



ENDING PREVENTABLE CHILD DEATHS: HOW BRITAIN CAN LEAD THE WAY

FOR EVERY
CHILD

unicef 
UNITED KINGDOM

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FOREWORD

The UK is changing. New government, new direction, new priorities.

As we leave the House of Commons, we call on the newly elected government and MPs to look outwards: compassionate and ambitious about the good the UK can do as a global power in child health.

Our combined 60 years in the House, representing different parties, has taught us that you can sit on opposite sides but still work towards a common cause, because there are fundamental principles that unify us. First among them, the belief that **every child can shape our world and seize the future they deserve, but only when their rights are protected and they're given the chance to survive and thrive.**

As Chair of the International Development Committee and Minister for International Development, we have seen first-hand how important UK leadership is around the world. Our Department for International Development is a force for good; it saves children's lives and makes a real difference. From visiting clinics in Cox's Bazaar providing life-saving vaccinations, to seeing how crucial health system strengthening programmes are following the Ebola outbreak in Liberia, **what has always stood out to us is the limitless hope, dreams and potential of children.**

This year we celebrate 30 years of the UN Convention on the Rights of the Child, and we can be proud of the significant progress made around the world in advancing child rights and reducing child mortality. Yet this progress is at risk: 53 countries are not expected to meet Sustainable Development Goal 3.2 to end preventable deaths of children under five. **Unless we act now, 52 million children will die from a preventable cause before 2030.** So, while our country can be proud of the progress we have driven, we should also be humble about the fact the job is far from done. We need urgency and focus – this timely report from Unicef UK offers both.



Stephen Twigg



Alistair Burt

As the UK stands at a moment of change, we urge the newly elected government to use this opportunity to think big and be ambitious. Over the next year, key health multilaterals like Gavi are due for re-investment, while important global initiatives such as the Nutrition for Growth Summit to tackle malnutrition are due for renewal, ultimately taking us to the UK's Presidency of the G7 in 2021. The time is now for the UK Government to lead the way globally. Let's take up this challenge. Let's meet Sustainable Development Goal 3.2. Let's drive other nation states to do the same. **Let's end the preventable deaths of all children under five.**

Thirty years ago, the UN Convention on the Rights of the Child gave us a roadmap for every child. The world has changed and our challenges today are different, but we firmly believe that the newly elected government must seize this opportunity to reaffirm Britain's role as a compassionate, ambitious and outward-looking leader on the global stage – and keep our promise to ensure every child is given the chance to survive and thrive.

Stephen Twigg

*Former Labour MP and
Chair of the International
Development Committee*

Rt Hon Alistair Burt

*Former Conservative
MP and Minister for
International Development*

EXECUTIVE SUMMARY

Over the past three decades, we have seen major success in reducing child deaths and improving children's lives. The number of children who die before their fifth birthday has fallen by over half, even as the number of children being born has increased.

Yet it is currently estimated that **52 million children under the age of five will die by 2030, largely of preventable causes.**¹ Major health challenges are hindering progress and need to be tackled to end preventable deaths of children under five:



■ **Limited access to quality primary health care**, is a leading cause of the 7,000 newborn deaths every day.²



■ **Unequal access to vaccines** means that 20 million children still do not receive basic vaccines³, and 1.5 million children under five die from vaccine-preventable diseases every year.⁴



■ **Pneumonia** remains the main infectious disease cause of death among children under five, responsible for around one in six deaths.⁵



■ **Malnutrition** contributes to nearly half of under-five deaths⁶, and affects one in three children globally.⁷

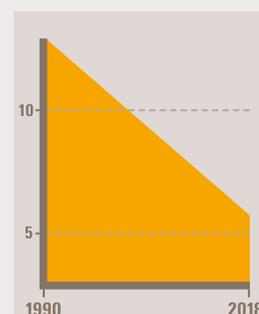


■ **Diarrhoea** is the fifth leading cause of death among children under five⁸; and unsafe water, sanitation and hygiene accounts for two-thirds of diarrhoeal disease.⁹

The risk of dying is highest in the first month of life, with 47% of deaths among children under five occurring in the first 28 days.¹⁰ The current situation is unacceptable given we have the knowledge, tools and power to save these children's lives but **global progress on child survival has stalled due to a lack of political commitment and leadership.** This is where a Global Britain can reassert its positive commitment to internationalism, leading the world in ensuring every child has the chance to survive and thrive.

Primary health care (PHC) is the foundation of quality, people-centred health care that is accessible to all and efficiently linked to more specialised services. Across each of the key child survival agendas, it is integral to ensure action is underpinned by strengthened PHC systems and the provision of an integrated programme of action on improving child health. **Strong primary health care systems are the basis upon which we can drive progress across much of child health.** Whether we are

CHILD SURVIVAL¹¹



Deaths of children under age 5

addressing pneumonia, access to vaccinations, malnutrition or diarrhoeal disease, this is the foundation stone upon which progress relies.

Unfortunately, many health systems currently fail to respond to the specific needs of the poorest and most marginalised children and families, in effect excluding them from essential interventions that can save or improve their lives.

Strengthening PHC is the best way for countries to achieve Universal Health Coverage (UHC) and drive progress towards the health-related Sustainable Development Goals (SDGs). It has proven to be a cost-effective way to deliver services, prevent illness and promote overall well-being.

Vaccination offers a unique opportunity to reach communities with additional PHC services. In addition, routine vaccinations, as an integral part of PHC can promote health security by preventing diseases and strengthening capacity to prepare for, and respond to, health emergencies. The UK Government has an important opportunity to support universal vaccination coverage as it hosts the GAVI replenishment in London.

We will only end pneumonia deaths if strong PHC systems are in place. Pneumonia mortality remains high largely because children are being misdiagnosed, or simple and life-saving treatments such as oxygen and amoxicillin are not available.¹² It is a disease that can only be tackled if communities have access to promotive, preventive, curative and rehabilitative interventions – the full spectrum of Universal Health Coverage. The UNICEF-led Global Forum on Child Pneumonia presents a key moment for the Government to commit to revitalising global action to end all pneumonia deaths.

Quality and safely managed water, sanitation and hygiene (WASH) services are the primary preventative measure against diarrhoea, as unsafe water and poor sanitation are the leading risk factors for diarrhoeal disease. In addition, prioritising access to WASH in PHC facilities can significantly reduce disease burden and protect children's health. The WASH agenda needs sustained and long-term investment, and the Sanitation and Water for All (SWA) partnership's Finance Ministers' meeting in April 2020 offers the UK Government an important opportunity to reaffirm its commitment to WASH.

Similarly, essential preventive, promotive and curative nutrition actions like breastfeeding, dietary counselling,

management of acute malnutrition and provision of micronutrient supplements must be part of the core services delivered through the primary health care system. The Nutrition for Growth (N4G) summit in Japan will be a key opportunity for the UK to restate these links and advance its leadership on malnutrition.

Over the next two years, there are a number of critical milestones that will determine whether the world meets the global ambition on child health, or if we fail. These will all culminate at the UK's Presidency of the G7 in 2021, where we hope to see the UK Government set clear objectives for prioritising child health and primary healthcare systems. The UK Government has a significant opportunity to demonstrate its leadership, commitment and dedication to promoting the health and development of all children. Each of these milestones between now and the G7 presidency present a chance for the UK Government to make new and ambitious commitments to child health and to establish its leadership role in ending child deaths by 2030.

The UK stands in a unique position: as a leader in global health with financial and diplomatic leverage, it can convene partners and drive ambitious action. **We want to see a Global Britain building on its many strengths and placing child health at the forefront of the international political agenda.** Together we can accelerate progress and ensure every child survives and thrives past five.



Baby Nilton waits for his vaccination at a health centre in Viqueque, East Timor. In 2018, Unicef supported a

nationwide vaccination campaign against measles, rubella and polio in East Timor.

INTRODUCTION

In 2019, the world celebrated the 30th anniversary of the UN Convention on the Rights of the Child, the most widely ratified human rights treaty in history.

The Convention enshrines the rights of every child to survive and thrive, and throughout the past three decades we have seen unparalleled success in reducing child deaths and improving children's lives. **Every child has the right to health and to access the health services they need. It is something the UK has played a central role in leading and a success story we should be proud of.**

CHILD SURVIVAL



MORE CHILDREN reach their **5TH BIRTHDAY** than ever before



EVERY MINUTE vaccines save **5 LIVES**¹³

Yet, without accelerated progress, 53 countries are still expected to fall short of meeting Sustainable Development Goal target 3.2, which aims to end preventable deaths of children under five by 2030. It is currently estimated that 52 million children under the age of five will die by 2030, largely of preventable causes.¹⁴

In 2019, 20 million children did not receive the most basic vaccines, one in three children did not get the nutrition they need, nearly one in six deaths of children under five were due to pneumonia and 7,000 newborn babies died every day. The first 28 days of life – the neonatal period – is the most vulnerable time for a child's survival, and huge disparities in the level of neonatal mortality persist across regions and countries. This is unacceptable given we have the knowledge, tools and power to end preventable deaths of children under five.

To finish the job on child survival, and to reach the SDG for ending preventable deaths of newborns and children under five by 2030 (SDG 3.2), we need to go beyond business as usual, and reach those who have until now been neglected. This means strengthening and expanding the mechanisms that we know work so well, including GAVI, the Vaccine Alliance, and other global funding mechanisms such as the Global Fund, Global Financing Facility (GFF), and the Global Polio Eradication Initiative (GPEI). It also means positioning PHC at the forefront of our efforts. PHC is the foundation of providing Universal Health Coverage (UHC), helping children survive their early years, and thrive into adulthood. This is the essence of a child's right to the very best chance of a happy, healthy life.

As a result of reduced political commitment and leadership as well as under-resourcing of health globally, progress in key areas has stalled. Vaccination coverage has remained static for the past 10 years and there has been only slow decline in pneumonia and diarrhoea deaths, undernutrition and newborn mortality. This is where a Global Britain can reassert its positive commitment to internationalism. Setting an ambition to accelerate progress and lead the world in ensuring every child has the chance to survive and thrive.

We want to see the UK Government build on its pioneering legacy of improving children's health. From the eradication of smallpox to the creation of the NHS, from DFID's leadership in global health to the introduction of the International Development (Official

Development Assistance Target) Act 2015, which enshrined the commitment of 0.7% GNI to international aid into law. We want to see the UK Government take swift action in delivering on their recent announcement to ramp up efforts to end preventable deaths of newborns and children by 2030.

UK Aid has, for many years, been a catalyst behind global efforts to end preventable child deaths. Generous financial support is coupled with DFID's leadership in driving the strategy and direction of health multilateral bodies. This, combined with the export of scientific and technical expertise, has ensured the UK is in a unique position to convene world leaders and mobilise action. **The child health agenda is calling out for renewed political leadership**, and the UK Government has the networks, knowledge and resources to bring global leaders together and accelerate progress towards ensuring no child dies of a preventable death by 2030.

