

EXECUTIVE SUMMARY

KEY MESSAGES

- A child's chances of survival should not depend on where they are born, how wealthy their parents are, or their ethnic identity. Yet across the world, these factors continue to determine whether a child lives to celebrate his or her fifth birthday – factors which, for the child, are purely a matter of chance. **This unfair lottery of birth violates every child's right to an equal start in life.**
- While we have seen important progress on reducing under-five child mortality across the world over the past 15 years, **in too many countries inequality is actually worsening.** Progress in reducing child mortality is slower among some groups of children who are falling even further behind their more fortunate peers. Ending this lottery is a defining challenge for our generation, and one that we must tackle head-on.
- Thankfully, inequality is not rising in all countries. Some have managed not only to reduce child mortality at a fast rate, but to do so equitably – meaning that progress for excluded groups has been faster than the national average. In fact, contrary to popular belief, our research finds that **pursuing an equitable pathway to reducing child mortality is associated with 6% faster progress over the course of ten years**, on average.
- **A range of policies make equitable progress more likely**, including steps towards the progressive realisation of Universal Health Coverage to ensure that poor and marginalised groups have access to quality services that meet their needs and that they are protected from financial hardship.
- Governments should ensure that the successor framework to the Millennium Development Goals (MDGs), to be agreed in September 2015, shifts the world onto a more equitable pathway of progress. **By 2030 no target should be considered met unless it is met for all social and economic groups.** This is the only way to achieve Save the Children's ultimate vision – a world in which no child dies from preventable causes, no matter where they are born or who their parents are.

A STORY OF FAST BUT UNEVEN PROGRESS

In many countries across the world, the odds of children surviving to celebrate their fifth birthday have improved considerably in recent years. Today, 17,000 fewer children die every day than was the case in 1990 and the global under-five child mortality rate nearly halved, from 90 to 46 deaths per 1,000 live births, between 1990 and 2013. But not all countries have succeeded in improving children's life chances, and some of the world's poorest countries – many of which have been ravaged by conflict and instability – are very much lagging behind. Nevertheless, there has been unprecedented progress globally over the past two decades in increasing children's chances of survival.

But this good news story is marred by a worrying fact. Digging beneath the surface of national averages reveals considerable differences in mortality rates between children within the same country. Too often, particular groups of children suffer from persistently high levels of mortality, even in countries that have seen very rapid declines overall. These children already have much lower chances of survival than their peers, and are now falling even further behind, unfairly left out of global and national progress. These children are the focus of this report.



WHAT DOES IT MEAN TO BE LEFT BEHIND BY PROGRESS

Examples from around the world

- In **Niger**, a child born in the subnational region with the highest mortality rate in 2012 was nearly **five times more likely to die** before their fifth birthday than a child born in the region with the lowest rate. These inequalities in life chances have doubled since 1998.
- In **Indonesia**, a child born into the poorest 40% of households in 2012 was nearly **two and a half times more likely to die** than a child in the richest 10%. This inequality has doubled since 2002.
- In **Honduras**, in 2012, a child born in Islas de Bahia region was **three and a half times more likely to die** than a child born in the most advantaged regions of the country. This inequality has increased considerably since 2006.
- In **Vietnam**, children born into the Kinh ethnic group in 2010 were nearly **three and a half times less likely to die** than their non-Kinh peers.

NEW RESEARCH REVEALS THAT PARTICULAR GROUPS OF CHILDREN ARE BEING LEFT BEHIND BY PROGRESS

This report focuses on four different types of social and economic group for which data are available and where there are notable disparities in under-five child mortality rates between children from advantaged and disadvantaged groups: subnational regions, urban and rural areas, ethnic groups and economic groups.

Our research, which is based on new analysis of disaggregated data for 87 countries, reveals that in most cases, particular groups of children are being left behind by progress in reducing child mortality.

- **In 78% of the countries, at least one social or economic group has been making slower progress than more advantaged groups and is therefore being left behind** – whether that group is from the poorest section of society, from disadvantaged regions inside the country, from rural areas, or from disadvantaged ethnic groups.
- **In 16% of the countries**, inequalities in children's survival chances increased across *all* the groups for which we have data.

