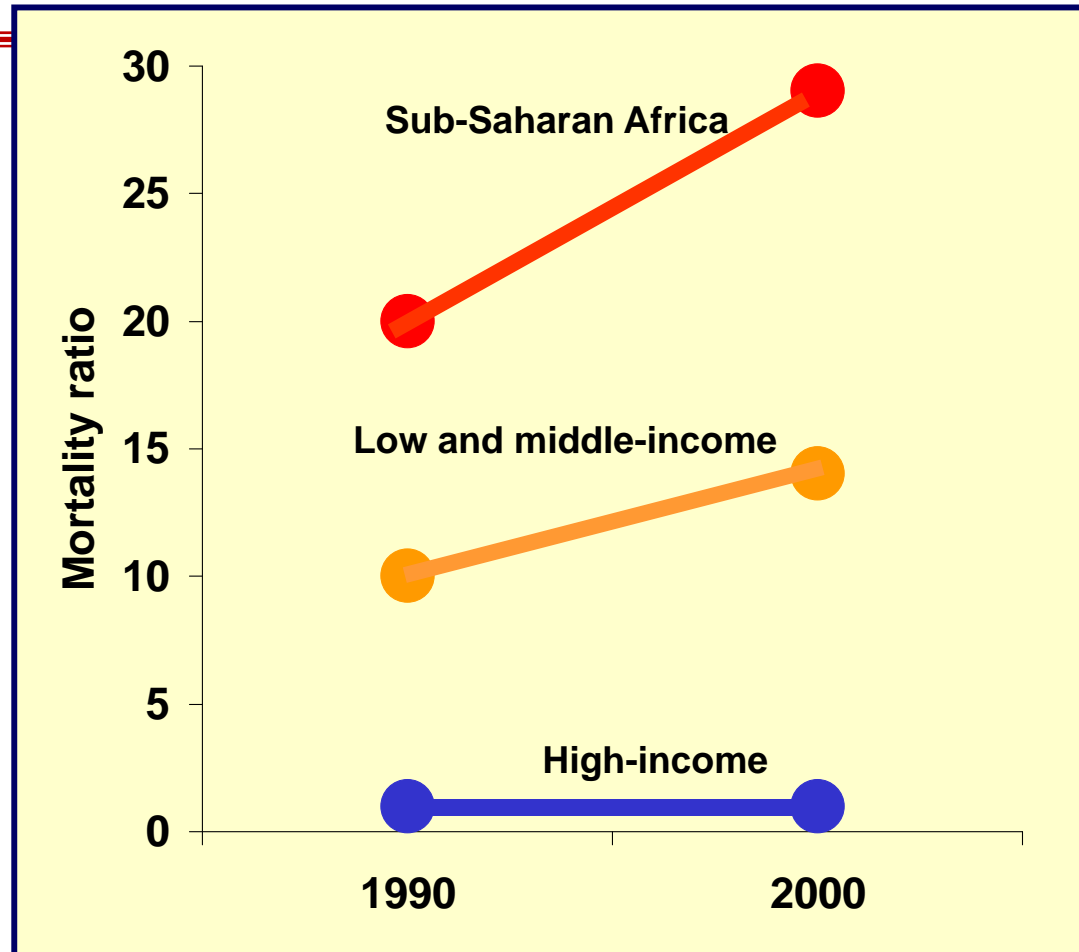
Source: 2003 World Health Report

Source: CHERG, Lancet 2005

Global coverage of DPT3 vaccine

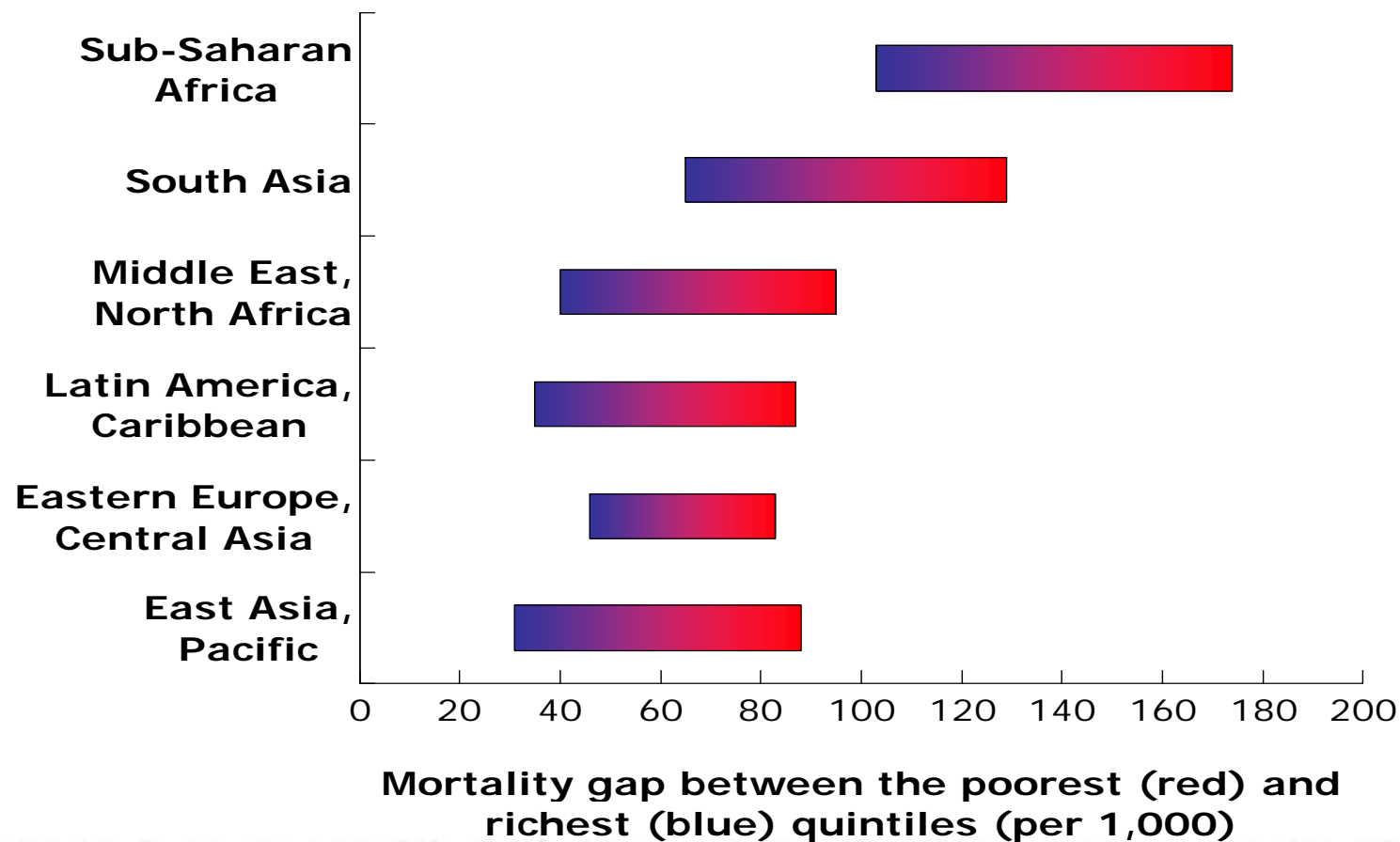


Gaps between rich and poor countries were increasing



Paper 4
19 July

Within-country equity gaps for underfive mortality



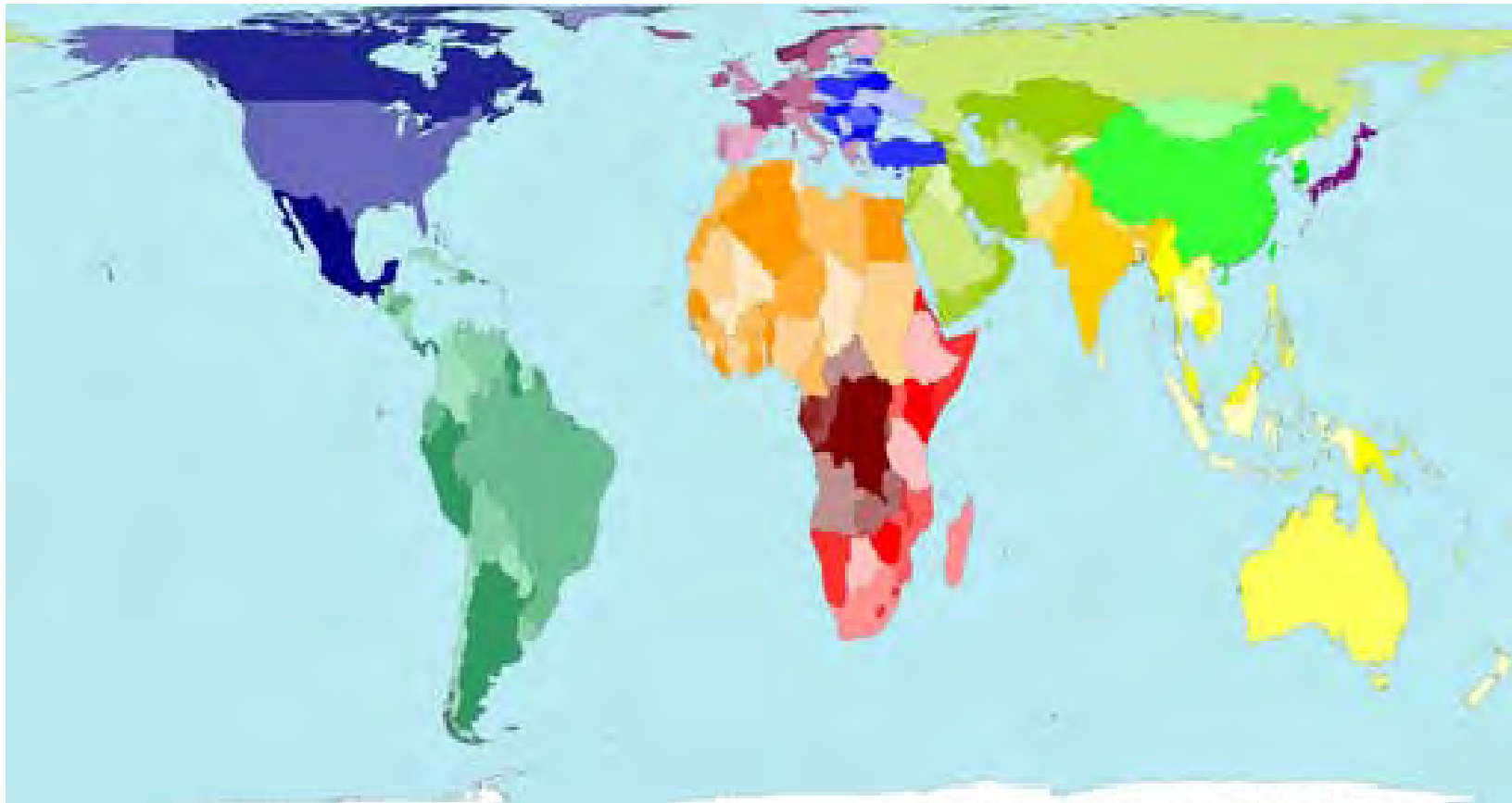
The challenge of reaching high and equitable coverage

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?