Over the next two years, there are a number of critical milestones that will determine whether the world meets the global ambition on child health, or if we fail. **Key health multilaterals such as GAVI are due for re-investment and the SWA partnership starts implementation**

of its new 10-year strategy, while important global initiatives such as the Nutrition for Growth Summit (N4G) to tackle malnutrition are due for renewal; ultimately taking us to the UK's Presidency of the G7 in 2021.

We want the UK Government to lead the world on this journey to reinvigorate efforts to end preventable child deaths. With only a decade to realise the SDGs, the Government can spearhead the child health agenda, influence key international actors and secure ambitious commitments. By acting now, by taking leadership and demonstrating its commitment to children around the world, the UK will be able to look back, justly proud of the historic progress it has driven.

This paper outlines some of the key steps that the UK Government needs to take to renew efforts to improve child health. It outlines the importance of strong PHC in the most deprived areas and how, by targeting action towards the leading causes of child deaths (such as poor vaccination coverage, poor WASH status, malnutrition and pneumonia), we can reach SDG 3.2. **UK Aid has a long history of advancing progress in child health, and this paper demonstrates how it can continue to do so.**

THE UN CONVENTION ON THE RIGHTS OF THE CHILD

The UN Convention on the Rights of the Child (UNCRC) sets out the fundamental rights that all children should have, regardless of their background or circumstances, so that every child is able to develop to his or her full potential. It drives all the work UNICEF does, both overseas and in the UK, to achieve a better world for children.

ARTICLE 6 Every child has the right to life. Governments must do all they can to ensure that children survive and develop to their full potential.

ARTICLE 24 Every child has the right to the best possible health. Governments must provide good quality health care, clean water, nutritious food, and a clean environment and education on health and well-being so that children can stay healthy. Richer countries must help poorer countries achieve this.

ARTICLE 45 Article 45 of the Convention mandates UNICEF to support the effective implementation of the Convention by working together with governments and helping them build capacity for the realisation of child rights. In the UK, UNICEF UK supports the Government in taking steps towards the implementation of all rights in the Convention.

YEARS OF PROGRESS BUT A LONG WAY LEFT TO GO

Over the past three decades, we have seen major success in reducing child deaths and improving children's lives. The number of children who die before their fifth birthday has fallen by over half, even as the number of children being born has increased.

The total number of under-five deaths dropped from 12.5 million in 1990 to 5.3 million in 2018.¹⁵

Global commitment to ending child mortality during the Millennium Development Goals era saw accelerated progress in reducing child mortality between 2000 and 2015. The annual rate of reduction in the global under-five mortality rate increased from 1.9 per cent in 1990–2000 to 4.0 per cent in 2000–17.¹⁶

However, despite such remarkable advances, progress has now stalled and major health problems remain. **In 2018, 5.3 million children under the age of five died before reaching their fifth birthday. Almost half of these deaths occurred in the first month of life.**¹⁷

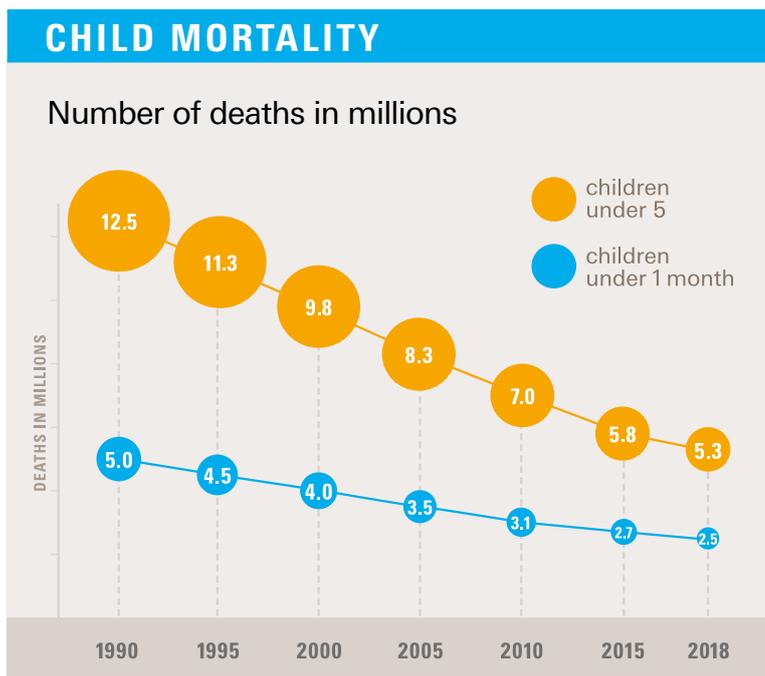
Progress at a global level masks important geographical variation. **While many countries rightly celebrate success in reducing child mortality, without accelerated progress, 53 countries will be left behind and fall short of meeting SDG target 3.2.**

The highest burden of child deaths are concentrated in just two regions: Sub-Saharan Africa constitutes 52% of all under-five mortality, followed by Central and Southern Asia, which accounts for 29% of global under-five deaths. Sub-Saharan Africa sees 1 child in 13 dying before his or her fifth birthday, making its child mortality rate 16 times higher than that of high-income countries. **Half of all under-five deaths in 2018 occurred in just five countries: India, Nigeria, Pakistan, Ethiopia and the Democratic Republic of the Congo.**¹⁸

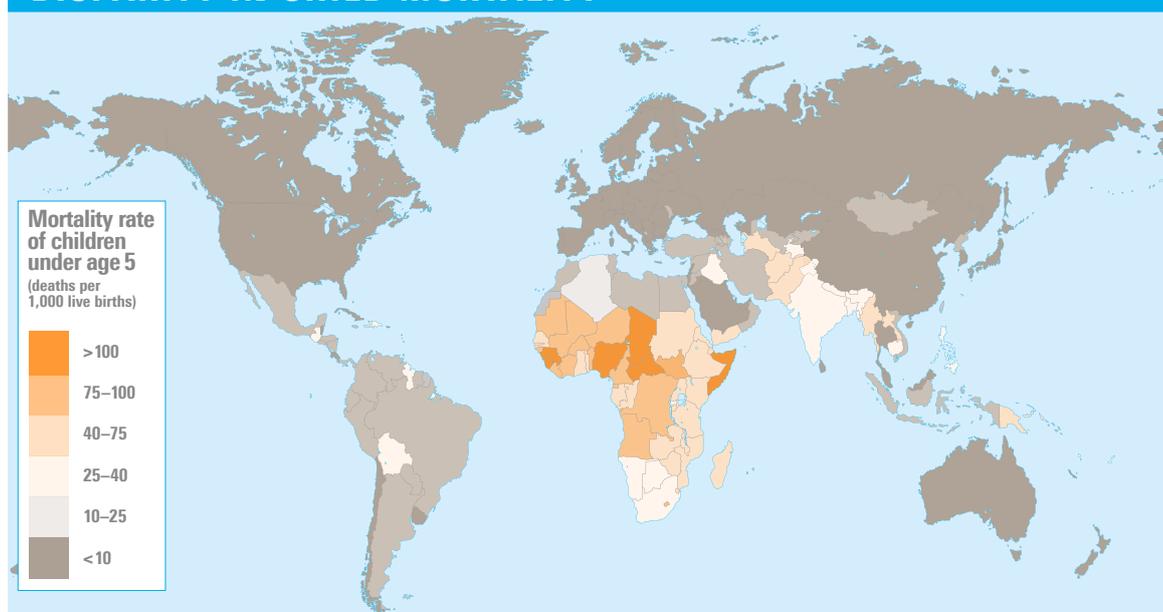
Child deaths are also concentrated among the poorest and most marginalised groups both regionally and within countries. For example, in East Asia as well as Pacific and South Asia, the under-five mortality rate in the poorest households is higher than that of the richest.¹⁹ Globally, compared to the richest children, the poorest children are almost twice as likely to die before age five.²⁰

SDG 3.2 aims to end preventable deaths of newborns and children under five years of age by 2030, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-five mortality to at least as low as 25 per 1,000 live births.²¹

52 million children will die in the next ten years, almost half of them newborns.²²



DISPARITY IN CHILD MORTALITY²³



Child mortality in sub-Saharan Africa is 16 times higher than that of high-income countries.

THE KEY HEALTH CHALLENGES

Major health challenges are hindering this progress and need to be tackled to end preventable deaths of children under five:



- **Limited access to quality primary health care**, is a leading cause of the 7,000 newborn deaths every day.³



- **Unequal access to vaccines** means that 20 million children still do not receive basic vaccines³, and 1.5 million children under five die from vaccine-preventable diseases every year.⁴



- **Pneumonia** remains the main infectious disease cause of death among children under five, responsible for around one in six deaths.⁵



- **Malnutrition** contributes to nearly half of under-five deaths⁶, and affects one in three children globally.⁷



- **Diarrhoea** is the fifth leading cause of death among children under five⁸; and unsafe water, sanitation and hygiene accounts for two-thirds of diarrhoeal disease.⁹

We will only address and overcome these challenges if we invest in strong and comprehensive PHC. A history of health resources that are predominantly focused on single disease interventions has restricted truly equitable progress and left the most vulnerable children exposed to multiple adversities. Without strong PHC, many children will remain vulnerable to illness and disease.²⁴ Moreover, until all births are attended by skilled health professionals and good hygiene is practised, mothers and babies will continue to be at risk, given that the timely management and treatment of complications can make the difference between life and death.²⁵

“Poverty, inequality, discrimination and distance continue to deny millions of children their rights every year, as 15,000 children under five still die every day, mostly from treatable diseases and other preventable causes.”²⁶

Henrietta Fore, Executive Director, Unicef



A boy is vaccinated against polio as part of a Unicef-supported national campaign in the Democratic Republic of the Congo (DRC). UNICEF is helping to vaccinate children in DRC against 10 major vaccine-preventable diseases. DRC has one of the highest child mortality rates in the world: around one child in 11 dies before the age of 5.

TO ADDRESS THE LEADING KILLERS OF CHILDREN, WE NEED TO:

- 1 Build on the successes of past decades and learn the lessons of what has worked so well in some countries.** This means vaccinating every child, addressing the burden of malnutrition and using proven remedies to tackle the leading infectious killers such as pneumonia and diarrhoea.
- 2 Prioritise building strong health systems that ensure access to quality affordable PHC,** especially in the hardest-to-reach areas.
- 3 Appreciate that as child health has been deprioritised on a global stage, progress in the most challenging contexts has stalled.** In order to reinvigorate progress on child health, we need to have committed global leadership.

UK AID AND AN OPPORTUNITY TO LEAD

The UK is a global power in child health, and one of the largest donors of overseas aid. The country can be proud that the UK Government has met its target to spend 0.7% of its gross national income on Overseas Development Assistance (ODA) every year since 2013, showing leadership in international development.