EQUITABLE PROGRESS IS POSSIBLE, AND DOES NOT SLOW DOWN OVERALL RATES OF CHANGE

While the global picture looks challenging, there are grounds for optimism. Our analysis reveals that a number of countries are achieving impressive reductions in child mortality rates while at the same time reducing disparities between social and economic groups. Clearly, equitable progress is possible. In fact, our findings indicate that equitable progress is associated with faster than average overall progress, revealing a small but positive correlation between the two:

- About a fifth of countries included in our research have achieved fast and above median reductions in child mortality over the past decade, while at the same time ensuring that no group of children is left behind.
- More than half of countries that have reduced inequalities in survival chances between groups have also experienced fast (above median) declines in overall child mortality.
- **On average, pursuing an equitable pathway to reducing child mortality was associated with 6% faster progress over the course of ten years.**

These findings contradict a widespread belief that reaching the poorest and most disadvantaged groups is harder and therefore likely to slow down progress.

Further grounds for optimism lie in our finding that disparities between economic groups and between urban and rural areas have been decreasing in most of the countries included in our research. However, disparities between subnational regions and ethnic groups have been increasing in most countries.

Importantly, middle-income countries are not always effectively harnessing the fruits of enhanced economic growth for the benefit of children who are furthest behind. For example, middle-income countries account for 13 of the 15 countries with the highest levels of regional inequality in child mortality, despite making up only around half of the total sample.

WITHOUT A STEP CHANGE IN ACTION, THE UNFAIR LOTTERY OF BIRTH WILL CONTINUE INTO THE FUTURE

Our analysis suggests that, if current trends continue, particular groups of children in countries across the world will continue to die from preventable causes for generations to come. Within the post-2015 global development framework, discussions are taking place to include an international target to achieve an under-five child mortality rate of no more than 25 deaths per 1,000 live births in all countries by 2030. Our research shows that if countries that carry the majority of the world's burden of child mortality continue with the best rates of progress they have achieved in recent years, 47% would reach this target as a national average. **However, looking beneath national averages, only 25% would meet the target for all economic groups. Most countries (53%) would fail to meet the target for rural as well as urban areas, and only 14% would reach the target for all subnational regions.** Accelerated and more equitable progress will be crucial if post-2015 targets are to be achieved for all children.

OPTING FOR EQUITABLE PATHWAYS: CRAFTING POLICIES THAT PUT THE FURTHEST BEHIND FIRST

The fact that a significant number of countries are achieving rapid rates of reduction in under-five child mortality while ensuring that particular groups of children are not left behind suggests that governments can pursue policies that make equitable progress more likely.

- Research indicates that countries on fast and more equitable pathways to reducing child mortality have made concerted efforts to **ensure that hard-to-reach groups have access to essential, cost-effective and high-impact health services** that address the leading causes of child mortality.

However, even in those countries that have seen success, maintaining progress will depend on improving the quality of services, and ensuring that all children can access them free of charge as part of the **progressive realisation of Universal Health Coverage**. With undernutrition now the leading cause of nearly half of all under-five deaths worldwide, and an increasing proportion of all child deaths occurring in the neonatal period, the gross neglect of nutrition, and maternal and newborn health, must be reversed.

- In many countries, disadvantaged groups have also seen rapid declines in child mortality rates as a result of efforts to **tackle the related dimensions of poverty and its root causes**. Evidence from a diverse range of countries, from Brazil to Bangladesh, highlights the importance of measures to tackle the social determinants of health. These include bolstering accountability and ensuring that disadvantaged groups can make their voices heard; improving water, sanitation and hygiene; access to quality education; and ensuring that disadvantaged groups can enjoy a decent standard of living through social protection mechanisms and economic policy. There is abundant evidence that the children of empowered, educated women are more likely to survive beyond their fifth birthday. These experiences show that policies which **take into account the multidimensional nature of poverty** have greater potential to deliver equitable reductions in child mortality.
- To put children who are left behind first, it will be critical to **ensure adequate investment in health systems and other social sectors**. Dramatic increases in domestic financing are needed in many countries, supported by more, and more effective, aid. With regional inequalities in child mortality rates increasing in most of the countries included in our analysis, the redistribution of national resources to ensure maximum investment in regions that have been left behind should be a priority for financing strategies.



