

Nyovani Madise

**Session III: Health, Mortality and Older
Persons**

**UN Expert Group Meeting for Review of
ICPD PoA and Review of the 2030 Agenda**

1-2 November, New York

Assignment

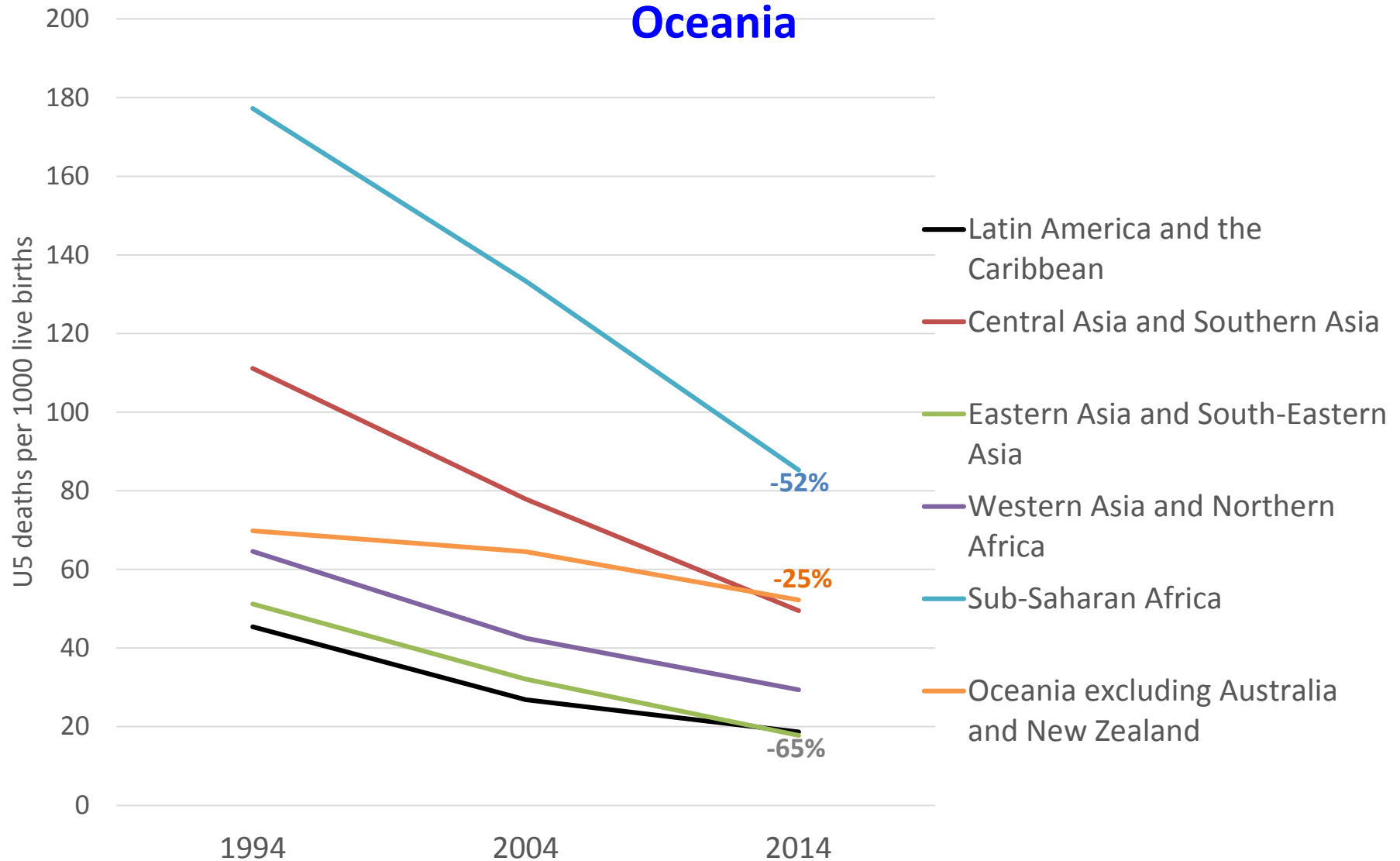
- Progress since ICPD in selected health areas
- Future challenges
- Knowledge gaps
- Practical recommendations

Preamble

- Extreme poverty will be concentrated in the Africa region
- Urban poverty: Growth of large cities in Asia, Africa
- Population growth **mismatched** with growth of healthcare and other services