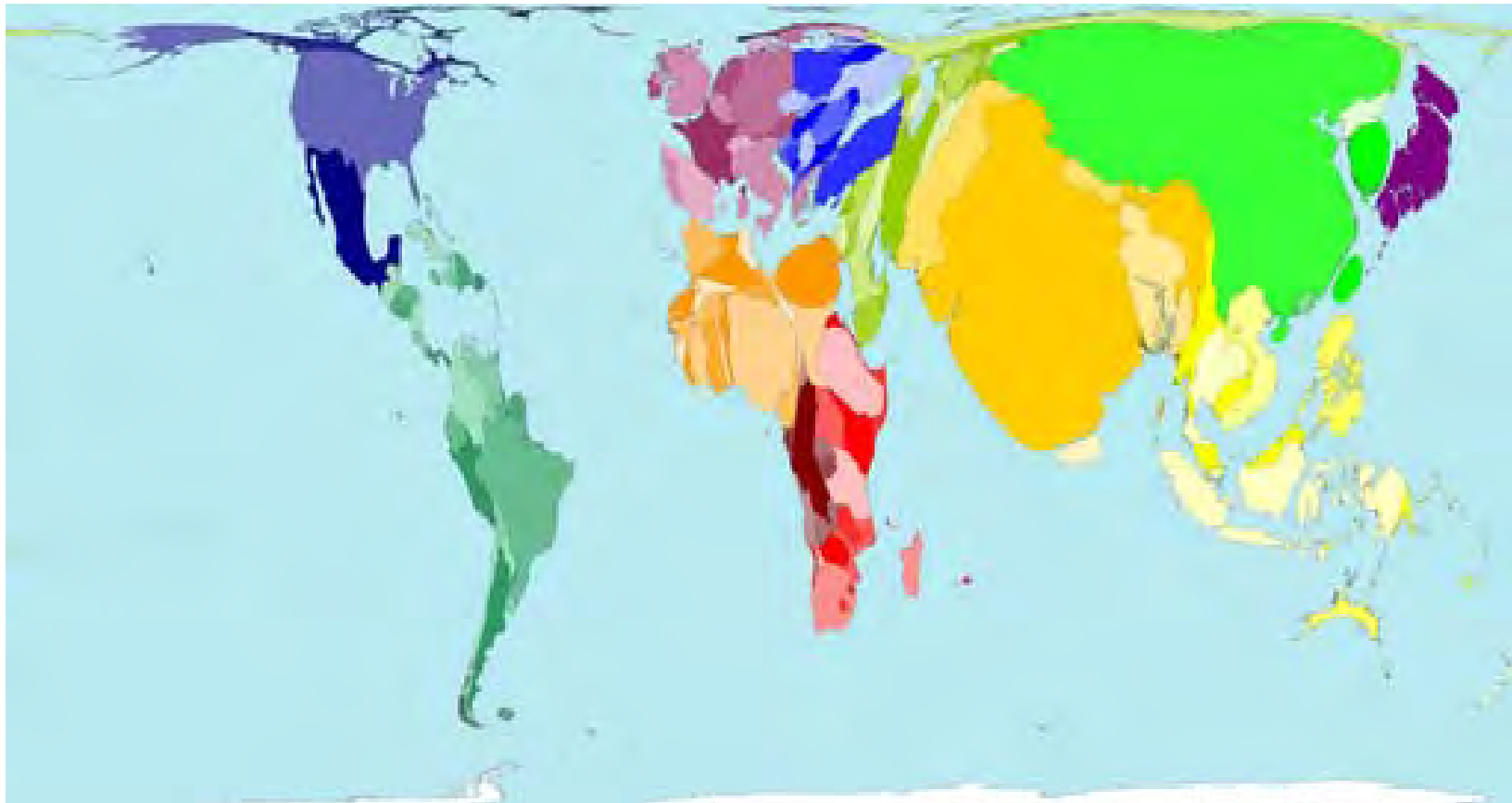


Land area



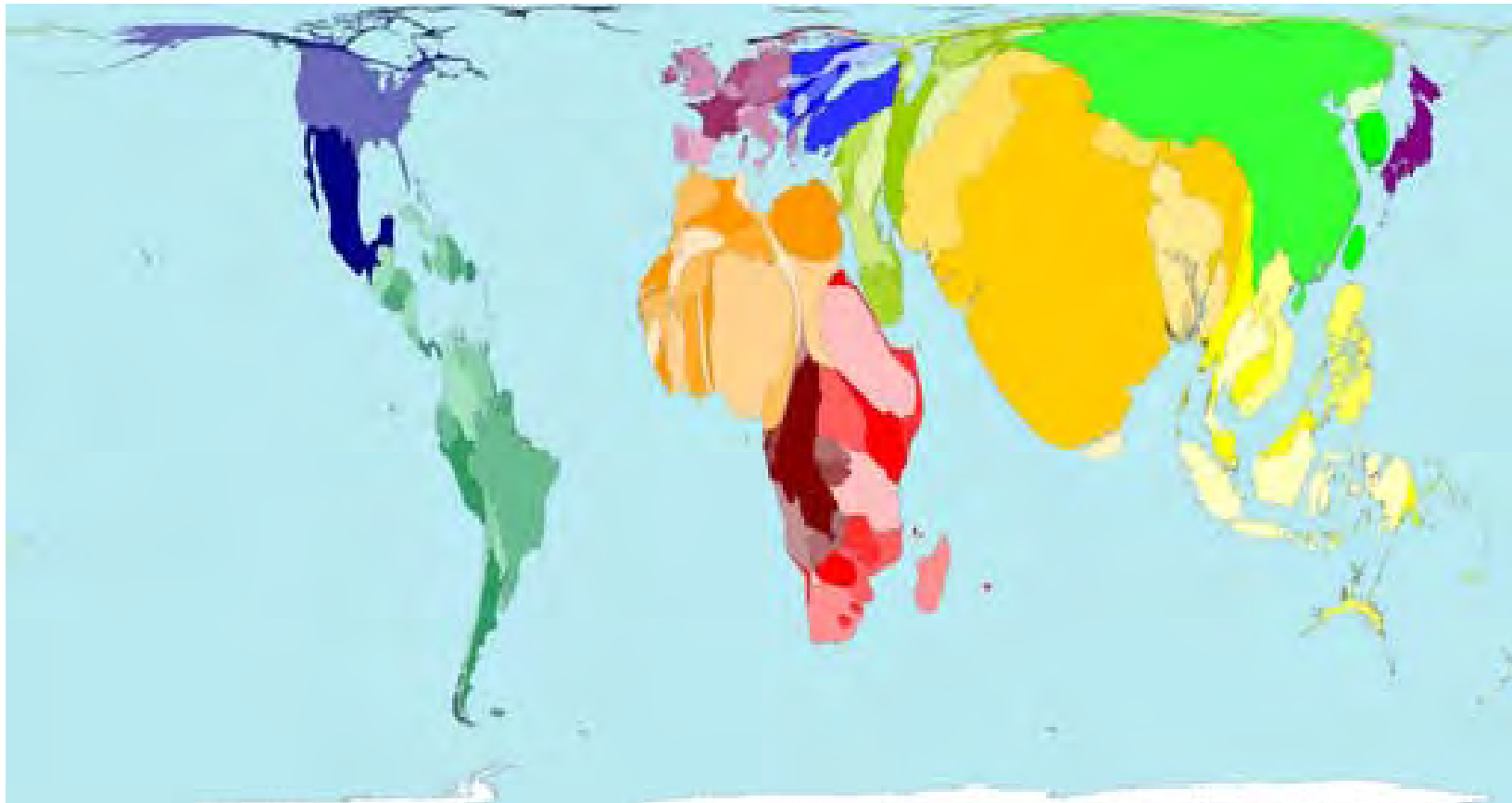
Source: www.worldmapper.org

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



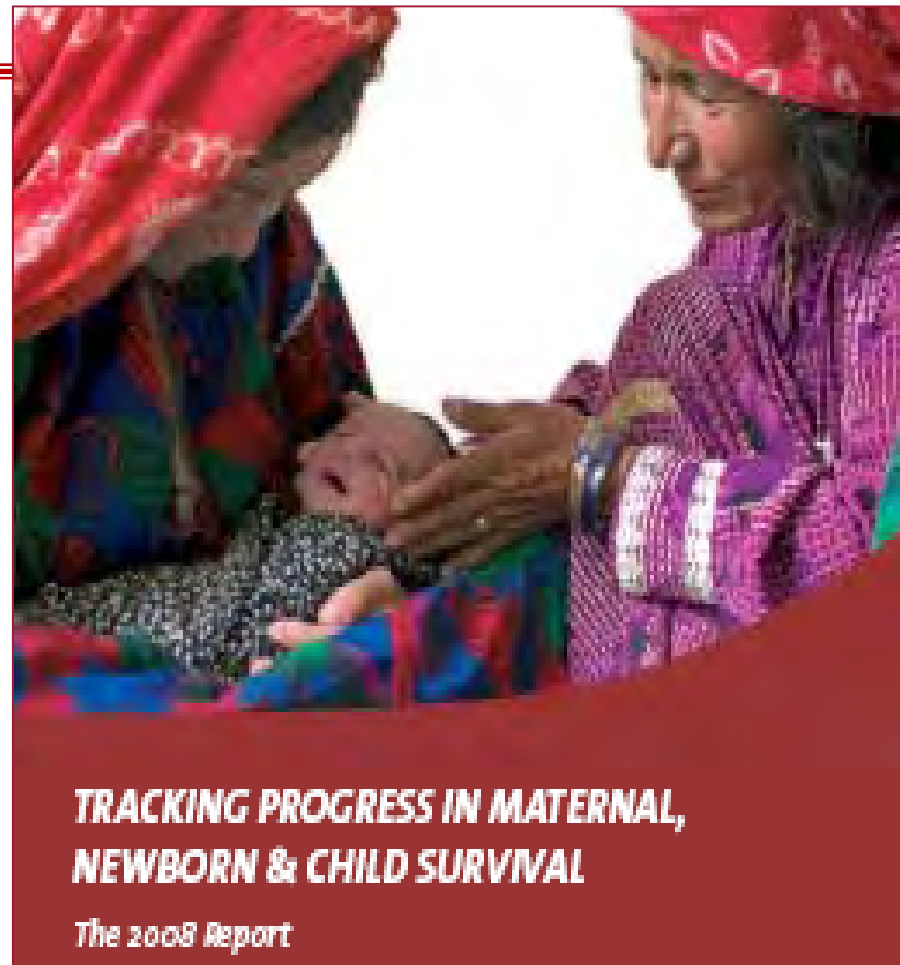
Outline of presentation



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



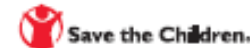
The Countdown to 2015 Report



The Countdown Partnership



THE WORLD BANK



THE LANCET



BILL & MELINDA
GATES foundation



THE AGA KHAN UNIVERSITY



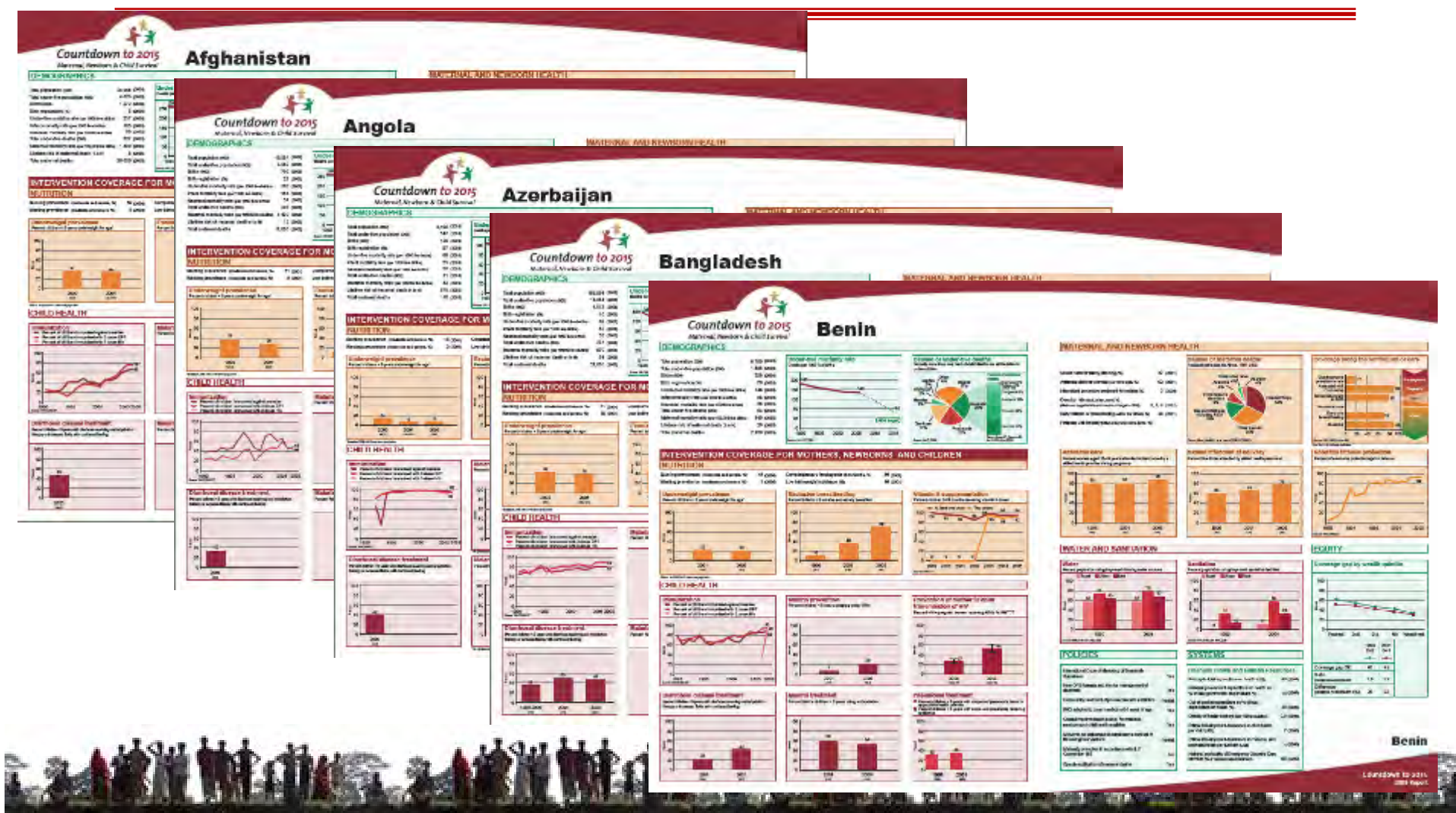
London School of Hygiene
& Tropical Medicine



UNIVERSITY
OF ABERDEEN



The country profiles: monitoring progress



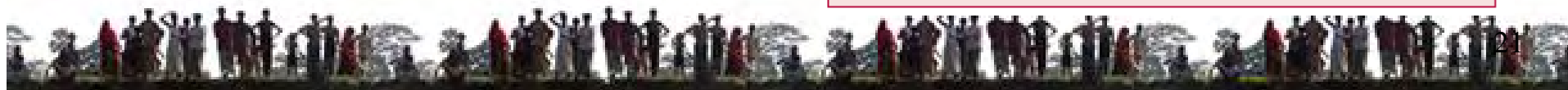
Progress toward MDG4: under-five mortality