Photo: David Vardell/Save the Children

Expectant mother Kamala and her husband Binod in Nepal. Kamala's first baby contracted pneumonia a few days after it was born and tragically died. "I don't want this baby to go through the same fate as my other baby. I want everything to go smoothly. If the same thing happens again it will be very heartbreaking," Binod says. "My wife will give birth at the hospital. It's better there because there are nurses and doctors there who can give advice. There are also better facilities."

THE POST-2015 FRAMEWORK: AN OPPORTUNITY TO SHIFT THE COURSE OF PROGRESS SO THAT NO ONE IS LEFT BEHIND

The post-2015 global development framework to be agreed in September 2015 offers an important opportunity to shift the global course of development to ensure that people are no longer left behind simply by virtue of their social or economic group. The new framework must not only aim to finish the job that the MDGs started – with a bold child survival target – but must also go further and tackle the inequalities that have been masked by the focus on national progress. **By 2030, no post-2015 target should be considered met unless it has been met for all social and economic groups.**

The framework should focus immediate and ongoing attention on the needs of children who are the furthest behind. It must promote equity across the framework, including through stepping stone targets – ie, interim targets set for intermediate dates between 2015 and 2030 to reduce inequality in life chances between advantaged and disadvantaged groups. Supported by improvements in the disaggregation, transparency and accessibility of data, stepping stone equity targets have the potential to incentivise the changes in policy and practice that are needed at international, national and local levels to accelerate progress among disadvantaged groups.



Photo: Meridith Kanur/Save the Children

Mothers with their babies in Chad. Chad has the third highest child mortality rate in the world, with 148 children dying per 1,000 live births.

SUMMARY OF RECOMMENDATIONS

Save the Children calls on all global and national leaders to meet their obligations to children and pursue equitable pathways towards an end to preventable child mortality. The course of action is clear:

1) Global and national leaders must work to secure an ambitious and implementable post-2015 framework, which promotes equity at its core.

This must include:

- Agreeing a politically salient framework that has the potential to be truly transformative. As a generation-changing objective, ending preventable child and maternal deaths should be a central commitment of the framework.
- Establishing clear targets to advance Universal Health Coverage and address the multidimensional drivers of poverty and inequality, supported by standalone goals on gender equality and accountable governance.
- A core commitment that no target will be considered met in 2030 unless it is met for all social and economic groups, supported by stepping stone equity targets for interim dates to focus attention on groups that remain furthest behind.
- Strong reporting and accountability mechanisms that hold governments, donors and multilateral agencies to account for delivering on their commitments and responsibilities.

2) Governments must review national and sector-specific policies and plans to support the achievement of post-2015 goals and targets.

This must include:

- Establishing policies to address the proximate and underlying causes of high child mortality rates among specific social and economic groups.
- Establishing financial risk protection for healthcare, expanding the fiscal space for health, increasing investment in health to at least 15% of the total government budget, and ensuring that public budgeting is underpinned by equity principles and redistribution.
- Ensuring coordination across public sectors that impact on health, and establishing time-bound equity targets within national and sector plans, following a multidimensional approach.
- Strengthening accountability and opportunities for citizen participation in policy-making and planning.

3) Donors, multilateral agencies, civil society and other development partners must:

- Step up action and align behind the national and sector plans of developing country governments – meeting aid commitments, increasing the allocation of aid budgets to health, supporting implementation and upholding aid effectiveness principles.
- Provide technical and financial support to help the poorest countries increase financing for health and other social sectors through sustainable and progressive domestic revenue sources.
- Create an enabling environment for countries to maximise domestic resource mobilisation, including through increasing the coherence of the international tax system and clamping down on tax avoidance by international companies operating in developing countries.
- Support the strengthening of statistics systems at national and international levels to ensure that progress for disadvantaged groups can be better monitored.
- Review their own policies and plans to focus on inequalities in health and other social sectors.
- Hold themselves and each other accountable for implementation of the post-2015 framework through regularly reviewing and reporting publicly on their contribution, in coordination with accountability mechanisms established for the post-2015 framework.