The next two years present a real opportunity for the UK Government to demonstrate its leadership, commitment and dedication to promote the health and development of all children. However, the UK's pledge to Leave No One Behind, as illustrated by prioritising the SDGs and

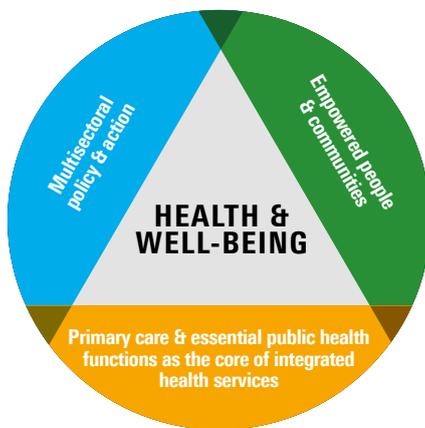
Parliament voting to enshrine 0.7% into law, can only be realised through a renewed focus on child health that addresses inequities and strengthens health systems.

DFID is revered as one of the leading development agencies in the world, providing both technical and normative leadership, shaping debates and setting ambition. Over the next two years, the UK has the chance to address the under-resourcing and political intransigence that has led to inadequate progress on child health, and in doing so reassert its leading role in international development while creating transformative change for all children.



A mobile vaccinator leaves the Sadiola community health centre, Mali, with his vaccine box and other supplies to attend to remote and vulnerable populations.

PRIMARY HEALTH CARE: KEY TO CHILD HEALTH AND THE FOUNDATION OF UNIVERSAL HEALTH COVERAGE



Primary health care (PHC) is the foundation of quality, people-centred health care that is accessible to all and efficiently linked to more specialised services. It has a key role in a broad range of clinical and population health services: outbreak response, integrated health, nutrition, water and sanitation, early child development and positive parenting services.²⁷ **Effective PHC can ensure that every child survives, thrives and grows to reach his or her full potential; it is key to national and global social and economic development.**

Primary health care brings together integrated primary health care, multisector policy and action, and empowers people and communities.

Image credit: A vision for primary health care in the 21st century, WHO, 2018.

Unfortunately, many health systems currently fail to respond to the specific needs of the poorest and most marginalised children and families, in effect excluding them from essential interventions that can save or improve their lives. **At least half of the world's population do not have full coverage of essential services**, and about 100 million people are still being pushed into extreme poverty because they have to pay for health care costs.²⁸

The first 28 days of a child's life are the most important for survival. Neonatal deaths accounted for 47% of all under-five deaths in 2018, approximately 7,000 newborn deaths every day. Progress in reducing neonatal mortality is a key indicator of the strength of a country's PHC provision, where many of the necessary preventative and curative interventions such as antenatal and newborn care can be administered within the community.

“Saving children's lives is the best investment you can make in foreign aid because almost all advances in society – better health, education, economic growth – show up as gains in the childhood mortality chart. If you're reducing child deaths, you're laying the foundation for greater prosperity and stability.”²⁹ Bill Gates, Bill and Melinda Gates Foundation

Historically, health resources have too often been overwhelmingly focused on single disease interventions rather than strong, comprehensive health systems, a gap that can worsen during health emergencies. Moreover, diseases like pneumonia can only be controlled if trained health workers, appropriate diagnostic tools, and effective treatments such as antibiotics, are available within the community. **The absence of strong PHC services has been a key determinant of slow progress in tackling pneumonia**, and explains why the disease remains the biggest infectious killer of children under five.

Strong PHC is the basis upon which we can drive progress across much of child health. Whether we are addressing pneumonia, diarrhoea, access to vaccinations or malnutrition, this is the foundation stone upon which progress relies. For example, vaccinations facilitate contact between households and health services five or more times during the first 12 months of a child's life and strengthen PHC because the systems required to deliver vaccinations (such as supply chains, trained staff, community outreach and data records) are also necessary for providing other basic health services.³⁰ At the same time, many nutrition and WASH-specific interventions such as nutrition counselling, support for exclusive breastfeeding, education on disease prevention measures and hygiene training are reliant on PHC systems for successful delivery.

However, challenges can be exacerbated by constrained budgets, weak regulation and management, and disruption caused by humanitarian and complex emergencies. **A shortfall of 18 million health workers is also predicted by 2030, as well as annual health care costs of \$500 billion resulting**

from health workforce inefficiency.³¹ Yet, health workers are crucial to the delivery of PHC services, as they carry out essential public health duties including monitoring, preparedness, health education, and disease prevention. Addressing the health worker crisis is crucial, and their recruitment and training should be prioritised in efforts to implement PHC systems.

Furthermore, in focusing on health education and community engagement, PHC promotes healthy population behaviours and facilitates meaningful community engagement, supporting people to be involved in public health policy planning and implementation. Communities are empowered to be advocates for their own health and well-being, influencing governments to support localised and context-specific approaches to health.³²

As such, the first measure of success for any national Universal Health Coverage (UHC) strategy should be the provision of community-



level investments, specifically those that focus on improving PHC. Strengthening PHC is the best way for countries to achieve UHC and drive progress towards the health-related Sustainable Development Goals as it has proven to be a cost-effective way to deliver services, prevent illness and promote overall well-being.³³

Sisters Kadidia, Fatoumata, Fanta and Baba have all thankfully recovered from measles thanks to the rapid action of a Unicef-supported health centre in Mopti, central Mali.

THE UK GOVERNMENT'S ROLE

The scale of UK Aid investments coupled with DFID's technical expertise in supporting health systems in low-income countries, means the UK is in a unique position to support countries to strengthen their health systems.

Without strong health systems, many of the interventions funded by DFID will not realise their full potential. For instance, the majority of nutrition-specific interventions that DFID funds are reliant on health systems for successful delivery. Vaccines can only provide their expected benefits if they are of good quality and potency, stored appropriately, dispensed at the requisite time, and administered under sterile conditions. If health services are of poor quality or not trusted by communities, they will not be utilised when needed.

DFID's engagement in health – from supporting increased vaccination coverage to improved nutrition among children – should work for and benefit from PHC that is high quality, safe, comprehensive, integrated, accessible, available and affordable for everyone, everywhere.

“Health is global, and we need to recognise it as a personal, national and global asset. Health contributes to the development, and productivity, of all countries, leading to a world that is more equitable, sustainable and secure.”³⁴

Dame Sally Davies, former Chief Medical Officer, UK Government

DFID has a strong track record in providing support to strengthen health systems, both through its role in funding and shaping multilateral institutions and through its bilateral programmes. As yet, **there is no single overarching vision for how DFID supports the strengthening of health systems** and, as articulated in the International Development Select Committee hearing in 2014³⁵, it should therefore publish a new health strategy with PHC and health systems strengthening at its core. The Chief Medical Officer³⁶ has also recommended that the Government publish a **new cross-governmental global health strategy**, a crucial missing piece since the Government's 'Health is Global' framework³⁷ expired.

We therefore encourage coordination between DFID and the Department of Health and Social Care (DHSC) to establish a new comprehensive vision for global health, with child health and PHC as key components. This should include a comprehensive approach to tackling the international health worker crisis, placing skilled community health workers as the foundation of health systems strengthening and UHC. This strategy should be complemented by DFID publishing its draft Health Systems Strengthening (HSS) framework in order to better facilitate monitoring and coordination of DFID's work, in country and internationally.



Oxygen tanks that form part of a Unicef-supported oxygen plant, funded by UK Aid, to help prevent maternal and neonatal mortality at the Mama Lucy Kibaki Hospital in Dandora, Nairobi, Kenya.

THE VALUE OF UK AID FOR HEALTH

UK Aid has a proud history of improving health outcomes around the world. ODA for health has proved to be particularly effective:

- 1 UK Aid for health is highly cost-effective:** According to a 2016 study, for every US\$1 spent on childhood vaccinations, there was a return of US\$44, making vaccinations one of the most cost-effective tools for public health around the world.³⁸
- 2 UK Aid promotes global health security:** Investments in vaccinations, HSS and global health overall are crucial for promoting global health security, and keeping all populations safe from threats to health.³⁹
- 3 UK Aid for health promotes global prosperity:** Improved health contributes to increased development and better economic conditions, driving increased labour productivity and a reduced economic burden of illness.⁴⁰
- 4 UK Aid for health drives progress across the SDGs:** For example, 500 million school days are missed every year due to sickness, much of which would be avoided through improved access to health services.



© Unicef/Dejongh

A baby waits to be vaccinated and weighed at the health centre in Gonzagueville, south Côte d'Ivoire.

KEY RECOMMENDATIONS

To strengthen health systems and ensure every child has the chance to survive and thrive, the UK Government must:

- 1** Establish clear objectives to prioritise child health and PHC systems for its G7 2021 presidency.
- 2** Ensure DFID and the DHSC develop a joint global health strategy that builds cross governmental working.
- 3** Finalise and publish DFID's HSS framework, in collaboration with civil society partners.
- 4** Utilise its role on global health multilateral boards, such as the Global Fund and GAVI, to ensure that health systems strengthening remains a priority objective.

THE FOUR KEY CHILD SURVIVAL ISSUES



1 VACCINES AND IMMUNISATION

Vaccinations are one of the most impactful and cost-effective public health interventions available. Increased vaccination coverage has been an incredible success story with almost 9 out of 10 children reached worldwide in 2018⁴¹, and 2 to 3 million deaths averted every year.⁴²

At the same time, in 2018 more than 19 million children went without a full vaccination schedule.⁴³ This is compounded by the fact that global vaccination rates have stagnated, increasing by only 1 percentage point since 2010.⁴⁴

This global story also masks significant geographical disparities. In countries where child mortality takes the heaviest toll, more than half of children miss out on the vaccines they need to survive and thrive. **It is estimated that a further 1.5 million deaths could be avoided if global vaccination coverage improves.**⁴⁵

Children increasingly live in urban settings where context-specific challenges are preventing the most marginalised from accessing immunisation services. At the same time, more unvaccinated children are living in insecure and conflict-affected settings: **it is estimated that almost 40% of unvaccinated children live in fragile or humanitarian settings, including countries affected by conflict.**⁴⁶

As a result, an increasing proportion of unvaccinated children are clustered in the following three types of communities:

- **Remote rural communities**, where access and infrastructure are major challenges.
- **Urban slums**, where challenges are more often related to trust and social distance.
- **Conflict-affected and insecure settings**, where there may be constrained access or a breakdown in services.

Immunisation strategies need to be tailored to reach unvaccinated children, including those living in remote, rural communities with inadequate services; those affected by conflict and insecurity with limited access to services or who have been affected by service delivery breakdowns; and those residing in urban slums, who may be disenfranchised and suffer from 'social distance' from services rather than geographical distance.⁴⁷

Any initiative to expand the benefits of vaccination for children needs to focus on the most disadvantaged, and this includes improving how vaccines are delivered in fragile contexts. It is important to also consider support for vaccination initiatives that are not covered by existing programmes, as there is a risk that the most vulnerable children will fall through the vaccination gaps left by the global funding mechanisms.