Challenge 1: Child Survival

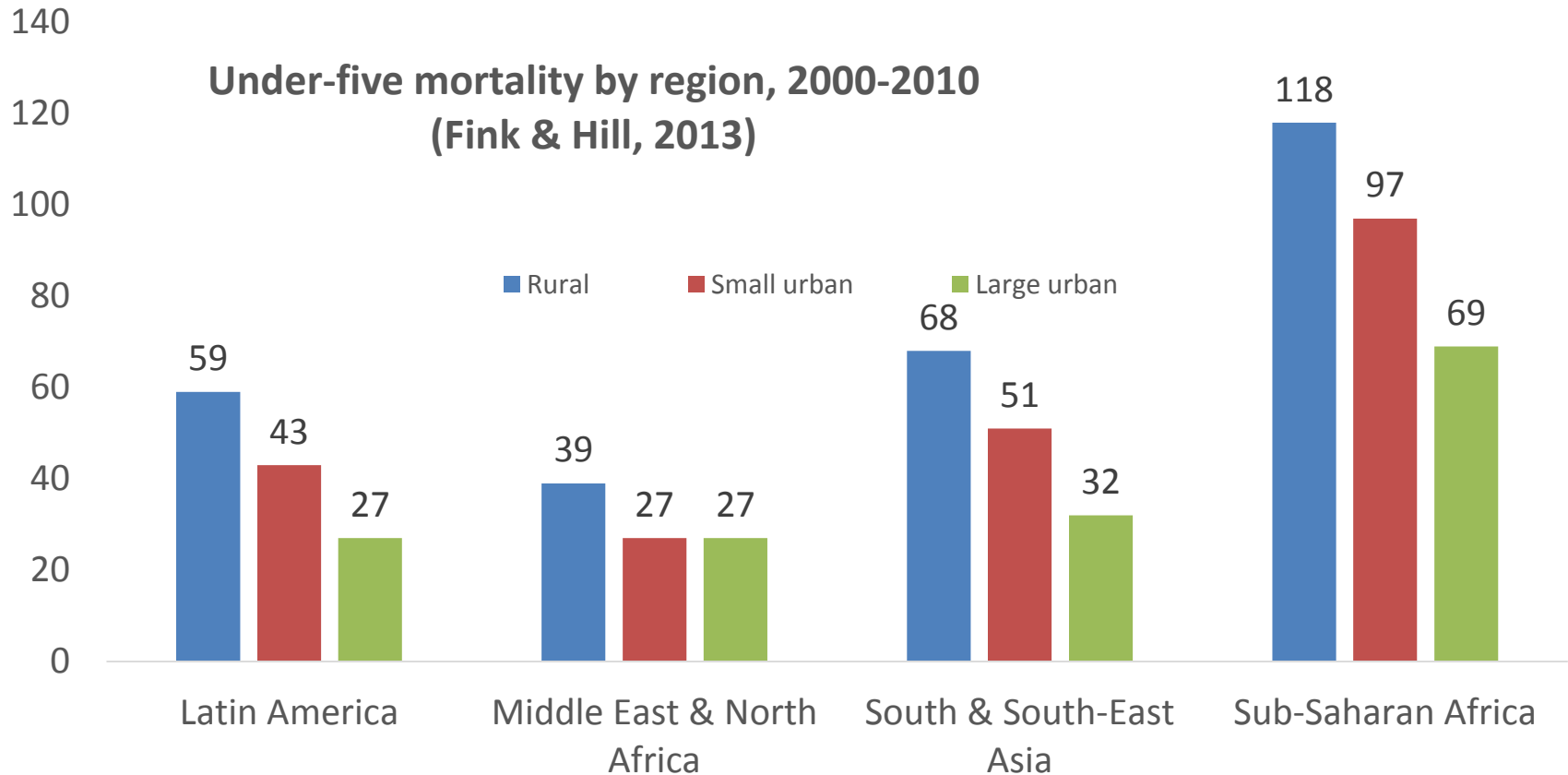
Under-five mortality has fallen steadily between 1994-2014, with reductions of 50% or more except in Oceania



Rate of change for neonatal mortality has been lower in SS Africa and Oceania

- **Rate of change 1990s to 2014:**
 - **Eastern Asia and South-Eastern Asia - 65%**
 - **Sub-Saharan Africa – 35%**
 - **Oceania – 14%**

Strong urban-rural differentials in under-five mortality still persist



Gaps

- **Interventions to reduce neonatal mortality**
 - Address low-birth weight,
 - Pre-conception and pregnancy nutrition,
- Unfinished agenda to increase access to skilled birth attendants

- **Urban-urban differentials** – urban poor often neglected

If we improve healthcare and economic prospects, we can eliminate urban-urban and urban-rural differentials in child survival

(Bocquier et al. 2011)

