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**The Ottawa and Bangkok Charters: From principles to action
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**Investing in Child Health and Development:
The example of the UNICEF Medium-Term Strategic Plan,
2006-2009**

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Abstract:

Actions to promote child health and development are undergoing reassessment and reorientation in the context of changes in the global setting and partnerships. There is now wide recognition of the importance of health and nutrition for investment in the society's future, and of the centrality of a rights-based approach to development. As the United Nations agency specifically mandated to address children's needs and rights, UNICEF promotes a multi-part strategy for children that gives focus to: (1) Young child survival and development, (2) Basic education and gender equality, (3) HIV/AIDS and children, (4) Protection of children from violence, exploitation and abuse, and (5) Policy advocacy and partnerships for children's rights. Concrete objectives and actions are identified in each of these areas. Supporting this medium-term framework is a strategy for health and nutrition that gives particular attention to: (a) high-impact and cost effective child health and nutrition services; (b) maternal health services, including focus in emergency situations; (c) youth-friendly health services and HIV prevention; (d) reduction of gender inequities, and (e) coordinated action between the national, subnational and community/family levels. Applying this approach to the situation of individual countries, working with national and international partners, holds strong promise for significant contributions to sustained improvements for children, currently and in future generations.

Distinguished participants and colleagues,

This conference is an occasion to record progress and consider future directions in health and sustainable development. As a fundamental dimension of global health, child health and development – in the broadest sense – may be understood as the set of conditions under which every child is able to grow up and to develop to the fullest extent of her or his potential.

Children's health and development form a part of the fundamental rights of every child, as outlined in international covenants and conventions, and in the legislation and policies of countries, and the actions of governments and communities.

A wide range of agencies and partners – national governments, in civil society, the private sector, and the international system – are concerned with children, their health and development. As the United Nations agency specifically mandated to address children's needs and rights, UNICEF is concerned with all children, in different situations; of all ages. UNICEF's mission is to promote children's best interest in the development process, through technical support, direct assistance and policy advocacy to enhance the priority and promote a balance among children's survival, development, protection and participation.

Continuity and change in the agenda for child health and development

The approach that UNICEF is supporting with its partners over this medium-term period draws heavily on the experience of recent years, which have witnessed tremendous gains for children – along with many challenges.

In this context the strategy takes into account the new environment for child health and development. A first feature of this environment is the **globalization of child health and development issues**. We see increasingly common issues affecting children across national borders, due to such factors as ease of travel, the spread of epidemic disease and the phenomenon of migration. There is a breakdown of the familiar distinction between developed and developing countries, rich and poor countries, donors and recipients of aid. Many countries fall between these categories – emerging economies and countries in transition. Countries across all levels of development exhibit similar child health conditions, such as the problems of violence and injury and the universal presence of HIV and AIDS. Around the world we see the simultaneous problems of undernutrition and obesity affecting children in a given population.

Second there is **increasing recognition of the role of socio-economic and political factors** affecting children's health and development. These issues are well known and have always been present – the effects of unemployment, trade, cultural beliefs and practices, political decisions; the impacts of civil and armed conflict on children's well-being. Arguably the evidence and public attention to these issues, as advanced for example by agencies such as WHO, is considerably stronger than it has been in the past. With the advance of technologies able to save and improve children's lives, the critical factors are how the technologies are shared and who benefits from them.

A third featured is the **reconfiguration of global action for children** that is now underway. The trend towards country ownership and leadership of strategies is seen as a counterbalance to the globalization just referred to. There are new actors in global health and development – philanthropies, global funds, and important corporate players. Reform is taking place in aid, in bilateral development programmes and in the UN system. The processes triggered by the Ottawa and Bangkok Charters are important in this regard.

These developments may all be seen as reflected in the global movement in support of the **Millennium Development Goals**. A close examination reveals that the mobilization represented by the Millennium Agenda and within it the MDGs, is focused largely around children, directly or indirectly:

- Goal 1: Eradicate extreme Poverty and Hunger
- Goal 2: Achieve Universal Primary Education
- Goal 3: Promote Gender Equality/ empower women
- Goal 4: Reduce Child Mortality
- Goal 5: Improve Maternal Health
- Goal 6: Combat HIV/AIDS, Malaria and other diseases
- Goal 7: Ensure Environmental sustainability
- Goal 8: Partnerships for Development
- Millennium Declaration (esp. Section VI) - Child Protection

The **Medium-Term Strategic Plan** (MTSP) adopted by UNICEF's Executive Board and promoted by UNICEF with its partners for the period 2006-2009 represents a response to these developments (UNICEF 2005). In particular it sets out an approach to support the achievement of the MDGs most directly concerned with children. It seeks to find the appropriate balance and maximize the synergy between short-term action – to meet urgent survival needs and emergency response – and longer-term investment in children's and society's future.

