

Placing Child Health at the Center: A Case Study on Improving Global Health Governance

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Objectives · Our research used child health as a case study to examine the state of global governance for health, including the effectiveness of the UN system and its partners in reaching every child with health services even as competing priorities such as climate change and pandemics capture the public's attention.

Background · The global landscape has shifted to a multipolar world characterized by countries with divergent political and economic trajectories. The global development architecture crafted after World War II, including the United Nations (UN) system, was built on a liberal, rules-based order with human rights as an anchoring principle. To keep pace with global transitions and maintain its legitimacy as a global leader, the UN continues to undergo reforms to improve inclusive representation of member states.

Human rights principles remain embedded in development frameworks such as the Sustainable Development Goals (SDG). Central to the SDGs is achievement of universal health coverage (UHC), predicated on health equity. Modalities considered essential for reaching UHC are partnership, promotion of peace and justice, and forging strong institutions including health systems - all practices core to the UN. Child survival, an SDG 3 target, is a sensitive marker of development, pervasive health inequalities, and health governance.

Methodology · This study triangulates information on child survival trends, country success stories in reducing child mortality, and documents describing the degree of integration of child health into global development frameworks since the launch of the 1978 Alma Ata Declaration of Health for All.

Major Findings:

Inequalities persist. Latest UN estimates show a concentration of child mortality in Sub-Saharan Africa and in disadvantaged population groups. Countries that are off track for achieving the SDG 3 child survival target typically face challenges with weak health care systems and an accumulation of risk factors such as economic stagnation, political instability, and food insecurity.

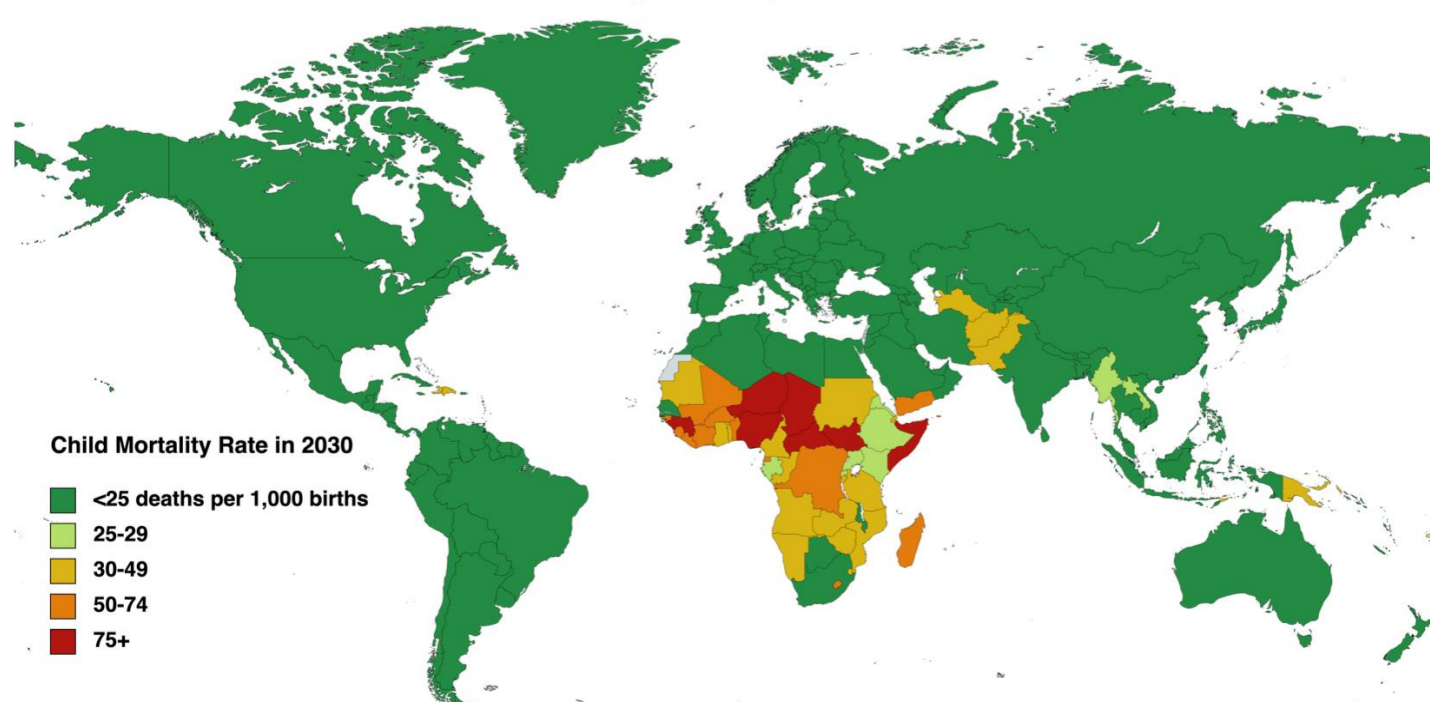
Fragmentation and vertical strategies impede progress. Over the past 40 years, child survival paradigms shifted from donor-driven vertical initiatives addressing single issues to the integrated management of childhood illnesses and recognition of the interlinkages of health across the life course. Child survival featured prominently in the Millennium Development Goal framework as central to holding governments to account for providing needed health services. The broad SDG agenda launched in 2015, however, decreased visibility of child health and spurred age-specific initiatives, resulting in fragmentation on the global landscape and donor preference to support health through vertical strategies (e.g., immunization, HIV, TB, and malaria) that circumvent country systems.

Country leadership is essential. Countries that achieved rapid child mortality declines adopted multi-sectoral approaches that address health determinants, implemented targeted programs to reach underserved populations, and aligned partners including UN agencies to their health goals.

Recent global initiatives are promising trends. The country-centric model of the Global Financing Facility for Women's, Children's, and Adolescents' Health (GFF), and efforts to harmonize age-specific global initiatives (Every Newborn Action Plan, Ending Preventable Maternal Mortality, and Child Survival Action) hold promise for promoting the continuum of care and sustainable gains through country leadership.



54 countries need accelerated action to meet the child survival SDG by 2030; almost 80% are in Africa



Source: UN Inter-agency Group for Child Mortality Estimation (IGME), 2022

Lessons Learned and Recommendations:

Latest child mortality estimates show that the global health architecture is failing to prioritize the countries and population groups falling furthest behind. Country success stories show that the way forward for effective global health governance is for the UN system, donors, and other development partners to align around country-led health plans that incorporate a multi-sectoral and life-course approach with child health at the center. Global partners should refine mechanisms like the GFF to ensure they provide a forum for partner alignment, promote country leadership, and use evidence to identify priority actions to address inequalities and build resilient country health systems.