

World Vision
Pacific & Timor-Leste

GETTING TO ZERO

*Ending preventable child deaths in
the Pacific Timor-Leste Region*



World Vision®



Introduction

World Vision has been working in the Pacific Timor-Leste region for more than 40 years operating in Papua New Guinea, Solomon Islands, Vanuatu and Timor-Leste. As a child-focused agency, we work with children, their families and their communities to achieve our vision of *life in all its fullness for children*.

Although some countries in the region are making progress on the Millennium Development Goals (MDG), overall these four countries in which World Vision works are stalling and falling far short of attaining the goals, particularly with relation to maternal, newborn and child health (Goals 4 and 5).

The purpose of this report is to place in global context the enormous health challenge that many Pacific Island Forum countries are facing and to highlight the underreported maternal and child mortality rates in this region. We also present some practical cost-effective recommendations for tackling these disproportionately high maternal, newborn and child mortality rates in order to ultimately, *Get to Zero* preventable deaths.

This report is a regional version of a global report produced by World Vision International as part of World Vision's *Global Week of Action* from 4-11 May 2015. Last year, World Vision and partners mobilised almost 6 million people in over 70 countries calling on countries to accelerate progress on MDGs 4 and 5. This year is on track to exceed these numbers as women, men and children around the globe call on their governments to Stop at Nothing to Get to Zero.¹ This report outlines how Pacific governments and regional organisations can play their part in achieving this urgent goal.

MATERNAL and CHILD HEALTH EMERGENCY in the PACIFIC & TIMOR-LESTE REGION

Globally, strong progress has been made on reducing maternal and child deaths:

The under-five mortality rate has declined by almost half since 1990, dropping from 90 to 46 deaths per 1,000 live births in 2013. The absolute number of under-five deaths was cut in half during the same period, from 12.7 million to 6.3 million, saving 17,000 lives every day.

UNICEF (2014) A Promise Renewed

However, the picture closer to home in the Pacific region is not as positive as these global statistics suggest. The East Asia and Pacific regions are grouped together in most assessments of maternal and child mortality. This has resulted in an "averaging out" of statistics across the two regions, leading to an underreporting of the serious situation in the Pacific. For example, in UNICEF's 2014 publication *A Promise Renewed*², the under-five mortality rate for the East Asia and Pacific region was recorded as 19 deaths per 1000 live births. However, when we look just at the Pacific, a very different picture emerges.

Most Pacific Island Forum countries have under-five mortality rates much higher than the East Asia and Pacific regional average. **Papua New Guinea (PNG), for example, has an under-five mortality rate of 61 and Timor-Leste's is 55.** These rates are closer to the regional average of South Asia, where the under-five mortality rate is 57 deaths per 1000 live births. Given that the South Asia region is home to two of the top three countries with the highest absolute number of under-five deaths (India and Pakistan), the fact that the Pacific's child mortality figures are at a similarly high level is alarming.

The picture for maternal mortality in the Pacific is even starker.

¹ World Vision (2015) *Stop at Nothing: What will it take to end preventable child deaths*

² UNICEF (2014) *A Promise Renewed*

According to Lancet statistics,³ while maternal mortality for the South East Asia region is 155 deaths per 100 000 live births, the maternal mortality for “Oceania” (9 Pacific island states) is **over three times higher at 494**.

The small population numbers in the Pacific have also contributed to a distorted picture that underrepresents the scale of the problem:

**“Oceania is the region with the fewest maternal deaths at 510 [deaths per year]”
UNICEF, WB, UNFPA, Trends in maternal mortality 1990 to 2013**

Although the overall numbers might be small in global terms, the proportion of Pacific women dying in childbirth is higher than in South Asia which, after Sub-Saharan Africa, is the region accounting for the largest number of maternal deaths globally. To put it plainly, the lifetime risk of dying in childbirth is higher in PNG at 1 in 120 than in India where the risk is 1 in 190.