The plan is set within the framework of children's rights – for survival, development, protection and participation – within which gender equality is a key focus. **Guiding principles of a rights-based approach** include:

- Taking the Convention on the Rights of the Child, and other relevant human rights instruments, as principal reference
- A “whole child” approach: the indivisibility of rights
- Life cycle: respecting the needs and evolving capacities of the child
- Nondiscrimination - all children, all populations;
- Concentrate on marginalized children and families in poverty
- Children in all situations – including in emergencies and post-conflict transition
- Key aim to support families' capacity to exercise their responsibilities for children
- All society's actions should be in the best interest of the child
- Support by governments should reflect continuous progress in line with capacity – but to the “maximum extent of available resources” (CRC Article 4)
- Promoting children's participation and involvement

Focusing Support to Action for Children

The UNICEF MTSP 2006-2009 is organized around five key focus areas for child health and development:

1. Young Child Survival and Development
2. Basic Education and Gender Equality
3. HIV/AIDS and Children
4. Child Protection : Preventing and responding to Violence, Exploitation & Abuse
5. Policy Advocacy and Partnerships for Children's Rights

These areas are clearly closely interlinked. They are considered as “themes”, not as “sectors”, as each involves action by different bodies of government and groups in society. Within each area a set of “result areas” are identified to enable mobilization and assessment of performance: Actions are in general not a fixed programme, but rather a range of options to be selected and pursued with local and international partners.

For **Young Child Survival and Development**, the focus is on results for children in key areas:

1. Scaling up of high-impact health and nutrition interventions
2. Improved family and community care practices that impact on young child survival, growth and development
3. Increased access to, and use of, safe drinking water and basic sanitation
4. In declared emergencies, ensure that every child is covered by life-saving interventions

Relevant large-scale actions include:

- Further scaling up and acceleration for Immunization services including polio eradication;
- Malaria prevention and control;
- Support for scaling up high-impact child survival intervention packages including diarrhoeal diseases control, pneumonia treatment and ARI control, Vitamin A prophylaxis, anaemia treatment and control etc.;
- Ante-natal care of pregnant women and neonatal care of the newborn;
- Breastfeeding promotion, growth promotion and monitoring and fortification of foods for ending micronutrient deficiencies;
- Essential drugs in primary health care for improving access and care to vulnerable and marginalized children;
- Guinea worm eradication, improving access to sanitation and water supply and hygiene improvement;
- Universal coverage of life-saving interventions for children in emergencies

This area will be discussed in further detail below, as it is most directly related to the present aims of this conference. The other Focus Areas of the Medium Term Strategy may be seen also to be highly relevant to child health and development.

In the area of **Basic Education and Gender Equality** the focus for key results for children is on:

1. Improve children's developmental readiness to start primary school on time, especially for marginalized children
2. Reduce gender and other disparities in relation to increased access, participation and completion of quality basic education
3. Improve educational quality and increase school retention, completion and achievement rates
4. Restore education in emergencies and post-conflict situations, and help safeguard education system against the HIV/AIDS pandemic

The highest priority is given to girls education within these objectives. Actions include support to school readiness and early learning; good parenting initiatives, and also the promotion of water, sanitation and hygiene in schools.

UNICEF's contribution to MDG 6 is focused on mitigating the impact of **HIV/AIDS on Children** and families, with emphasis on prevention, expanded treatment access and care and support of the most affected groups. As you may be aware, UNICEF is playing a leading role in a global campaign on Children and AIDS, in partnership with other organizations and activists working in this area.

