Ending preventable child deaths

Global roadmap for neonatal, child and maternal survival

DISCUSSION DOCUMENT
NOT FOR CIRCULATION

May 3, 2012
Overview

- Why launch a Child Survival Call to Action?
- What is the Global Roadmap and how will it be used?
- The Call to Action event
Great progress made over the last 20 years in child survival. Despite that, on current trajectory, many countries need to accelerate action to achieve MDG 4/5. We want to bend the curve – accelerating progress to prevent neonatal, child and maternal deaths. Maximize progress to 2015 and create a platform for action thereafter.
By disease, we have made significant strides in major burden diseases

Reduction in global U5MR by disease, 2000 to 2010
Deaths per 1,000 births

- Pneumonia: 73 to 3 (94% reduction)
- Diarrhea: 3 to 1 (67% reduction)
- Measles: 3 to 1 (67% reduction)
- Preterm birth complications: 2 to 1 (50% reduction)
- Intrapartum related events: 1 to 1 (0% reduction)
- Other conditions: 1 to 1 (0% reduction)
- AIDS: 1 to 1 (0% reduction)
- Meningitis: 1 to 1 (0% reduction)
- Neonatal Tetanus: 1 to 1 (0% reduction)
- Neonatal Pneumonia: 1 to 1 (0% reduction)
- Other conditions neonatal: 0 to 0 (0% reduction)
- Neonatal sepsis/meningitis: 0 to 0 (0% reduction)
- Neonatal diarrhea: 0 to 0 (0% reduction)
- Congenital abnormalities: 0 to 0 (0% reduction)
- Injury: 0 to 0 (0% reduction)

~50% of the reduction comes from pneumonia, diarrhea, and measles

SOURCE: CHERG 2012; publication pending
Future progress will require leadership across a number of different areas.

Deaths per 1,000 births

Global U5MR by disease, 2010

Neonatal conditions account for 40% of U5MR

Preterm birth complications: 8.1
Intrapartum-related events: 5.4
Sepsis/meningitis: 2.9
Pneumonia: 2.4
Congenital abnormalities: 2.0
Other conditions: 1.4
Tetanus: 0.4
Diarrhoea: 0.4
Other conditions: 10.1
Pneumonia: 8.0
Diarrhoea: 5.6
Malaria: 4.2
Injury: 2.6
Meningitis: 1.3
AIDS: 1.2
Measles: 1

Source: CHERG 2011
The Global Roadmap for Neonatal, Child and Maternal Survival – set out a compelling goal and the strategic shifts needed to achieve it

1. Vision: ending preventable child deaths
   - Acknowledge and build on significant global achievements
   - Use new evidence and modeling to “bend the curve”
   - Create a coordinated, evidence-based strategy to support MDGs 4&5 and galvanize action thereafter
   - First part of the journey – Achieve a U5MR of 15/1000 globally and below 20/1000 in every country by 2035
   - Address disparities within countries
   - Saving lives of mothers, neonates and children

2. Where we are today: progress to 2010
   - Disease burden trends based on latest modeling (CHERG, IHME)
     - Significant progress but uneven across countries, diseases and population groups

3. Strategic shifts – what do the data and our experience tell us we need to do differently to reach our targets?
   - Partnering with countries, especially those with the greatest child mortality
   - Maximizing technical and allocative efficiencies
   - Engaging the private sector
   - Creating transparency and (mutual) accountability

4. Sustaining commitment and accountability to reach 15 / 1000 by 2035
   - Galvanize the global community around a new aspiration for child survival beyond 2015
   - Global timeline with 5-year milestones to 2035
   - Clear asks of various stakeholders
The Global Roadmap for Neonatal, Child and Maternal Survival is part of a broader vision for galvanizing the community

**Vision:** Ending preventable child deaths through commitments to ambitious and achievable targets and ensuring accountability for child survival to 2015 and beyond

These efforts will support:

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<tr>
<th>Number</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>Evidence-based country plans, commitments and interim milestones for ending preventable child deaths</td>
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<td>2</td>
<td>Tools for accelerating progress using country-specific modeling of strategies for improving allocative and technical efficiencies, evidence-based analysis of country successes, identifying the strategic shifts needed to accelerate progress and considering non-health sector factors such as education and economic development</td>
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<td>Transparency and accountability through country developed and owned child survival scorecards, annual awards to celebrate high-impact contributions to child survival, and an annual Call to Action event co-convened by stakeholders</td>
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<td>A clear advocacy platform for child and maternal survival to ensure commitment, mobilize key stakeholders and share knowledge and expertise</td>
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<td>5</td>
<td>Global stakeholder outreach and communications to raise awareness and mobilize stakeholders beyond the immediate child survival community</td>
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### What are the obstacles we need to overcome?

- Slow or stagnant reductions in child death in big/complex countries
- Slow progress against neonatal causes of child death
- Sustainably scaling high impact interventions by addressing HRH, service integration and other issues
- Supply chain disruptions and inability to get basic commodities and solutions to the very poor and hard to reach

### What strategic shifts are needed?

- Partner differently w/ the countries that have 50% of U5 mortality
- Focus on new data to accelerate decline in the neonatal and maternal mortality especially
- Invest in and leverage new technologies and approaches
- PPPs at scale to eliminate commodity bottlenecks and tap into private sector resources and knowledge
- Increase accountability at all levels
- Promote transparency including at sub-national levels to address disparities
- Align existing donor resources and commitments around sharpened, data-driven country plans
The global plan will include intermediary targets against which we hold ourselves accountable and judge success:

- **Activity**
  - Accelerate action toward MDGs 4/5
  - Create a platform for post-2015
  - Create shared fact-base and Global Roadmap
  - Engage and unify leadership from countries and stakeholders
  - Measure progress
  - Revise roadmap to reflect new learnings
  - Expand country/stakeholder engagement
  - Create forums for accountability and momentum
  - Invest in critical innovations
  - Celebrate successes
  - Focus resources on more difficult countries/populations
  - Update global knowledge and learning
  - Take stock
  - Devise new approaches for countries still lagging
  - Set new targets to move to parity with the rich world

- **Country Child Survival Scorecards**
  - Coverage targets by disease:
    - 5-10
    - 20-30
    - 40-60
    - 70
    - 70+

- **Under-5 deaths (targets)**
  - 2010: 7.6 mm
  - 2010-2015: 5.8 mm
  - 2016-2020: 4.3 mm
  - 2021-2025: 3.2 mm
  - 2026-2030: 2.4 mm
  - 2031-2035 and beyond: 2.0 mm

- **Additional 5 year milestones for achieving 2035 U5MR targets will be developed**

  - Assumes global annual rate of reduction of 5.5%.
  - Differential projections by region in progress.
The Child Survival Call to Action

Two day event June 14 - 15

- Co-convened by Governments of India, Ethiopia and the US
- In partnership with UNICEF
- Support of UNSG, WHO, bilaterals, multilaterals, industry, CSOs and other governments, academic and other thought-leaders
- First day – political and policy engagement
- Second day – high-level technical meeting on learning and achievements, reinvigorate existing action plans formulate new plans, and on how to effectively deliver on commitments

- Celebrate our community’s successes
- Move us closer to our MDG 4 & 5 goals
- Launch a long-term, focused, strategic effort to accelerate impact in neonatal, child and maternal survival based on the Global Roadmap
For discussion

1. Child survival is a key indicator in judging whether government and other leaders are keeping their promise to their people – how can we make this message resonate more clearly with governments other institutions and create greater political support at the highest levels?

2. How can we best use the Child Survival Call to Action to support the post-Busan dialogue on mutual accountability?

3. Going forward, how can we use the roadmap, keep it dynamic, relevant, effective?

4. What will it take to bend the curve - accelerating the annual rate of reduction for child mortality in each country?

5. How can we best build on existing partnerships and structures to maintain momentum and strengthen accountability?