In 2019, Unicef and the Pan American Health Organization (PAHO) helped conduct a mass polio vaccination campaign for more than 3.1 million children in Venezuela.





A child is vaccinated against polio in a suburb of Kabul. Afghanistan is one of only three countries in the world where polio remains endemic. Unicef provides the polio vaccine in Afghanistan.

© Unicef/Deonighi

ERADICATING AN ILLNESS: POLIO ENDGAME

Eradicating a human illness isn't an easy job. The world has only done it once before, with smallpox, which was declared fully eradicated in 1980 after decades of tireless vaccination campaigns. Now another disease is on its way out: polio.

Today, we are closer than ever to eradicating polio. In 1988, when the Global Polio Eradication Initiative was established to support the vaccination of children against the disease, there were 350,000

people infected by polio every year.⁴⁸ Since then, we've seen a 99.99% reduction in cases, down to just 33 cases of wild poliovirus in 2018. Today, the virus is endemic in just three nations: Nigeria, Afghanistan and Pakistan⁴⁹, and Nigeria is expected to be declared polio-free later this year.

The UK played a major role in protecting children against polio, and is the second biggest G7 donor after the USA.⁵⁰ Through vaccinations, UK Aid

has helped to change the lives of 1.6 million people who were at risk of paralysis from polio.⁵¹ While case numbers are at a historic low, children continue to be paralysed. It is estimated that 200,000 children would be infected by polio every year by 2029 if the world stopped trying to eradicate polio. In other words, without continued investment to eradicate polio, the number of new cases would be back to where it was 30 years before.⁵²

PHC AND VACCINATIONS

Childhood vaccination brings with it vital infrastructure and support (such as supply chains, cold storage, trained health care staff, data monitoring, disease surveillance, health care records and much more) that serves as the platform through which other basic PHC services can be provided.⁵³ **So, when a community gets access to childhood vaccination, it is often not long before they also receive other health services,** such as neonatal and maternal health care, nutrition supplements, malaria prevention measures, as well as sexual and reproductive health and education.

Vaccination offers a unique opportunity to reach communities with additional PHC services. Routine vaccinations, as an integral part of PHC, can promote health security by preventing

*“Investing in immunisations means investing in the world’s future [...] Gavi has a track record for achieving results and [...] together, we can ensure that every child enjoys a healthy future and reaches his or her full potential.”*⁵⁴

Ban Ki-moon – former Secretary General of the United Nations

diseases and strengthening capacity to prepare for and respond to health emergencies.

As a consequence, future immunisation strategies need to spearhead integrated approaches that deliver a range of health, education, nutrition, and water, sanitation and hygiene interventions. It is equally important to develop the health workforce recognising that front-line health workers are crucial to the success of immunisation programmes.

THE UK GOVERNMENT'S ROLE AND GAVI 5.0

The UK has a strong record in promoting access to vaccinations, having taken a leading role in the formation and resourcing of GAVI, the Vaccine Alliance. **The UK is currently GAVI's largest donor: providing approximately 25% of its funding** and on track to meeting its UK results target of vaccinating 76 million children, therefore saving 1.4 million lives, between 2016–20.⁵⁵ The UK also supports the Global Polio Eradication Initiative (GPEI), an initiative to ensure that all Lower and Middle Income Countries (LMICs) have introduced one or more new or underused vaccines by 2020.⁵⁶

The UK stands ready to continue in this leadership role, as it prepares to host the GAVI Replenishment Conference in June 2020. A fully-replenished GAVI will help support the implementation of its new five year strategy (GAVI 5.0) **which aims to vaccinate an additional 300 million children and save 22 million lives** between 2021–25, bringing the total number of children vaccinated with GAVI support to 1.1 billion.⁵⁷

GAVI, THE VACCINE ALLIANCE

GAVI was established in 2000 to protect children in the poorest countries against vaccine preventable diseases including measles, rubella, meningitis, cervical cancer, pneumonia and diarrhoea. GAVI reaches 60% of the world's children, supporting vaccine delivery in 68 of the world's poorest countries. It has also played a significant role in halving global child mortality rates.⁵⁸

Since its creation, GAVI has helped to vaccinate more than 700 million children, saving 10

million lives. In 2017 alone, 65 million children were protected with GAVI-supported vaccines. This equates to more than 190 million points of contact between these children and the primary health system, thus providing a robust platform for other health interventions.⁵⁹ This translates into \$150 billion in economic benefits for the 73 poorest countries.

GAVI has succeeded in significantly reducing prices for many vaccines – saving approximately £900 million between 2010 and 2015.⁶⁰

The current total cost to GAVI of vaccinating a child with pentavalent, pneumococcal and rotavirus vaccines is US\$20; a reduction of more than 43% since 2010. With GAVI, supported countries always contribute towards the cost of vaccines. As their economy grows, so too does their contribution, until eventually they pay the full cost.⁶¹ In 2020, this co-financing model will have seen 19 GAVI-supported countries transition out of its support and fully funding their own vaccination programmes, with more to follow.⁶²



In 2019, GAVI and ECHO supported Unicef to vaccinate more than 1.2 million children against the measles outbreak in Madagascar.



© Unicef/Andriivo

GAVI 5.0 is an opportunity for the UK Government to drive progress on immunisation, and promote UK priorities such as Leave No One Behind, sustainability, value for money, and economic returns. In particular, the UK can ensure progress on equity is at the heart of the replenishment. While equity is a central theme of GAVI 5.0 and past strategies, GAVI has struggled to deliver on its equity indicators – geographical, wealth and gender – indicating that the countries GAVI is supporting are failing to improve equitable coverage.⁶³

The UK should commit to at least maintaining its financial contribution to GAVI and thus ensure that UK investment drives a strong policy agenda for GAVI 5.0 focused on improving policies on equity and access. Furthermore, by prioritising the strengthening of health systems at the replenishment conference, the UK can also ensure that vaccination programmes better deliver integrated primary health care services and prioritise marginalised and underserved communities. It is critical to position GAVI as a driver of the equitable delivery of vaccination interventions in order to improve child health outcomes.⁶⁴

Beyond financing for vaccinations, addressing vaccine hesitancy and the

decline in vaccine uptake is paramount.

Vaccine hesitancy has been identified as one of the top 10 public health threats by the WHO.⁶⁵ Having reached impressive vaccine coverage levels across many parts of the world, complacency has drifted into the vaccination discourse leading to a worrying reversal of progress in many countries. This is a growing issue affecting high- and low-income countries alike. In the UK, and many other countries such as the USA and France, there has been a significant rise in measles cases as vaccine uptake recedes. At the same time, anti-vaccination groups in these countries are using social media platforms to spread their messages, negatively influencing the vaccine discourse across the world.

It is critical to address complacency and other forces that may be contributing to vaccine hesitancy and leading to declines in vaccination coverage in some communities. The UK Government should ensure that domestic efforts to address vaccination coverage include work to understand the causes of low vaccine demand and acceptance, and initiate proactive engagement with concerned communities to address them. **UK strategies and lessons need to be better integrated across the domestic and international vaccination agendas.**

Mohammad, 18 months, is vaccinated at the Indra Gandhi Hospital, Kabul, Afghanistan. In Afghanistan, almost half of all children are not fully vaccinated. It is one of only three countries in the world with reported cases of polio.





Olena and her daughter Maya, 17 months, both contracted measles in Kiev, Ukraine. The country is in the grip of a mass outbreak of measles as a direct result of low immunisation rates. There were more than 53,000 cases of measles in 2018 alone. Today, Olena encourages people to get vaccinated as early as possible. *“There is no room for discussion in vaccination. It is absurd to deny its effectiveness.”*

MEASLES

Success

Thanks to measles vaccination, deaths from measles, a major child killer, declined by 80% worldwide between 2000 and 2017, preventing an estimated 21.1 million deaths.⁶⁶

Arising issues

We are witnessing a resurgence in measles outbreaks across the globe. In 2018, almost 350,000 measles cases were reported, more than twice the number in 2017.⁶⁷

UK situation

The UK lost its measles free status in 2019. The UK initially achieved WHO measles elimination status in 2017, based on data from 2014–16.

Two doses of the vaccine are essential to protect children, yet between 2010 and 2018 nearly 600,000 children in the UK did not even receive their first dose. In 2018, more than 60,000 children in the UK did not receive the first dose of the MMR and over 96,000 children did not receive the second dose.⁶⁸

The UK comes third in terms of number of children unvaccinated for measles in high-income countries, after the USA and France.

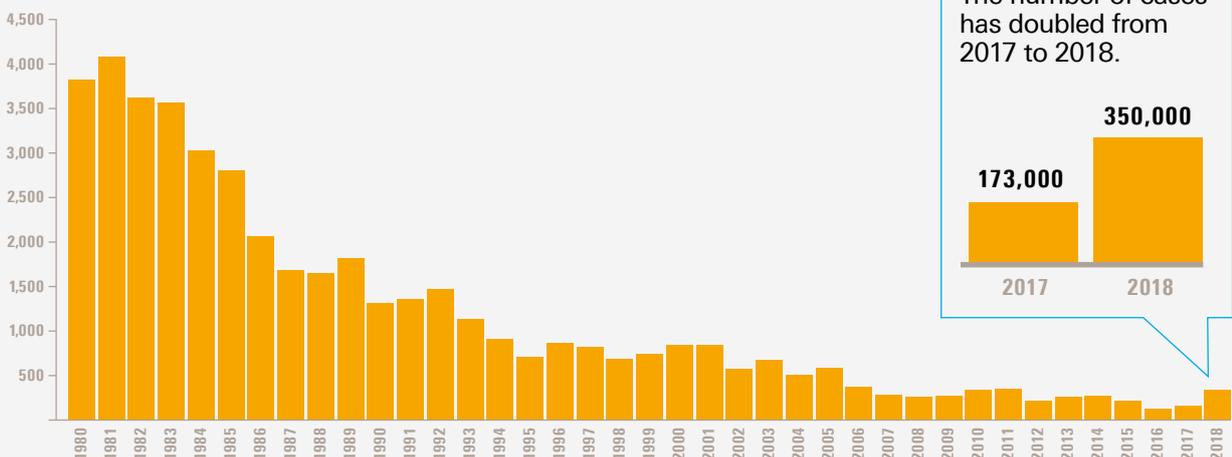
UK THIRD WORST FOR CHILD MEASLES VACCINE

UK ranks third worst among high-income countries for number of children unvaccinated for measles.

