



# Child Health

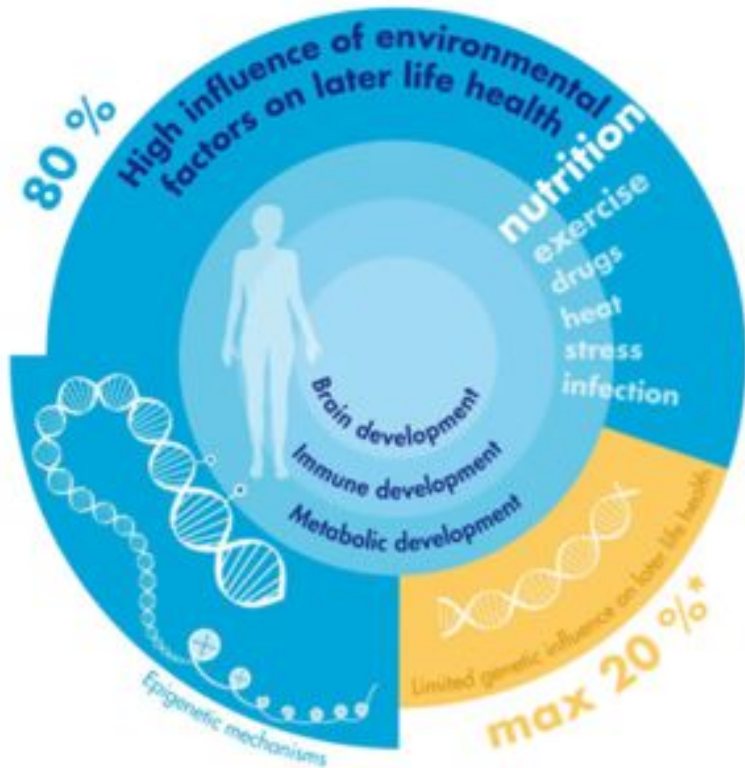
## *Early & consistent investment for Sustainable Development*

Presentation to the Board of Executives of the World Health Assembly

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# Shocks & long-term impacts to Child Health





The first 1000 days of life between a woman's pregnancy and her child's 2nd birthday are pivotal. They forge the **foundations of a child's cognitive development, emotions, interpersonal relationships, and immune system strength**, which, in turn, have knock-on effects on school performance, employment opportunities, relationship with their peers.

Economists & social scientists have **identified particular micro and macro health shocks** that have decisive roles in child health later in life:

Poverty/Financial Instability

Education

Hunger/Food Insecurity

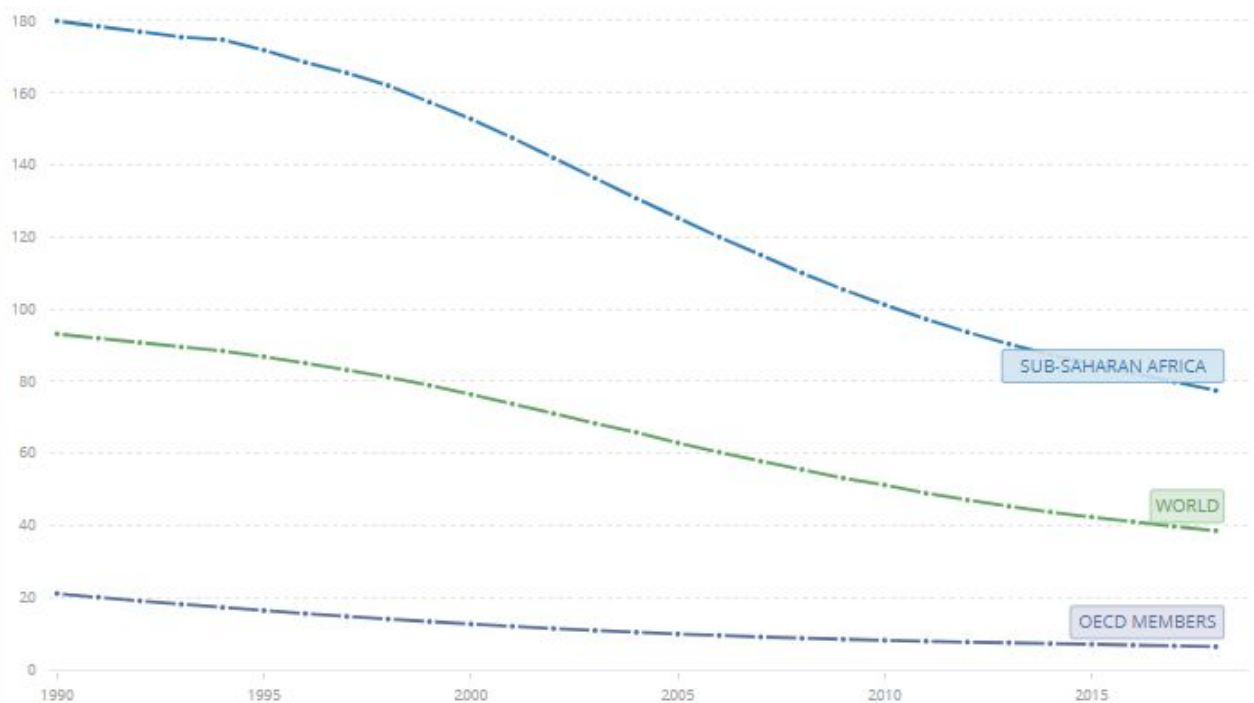
External Conflict

Poor living conditions

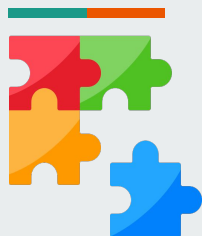
Mental Health

Unstable family dynamics

# Underlying inequalities in health between developed and developing countries



Graph generated by the World Bank database - data gathered by the UN Inter-agency Group for Child Mortality Estimation ( UNICEF, WHO, World Bank, UN DESA Population Division ) at [childmortality.org](http://childmortality.org).



# Econometric tools to measure child health

## Pre-2000

Early studies utilized **cost-benefit analyses** to determine the impacts of investments in ECD

LIMITATION: focus on the short-term; difficult to measure long-term effects

## 2005 to Present

Current studies utilize **longitudinal studies and MV regression analyses**. **Modeling/projections** have been used to measure long-term impacts on health and economy from investments.

Researchers employ a variety of indicators to quantify child health vectors, most notably:

- Weight: maternal BMI, children BMI
- Nutritional Status: children z-scores for age and height
- Cognitive development: IQ tests, language development test scores
- Education: enrollment records
- Employment & Income: national employment rate, SADD employment records

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**Why prioritize sustainable  
investments in child health?**