The table below provides a statistical portrait of the maternal, newborn and child health situation in the Pacific. While many of these numbers already attest to the seriousness of the situation, World Vision’s experience is that for the most vulnerable and hardest to reach mothers and children across the Pacific the situation is at emergency levels.

| Country | Neonatal mortality ¹ (2013) | Child Mortality u/5 ¹ (2013) | Maternal Mortality ² | Skilled Attendant at Birth | Prevalence u/5 Stunting ³ | Birth registration ³ |
|-------------------------|--|---|---------------------------------|----------------------------|--------------------------------------|---------------------------------|
| Cook Islands | 5 | 9 | Not available | 100% | Not available | Not available |
| Fiji | 10 | 24 | 68 | 100 | 8% | Not available |
| Kiribati | 22 | 58 | 101 | 80 | 34% | 94% |
| Marshall Islands | 16 | 38 | 96 | 99 | Not available | 96% |
| FSM | 16 | 36 | 88 | 100 | Not available | Not available |
| Nauru | 20 | 37 | Not available | 97 | 24% | 83% |
| Niue | 12 | 25 | Not available | 100 | Not available | 100% ⁴ |
| Palau | 9 | 18 | Not available | 100 | Not available | 100% ⁴ |
| PNG | 24 | 61 | 594 | 53 | 50% | Not available |
| Samoa | 8 | 18 | 41 | 81 | Not available | 48% |
| Solomon Islands | 13 | 30 | 183 | 86 | 33% | 25% ⁴ |
| Tonga | 6 | 12 | 111 | 98 | Not available | Not available |
| Tuvalu | 13 | 29 | Not available | 98 | 10% | 50% |
| Timor-Leste* | 24 | 55 | 223 | 29 | 58% | 55% |
| Vanuatu | 9 | 17 | 139 | 74 | 26% | 43% |

¹ UNICEF A Promise Renewed 2014

² Global Burden of Disease Study 2013, The Lancet, 2 May 2014

³ UNICEF State of the World’s Children 2015

⁴ Secretariat of the Pacific Community 2014

* Associated member of the Pacific Islands Forum

³ Global Burden of Disease Study 2013, The Lancet, 2 May 2014

THE ADDITIONAL CHALLENGE of VULNERABILITY

This report profiles four Pacific Island Forum countries – **PNG, Solomon Islands, Timor-Leste** and **Vanuatu** – in order to apply a deeper level of analysis than a broader regional overview permits. It also aims to demonstrate the additional challenges experienced by the most vulnerable mothers and children in the Pacific. The country profiles for PNG, Solomon Islands, Timor-Leste and Vanuatu reveal the difference in child health outcomes depending on geographical location, wealth quintile and maternal education level. **Each country profile tells a similar story – child health is far poorer for children from poor families, who live in rural areas and whose mothers have had limited education.**

Stunting – a form of chronic malnutrition – is **at crisis levels in some Pacific Island Forum countries**, and often coincides with equally concerning levels of over-nutrition and obesity, which leads to the phenomenon of a “double burden” of malnutrition in the Pacific. Under-nutrition is an underlying cause of many preventable child deaths with the World Health Organisation estimating that 45% of child deaths are related to malnutrition.

World Vision **PNG** understands, for example, that malnutrition contributes up to 50% of all paediatric hospital admissions in Port Moresby.

For the most vulnerable children in the hardest to reach places, the situation is even more alarming than national averages suggest. For example, while national stunting averages in **Vanuatu** is 26%, World Vision’s programming baseline evaluation in Tanna revealed a much higher level of stunting, closer to 46.5%.

There is also a strong correlation between stunting levels and mothers’ education levels. As the **Solomon Islands** country profile reveals, children whose mothers have no formal education have a much higher prevalence of stunting (53%) than children whose mothers have completed secondary education (39%).

The wealth-poverty divide also influences how some mothers and children will fare compared with others. As is revealed in the **Timor-Leste** country profile below, only 10% of the poorest quintile of women have a skilled birth attendant present at delivery, whereas the wealthiest quintile are almost seven times more likely to receive a skilled birth attendant. Given the positive relationship between skilled birth attendance at delivery and maternal and newborn survival, this disparity of access to skilled personnel at delivery is alarming and needs to be addressed as a matter of urgency.

Perhaps the **most powerful causative factor in vulnerability in the Pacific is the urban-regional divide**, especially in Pacific Island States with many islands and mountainous terrain such as PNG and Solomon Islands. Pacific countries experience enormous challenges in extending essential services across such complex geographical contexts and consequently struggle to reach mothers and children in remote mountainous and island environments. For example, maternal mortality in Choiseul, one of the more remote regions of the **Solomon Islands**, is two times higher than the national average,⁴ demonstrating that women and children suffer when geographical challenges prevent lifesaving care from being available at the critical moment of childbirth.