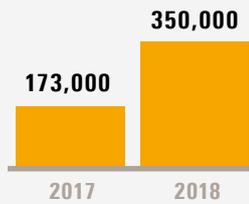
Country	Unvaccinated
USA	311,185
France	72,703
United Kingdom	61,788
Canada	38,450
Italy	31,922

MEASLES GLOBAL ANNUAL REPORTED CASES 1980-2018

■ number of cases in thousands



The number of cases has doubled from 2017 to 2018.





Fatoumata from Guinea, West Africa, is anxious about her nine-month old son Amadou. *“Two years ago, I gave birth to a little girl, but she fell sick and died. I did everything to try and save her. When I think about her, I still want to cry. I’m so scared I’ll lose my new baby too.”*

KEY RECOMMENDATIONS

To accelerate its efforts to make sure every child is vaccinated, the UK Government must:

- 1** At a minimum, maintain its current funding levels to GAVI, making an ambitious financial pledge to support the delivery of the 2021–25 GAVI 5.0 Strategy.
- 2** Build on its financial commitment to GAVI by showing diplomatic leadership at the highest level and deliver strong pledges from partner countries so to ensure the replenishment is a success.
- 3** Put strong health systems and PHC at the heart of all vaccination programmes, whether through funding bilateral initiatives or through multilateral partners. The UK should continue to use its role on the GAVI board to ensure the strengthening of health systems is a key indicator of GAVI’s performance.
- 4** Ensure that the most marginalised and under-served children are prioritised in future vaccination initiatives. Position equity at the centre of the GAVI replenishment discussions and, through its role on the GAVI board, drive the equitable delivery of multi-sectoral vaccination interventions.
- 5** Ensure that strategies to tackle vaccine hesitancy are better integrated across its domestic and international vaccination work.

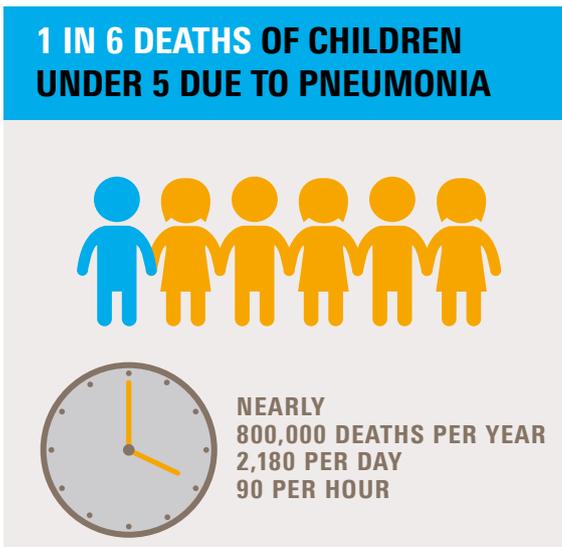


2 PNEUMONIA

Pneumonia is a respiratory infection affecting the lungs that can be caused by bacteria, viruses and fungi. **It is the leading infectious cause of death among children under the age of five, killing nearly 800,000 children each year.** This represents nearly one in six of all deaths for the under-five population.⁶⁹

“Far more could be done to combat childhood pneumonia. Despite the numbers, the disease continues to attract limited investment for research and development. New technologies and public-private partnerships have the potential to make low-cost oxygen available to children who are, quite literally, fighting for breath.”⁷⁰

Tedros Adhanom, Director-General, World Health Organization



Florence holds her 3-month-old son Jacktone who is suffering from pneumonia in Kambayi, Homa Bay, Kenya.

© Unicef/Ohanesian

Despite the scale of pneumonia deaths, it has received relatively little political or programmatic attention from high-income donors and the international community. As such, while pneumonia deaths declined by 25% between 1990 and 2017, this is dwarfed by the great reductions for other killers such as tetanus (88%), measles (86%)⁷¹ or HIV (50% since 2005).⁷²

Pneumonia accounted for 6% of newborn deaths in 2016, and is one of the leading infectious disease causes of newborn deaths.⁷³ Around 80 per cent of deaths associated with pneumonia occur during the first two years of life, and deaths continue to be concentrated within the poorest populations.⁷⁴ The region most heavily affected is West and Central Africa and the highest death rates are recorded in the least-resourced countries and in the poorest populations within those countries. South Asia records the second highest number of pneumonia deaths, facing the “double burden” of pneumonia mortality, with deaths among both children and the elderly.⁷⁵

On current trends, nearly 11 million (10,865,728) children will die of pneumonia by 2030, with the highest burden of deaths in Nigeria (1,730,000), India (1,710,000), Pakistan (706,000), and the Democratic Republic of the Congo (635,000)⁷⁶. To avert these deaths, pneumonia prevention, diagnosis and treatment efforts must be a key feature in national plans to reduce child mortality.

Children of lower socioeconomic class or caste, minority ethnic groups and those living in isolated geographical areas suffer from cumulative inequities. These children face the gravest risks, yet they are the least likely to be treated for pneumonia. This is driven by weak PHC services and entrenched inequalities in health system coverage.

Children who are already malnourished are more likely to contract pneumonia and less likely to be able to fight it. At the same time, diarrhoea and malaria are two co-morbidities often observed in children with pneumonia. Recent studies indicate that symptoms of pneumonia and diarrhoea are highly correlated in children and are more often observed together in the same child than are other combinations of disease symptoms. Pneumonia and diarrhoea share risk factors – notably poverty, malnutrition and poor home environments – and may be viewed as endpoints in this long cascade of factors. Evidence also suggests that diarrhoea itself may



Ashia, age 4, receives her measles vaccine as part of a Unicef-supported nationwide campaign in Pakistan.

raise the risk of developing pneumonia⁷⁷ and environmental factors such as air pollution also compound the risk of contracting pneumonia.

PHC: AT THE HEART OF IMPROVED PREVENTION AND TREATMENT OF PNEUMONIA

We can only end pneumonia deaths if strong health systems and PHC are in place. **Pneumonia mortality remains high largely because children are being misdiagnosed or because simple and life-saving treatments such as oxygen and amoxicillin are not available.**⁷⁸ Pneumonia is a disease that can only be tackled if communities have universal access to promotive, preventive, curative and rehabilitative interventions.

Community health workers can play a key role, from promoting good health practices, such as exclusive breastfeeding for 6 months, adequate complementary feeding, and Vitamin

A supplementation, to universal coverage of immunisation, HIV prevention and ensuring healthy environments all play a role.

PHC centres equipped with appropriate medication and therapies, such as child-friendly amoxicillin dispersible tablets (DT) and oxygen, are central to treating pneumonia in children.⁷⁹ Access to this combination of treatment is estimated to be able to reduce pneumonia deaths by up to 70%.⁸⁰ This cannot happen, however, without an increased provision of resources for quality PHC to improve service delivery and availability of essential commodities.

SPRINT – SCALING PNEUMONIA RESPONSE INNOVATIONS

Given the slow progress on pneumonia, we need to prioritise innovations in diagnosis and treatment to ensure that life-saving measures are reaching the world's most vulnerable children.⁸¹

To that end, UNICEF's SPRINT aims to reduce deaths from childhood pneumonia by scaling two essential components of pneumonia treatment: amoxicillin in the (WHO-recommended) child friendly dispersible tablet (DT) formula and life-saving oxygen therapy for children with severe pneumonia. In the initial phase of

the project, UNICEF will work to achieve optimised access to and use of amoxicillin DT and medical oxygen in pilot areas within two countries in West Africa.

Access to this combination of treatment is estimated to be able to reduce pneumonia deaths by up to 70%. However, in order to maximise the impact of the scale up, it is important that such product innovations are integrated within the health system through improved referral systems and community-level training, as well as digital record keeping.

SPRINT will allow UNICEF to gain experience of and demonstrate results for bundling and scaling amoxicillin DT and medical oxygen in order to catalyse the building and adoption of similar projects by other organisations in different regions. UNICEF anticipates that more than 600,000 children will receive improved pneumonia care during the four years of the project.



GLOBAL FORUM ON CHILD PNEUMONIA: FIGHTING FOR BREATH

Date: 29 – 31 January 2020

Location: Barcelona, Spain

The global forum will be an opportunity for the UK Government to accelerate progress on child survival targets and catalyse progress towards universal health coverage (UHC).

UNICEF and key partners will bring together Ministers of Health, Finance and Development as well as global leaders in pneumonia control.

Forum participants will agree ways to stimulate action, strengthen national pneumonia control strategies and enhance pneumonia partnerships.



© Unicef/Pudlowski

THE UK GOVERNMENT'S ROLE

The UK's work to address child pneumonia has historically focused on four main areas: prevention through the use of vaccines; support to countries to strengthen health systems; support to tackle malnutrition; and funding for projects to improve child health.⁸²

DFID has strongly supported a HSS approach to improving the prevention and management of pneumonia, diarrhea and malaria through the Integrated Management of Childhood Illness (IMCI) and integrated Community Case Management (iCCM). For instance, between 2016 and 2019, DFID supported a programme in South Sudan to provide funds and technical oversight for health services to

select and train community-based distributors (CBDs). **This helped treat 361,850 cases of pneumonia with amoxicillin whilst creating a more sustainable health system in South Sudan at the community level.**⁸³

Moreover, the UK was one of the founding members of Gavi's innovative financing instrument, the Pneumococcal Advance Market Commitment (AMC), which accelerated the development of pneumococcal vaccines to meet developing country needs and significantly reduced the price of vaccines, enabling 58 countries to introduce the vaccine.⁸⁴



Aissata holds her daughter Mariam, 3 months, who has just been vaccinated at a remote village in Mopti, Mali.

© Unicef/Keita



KEY RECOMMENDATIONS

To help end childhood deaths from pneumonia, the UK Government must:

- 1** Ensure Ministerial level representation at the UNICEF-led Global Forum on Child Pneumonia and commit to revitalising global action to end all pneumonia deaths.
- 2** Lead global action to ensure child-friendly amoxicillin DT are accessible to all children.
- 3** Ensure that pneumonia reduction is a key success indicator in DFID's HSS programmes in high burden countries.
- 4** Support options to utilise existing funds under the AMC for pneumococcal vaccines to ensure access to affordable vaccines and a healthy market for sustainable immunisation programmes.



3 MALNUTRITION

Nearly half of all deaths in children under five are attributable to undernutrition, which translates into the loss of about 3 million young lives a year.⁸⁵ Undernutrition puts children at greater risk of dying from common infections, increases the frequency and severity of such infections, and delays recovery. Undernutrition and overnutrition frequently coexist within the same country, community, and even within the same individual. Stunted children, for example, face a greater risk of becoming overweight as adults.⁸⁶

“One in three people suffer from some form of malnutrition. We now live in a world where being malnourished is the new normal. It is a world that we must all claim as totally unacceptable.”⁸⁷ Lawrence Haddad, Executive Director, Global Alliance for Improved Nutrition

Income and wealth inequalities are closely associated with undernutrition, while more complex inequality patterns are associated with obesity. Economic slowdowns and downturns disproportionately undermine food security and nutrition where inequalities are greater, particularly in middle-income countries. It is therefore critical that nutrition interventions prioritise the poorest and most vulnerable children.