# Child health as a valuable economic investment

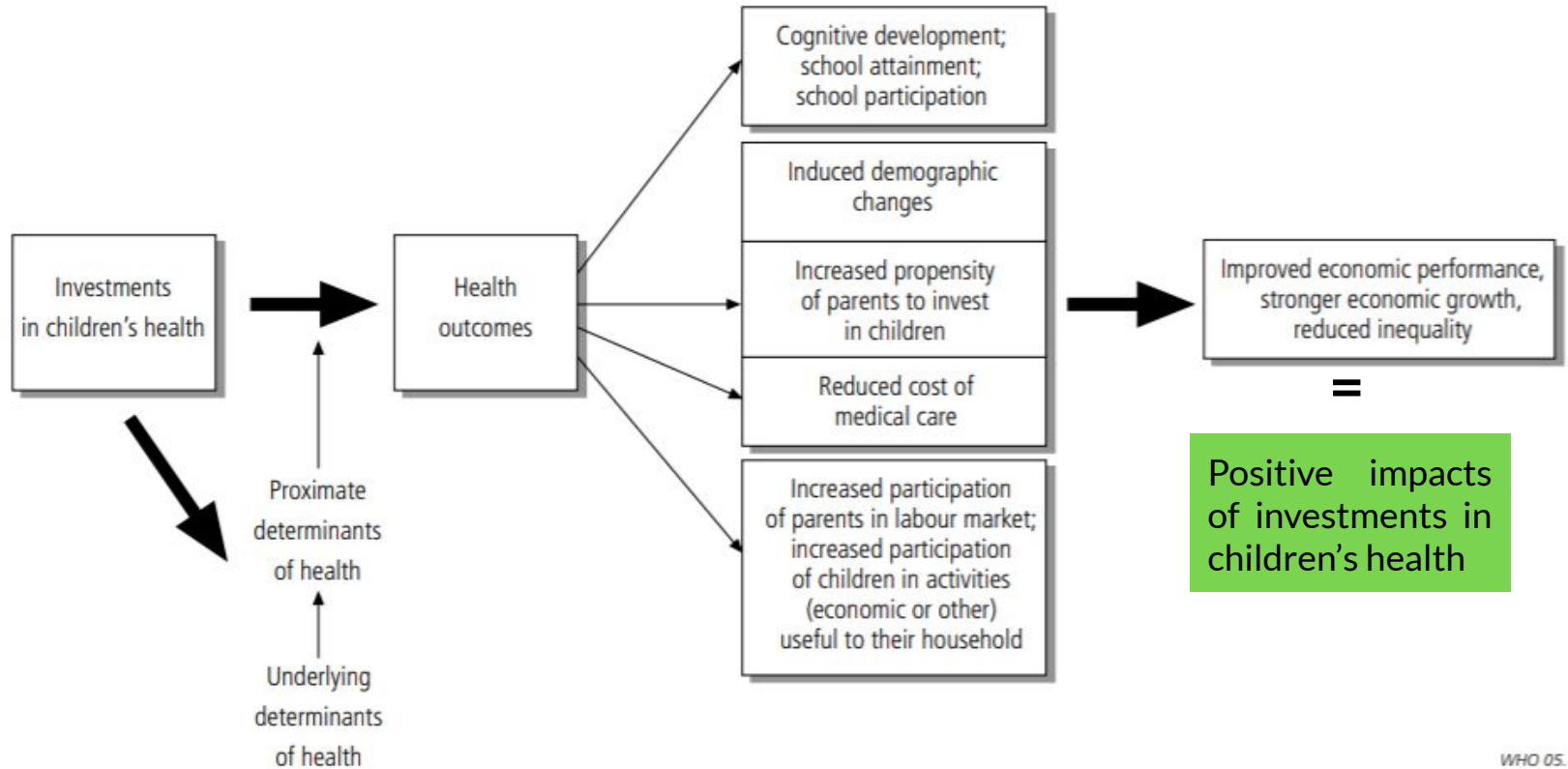


Children with good health result in better educated and more productive adults

Poor health conditions as children negatively impact the health of future adults

**→ INVESTING IN CHILDREN'S HEALTH IS A  
SOUND ECONOMIC DECISION**

Fig. 1. Channels through which child health interventions affect the economy





# Investing for children's health in developing countries

*There is increasing evidence from high-income countries that delivering quality interventions in the early years is cost-effective, reduces health inequities, improves learning and academic attainment, lowers crime and violence, and can improve adult health and economic productivity.*

→ Evidence must be taken into account when designing policies for the developing world



**Children's health is a  
SUSTAINABLE DEVELOPMENT  
issue**

# Evidence-based Research & Analysis

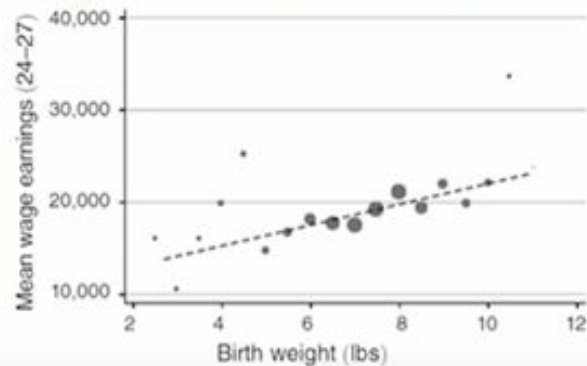


# “Child health as human capital”

Positive correlation between birth weight and future earnings

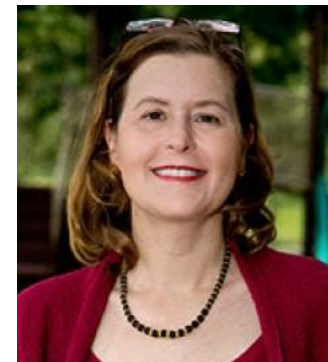
- ❑ Birth weight as a measure of health at birth
- ❑ Correlation mediated by external economic factors

Birth weight and Young Adult Earnings, NLSY



Janet Currie,  
Department of Economics,  
Princeton University,  
Princeton, NJ.