Challenge 2: Reproductive Health and Family planning

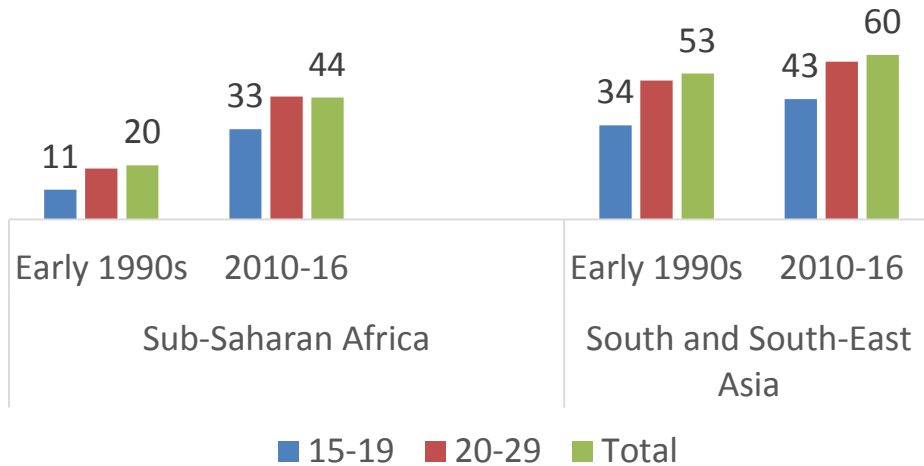
Sexual and Reproductive Health and Rights

Challenges are

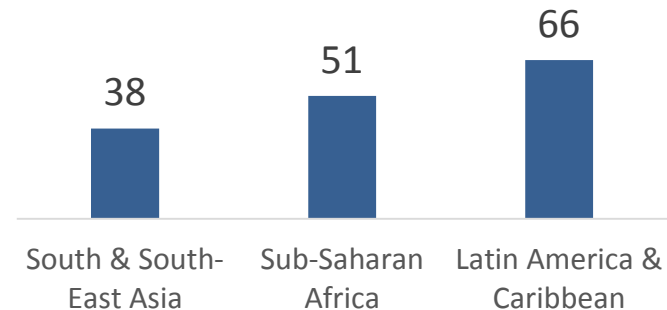
- **Ownership** of this agenda in LMIC
- Culture, religion opposition
- Lack of political commitment → Limited budget for SRHR
- Dis-jointed policy landscape

Universal access to sexual and reproductive health care and family planning – needs financing, political will, and cultural shifts

Percentage demand satisfied by modern methods of contraception among young women by time period