- 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

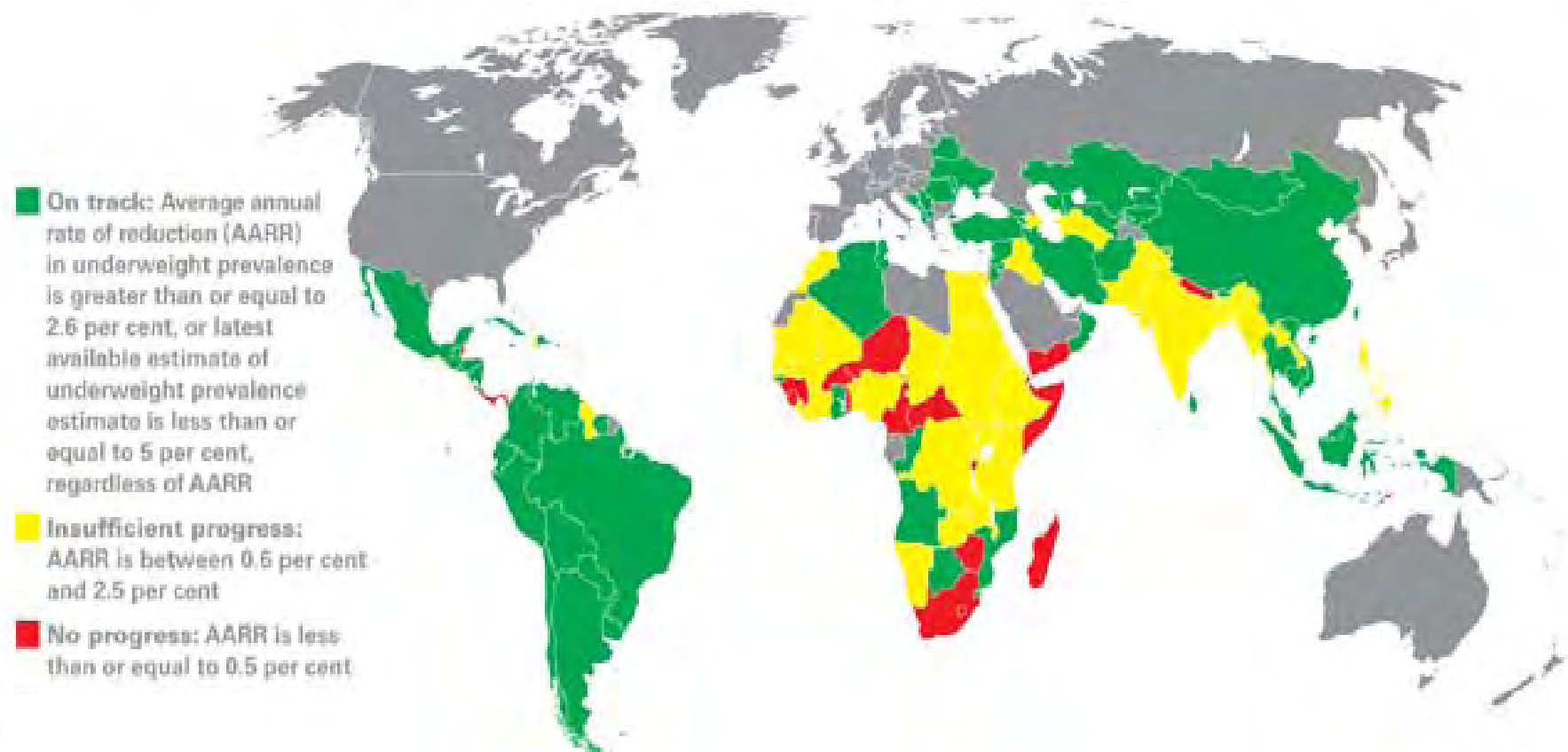
	Rank	Mortality in children younger than 5 years (1990)	Mortality in children younger than 5 years (2006)	Change (1990–2006)
Ten with most progress				
Peru	1	78	25	68%
Brazil	2	57	20	65%
Indonesia	3	91	34	63%
Egypt	4	91	35	62%
Nepal	5	142	59	58%
Morocco	6	89	37	58%
Laos	7	163	75	54%
Bangladesh	8	149	69	54%
Bolivia	9	125	61	51%
Guatemala	10	82	41	50%
Ten with least progress				
Chad	59	201	209	–4%
Cameroon	60	139	149	–7%
South Africa	61	60	69	–15%
Equatorial Guinea	62	170	206	–21%
Congo	63	103	126	–22%
Kenya	64	97	121	–25%
Lesotho	65	101	132	–31%
Zimbabwe	66	76	105	–38%
Swaziland	67	110	164	–49%
Botswana	68	58	124	–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?