Key aims in this area are to:

1. Reduce the number of paediatric HIV infections; increase the proportion of HIV-positive women receiving ARVs; increase the proportion of children receiving treatment for HIV/AIDS
2. Increased proportion of children orphaned and made vulnerable by HIV/AIDS receiving quality family, community and government support
3. Reduce adolescent risks and vulnerability to HIV/AIDS by increased access to and use of gender-sensitive prevention information, skills and services

Action includes interventions to:

- Support national governments in coordinating and implementing an accelerated expansion of coverage, sustained uptake and improved efficiency of interventions to prevent mother to child transmission of HIV;
- Promote and support actions to improve access of children and young people living with HIV/AIDS to quality care, support and treatment;
- Support the scaling up of interventions to strengthen the capacity of families to care for children affected by HIV/AIDS, prolonging the lives of parents and other care-givers and improving their livelihoods; and
- Support the development of norms and standards, human resource development capacity, and social welfare protection mechanisms
- Integrate the care of children affected by HIV/AIDS into national and sub-national policies, plans, services and development instruments

- Support advocacy and communication to overcome stigma, discrimination and vulnerability of those affected by HIV/AIDS;
- Focus attention on caring for orphans and vulnerable children and their families
- Support programmes to provide age-appropriate, information, skills and services to reduce child and adolescent vulnerability to HIV/AIDS;

Child Protection from violence, exploitation and abuse constitutes UNICEF's response to the Millennium Declaration Section VI on the protection of vulnerable groups in emergencies, and issues related to violations of human/child rights as a result of violence, abuse, exploitation and discrimination. This focus area also addresses the commitments contained in the World Fit for Children Plan of Action by helping create a protective environment around vulnerable children, especially the protection needs of children affected by conflict and humanitarian crisis.

Effort in this area is intended to support:

1. Government decisions influenced by increased awareness of child protection rights and improved data and analysis on child protection
2. Effective legislative and enforcement systems and improved protection and response capacity to protect children from violence, exploitation and abuse, including exploitative child labour
3. Better protection of children from the impact of armed conflict and natural disasters
4. Children are better served by justice systems which ensure greater protection for them as victims, witnesses and offenders
5. Children and families that are identified as vulnerable are reached by key community and government services aimed at reducing their marginalization.

Action in this focus area includes interventions for

- Prevention and reunification of child soldiers;
- Prevention of sexual exploitation, trafficking of children as well as abuse, violence and exploitation of children;
- Addressing the worst forms of child labour through advocacy and basic education;
- Protection and reunification of separated and lost children, particularly in emergencies
- Improved juvenile justice systems for children in conflict with law; etc

Finally, a focus on **Policy Advocacy and Partnerships for Children's Rights** aims to put children and the reduction of child poverty at the centre of national and international socio-economic policy agendas and decision-making - through partnerships and policy-oriented advocacy based on evidence and analysis.

Key aims in this area are to:

1. Collect and analyze strategic information on the situation of children and women
2. Research and policy analysis on children and women
3. Policy advocacy, dialogue and leveraging
4. Enhance participation by children and young people.

Actions in this area include:

- Support to the provision of up-to-date data, information and knowledge on the situation of children and women and their rights, disaggregated, with a focus on marginalized populations.
- Situation assessment and analysis, bringing children's issues into national poverty reduction strategies and development plans.
- Special issues analysis and policy impact analysis
- Support to capacity development for policy analysis;
- Policy dialogue for children and advocacy for effective national policies and the application of international policy frameworks, including legislative and administrative measures and budgets.
- Support to partners to enable the opinions and views of girls and boys to be taken into account in the creation and implementation of policies and programmes that affect their lives in accordance with their evolving capacities

The above areas affecting children do not exist in isolation but rather they are bound together by a number of cross-cutting approaches, familiar to all who are working in health and development.

- A human rights based approach to cooperation, discussed earlier
- Results based management – planning and reporting by objectives, including strengthened evaluation
- Generation and use of knowledge, including good practices and lessons learned
- Working through partnerships for children – at the national level; in international action; and with civil society
- Mainstreaming of emergency preparedness and response
- Support to the identification and procurement of essential supplies for children, to meet urgent needs and strengthen national capacity

Supporting Strategy for Health and Nutrition

Looking ahead to children's health and development up to at least 2015, a specific strategy has been prepared in the health and nutrition area to consolidate support to this and future medium-term plans (UNICEF 2006). This strategy is available on the UNICEF website for detailed review. Its main guiding principles, such as a rights-based approach and emphasis on partnerships, follow those of the MTSP. Its specific elements include:

- A key action focus on **outcome-oriented health systems and nutrition services**, in particular for the acceleration of high-impact and cost-effective child and maternal survival interventions in a system building manner: We can achieve rapid impact now by scaling-up packages of high-impact child survival interventions, even where health systems are still weak. But at the same time, we need to make health systems work better for children and women and produce measurable and equitable health outcomes.