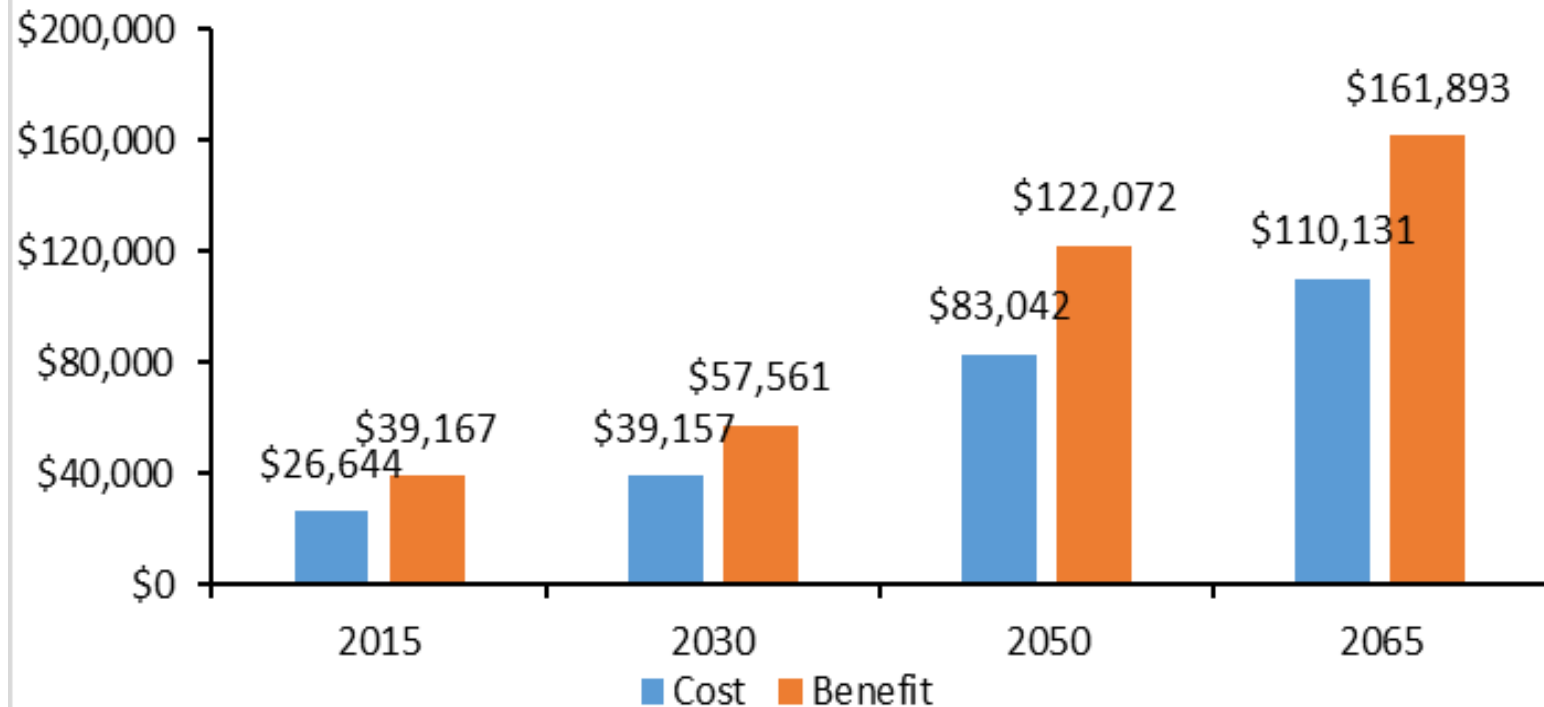


Among sexually active unmarried women (2010-17)



Africa's youthful population → demand for SRHR services including family planning will increase. But benefit will outweigh costs.

Figure 7: Cost of providing contraception to Uganda female youth, 15-34 years (US\$ thousands) and benefit due to pregnancies and births averted



On average, SS Africa's fertility is still too high for accelerated development

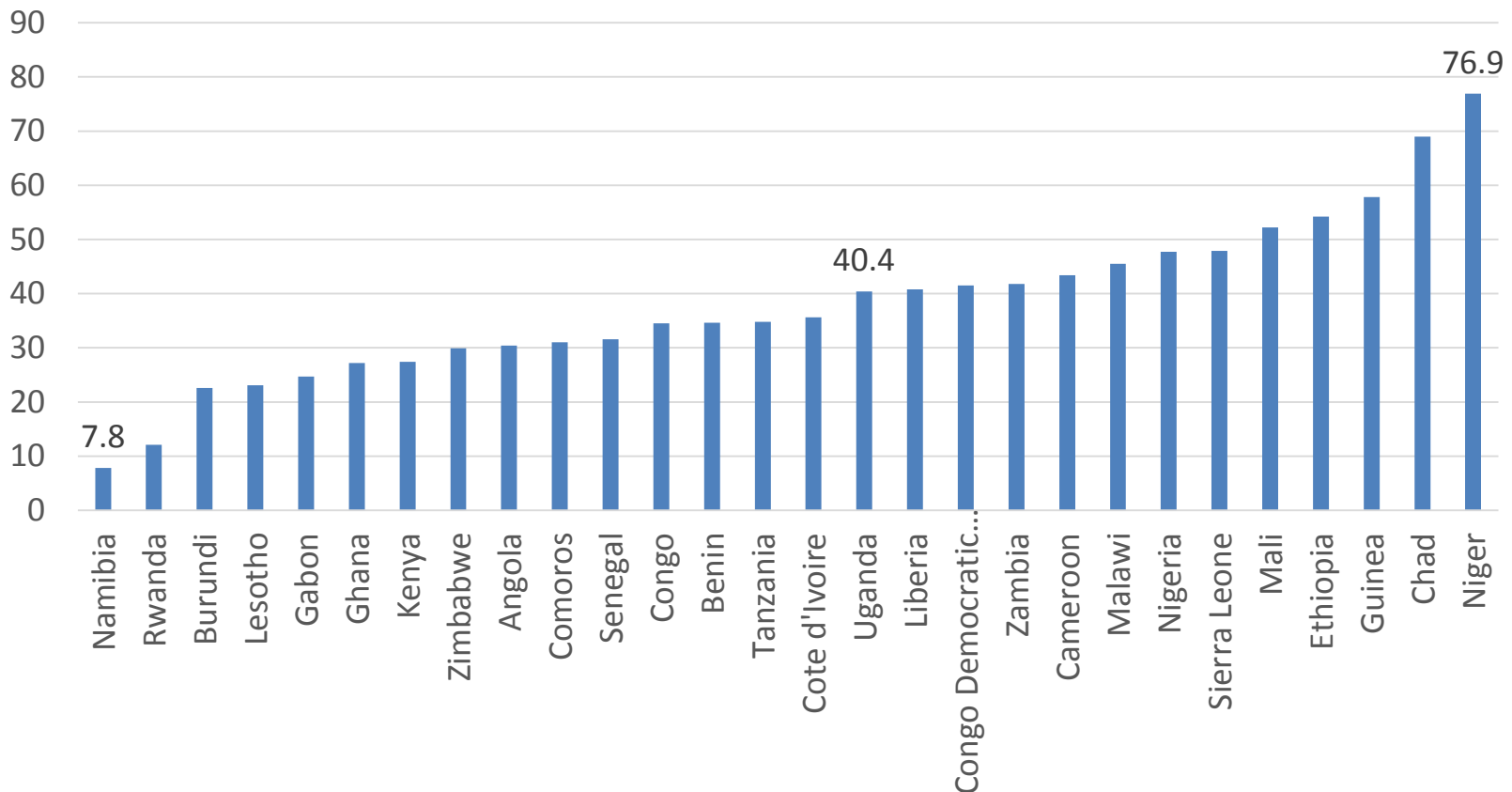
Fertility rates: Africa 4.4; World 2.5.