Conflict and fragility also contribute significantly to malnutrition. **In all fragile states, stunting prevalence rates are above 10% in children under five.**⁸⁸ In recent years child malnutrition has been greatly exacerbated

in conflict affected countries such as Somalia, Yemen, Nigeria and Sudan.⁸⁹

Unless urgent action is taken to address and prevent malnutrition, progress towards at least 12 of the 17 SDGs will be undermined.⁹⁰ Nutrition interventions have the potential to unlock substantial health benefits. For example, if all babies are exclusively breastfed for the first six months of their lives, it is estimated that over 800,000 lives would be saved every year.⁹¹

Yet no country is currently on course to meet all the global targets on maternal and child nutrition, obesity and non-communicable diseases (NCDs) and only five countries are on course to meet four targets.⁹² Malnutrition significantly contributes to poor maternal health outcomes, as stunting in early life increases the chances of obesity in later life. Both maternal health and obesity have a critical impact on child health. Obesity is hindering global

KEY DEFINITIONS

MALNUTRITION: broad term encompassing undernutrition as well as overweight and obesity.

UNDERNUTRITION: the outcome of insufficient food intake and repeated infectious diseases. Includes wasting, stunting, underweight and deficiencies in vitamins/minerals.

OVERNUTRITION: Child overweight and obesity can lead to early onset of type 2 diabetes, stigmatisation and depression, with serious health and economic consequences.

STUNTING: low height-for-age; results from chronic or recurrent undernutrition usually from frequent illness, inappropriate feeding and care in early life and holds children back from reaching their physical and cognitive potential.

WASTING: low weight-for-height; usually indicates recent and severe weight loss because a child has not had enough to eat or they have had an infectious disease such as diarrhoea, causing them to lose weight. Hidden hunger harms children and women. Iron deficiency reduces children’s ability to learn and iron deficiency anaemia increases women’s risk of death during or shortly after childbirth.

progress on nutrition while fueling an epidemic of non-communicable diseases such as cancer, heart disease and type 2 diabetes. Focusing global efforts on nutrition in the first 1,000 days of a child's life can significantly reduce child mortality and neonatal deaths in particular.⁹³

By addressing malnutrition in all its forms, we can accelerate progress towards all the global health goals and prevent both infectious and NCDs.



Hawa, 14 months, eats some therapeutic food to help her recover from severe malnutrition.

PHC: A KEY PLATFORM FOR CHILD NUTRITION SERVICES

While malnutrition can manifest in multiple ways, the path to prevention is virtually identical: adequate maternal nutrition before and during pregnancy and lactation; optimal breastfeeding in the first two years of life; nutritious, diverse and safe foods in early childhood; and a healthy environment, including access to basic health, water, hygiene and sanitation services and opportunities for safe physical activity.⁹⁴

PHC, with essential nutrition services such as breastfeeding, dietary counselling, management of acute malnutrition and provision of micronutrient supplements, is the cornerstone of sustainable health systems. Training should be provided to all health workers to deliver key nutrition interventions, and nutrition-related health products should be included in essential medicines.⁹⁵

1 IN 3 CHILDREN MALNOURISHED⁹⁶

Stunted children:
149 million
22.2%

Wasted children:
49 million
7.5%

Overweight children:
40 million
5.6%



MALNUTRITION – A TRIPLE BURDEN

The triple burden of malnutrition – undernutrition, hidden hunger and overweight/obesity – threatens the survival, growth and development of children, young people, economies and nations.

- 1** The first strand is undernutrition. Despite some declines, undernutrition continues to affect tens of millions of children.
- 2** The second strand of malnutrition is hidden hunger. Deficiencies of essential vitamins and minerals – often referred to as micronutrients – rob children of their vitality at every stage of life.
- 3** The third strand is overweight and, in its more severe form, obesity. The numbers of obese girls and boys between the ages of 5 and 19 have soared since the mid-1970s, rising by between 10- and 12-fold globally.⁹⁷

The triple burden of malnutrition is driven by the poor quality of children's diets: **2 in 3 children are not fed the minimum recommended diverse diet for healthy growth and development.**⁹⁸ The greatest burden of all forms of malnutrition is shouldered by children and young people from the poorest and most marginalised communities, perpetuating poverty across generations.



THE ROLE OF THE UK GOVERNMENT AND THE 2020 NUTRITION FOR GROWTH (N4G) SUMMIT

The UK Government has been recognised as a leader in reducing malnutrition in the world's poorest countries since the launch of the Scaling Up Nutrition Movement in 2010. In 2013, the UK Government hosted the first Nutrition for Growth summit, where DFID announced a tripling of its nutrition investments, and committed to "reach 20 million beneficiaries with nutrition interventions".⁹⁹

In 2015, the UK Government made a new commitment "to improve nutrition for 50 million people who would otherwise go hungry by 2020". This was a significant advancement of the UK's ambition to tackle malnutrition¹⁰⁰ and by March 2018, the UK Government had reached 42 million children under five, women of childbearing age and adolescent girls through nutrition relevant programmes. It has now exceeded its nutrition-sensitive Nutrition for Growth (N4G) commitment ahead of its target date.¹⁰¹

The UK's current commitments expire in 2020 and as such, the 2020 N4G Summit in Japan is a key event for the UK to restate and advance its leadership on malnutrition. **A pledge of £800m per year over the five years from 2021–25, would support the UK's ambition for accelerated and intensified action to tackle all forms of malnutrition.**

Future funding and programmes need to simultaneously address the triple burden of

malnutrition that many countries now face: undernutrition and micronutrient deficiencies on the one hand, and overweight and obesity on the other. These problems do not lie on opposite ends of a spectrum from starvation to obesity. While stunting and wasting persist across the globe, the face of malnutrition is rapidly changing. **Overweight and obesity is now on the rise in almost every country in the world and is a key obstacle to global progress on nutrition.**¹⁰²

As DFID identified in the Multilateral Development Review, "Globally, progress on nutrition has lagged because of insufficient coordination across the health, education and agricultural sectors". Nutrition-specific interventions are essential to accelerating progress, but it is also critical that other sectors, like agriculture, education, and social welfare, develop nutrition-sensitive interventions. **A truly multi-sectoral approach will achieve optimal nutrition outcomes through greater coverage, while also helping other programmes achieve more powerful results and demonstrate their own potential for impact.**

N4G is an excellent way to bring the UK expertise into a global partnership to drive integrated approaches between multilateral and bilateral platforms in order to facilitate increased collaboration between nutrition programmes while ensuring the triple burden of malnutrition is a core element of future investments and strategies.

SURVIVE AND THRIVE: TRANSFORMATIVE CARE

It is not enough for children merely to live past the age of five, when the tools to ensure that children remain healthy and reach their full cognitive and development potential are at our disposal.

Actions to ensure children thrive through to adulthood are at the core of the sustainable development agenda and need to be underpinned by PHC systems that support long term health and well-being.

The period from pregnancy to age 3 can be the turning point for brain development and is crucial for healthy growth throughout life. UNICEF's nurturing care framework calls for improvements in coverage and quality of essential health and nutrition interventions supported by engaged and empowered communities and a protective environment.

Moreover, age-specific health services for children and adolescents can help countries combat NCDs, prevent injuries and better support children with developmental delays and disabilities.



A girl eats lunch in the Hanaq Chuquibamba community, Cusco, Peru

KEY RECOMMENDATIONS

To ensure malnutrition is prioritised in global action to tackle preventable deaths of children and newborns, the UK Government must:

- 1** Support the ambition for accelerated and intensified action to tackle all forms of malnutrition by pledging £800 million a year between 2021–25 at the Nutrition for Growth (N4G) Summit.
- 2** Renew its commitment to tackling malnutrition by launching an ambitious new strategy that supports better integration of nutrition services with strong primary health care systems.
- 3** Use its leadership and convening role to drive global commitment towards tackling the triple burden of malnutrition.
- 4** Integrate a nutrition sensitive approach to related commitments on cross-cutting issues, such as climate change, agriculture, water, sanitation and hygiene, and social protection.
- 5** Prioritise protecting and promoting breastfeeding for women and children everywhere through its programmes, and support the ongoing enforcement of the International Code of Marketing of Breastmilk substitutes.



4 DIARRHOEAL DISEASE AND WATER, SANITATION AND HYGIENE

Diarrhoea is a leading killer of children, accounting for about 1 in 12 of all deaths among children under age five worldwide in 2017¹⁰³.

This translates to over 1,300 young children dying each day, or about 480,000 children a year. These deaths could be prevented by access to simple effective treatment and improved water, sanitation and hygiene (WASH) services.

Global progress in reducing diarrhoeal deaths has been encouraging, with under five child mortality rate for diarrhoea reducing by 59.3% since 2000, however the rate of decline remains slow in comparison to other common childhood illnesses.¹⁰⁴ Diarrhoea in children under five accounted for around 480,000 deaths in 2017 and constitutes over 8% of the deaths in this age group¹⁰⁵. **Children living in settings with limited access to WASH and health services are disproportionately affected by diarrhoea, and this is often exacerbated in fragile and conflict-affected settings**¹⁰⁶.

pneumonia and diarrhoea as a result of weakened immune systems. Moreover, by causing dehydration, diarrhoea further increases the risk of malnutrition in children as it causes further loss of essential nutrients interventions.

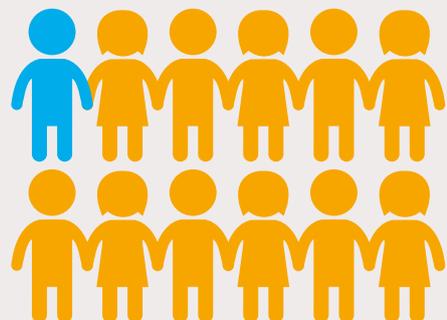
Prevention and treatment of diarrhoeal disease must remain a global priority, complementing efforts to tackle pneumonia and malnutrition. Quality WASH services are the primary preventative measure contributing to the prevention of diarrhoea and malnutrition, lowering a child's risk of ill-health while providing a positive impact in reducing household poverty. This needs to be complemented by the roll-out of a rotavirus vaccine and investing in strong and safe PHC services in order to identify risk factors and effectively treat disease symptoms.

Health workers use newly constructed latrines with handwashing facilities at Karenga Health centre IV, Kaabong District, Uganda.

Diarrhoea, pneumonia and malnutrition all share overlapping risk factors and the presence of one disease multiplies the risk of infection by another. Diarrhoea may raise the risk of developing pneumonia¹⁰⁷, while malnourished children are especially vulnerable to contracting



1 IN 12 DEATHS OF CHILDREN UNDER 5 DUE TO DIARRHOEA



61% OF THESE DEATHS OCCURRED IN SUB-SAHARAN AFRICA AND 29% IN SOUTH ASIA.