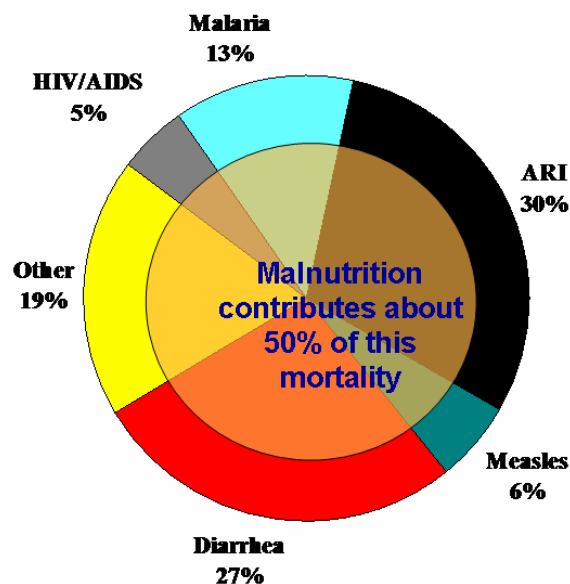
- **Maternal health** is closely integrated with child survival, such as through support to accelerated coverage of effective interventions, particularly in emergency situations.
- Efforts are highlighted for **youth-friendly health services and HIV prevention**, through support for national and sub national programmes that provide age-relevant, gender-sensitive sexual and reproductive health information, skills and services to reduce child and adolescent risk and vulnerability to HIV. This will have the further result of delaying the age of marriage and first birth, improving adolescent nutrition and life skills and fostering gender equality.
- The strategy stresses the need for institutional frameworks and approaches that address **gender inequities**, as key to sustained improvements in children’s and women’s health.
- Concrete measures are identified for **coordinated action for children and women** at the national, subnational and community/family levels.

This approach represents a joint strategy between the health and nutrition areas. There is broad evidence that a joint approach will have greater impact because both primary health and nutrition solutions play interactive and direct roles in child survival, development and growth, and in maternal survival and well-being. The strategy focuses on issues and interventions for which **the synergy between health and nutrition is the greatest** (Figure 1).

Figure 1

Why a combined H&N strategy?