# “Child health as human capital”

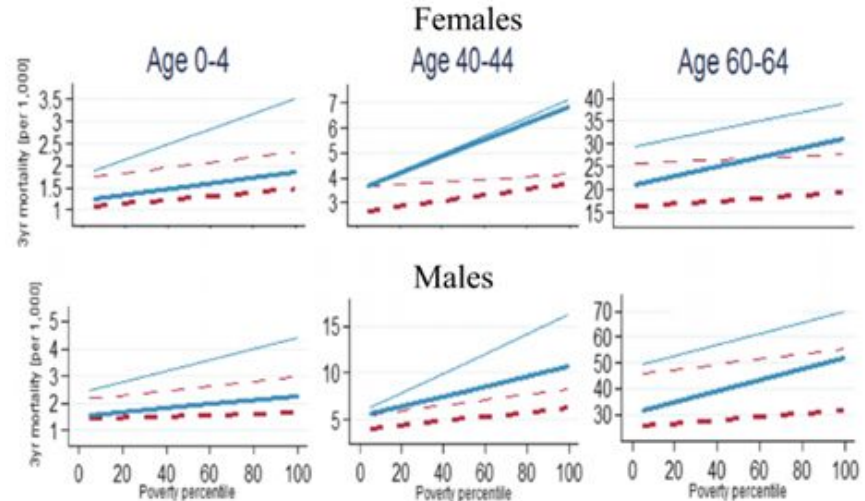


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# “Child health as human capital”

Public policy can promote better child health

- Case study Medicaid expansion → demonstrates the importance of healthcare coverage for children



➔ **Key role of public insurance in supporting long term human capital development**

# Considering the “costs of inaction”

	Costs of inaction as proportion of GDP (SE)	Total governmental expenditure on health as proportion of GDP
Bangladesh	5.6% (1.82)	3.7%
Democratic Republic of the Congo	2.5% (0.86)	3.5%
Ethiopia	7.9% (2.57)	5.1%
India	8.3% (2.65)	4.0%
Kenya	5.4% (1.75)	4.5%
Madagascar	12.7% (4.17)	4.2%
Nepal	3.4% (1.12)	6.0%
Nigeria	3.0% (0.96)	3.9%
Pakistan	8.2% (2.65)	2.8%
Tanzania	11.1% (3.59)	7.3%
Uganda	7.3% (2.37)	9.8%

Table shows estimates based on seven sub-Saharan African and four south Asian high-prevalence countries with sufficient data. GDP=gross domestic product. SE=standard error.

**Table 3: Costs of inaction for not reducing stunting to 15% prevalence**

	Cost of inaction as a proportion of GDP (SE)		Total governmental expenditure on education as total proportion of GDP
	Home visits	Preschool	
Guatemala	1.4% (0.96)	3.6% (0.94)	2.8%
Nicaragua	2.1% (1.38)	4.1% (1.08)	..
Colombia	0.2% (0.14)	0.9% (0.24)	4.9%
Peru	0.1% (0.11)	0.4% (0.12)	3.3%
Ecuador	0.3% (0.21)	0.2% (0.05)	4.2%
Chile	0.05% (0.02)	0.3% (0.07)	4.6%

Table shows estimates for identified children in six Latin American countries with sufficient data. GDP=gross domestic product. SE=standard error.

**Table 4: Costs of inaction of not improving child development through universal preschool and home visits**

Source: Richter, Linda M, et al. “Investing in the Foundation of Sustainable Development: Pathways to Scale up for Early Childhood Development.” The Lancet, vol. 389, no. 10064, 4 Oct. 2016, pp. 103–118., doi:10.1016/s0140-6736(16)31698-1.