Source: UNICEF Global Database, Nov 2009

Inequalities in child health

=====
Distal determinants
(social, political, economic)
=====



Social stratification

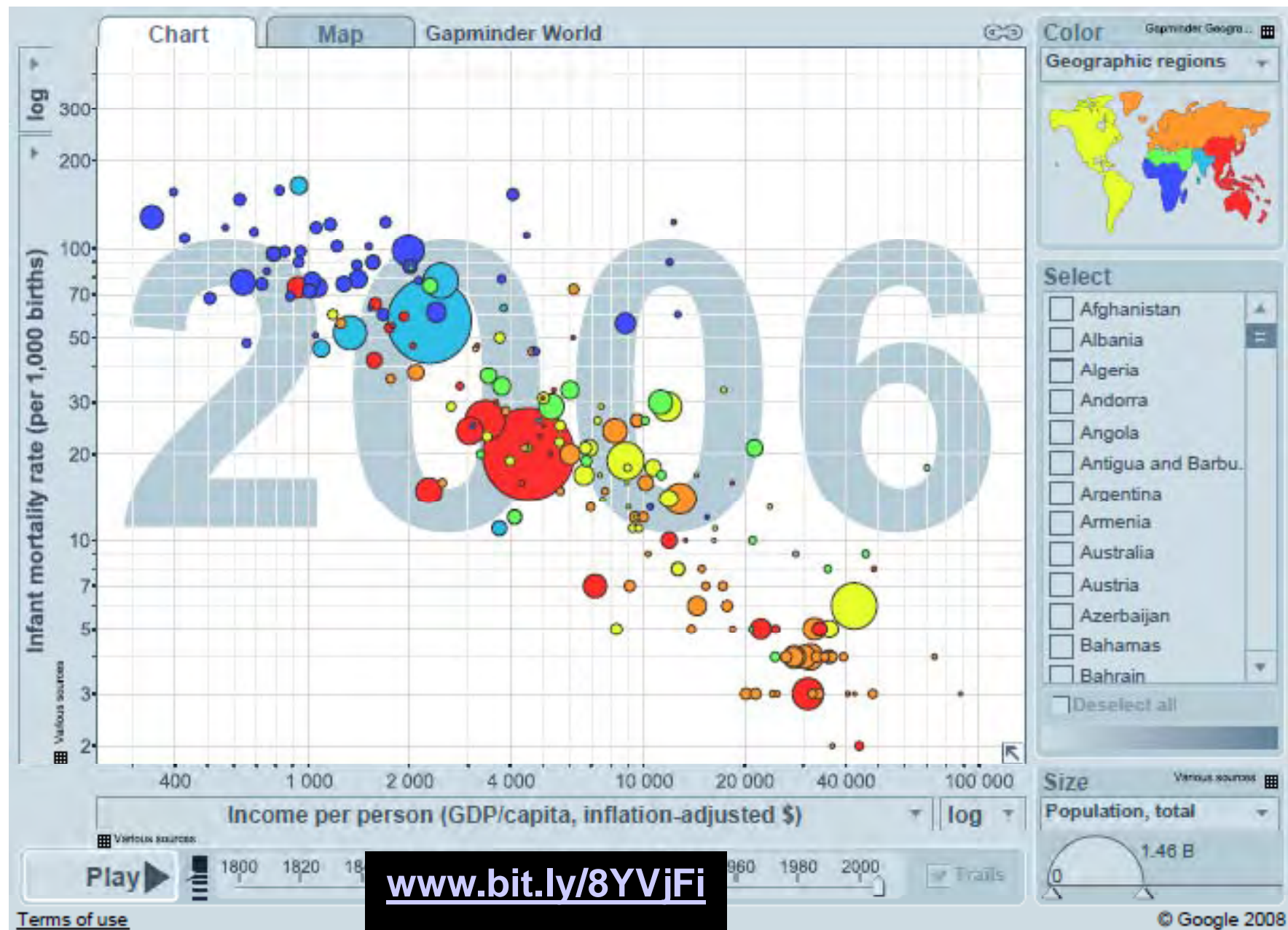


Access to preventive and
curative interventions

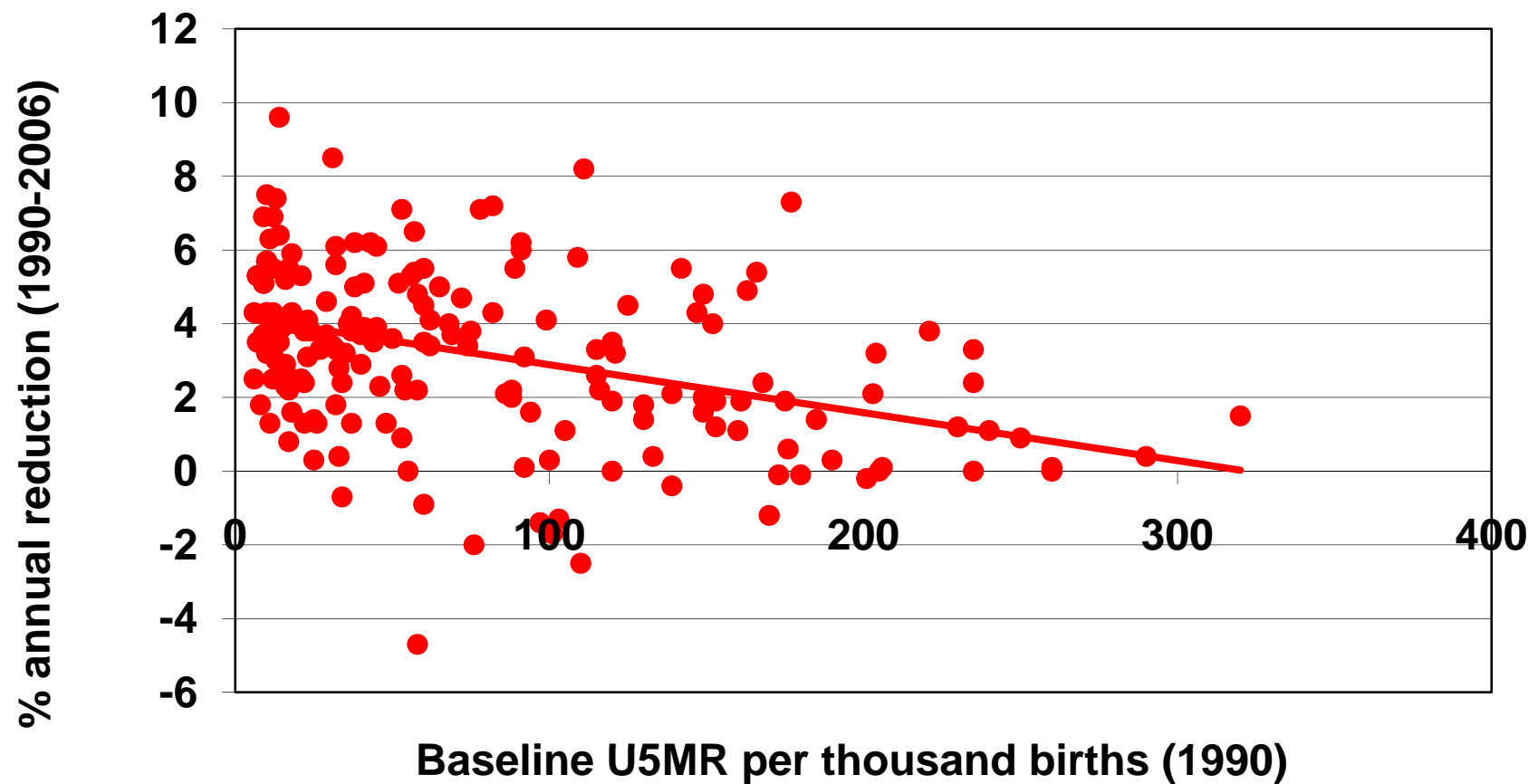


Child health and nutrition

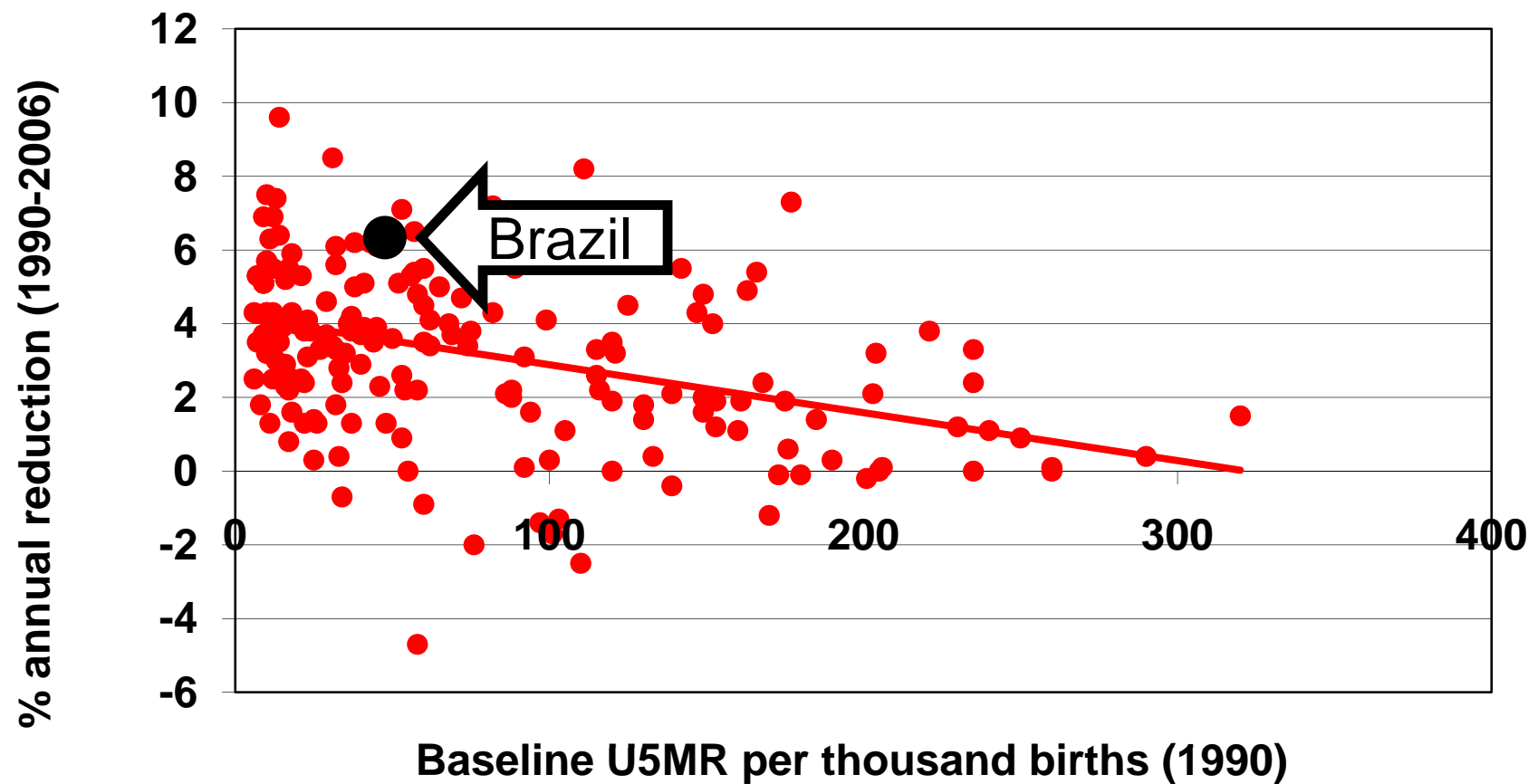