- *If fertility declines at a slow pace, Africa will continue to have high ratio of young dependents to working age population*
- *Sustained fertility decline to replacement level is the best option for prolonged benefits of the demographic dividends.*

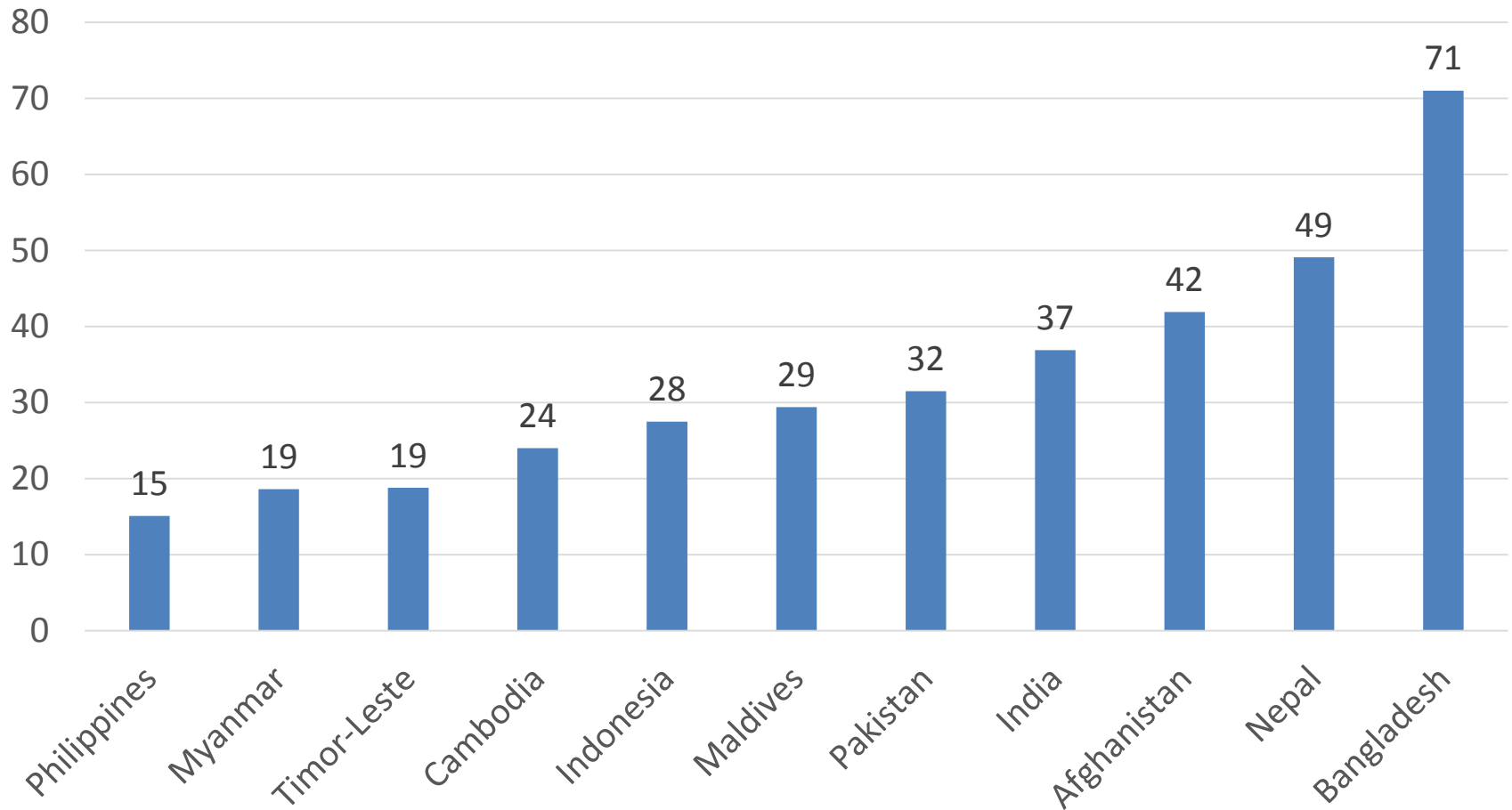
Challenge 3: Harmful, unethical practices affecting gender equality and SRHR