WASH AND PHC: ATTEMPTS TO PREVENT AND TREAT DIARRHOEA

Unsafe water and poor sanitation are the leading risk factors for diarrhoea, accounting for approximately two-thirds of diarrhoeal disease cases and 58% of diarrhoeal deaths¹⁰⁸. Improved WASH can be achieved in a number of ways that deliver greater impact when combined: taking infectious faecal matter out of the environment altogether (sanitation), using safer water sources (water access), removing pathogens from drinking water (water treatment) and removing pathogens from hands either after defecation or before consuming food (handwashing).

Since 2000, global progress in reducing diarrhoeal deaths has been encouraging, and WASH has played a central role in this reduction. The latest evidence shows that high quality piped water can reduce diarrhoeal disease by 75%, sewer connection by 40% and handwashing with soap by at least 30%.¹⁰⁹ In 2017, 90% of the world's population (6.8 billion people) used at least basic drinking water services, rising from 82% (5 billion people) in 2000.¹¹⁰ In the same timeframe, the proportion of the population that lacked basic sanitation decreased from 44% to 27% globally.¹¹¹ However, despite this progress in access to basic water and sanitation, which was the benchmark of the MDG era, there are still very significant numbers of people without access to the higher service level being targeted by the SDGs, and two billion people today live without safe water at home and 4.5 billion people do not have safely managed sanitation.¹¹²

When diarrhoea and other WASH-related health impacts cannot be averted in the community, it is critical to have affordable and accessible health services to avoid deterioration in children's health, especially for severe cases when dehydration and nutrient loss presents a risk to life. Diarrhoea can be prevented and treated with the right resources. Community health workers and nurses are crucial for providing prevention information and education, as well as for diagnosis and referral of children to a health facility. PHC centres also facilitate treatment of diarrhoea through affordable interventions such as oral rehydration salts (ORS) and zinc treatment.

Worryingly however, global data suggests that many health care facilities do not meet a basic standard of WASH and waste management. It is estimated that 896 million people did not

have water services at their health care facilities, 12% of health care facilities have no water service, and many more risk water shortages or contaminated water supply. Moreover 1.5 billion people use health facilities that do not have sanitation services and one in six health care facilities had no hygiene service.¹¹³

“We need to triple current annual investments in the water and sanitation sector to ensure that everyone has access to safe water and sanitation...ensuring that everyone, everywhere, has access to safe drinking water and adequate sanitation is about fulfilling our promise to leave no one behind.”¹¹⁴

Lawrence António Guterres, UN Secretary-General, addressing the Sanitation and Water for All partnership Sector Ministers Meeting, Costa Rica, 2019

Lack of or inadequate sanitation can also deter people from seeking health care when needed while increasing the spread of infection from faeces and making children especially vulnerable to infectious, preventable diseases. Similarly, effective hand hygiene is essential for preventing and controlling infections, and interventions for improving hygiene should focus on educating both staff and visitors. Finally, health care waste that is not safely treated or disposed can have further harmful effects on the hospital environment and on human health.

In 2018, the UN Secretary-General launched a global call to action for WASH in all health care facilities, highlighting the importance of health care facilities in reducing disease, and the critical role that WASH can play to end preventable deaths of mothers and babies.¹¹⁵ PHC facilities are central to the WASH agenda as they have the capacity to offer quality care to children in danger of WASH-related illnesses such as diarrhoeal disease, as well as promoting safe provision of care. To further improve overall quality of care, PHC facilities should set an example for visiting patients, providing at least basic WASH facilities and hygienic conditions of health care to avoid the spread of antimicrobial-resistant infections that could undermine efforts to prevent and treat diseases. Given the direct impact of PHC facilities on maternal new-born and child health, it is of the utmost urgency to accelerate progress on WASH, both in the community and in health services.



THE SANITATION AND WATER FOR ALL (SWA) PARTNERSHIP

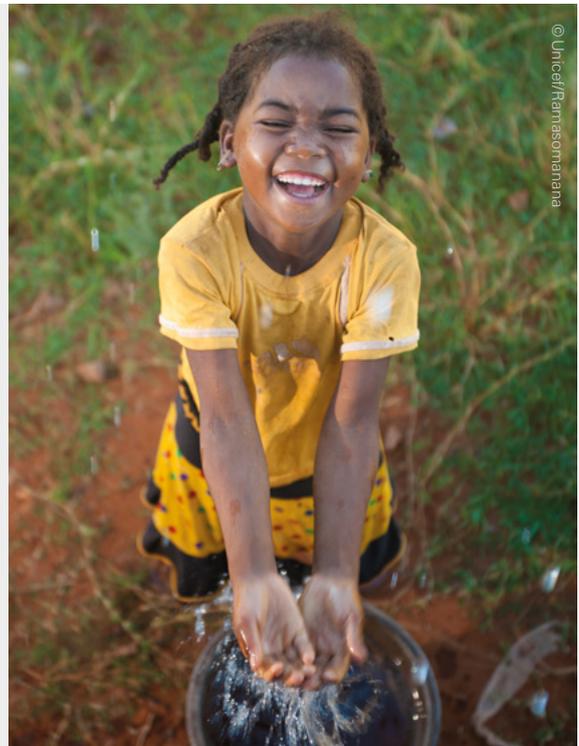
Date: April 2020

Location: Washington, D.C.

DFID helped to create Sanitation and Water for All (SWA), a global partnership committed to achieving universal access to clean drinking water and adequate sanitation. The partnership of governments and their development partners facilitates multi-stakeholder collaboration for sustainable WASH solutions.

One major achievement of SWA has been the convening of high-level meetings, engaging sector ministers and finance ministers, to raise the profile of water and sanitation at both political and technical levels. SWA has motivated countries to make commitments to achieve national WASH targets while giving attention to financing, sector reviews, monitoring, accountability and capacity strengthening.

The next finance ministers meeting in April 2020 will be an important opportunity for the UK Government to reaffirm its commitment to WASH, and tackle killer diseases such as diarrhoea.



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THE UK GOVERNMENT'S ROLE

The UK Government recognises that diarrhoeal diseases disproportionately affect children under five in the poorest households, and that much of this disease burden is caused by inadequate WASH services. While treatments such as ORS and zinc have been very effective in reducing mortality from diarrhoeal disease, the most effective intervention for controlling endemic diarrhoea remains WASH services.¹¹⁶

preventable deaths of children under five by 2030. In 2018 DFID's funding to UNICEF helped provide gender responsive WASH facilities for up to 4.4 million children, as well as hygiene promotion in schools and temporary learning spaces during humanitarian crises¹¹⁸.

The UK Government has committed to providing 60 million people with sustainable water and sanitation services by 2020¹¹⁹, and is on track to meet this target. These pledges are critical as it provides accountability to the British people, and they also mobilise partners to ensure that the overseas aid budget has a tangible impact. The UK Government is one of the largest donors to the WASH sector globally, and also supports impactful global initiatives as well as providing funds to the United Nations, NGOs and resource centres that enable these institutions to lead the global WASH sector.

The scale and quality of the UK's support to the WASH sector, ensuring the availability and sustainable management of water and sanitation for all, means it is a recognised leader in the international WASH sector. Given the very significant remaining challenges to achieving the SDG vision for WASH: "ensure availability and sustainable management of water and sanitation for all", it is critical at this stage that international donors continue to prioritise WASH.

Alexina, 11, student of Tanambao Bitavola primary school in Madagascar, washing her hands.

Globally, WASH interventions have an economic return of at least US\$ 4.3 per US\$ 1 invested¹¹⁷ and should be the cornerstones of HSS in order to limit the spread of disease, protect maternal and child health, and end



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A girl drinks safe water from a tap outside a UNICEF supported school in the village of Dafo, situated 5 km from the city of Tadjourah, in southern Djibouti.

KEY RECOMMENDATIONS

To help end childhood deaths from WASH-related diseases such as diarrhoea, the UK Government must:

- 1** Maximise the impact of its institutional development and financing by supporting well-designed programmes that bring climate-resilient WASH services to the most-needy populations, and further increase a focus on strengthening government-led systems.
- 2** Support the provision of improved WASH in PHC facilities as a core component of future HSS programming.
- 3** Ensure UK-supported WASH programmes in humanitarian settings are supported through multi-year, flexible funding mechanisms that are linked to the achievement of longer-term development objectives in order to build resilience and stability.
- 4** Strengthen the sharing of knowledge by: supporting collaborative platforms of south-south learning; ensuring that learnings from UK Aid-funded programmes are disseminated across the sector; and continuing to support cutting edge research and innovation.

TWO YEARS OF ACTION: A ROADMAP FOR THE UK GOVERNMENT

The UK has long been a global leader in child health, utilising UK Aid to ensure children can survive and thrive. Over the coming decade it can build on this legacy and continue to lead the world in improving health outcomes for those most in need.

The UK Government can build on its financial support to partner countries and multilateral institutions, harnessing its technical expertise and leveraging its soft power for good. The coming two years present a unique opportunity for the UK to demonstrate its capacity to lead and bring countries together under an ambitious aim: to end the preventable deaths of children under five.

Can the UK use its diplomatic leverage to ensure partner countries are equally ambitious, matching UK commitment with additional donor resources or by increasing domestic resources for health? We believe that by approaching the coming two years in the right way, the answer will be a resounding yes.

*“Looking to the future, my fellow Elders and I hope the UK will continue to fulfil its role as a global leader in achieving health for all, both for its own population and people across the world.”*¹²⁰

Ban Ki-moon, former Secretary General of the United Nations

One-month-old baby Eman receives her vaccinations at a Unicef-supported health clinic in Azraq Refugee Camp, Jordan.



TIMELINE

2019

17 OCTOBER

LYON

Global Fund replenishment

If fully funded, The Global Fund to Fight AIDS, TB and Malaria can save 16 million lives and avert 234 million new infections by 2023. The UK Government has generously donated £1.4bn, 12% of its fundraising target.¹²¹

19 NOVEMBER

ABU DHABI

Polio Pledging Moment

The UK Government committed up to £400 million to the Global Polio Eradication Initiative (GPEI), which will help vaccinate more than 750 children a minute against polio, and help eradicate the disease by 2023.

20 NOVEMBER

GLOBAL

World Children's Day

Marking the 30th anniversary of the UN Convention on the Rights of the Child, we hope the Government will build on this landmark year to ensure it delivers on the commitment to end preventable deaths of children by 2030.

2020

29 JANUARY

SPAIN

Global Forum on Childhood Pneumonia

An opportunity for UK Minister for International Development to engage with counterparts in donor and high-burden countries and to set a roadmap towards ending childhood pneumonia deaths by 2025.