Deaths among children aged 28 days to five years

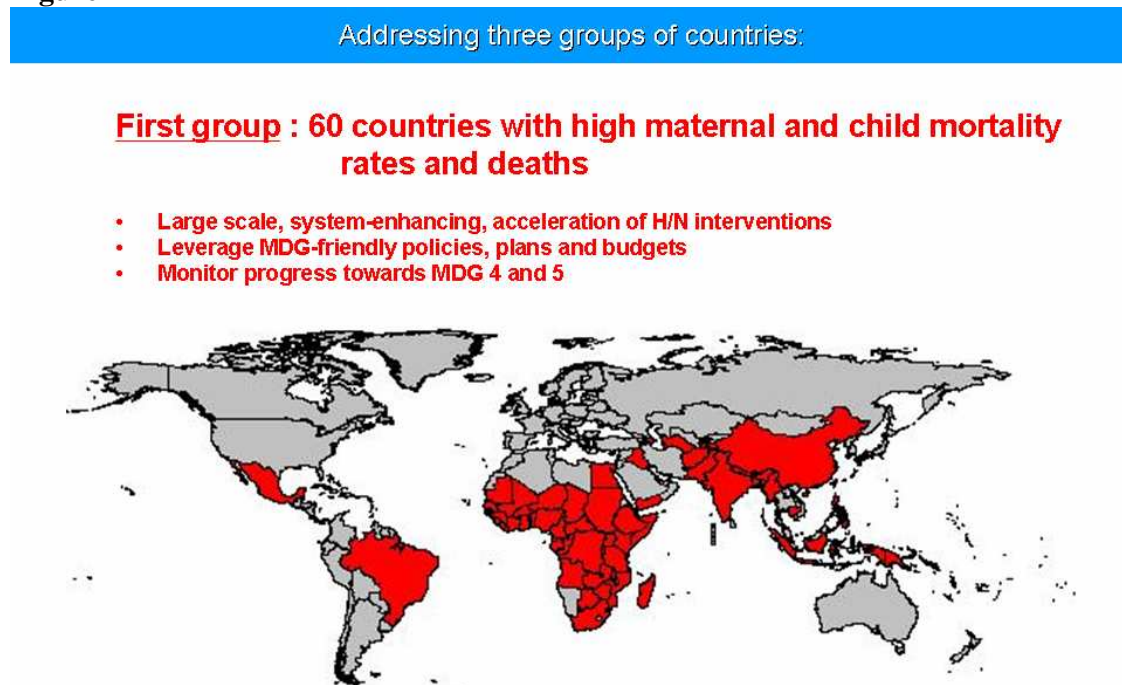


There is consensus that the window of opportunity for addressing under-nutrition is the period from before pregnancy through the first two years of life, and that the synergy between health and nutrition is also the greatest during this period. Investments after this critical period are much less likely to improve nutrition. The impact of joint health and nutrition action, and efforts for improved water and sanitation, during this period is crucial for achieving MDGs 4 and 5.

The strategy is oriented towards three major groups of countries. The first group consists of 60 priority countries with high maternal and child mortality rates and deaths (Figure 2). Support to governments in these countries should include:

- Large scale, system-enhancing, acceleration of health and nutrition interventions
- Leveraging policies, plans and budgets in support of health and nutrition MDGs;
- Tracking progress towards MDGs 4 and 5 and documenting lessons learnt.

Figure 2



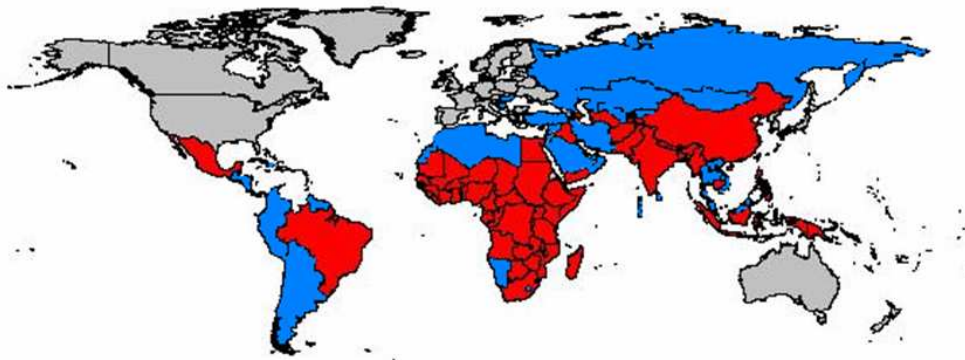
The second group consists of all the other programme countries, where support to governments will be particularly effective through policy support, tracking of progress and documenting lessons learnt (Figure 3).

Figure 3



Second group : other programme countries

- Leverage MDG-friendly policies, plans and budgets
- Monitoring of progress towards MDG 4 and 5, with particular focus on disparities



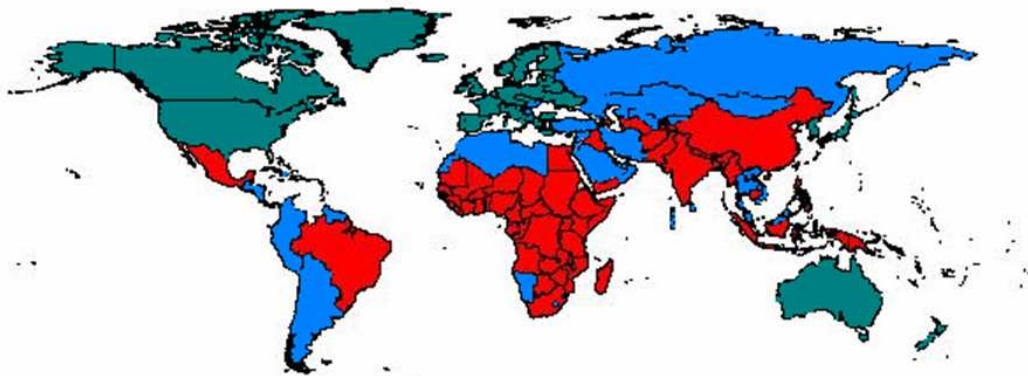
Finally the third group of countries consists of industrialized, non-programme countries, where the priority should be to advocate for greater global solidarity, donor harmonization, innovative financing mechanisms, development of public/private partnerships, and child-oriented research (Figure 4).