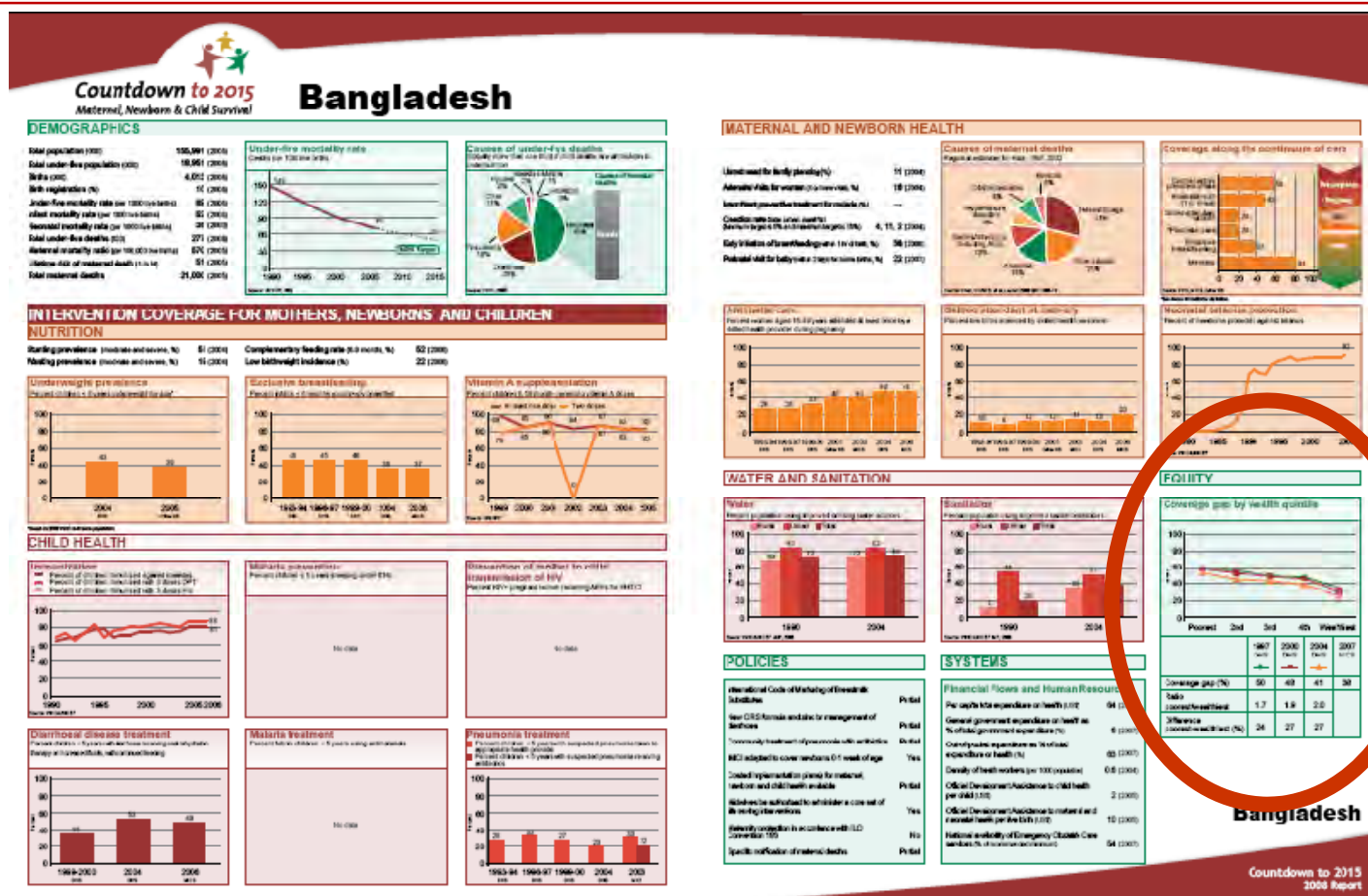
Faster progress where it is least needed



Faster progress where it is least needed

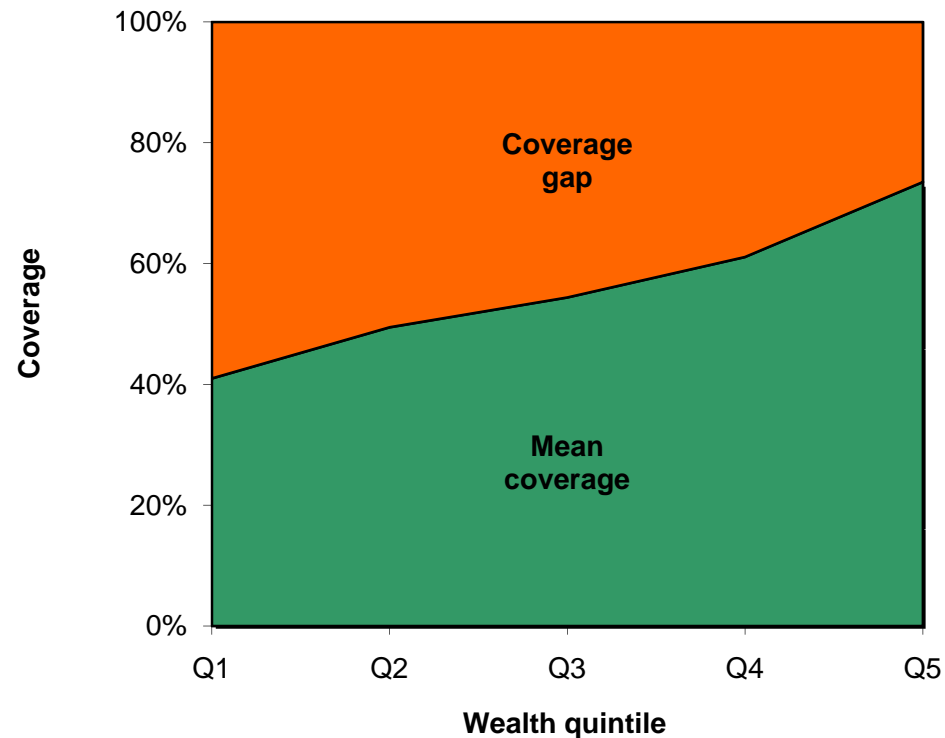


Countdown to 2015: Equity



Mean coverage index / coverage gap

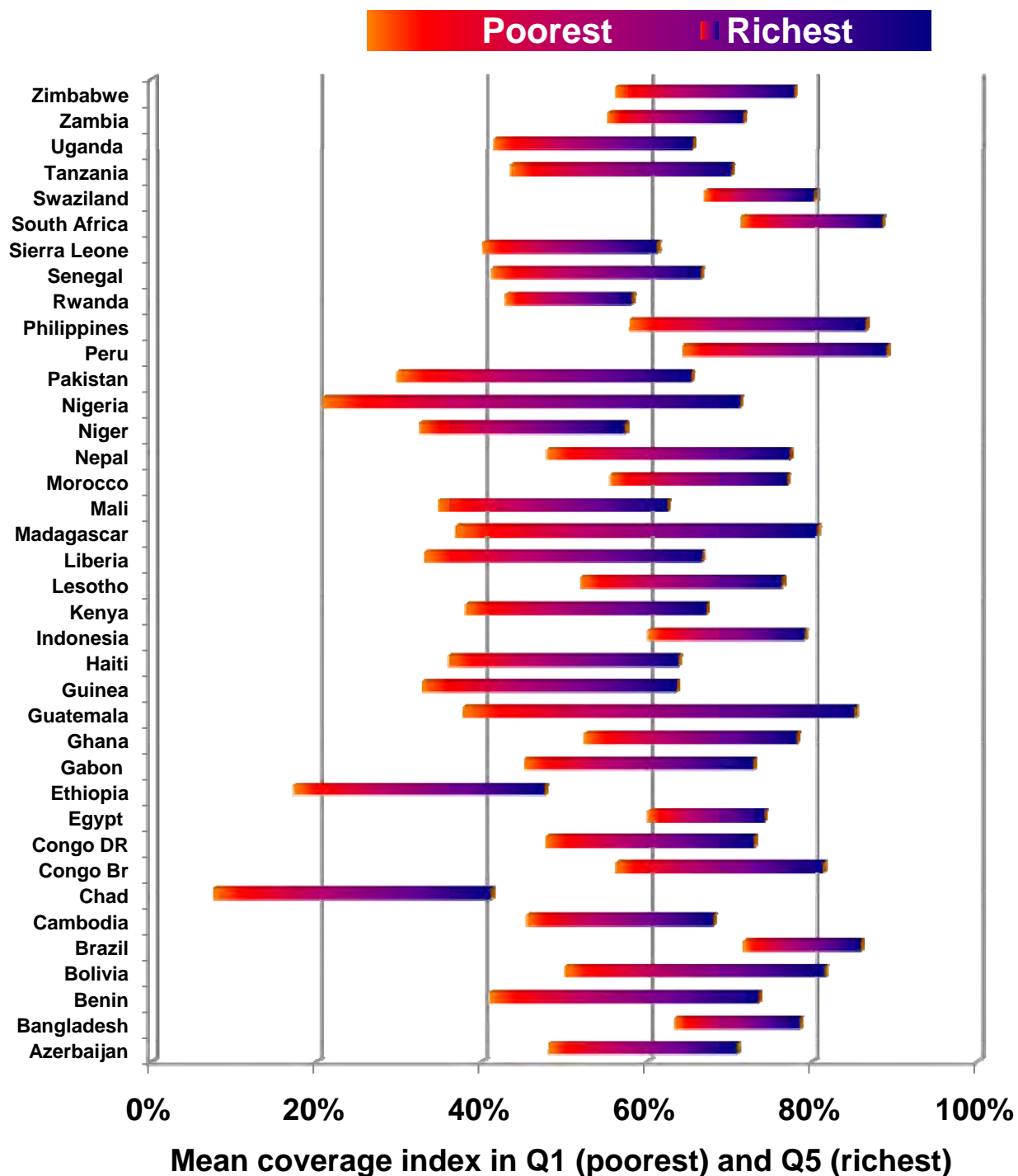
- Single summary measure – mean coverage with 8 key interventions
- Allows easy comparison over time and across countries