APRIL

WASHINGTON, DC

Sanitation and Water for All (SWA) Partnership – Finance and Sector Ministers' Meetings

Hosted by the World Bank, this is an opportunity for the UK Government to tackle leading childhood killers such as diarrhoea by reaffirming its commitment to WASH.

JUNE

LONDON

GAVI replenishment

Hosted by the UK Government, GAVI replenishment is an important milestone for the UK Government to demonstrate its commitment to vaccinating every child, while showcasing its commitment to child health and galvanising action among partner countries and donors.

NOVEMBER

GLASGOW

COP 26

The UK has the chance to demonstrate leadership in implementing policies that will simultaneously tackle climate change and improve child health. It is therefore vital that the UK Government supports the integration of the climate change and health agendas at COP26.

DECEMBER

TOKYO, JAPAN

Nutrition for Growth Summit

Where countries come together and commit to action on malnutrition, the N4G Summit is a major moment for the UK Government to announce its new funding commitment and strategy to tackle one of the most significant causes of child death globally.

2021

SUMMER

UK

G7

Building on momentum from the past two years, the UK Government should utilise diplomatic leverage and drive global commitment towards strengthening primary health care and ending preventable child deaths. It should ensure this is a central pillar of its 2021 G7 presidency.

UK LEADERSHIP ON CHILD HEALTH: KEY RECOMMENDATIONS



At each milestone highlighted between now and UK's 2021 G7 presidency there is an opportunity for the UK Government to make new and ambitious commitments to child health and to establish its unique leadership role in ending child deaths by 2030.

To this end, we encourage the UK Government to adopt the following recommendations:

▶ TO STRENGTHEN HEALTH SYSTEMS AND ENSURE EVERY CHILD HAS THE CHANCE TO SURVIVE AND THRIVE, THE UK GOVERNMENT MUST:

- 1 Establish clear objectives to prioritise child health and PHC systems for its G7 2021 presidency.
- 2 Ensure DFID and the DHSC develop a joint global health strategy that builds cross governmental working.
- 3 Finalise and publish DFID's HSS framework, in collaboration with civil society partners.
- 4 Utilise its role on global health multilateral boards, such as the Global Fund and GAVI, to ensure that health systems strengthening remains a priority objective.

▶ TO ACCELERATE ITS EFFORTS TO MAKE SURE EVERY CHILD IS VACCINATED, THE UK GOVERNMENT MUST:

- 1 At a minimum, maintain its current funding levels to GAVI, making an ambitious financial pledge to support the delivery of the 2021–25 GAVI 5.0 Strategy.
- 2 Build on its financial commitment to GAVI by showing diplomatic leadership at the highest level and deliver strong pledges from partner countries so to ensure the replenishment is a success.
- 3 Put strong health systems and PHC at the heart of all vaccination programmes, whether through funding bilateral initiatives or through multilateral partners. The UK should continue to use its role on the GAVI board to ensure the strengthening of health systems is a key indicator of GAVI's performance.
- 4 Ensure that the most marginalised and under-served children are prioritised in future vaccination initiatives. Position equity at the centre of the GAVI replenishment discussions and, through its role on the GAVI board, drive the equitable delivery of multi-sectoral vaccination interventions.
- 5 Ensure that strategies to tackle vaccine hesitancy are better integrated across its domestic and international vaccination work.

▶ TO HELP END CHILDHOOD DEATHS FROM PNEUMONIA, THE UK GOVERNMENT MUST:

- 1** Ensure Ministerial level representation at the UNICEF-led Global Forum on Child Pneumonia and commit to revitalising global action to end all pneumonia deaths.
- 2** Lead global action to ensure child-friendly amoxicillin DT are accessible to all children
- 3** Ensure that pneumonia reduction is a key success indicator in DFID's HSS programmes in high burden countries.
- 4** Support options to utilise existing funds under the AMC for pneumococcal vaccines to ensure access to affordable vaccines and a healthy market for sustainable immunisation programmes.

▶ TO ENSURE MALNUTRITION IS PRIORITISED IN GLOBAL ACTION TO TACKLE PREVENTABLE DEATHS OF CHILDREN AND NEWBORNS, THE UK GOVERNMENT MUST:

- 1** Support the ambition for accelerated and intensified action to tackle all forms of malnutrition by pledging £800 million a year between 2021–25 at the Nutrition for Growth (N4G) Summit.
- 2** Renew its commitment to tackling malnutrition by launching an ambitious new strategy that supports the better integration of nutrition services with strong primary health care systems.
- 3** Use its leadership and convening role to drive global commitment towards tackling the triple burden of malnutrition.
- 4** Integrate a nutrition sensitive approach to related commitments on cross-cutting issues, such as climate change, agriculture, water, sanitation and hygiene, and social protection.
- 5** Prioritise protecting and promoting breastfeeding for women and children everywhere through its programmes, and support the ongoing enforcement of the International Code of Marketing of Breastmilk substitutes.

▶ TO HELP END CHILDHOOD DEATHS FROM WASH-RELATED DISEASES SUCH AS DIARRHOEA, THE UK GOVERNMENT MUST:

- 1** Maximise the impact of its institutional development and financing by supporting well-designed programmes that bring climate-resilient WASH services to the most-needy populations, and further increase a focus on strengthening government-led systems.
- 2** Support the provision of improved WASH in PHC facilities as a core component of future HSS programming.
- 3** Ensure UK-supported WASH programmes in humanitarian settings are supported through multi-year, flexible funding mechanisms that are linked to the achievement of longer-term development objectives in order to build longer term resilience and stability.
- 4** Strengthen the sharing of knowledge by: supporting collaborative platforms of south-south learning; ensuring that learnings from UK Aid-funded programmes are disseminated across the sector; and continuing to support cutting edge research and innovation.

CONCLUSION

We believe that the 30th anniversary of the UN Convention on the Rights of the Child, offers **an unparalleled opportunity for the UK Government to signal an historic commitment to future generations and end preventable child deaths by 2030.**



A child receives an oral vaccine at a health centre in central Cambodia.

There is a real opportunity for the UK Government to demonstrate its leadership, commitment and dedication to promote the health and development of all children.

However, the UK's ambition to Leave No One Behind, as illustrated by Parliament voting to enshrine 0.7% into law, can only be realised through a renewed focus on child health that addresses inequities and strengthens health systems.

This year, key health multilaterals such as GAVI are due for refinancing, just as the UK's strategy to address critical child health issues, such as malnutrition and pneumonia, are due for renewal. From the Pneumonia Forum in January to the GAVI replenishment conference hosted in London, each moment has huge potential to positively impact children's lives. **All these events provide a platform for Britain to harness its soft power and use its unique resource and capacity to set the agenda on one of the most important issues in global development: children's health.**

Underpinned by a compelling and strategic narrative, UK Aid can reach far beyond its financial resource, being a driver of change that is more than the sum of its parts. Across each of the key child survival agendas, it is integral to

ensure action is underpinned by strengthened PHC systems and the provision of an integrated programme of action on improving child health. Strong PHC systems are the basis upon which we can drive progress across much of child health. Whether we are addressing pneumonia, diarrhoea, vaccinations or malnutrition, this is the foundation upon which progress relies.

The 2020–21 period presents the UK with unprecedented opportunities to demonstrate its leadership, commitment and dedication to promote the health and development of all children. The UK's ambition to tackle extreme poverty can only be realised through a renewed focus on child health that addresses inequities in health outcomes, aims to strengthen health systems.

We want to see these commitments harnessed to become more than the sum of their parts. **If part of a strategic commitment, they can drive a movement towards realising SDG 3.2 and ending all preventable deaths of children under five by 2030.**

We want these to be stepping stones towards the UK's 2021 G7 presidency, where world leaders come together under British leadership to ensure all children have the chance to survive and thrive.

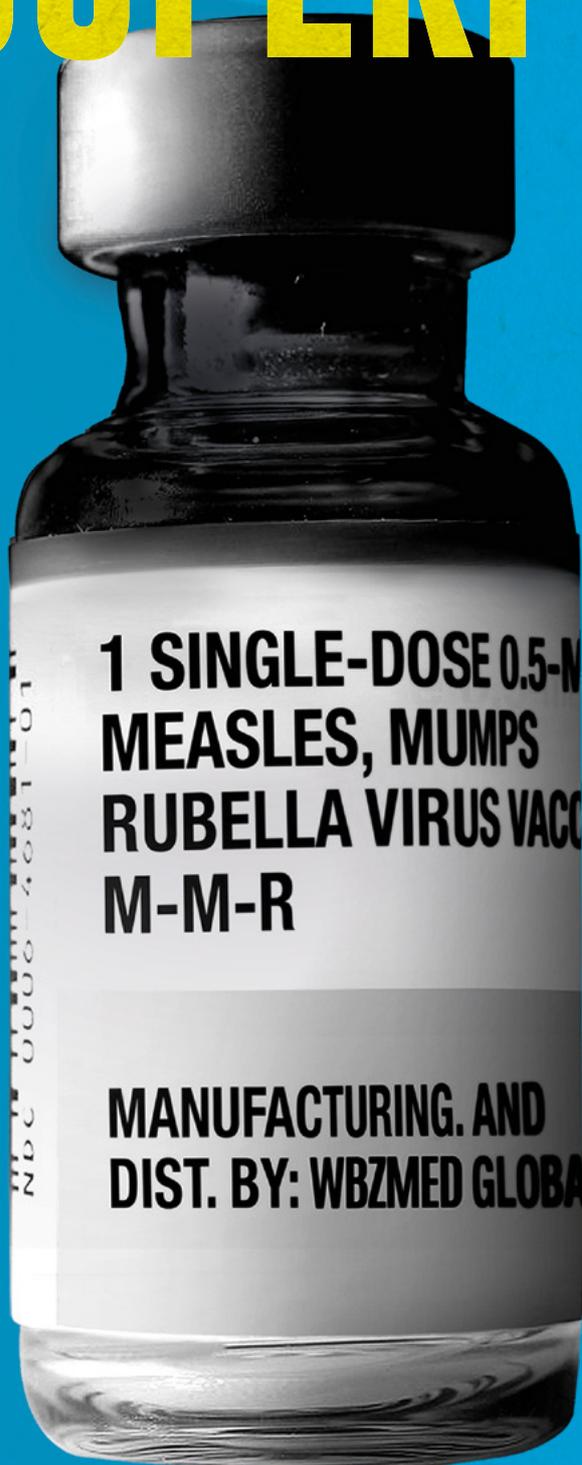
The year ahead presents a number of moments for a rejuvenated Global Britain to show its commitment to internationalism, making real progress in child health. The UK sits in a unique position: as a leader in global health with financial and diplomatic leverage, it can convene partners and drive ambitious action. **We want to see a Global Britain building on its many strengths and placing child health at the forefront of the international political agenda. Together, we can accelerate progress and ensure every child has the chance to survive and thrive.**



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