High rates of child marriages in LMIC

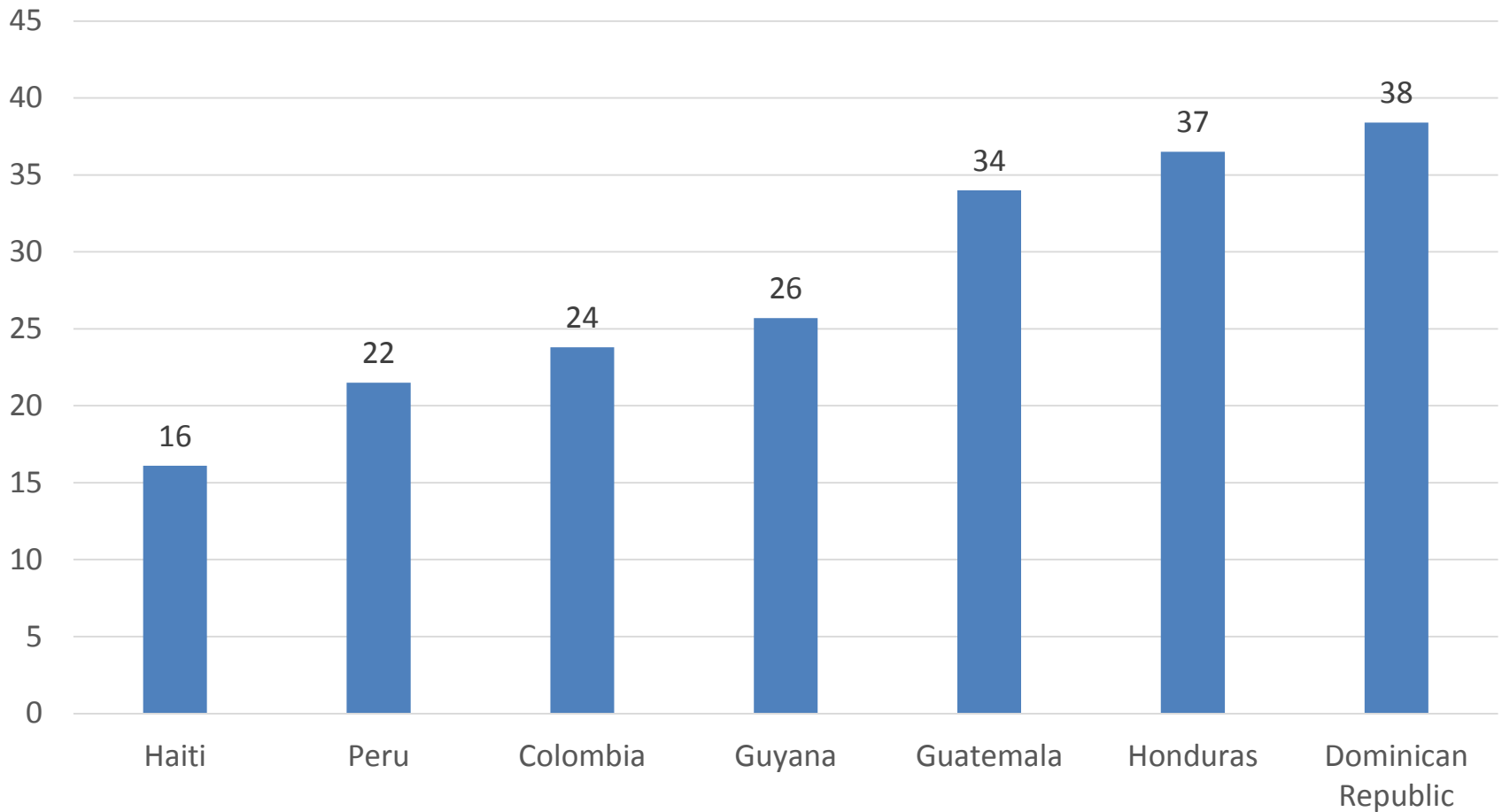
Percentage of women married by exact age - 18 years. **SS Africa, 2011-2017**