**Magnitude in
inequity
ranges:**

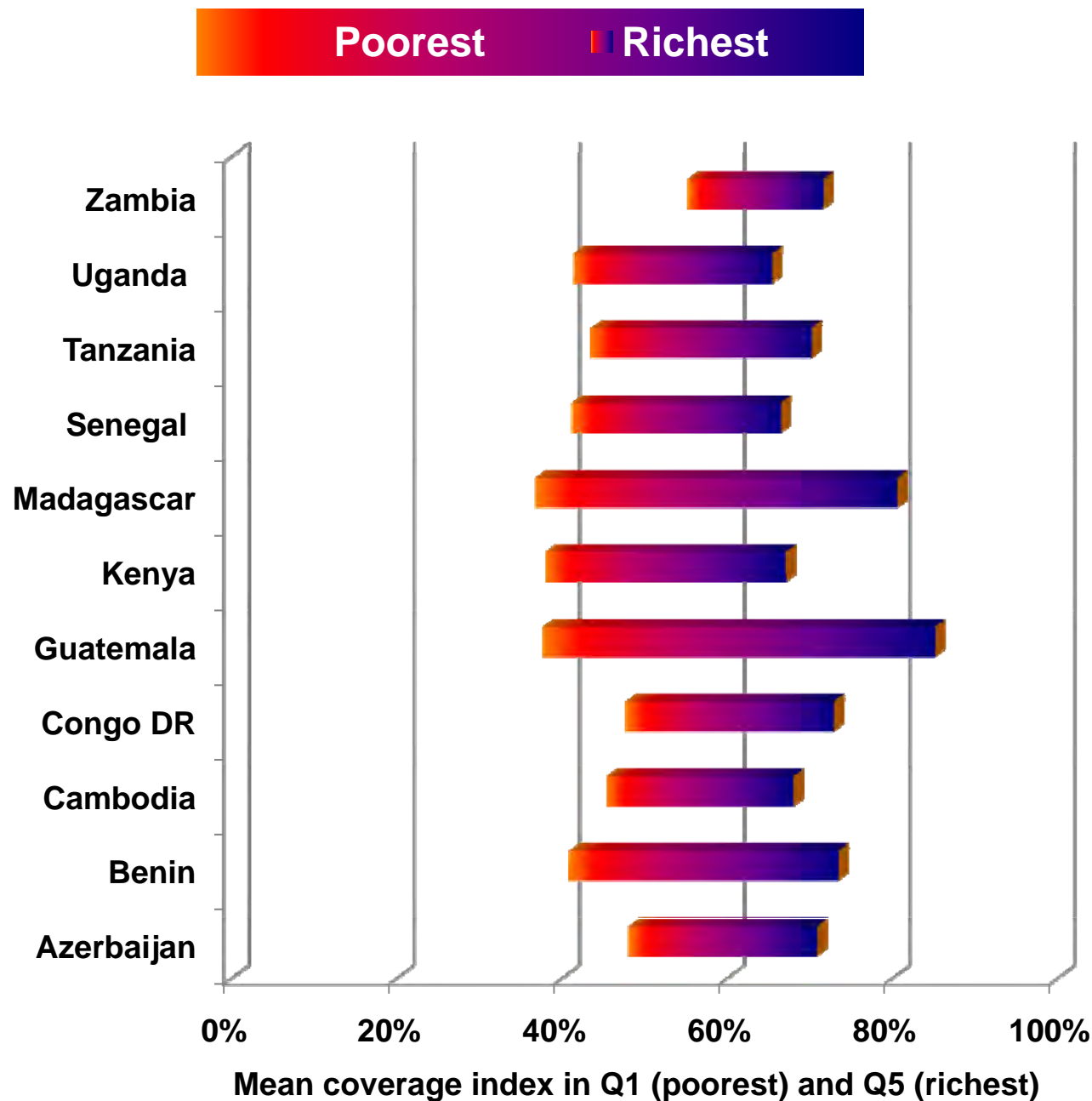
**mean
coverage
index
(Q5-Q1),**

38 countries

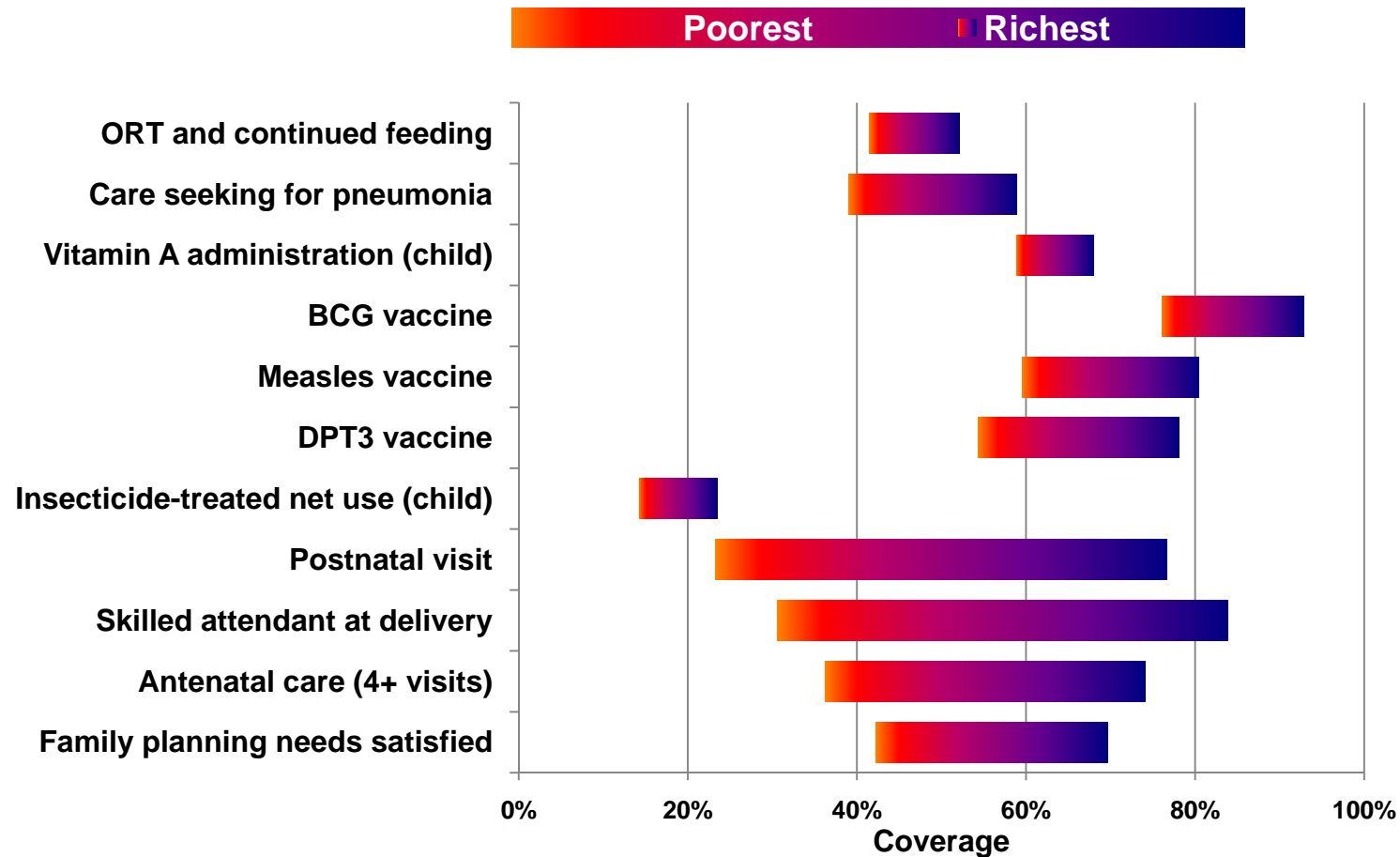


Mean coverage index (Q5-Q1) by country

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



Outline of presentation



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

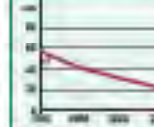


DEMOGRAPHICS

Total population (m)	18,327 (2006)
Total under-five population (m)	6,042 (2006)
Infants (m)	1,770 (2006)
Birth registration (%)	95 (2006)
Gender ratio (males/females per 1,000 females)	110 (2006)
Infant mortality rate (per 1,000 live births)	11 (2006)
Under-five mortality rate (per 1,000 live births)	20 (2006)
Total under-five deaths (m)	120 (2006)
Infant deaths (m)	110 (2006)
Stillbirths (m)	10 (2006)
Infant deaths (m)	10 (2006)
Infant deaths (m)	10 (2006)

Under-five mortality rate

Deaths per 1,000 live births



Causes of under-five deaths

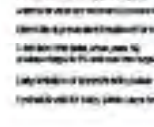
Percentage of total under-five deaths



MATERNAL AND NEWBORN HEALTH

Causes of maternal deaths

Percentage of total maternal deaths



Coverage along the continuum of care

Percentage of women receiving services



INTERVENTION COVERAGE FOR MOTHERS, NEWBORNS AND CHILDREN

Underweight prevalence

Percentage of children under-five who are underweight



Exclusive breastfeeding

Percentage of infants exclusively breastfed



Vitamin A supplementation

Percentage of children under-five who received Vitamin A



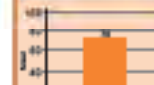
Neonatal mortality rate

Deaths per 1,000 live births



Stillbirth rate

Deaths per 1,000 stillbirths



Maternal mortality ratio

Deaths per 100,000 live births

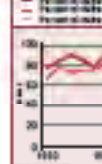


- MDG1: Reduce underweight by 1/2
 - 1996: 5.7% -- 2006/7: 1.7%
- MDG4: Reduce under-five mortality by 2/3
 - 1990: 57 -- 2007: 20

CHILD HEALTH

Immunization coverage

Percentage of children under-five who are immunized



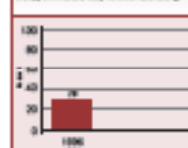
Maternal mortality ratio

Deaths per 100,000 live births



Under-five mortality rate

Deaths per 1,000 live births



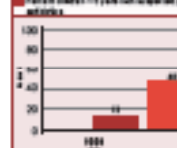
Maternal mortality ratio

Deaths per 100,000 live births



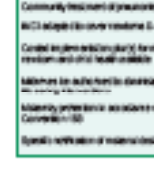
Percentage of children under-five who are immunized

Percentage of children under-five who are immunized



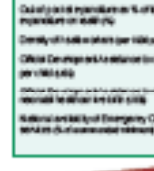
Percentage of children under-five who are immunized

Percentage of children under-five who are immunized



Percentage of children under-five who are immunized

Percentage of children under-five who are immunized



Percentage of children under-five who are immunized

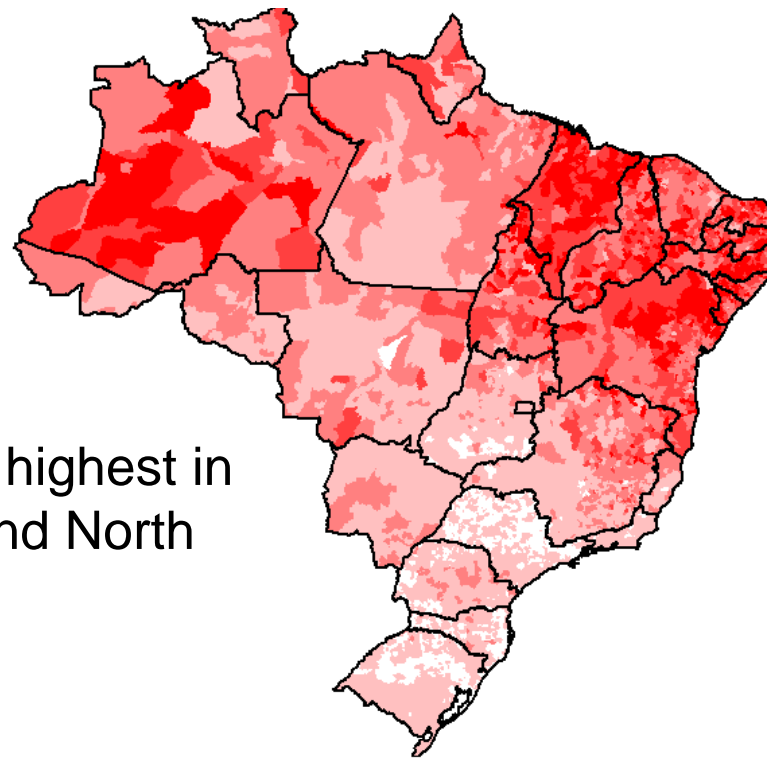
Percentage of children under-five who are immunized



