

## Saving lives with equity—the efficient route to the SDGs

2 years have now passed since the world's governments adopted the Sustainable Development Goals (SDGs). Apart from embracing some bold targets for 2030, they pledged that each country would undertake a best endeavour to "reach the furthest behind first" and achieve the goals for every group, with no one left behind.<sup>1</sup> These commitments put equity—the idea of equality with fairness—at the heart of the SDGs. UNICEF has reinforced the case for equity in its new report, *Narrowing The Gaps: the Power of Investing in the Poorest Children*.<sup>2</sup> The report shows that critical investments in health—principally, immunisation, antenatal care, promotion of early breastfeeding, skilled birth attendance, and access to care—save more lives, more cost-effectively, when they target poor children. The take home message: equity is good for efficiency.

There is no more sensitive barometer of inequity in health than premature and preventable child deaths. Which country a child is born in remains the most powerful determinant of survival prospects. However, social disparities within countries greatly magnify the inequitable distribution of risk. Being born into the poorest 20% of households typically raises the risk of mortality in children younger than 5 years by a factor of two to three.<sup>3</sup> The effects of wealth intersect with, and exacerbate, wider inequalities.

Based on data from 24 countries, *Narrowing the Gaps*<sup>2</sup> examines the cost and benefit (in terms of lives saved) of investments in six core interventions. The results are striking. For every dollar invested, the number of deaths averted was 1.8 times higher among the non-poor than the poor. The study builds on earlier research highlighting the role of equity as a potential accelerant for progress towards the 2030 SDGs.<sup>4</sup>

These findings matter. The SDG ambition is to "end preventable deaths of newborns and children under 5 years of age". Yet on the current trajectory, there will still be some 3.6 million under-5 deaths in 2030, most of which will be eminently preventable. Cutting social disparities in child survival through investments in equitable provision of health care could transform this scenario. However, since 2000, progress in child survival has done little to reduce social disparities.<sup>5</sup>

One inference from the UNICEF report is that governments should be rigorously monitoring

progress towards equity. In an exercise undertaken for UNICEF's 2016 *State of the World's Children* report,<sup>3</sup> Maria Quattri, from the Overseas Development Institute, and I looked behind national averages to estimate the rate of reduction in child survival required to reach the SDG target by wealth quintile, region, and other indicators. In the case of India, the wealthiest 20% would have to register an average annual rate of reduction in under-5 mortality of just 1.5% to hit the 2030 target, compared with 5% annually for the poorest 20%.<sup>3</sup> In countries such as the Philippines and Indonesia, the wealthiest 20% and most urban centres have already hit the SDG target, whereas the poorest 20% and outlying islands still have substantial reductions to make to reach the target.<sup>3</sup> Under-5 death rates in northwest Nigeria will have to fall at twice the rate of those in southeastern Nigeria.<sup>3</sup> What these cases suggest is that a corollary of the commitment to "reach the furthest behind first" and meet the goals for every social group is a higher rate of child mortality reduction for the poor than the non-poor. Put differently, national progress should be judged by the national rate of reduction and the pace of convergence, defined as the rate at which the most disadvantaged are catching up with the most advantaged.

*Narrowing the Gaps* also challenges governments and the international community to focus on the diseases at the heart of inequity in child survival. Pneumonia is



a case in point. This disease is now the leading cause of death from infectious diseases among children, claiming some 920 000 lives each year worldwide.<sup>6</sup> Most of these deaths occur in children younger than 2 years. The vast majority of pneumonia fatalities could be prevented through vaccination, early and accurate diagnosis, simple antibiotic treatment, or case management through nutritional support and oxygen therapy. Yet pneumonia deaths are falling far too slowly to achieve the 2030 target—and more slowly than other major killers such as malaria and measles. Limited and unequal care provision is at the heart of the problem. Only a third of children with suspected pneumonia receive antibiotics and 40% of children do not receive appropriate care, often as a result of poor diagnosis.<sup>7</sup> Vaccination coverage remains limited. Just over 60% of children receive the three recommended doses of Hib vaccine, and only around a third the pneumococcal vaccine.<sup>8</sup> Unequal access to vaccination is one of the major barriers to progress.<sup>9</sup> Price is another barrier. In 2016, pharmaceutical companies lowered prices for pneumococcal vaccines provided to Gavi, the Vaccine Alliance by 10% to US\$9.15 for a full course, but they remain the most expensive vaccines in the Gavi portfolio<sup>10</sup>—and prices escalate for middle-income countries.

Slow progress in cutting pneumonia deaths is symptomatic of inequitable and underfinanced health systems, allied to weak international cooperation. The underlying inequalities cannot be addressed through narrowly framed vertical initiatives. As Kim Mulholland and Martin Weber have argued “The multiplicity of potential causes, and the difficulty in identifying a single cause in any individual case, makes pneumonia a difficult target for health planners”.<sup>11</sup> The antidote, as Tedros Adhanom Ghebreyesus, the new Director-General of WHO, has argued,<sup>12</sup> is to be found in universal health coverage systems equipped to deliver pro-poor integrated care of the type highlighted in the UNICEF report.<sup>2</sup>

There is a ready-made blueprint for driving down pneumonia deaths in the form of WHO and UNICEF’s Integrated Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea.<sup>7</sup> What is lacking is a credible and committed global partnership to translate the plan into practical delivery mechanisms.

*Narrowing the Gaps* provides an evidence-based call to action. Governments should respond by setting and monitoring targets for equity—and by forging a partnership to combat the world’s most lethal and inequitable killers of poor children, including pneumonia.

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I am Chief Executive of Save the Children and declare no other competing interests.

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