Prevalence of child marriages in South and South-East Asia, 2010-2017



Child marriages – Latin America & Caribbean



Clear link between early childbearing and high achieved fertility in Africa



Other harmful cultural practices which should not be tolerated

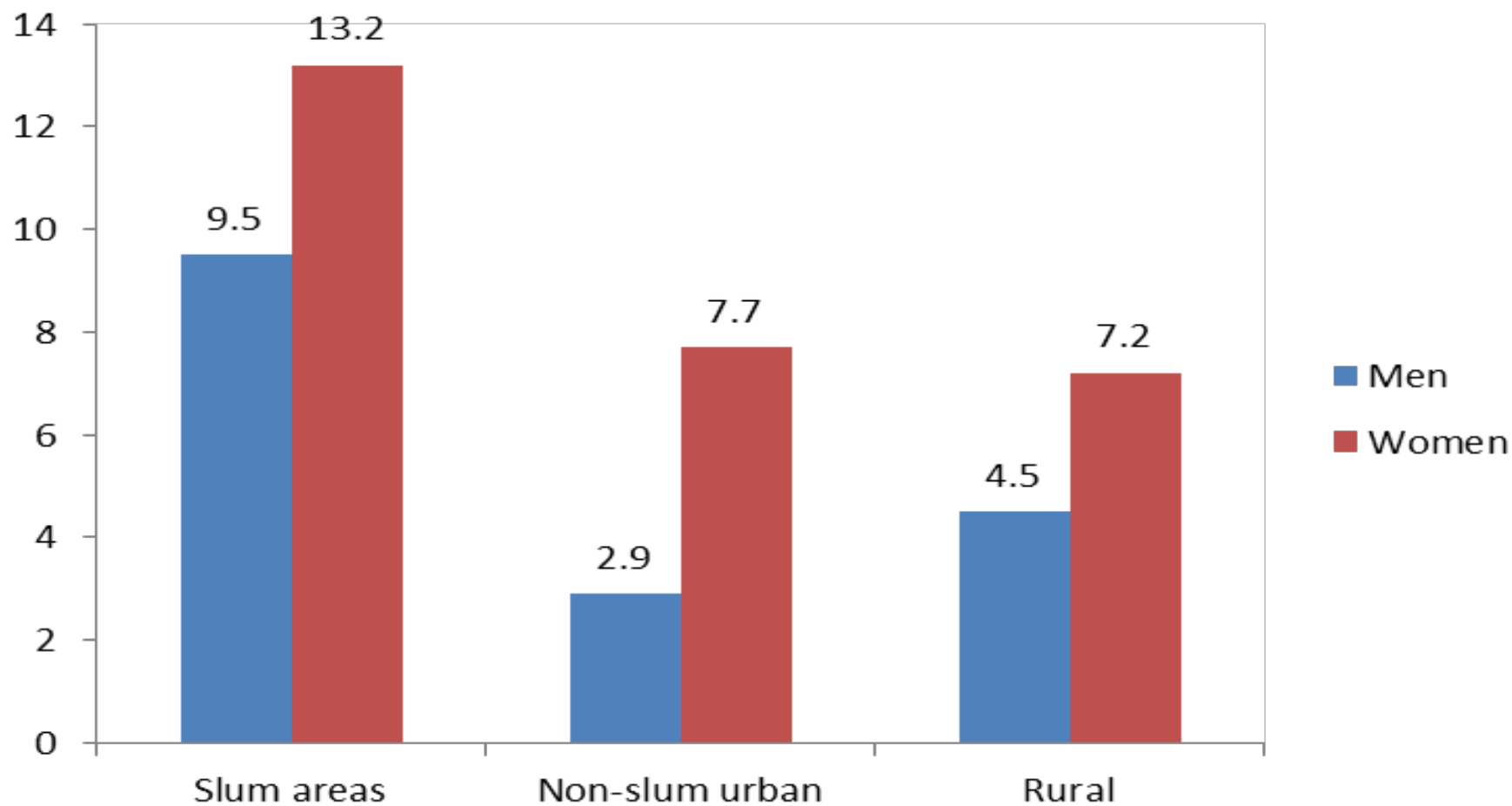


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Cultural practices

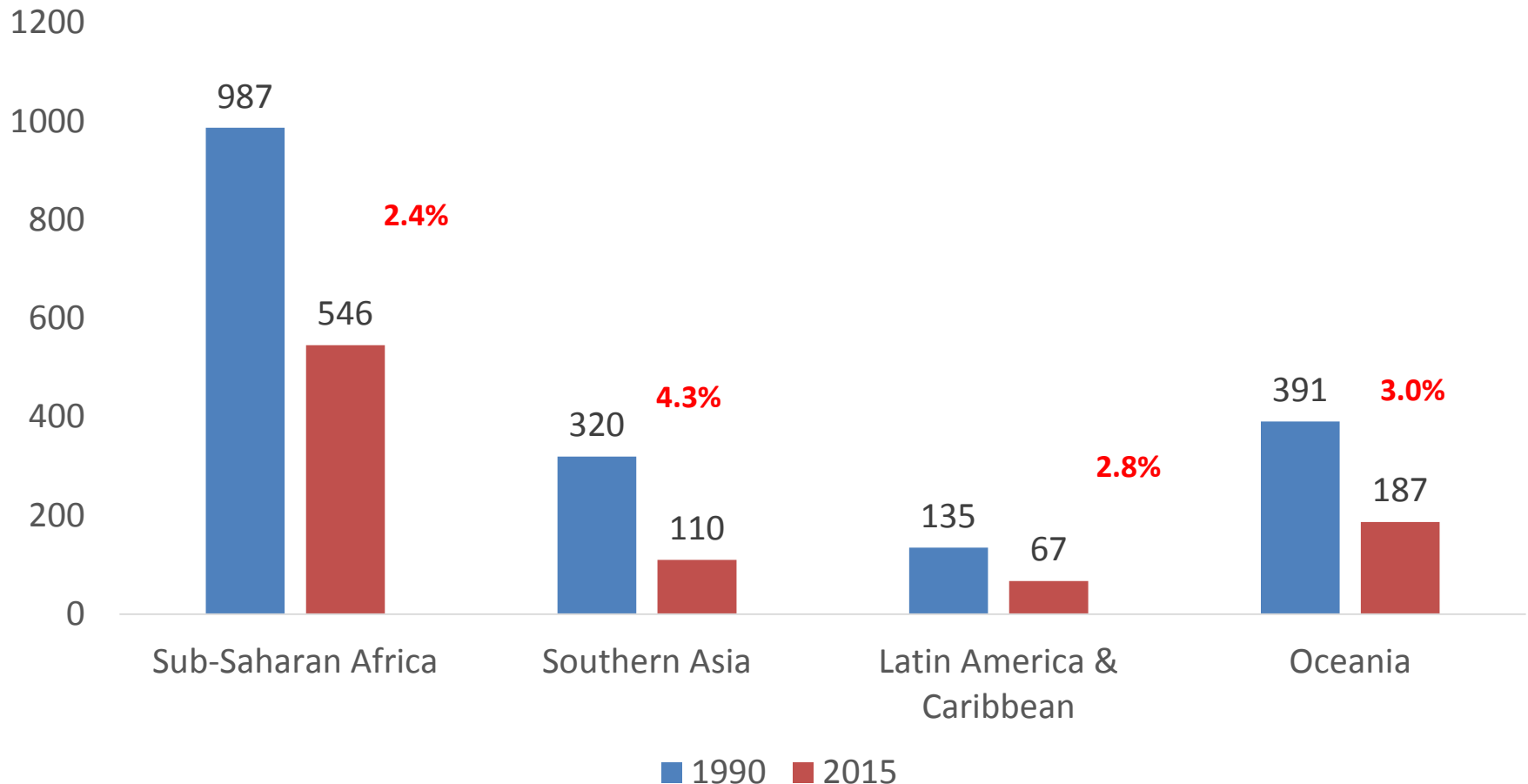
- Children married off as repayment for loans
- Early sexualization, initiation rites
- Girls who get pregnant are forced to marry
- Sexual violence against girls and women

HIV prevalence much higher in urban slums than other areas. Example, Kenya (2006-2008).



Challenge 4: Maternal mortality

Maternal mortality ratios (maternal deaths per 100,000 live births), annual rate of change by regions, 1990-2015



Challenge 4: Maternal Health

“Achieving the SDG target of a global MMR below 70 will require reducing global MMR by an average of 7.5% each year between 2016 and 2030. This will require more than three times the 2.3% annual rate of reduction observed globally between 1990 and 2015.”

Source: Trends in Maternal Mortality: 1990 to 2015 Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division

Concluding remarks

- Political commitment to SRHR and family planning is donor dependent
- Progress in SRHR least among adolescents and sexually unmarried
- Growth or urban poverty → erosion of gains in child survival, SRHR
- Harmful practices still persist → effects on gender equality and health
- Breaking cultural and religious barriers

Thank you