Infant mortality by region, Brazil

Infant mortality rate, 2000

Infant mortality is highest in the Northeast and North



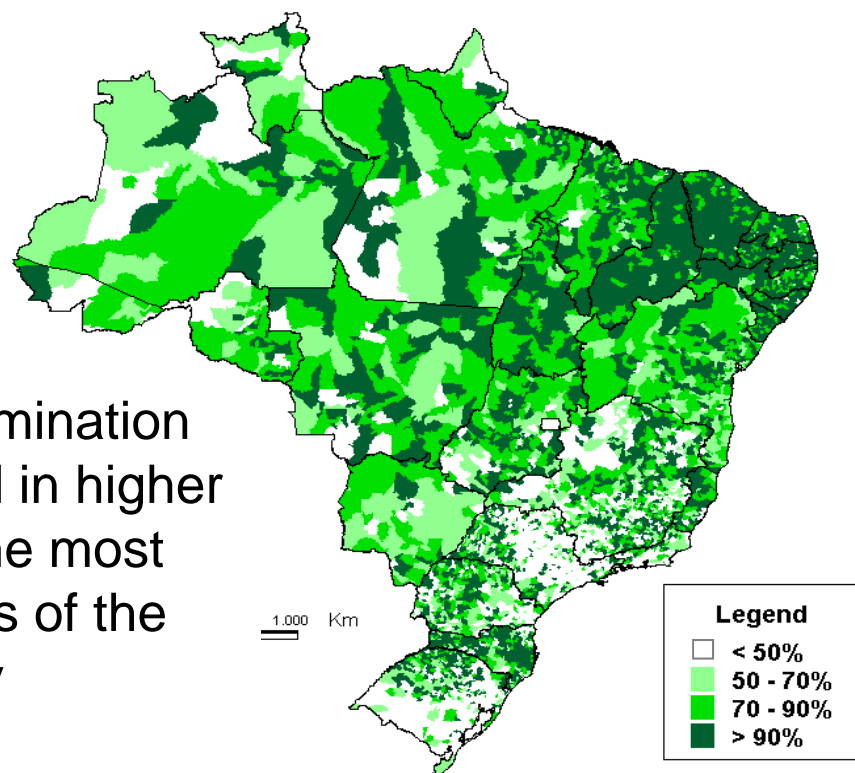
Legenda		
<15	(3)	
15-29	(36)	
30-44	(61)	
45-59	(26)	
>=60	(0)	



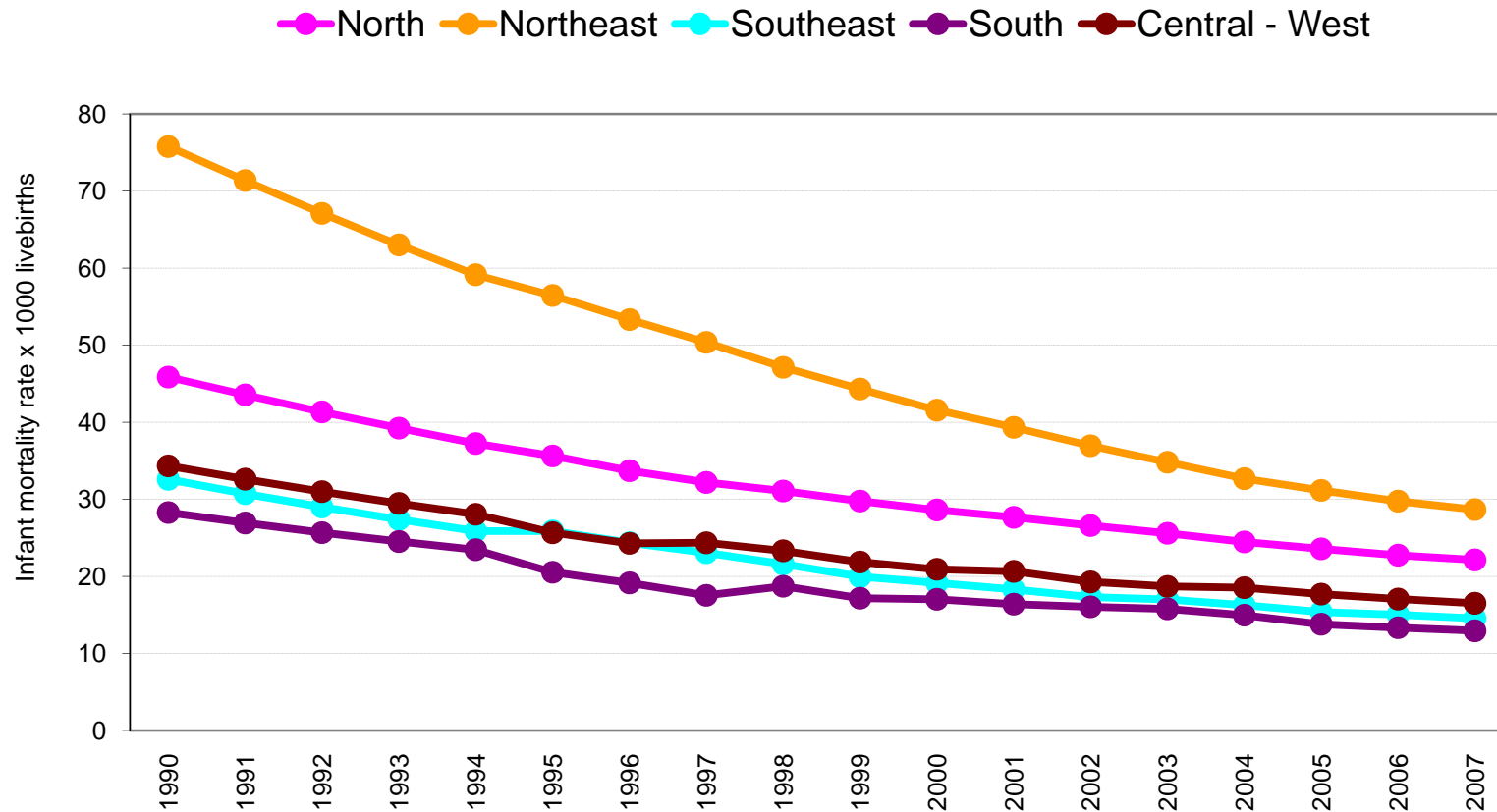
Family health program, Brazil

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

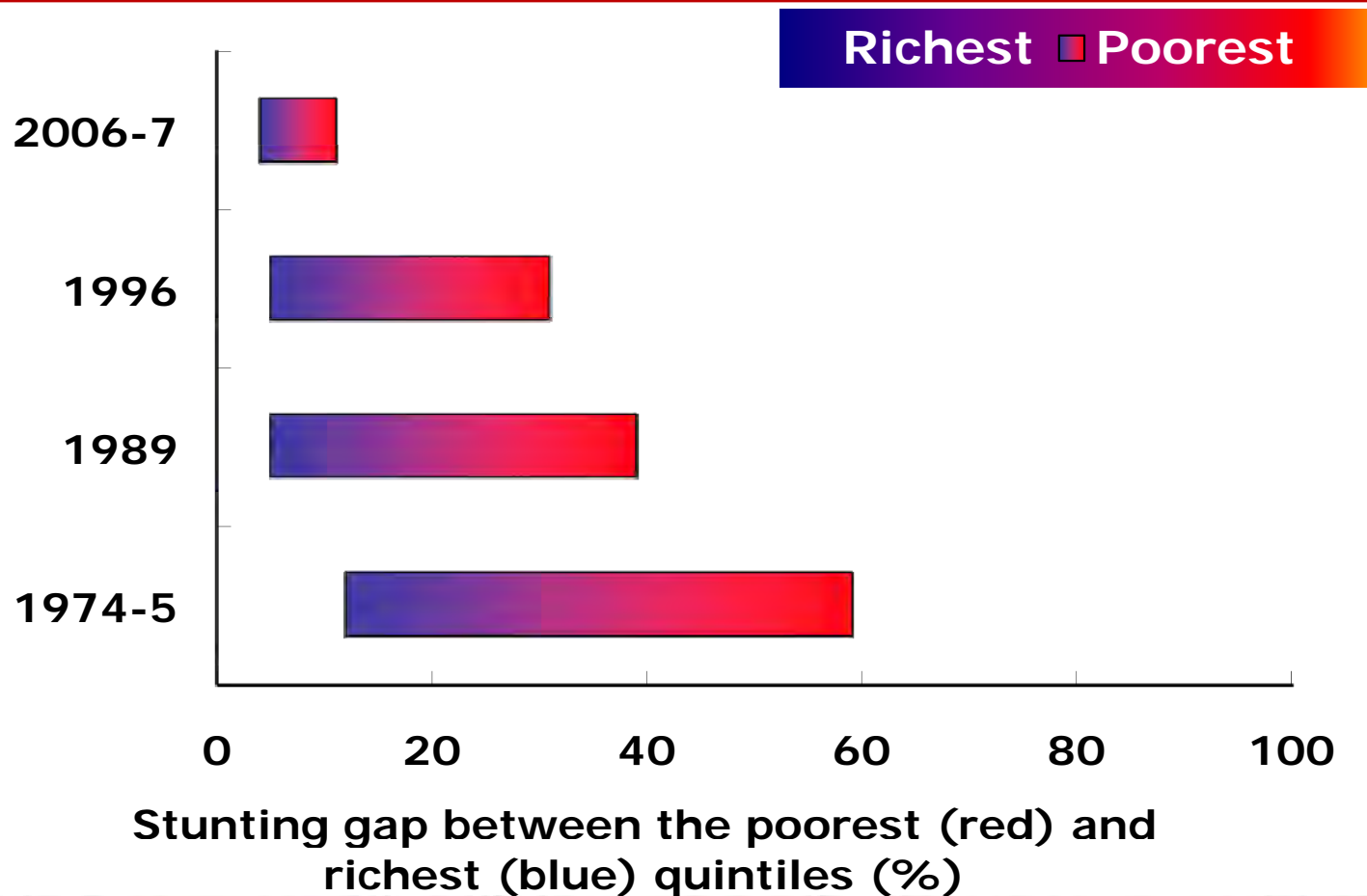
Pro-poor dissemination strategy resulted in higher coverage in the most deprived areas of the country