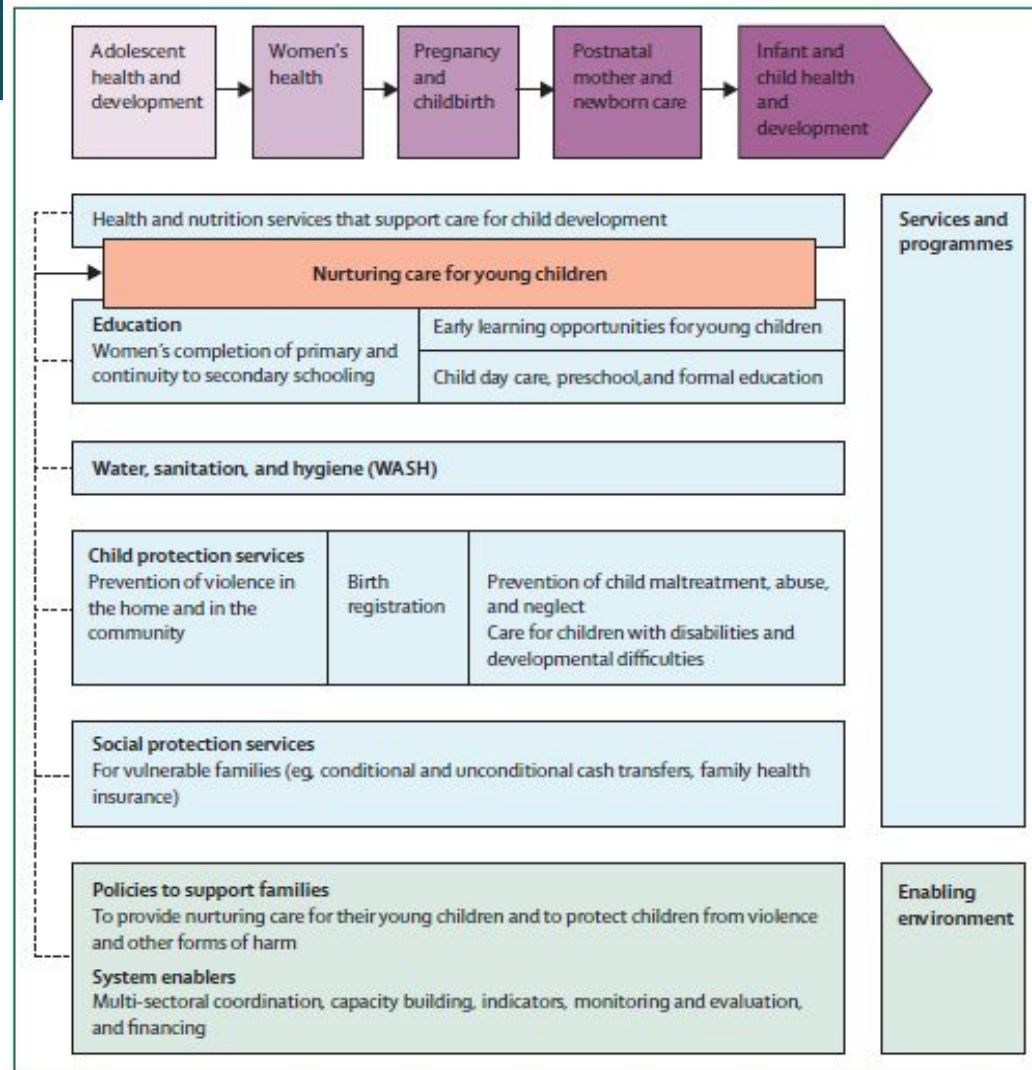
# Pathways to sustainable ECD in developing countries

Multisectoral

1000 day approach

National-level services & local-level support

Sustainability & Equity





# Policy Recommendations





## Increased Investment

Increase investment to healthcare structures dedicated to ECD and maternal health by a minimum of 5% of national GDP, subject to revision by an independent economic Panel of Experts every two years.

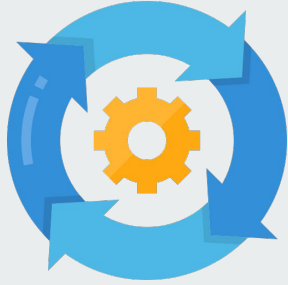
Develop an accountability framework within the the WHA as well as national governments through a dedicated post to ensure investments reach beneficiaries.



## Research

Implement proven interventions for ECD from other LMICs in health, education, employment, and social protection frameworks and/or institutions.

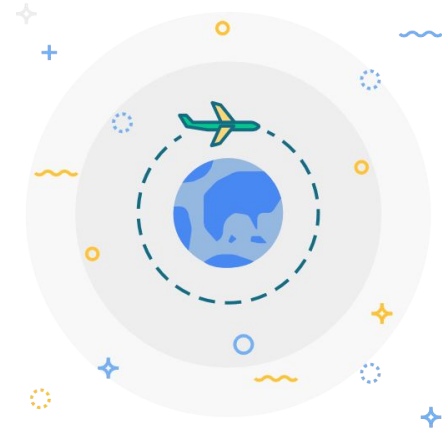
Encourage research and monitoring of improved health outcomes and socio-economic returns on investment through national institutions or designated multinational organizations.



## Capacity-building for equity

Develop and/or revitalize healthcare service pathways to reach families and individuals of all socioeconomic backgrounds in all countries.

Enhance coordination between national governments, multinational organizations, Clusters, and humanitarian actors (local, regional, and INGOs).



## Context-specific

Tailor interventions to their unique contexts, with the WHO providing technical or programmatic support where needed and periodically reviewing policies by an independent commission every 2 years.

Oversee international humanitarian and development assistance for conflict affected or post-conflict countries to detect, deter, and criminalize illicit financial flows.



**Thank you for your attention**