Figure 4



Third group : non programme countries

- Evidence-based advocacy (increased North-South solidarity, donor harmonization, innovative financing mechanisms, development of public/private partnerships, research)



Summing Up

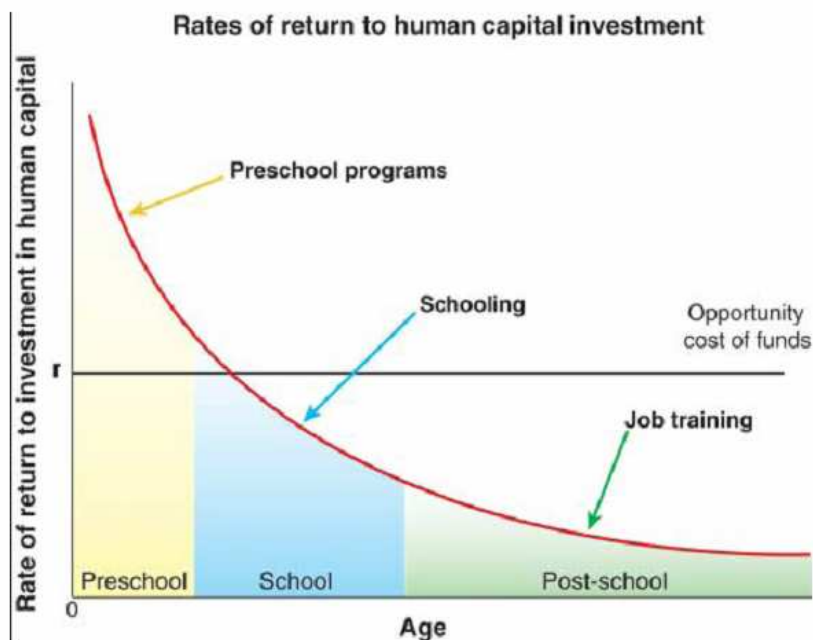
The use of the term “investment” is a reminder that there are competing important uses for society’s resources – and that we must make the case for the funds and attention that are devoted to child health and development.

It is also a reminder that resources for children indeed are an investment – in the individual child, and their families, and in the future of our society. This lesson has been highlighted in two recent policy papers.

A recent article in Science magazine by Professor James Heckman (Heckman, 2006) highlights the importance of investment in children’s early development. In a study that focuses particularly on disadvantaged youth, the findings show that interventions to develop ‘human capital’ give the greatest returns to society at the earliest possible points, declining in value for Euro or dollar spent at later points in the life cycle. The returns to early childhood development arguably exceed those from market-based financial investments. This evidence-based analysis gives yet further confirmation to the economic, as well as the social, ethical case, for young child development, especially for disadvantaged groups (Figure 5).

Figure 5

The importance of early intervention



Source: Heckman, J. “Skill Formation and the Economics of Investing in Disadvantaged Children”, *Science* Vol. 312, 30 June 2006 (www.sciencemag.org)

The second important work is the publication of the World Bank's World Development Report 2007 (World Bank, 2006) on "Development and the next generation". This landmark report examines the role of youth – defined as 12 to 24 years old – and the importance of interventions to promote what is referred to as "Opportunities" – to fully enter into work and society; "Capabilities" – young people's skills and functionings, and "Second Chances" – remedial opportunities for those who missed earlier opportunities or made wrong choices. In the context of health and development, the report highlights the need for society's renewed attention to mitigating the effects of risk-taking – e.g., drug use, sexual behavior, which are magnified by factors such as HIV/AIDS – and promoting young people's effective transition to fully exercising their citizenship, entering the workplace and forming families of their own.

The strategies and support by many different agencies and partners, including UNICEF, represent a contribution to these critical processes of social investment and the promotion of children's rights.

The discussions during this conference and its outcomes provide an important opportunity to contribute to renewed efforts for health and sustainable development for children, and for our collective society.

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