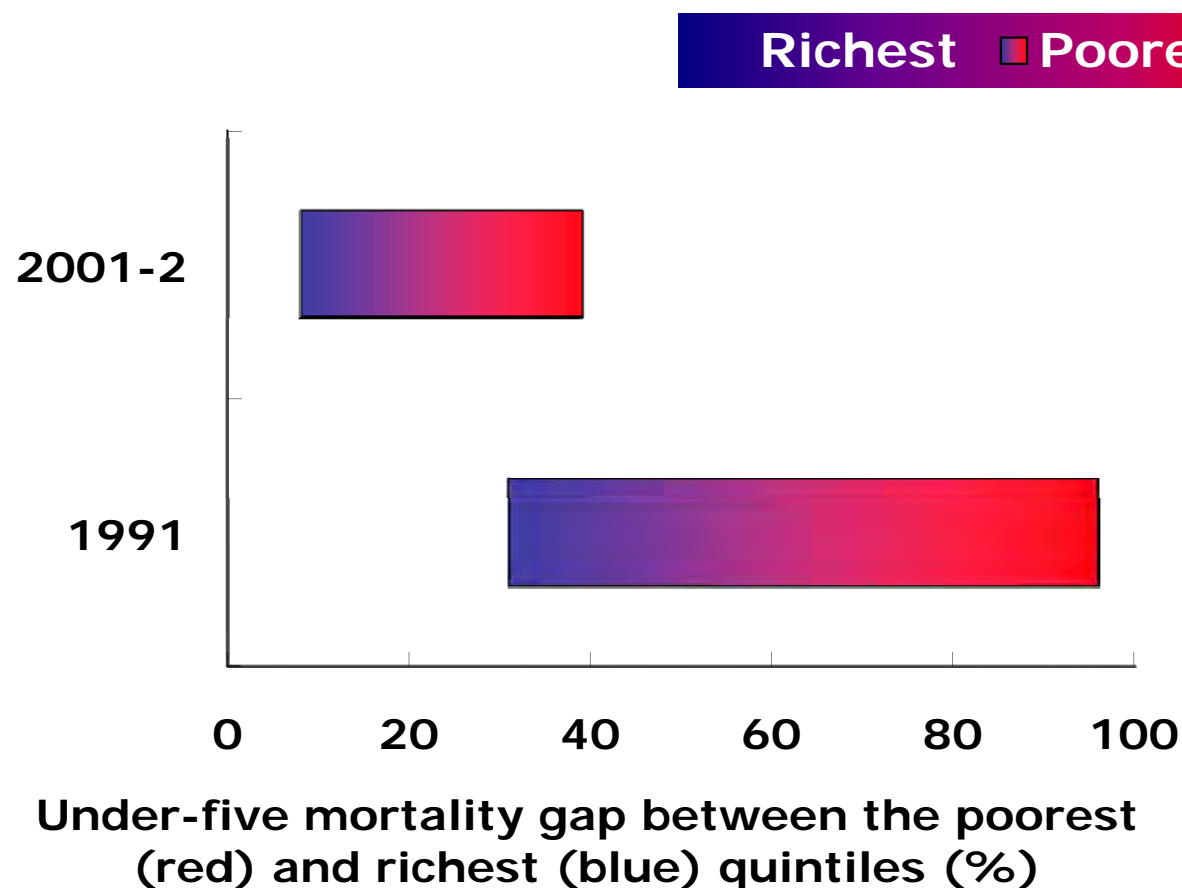
Brazil: regional inequalities in infant mortality



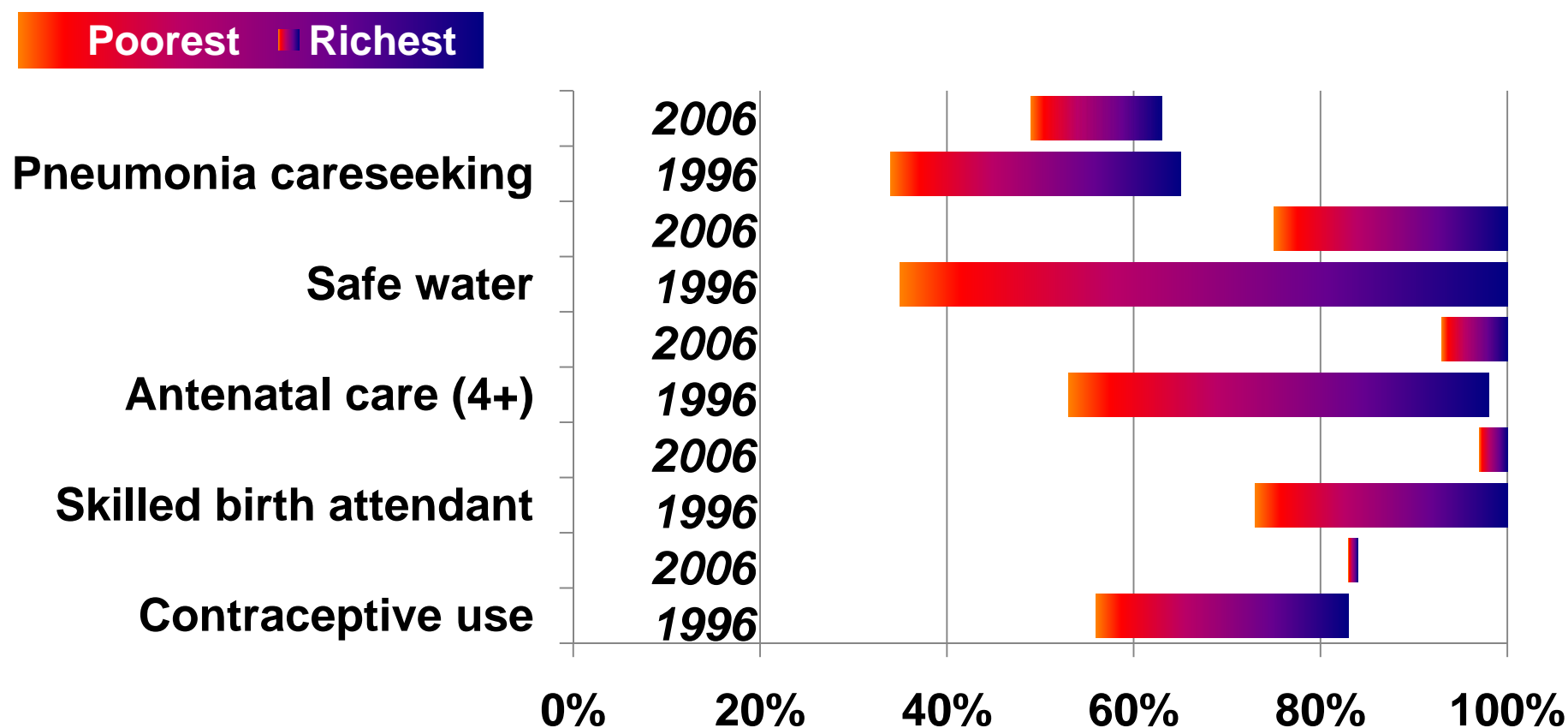
Brazil: poor-rich gaps in stunting, 1974-5 to 2006-7

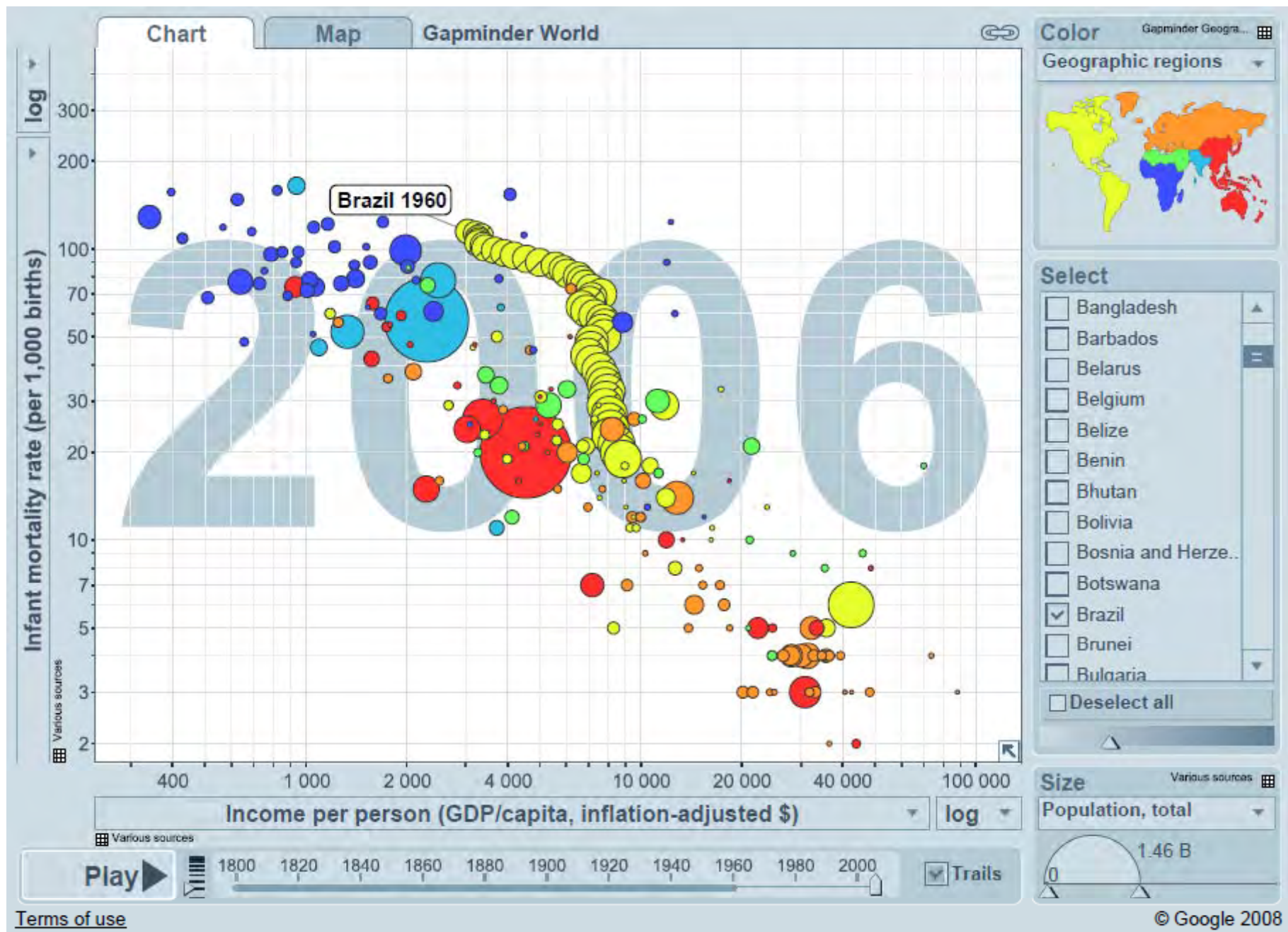


Brazil: poor-rich gaps in under-five mortality, 1991 and 2001-2



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





www.bit.ly/8YVjFi

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

