

Millions of children's lives saved through low-cost investments

July 3 2015

34 MILLION children's lives saved by spending on child health, 2000-2014

Here's the breakdown

	2000	2014	2000-2014
Number of lives saved through governments' spending on their children's health			
Total	1,105,973	1,669,792	20,009,612



Number of lives saved by funding from countries and donors			
Australia	2,425	40,875	229,251
BMGF	30,203	209,396	1,492,064
Canada	6,530	83,877	705,130
France	6,266	49,452	552,411
Germany	18,771	45,950	517,725
Norway	4,583	64,971	519,654
Japan	39,121	43,098	556,215
UK	42,047	248,287	1,682,800
USA	156,016	367,311	3,331,820
Others	124,330	407,622	4,671,045
Total	427,867	1,519,964	14,028,864



Total children's lives saved by low- and middle-income government and donor spending on child health			
Total	1,533,840	3,189,756	34,038,476

135 low- and middle-income countries' child health expenditure was measured. BMGF=Bill & Melinda Gates Foundation. 2014 estimates are preliminary.

EXAMPLE

BMGF gave money to agencies to implement child health programs.

More than 34 million children's lives were saved since 2000 from funding in health programs by countries and donors. Credit: Institute for Health Metrics and Evaluation

More than 34 million children's lives have been saved since 2000 because of investments in child health programs at a cost of as little as \$4,205 per child, according to a new analysis in *The Lancet*.

This analysis builds off the work of an [international collaboration](#) of researchers and, for the first time, creates a scorecard that allows governments, policymakers, and donors to track investments in [child health](#) and to link those investments to child deaths averted across [countries](#) in a comparable manner. The article, "Keeping score: fostering accountability for children's lives," will be published in *The Lancet* online on July 2 and in the July 4 [print edition](#).

The leaders of the Institute for Health Metrics and Evaluation (IHME) at the University of Washington and the UN Secretary-General's Special Envoy for Financing the Health Millennium Development Goals and for Malaria found that from 2000 to 2014, low- and middle-income country governments spent \$133 billion on child health, and private and public donors - mostly in [high-income countries](#) - spent \$73.6 billion.

The governments saved about 20 million children in their own countries, and the donors saved an additional 14 million children. Among donor agencies, some of the largest sources of funding also saved the most lives over the period of 2000 to 2014. The United States government, for example, saved the lives of 3.3 million children under the age of 5. The government of the United Kingdom saved 1.7 million children. And the

Bill & Melinda Gates Foundation saved 1.5 million lives, according to the analysis.

Those funders channeled their money through a variety of agencies, which also are reflected in the new scorecard. For example, Gavi saved 2.2 million children's lives, more than any other funding channel, while USAID, the World Bank, UNICEF, and the Global Fund all saved more than 1 million child lives each.

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Total	1,105,973	1,669,792	20,009,612



Number of lives saved through agencies' spending on child health			
Gavi	1,009	385,039	2,239,909
Global Fund*	0	196,593	1,587,283
UNICEF	51,136	143,630	1,424,810
UK	30,243	85,083	620,235
US bilateral	112,779	206,867	1,688,946
World Bank	130,940	110,452	1,942,216
Others	101,760	392,300	4,525,465
Total	427,867	1,519,964	14,028,864



Total children's lives saved by low- and middle-income government and agency spending on child health			
Total	1,533,840	3,189,756	34,038,476

135 low-and middle-income countries' child health expenditure was measured. 2014 estimates are preliminary.

*Global Fund was founded in 2002.

EXAMPLE

Gavi is an agency that received funding from a donor to carry out a child health program.

More than 34 million children's lives were saved since 2000 from funding in health programs by agencies that receive funding. Credit: Institute for Health Metrics and Evaluation (IHME)

"You can spend \$4,000 on many different things, but there are very few places where the money would deliver the kind of impact you get by investing it in child health," said Dr. Christopher Murray, IHME Director. "If you invest in the poorest countries, you will see the biggest impact in child health because the costs of things like nutrition programs, vaccines, and primary care are lower."

The article's authors found that to save a child's life, the average cost is US\$4,205 in low-income countries such as Tanzania and Haiti, \$6,496 in lower-middle-income countries such as India and Zambia, and \$10,016 in upper-middle-income countries such as Botswana and Thailand. Costs generally increase as costs of interventions in countries rise.

IHME and the Special Envoy's office hope that the scorecard will be further developed and updated annually to measure the effects of investments, incentivize progress, and drive innovation to fill gaps in funding or interventions.

"We believe that this scorecard can and should be used after the end of 2015 to aid in tracking progress on the Global Goals for Sustainable Development," said Ray Chambers, the UN Secretary-General's Special Envoy for Financing the Health Millennium Development Goals and for Malaria. "We know that despite the efforts of governments and donors to improve health in low-income and middle-income countries, too many children die before the age of 5. Without a way to monitor and publicly

share progress regularly, we will miss the opportunity to build on the momentum we have seen since the Millennium Declaration."

The researchers developed the scorecard in response to the intense measurement needs at the end of the Millennium Development Goal era this year. The Millennium Declaration in 2000 set an ambitious goal of reducing the death rate in children under 5 by two-thirds in each country between 1990 and 2015. Since 2000, 136 of 138 low- and middle-income countries have seen reductions in child mortality, including many who have achieved the two-thirds goal.

But progress in reducing child deaths has been uneven. The authors argue that the scorecard "can be an important tool for fostering accountability and accelerating progress toward the crucial goal of preventing suffering throughout the world." They see three main ways the scorecard could be used:

1. Countries that receive development assistance can use the scorecard to focus on the programs that have proven most effective at saving lives or to reorient programs to focus on the most disadvantaged populations.
2. Donor nations can use the scorecard to take into account how their contributions flow through bilateral and multilateral channels and to identify funding gaps on a country-by-country basis.
3. For both funding recipients and donors, the scorecard can provide a warning flag to show where child deaths are increasing despite increased spending.

"If spending is going up and [child deaths](#) are continuing to rise or staying relatively flat, a country may need policy or technical assistance to diagnose the problem," Dr. Murray said. "We have seen such incredible success in saving children's lives over the past 15 years. We need to take

what we have learned from that experience and push for more progress and more accountability as we enter the era of the Global Goals for Sustainable Development."

Provided by Institute for Health Metrics and Evaluation

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