This lack of information on who and where the most vulnerable children are has significant implications for the planning, resourcing and delivery of health services. Without knowing this information, it is almost impossible to target interventions where they are most needed and consequently some of the most vulnerable women and children are denied life-saving and life-giving care. As *The Lancet* noted in 2007⁵, **weakness in recording vital statistics, like birth and death registration**, means that there is no

⁴ WHO Western Pacific Region & Government of Solomon Islands (2015) *MHMS 2014 Descriptive Core Indicator Report*

⁵ P. Setel et al. (2007). ‘A Scandal of Invisibility: Making Everyone Count by Counting Everyone’, *The Lancet*, Vol. 370, Issue 9598, pp. 1569–1577

authoritative evidence to demonstrate that existing health programming for mothers and children is making a positive impact on reducing child and maternal mortality.

If we are to **Get to Zero** preventable deaths for all children across the Pacific, even greater focus and effort will need to be invested into locating and reaching these geographically remote and vulnerable children in the Pacific Timor-Leste region. The children who are most difficult to reach and the most vulnerable are the ones who governments must prioritise if we are to make real progress in reducing the high levels of maternal, newborn and child mortality in the Pacific.

A ROADMAP: ENDING PREVENTABLE MATERNAL, NEWBORN & CHILD DEATHS

As has been outlined above, too many mothers, newborns and children are dying in the Pacific. **A woman in the Pacific is three times more likely than a woman in South East Asia to die in childbirth and tens of thousands of Pacific children are failing to reach their 5th birthday.** Without children who survive and thrive, the future of the Pacific is at stake. This is a regional crisis demanding coordinated action at sub-national, national and regional levels.

Fortunately, many effective interventions are already available and ready to be implemented. World Vision believes that the following steps must be taken by national governments, donors and regional institutions as part of a Pacific-wide effort to end the needless deaths of Pacific women, newborns and children.

ACTION at the NATIONAL LEVEL

Extending the reach of basic health care

The vast majority of maternal and under-five deaths are due to preventable causes. While this needless loss of life is tragic, it also holds out hope that by extending the reach of basic health services to remote locations, many of these lives could be saved.

There is much evidence demonstrating that simple low-cost and evidence-based interventions, such as those that can be delivered by trained **Village Health Volunteers**, can significantly reduce preventable child and maternal deaths by bringing basic health closer to home for mothers and children.

For example, a report by World Vision and the Burnett Institute⁶ found that in PNG up to 32% of maternal deaths, 70% of newborn deaths and 50% of child deaths could be prevented with full coverage of a family and community care package, which involves the prevention and treatment of illness by family and community members, including trained lay health workers (Village Health Volunteers).

While some Pacific Island Countries, such as PNG and Vanuatu, currently have such a community based care system, it is often under-resourced and consequently not operating to its full potential. Some countries, such as the Solomon Islands, have yet to introduce this effective and cost-efficient system.

RECOMMENDATIONS:

- **All Pacific Island countries should establish and adequately fund a community care package that ensures well-trained and resourced Village Health Volunteers, as well as the adequate resourcing of aid posts and health clinics.**

⁶ World Vision and Burnett (2011) *Family and Community Health Care in PNG*

- **All Pacific Island countries should ensure the adequate resourcing of aid posts and health clinics to enable access to basic essential health care for all mothers and children regardless of geographical location.**

Tackling the Malnutrition Emergency

While the Non-communicable disease (NCD) challenge and over-nutrition has been a major focus for Pacific Health Ministers in recent years, an equally alarming but less acknowledged under-nutrition crisis has been emerging as shown in the serious stunting levels revealed in the four country profiles in this report. While not underplaying the need to tackle rising obesity levels, it is vital that child under-nutrition be addressed as a priority, especially given that **45% of child deaths are related to undernutrition**.⁷ Further, stunted children have compromised cognitive development and physical capabilities,⁸ which makes them less productive workers of the future than they would otherwise be. Consequently, undernutrition is estimated to reduce a nation's economic advancement by at least 8% through direct productivity losses, losses via poorer cognition and losses via reduced schooling.⁹

While some Pacific Island Forum countries have drafted nutrition strategies, such as PNG, Timor-Leste and Vanuatu, these are often under-resourced and not able to push for the rapid progress required to save child lives. Some of these policies also fail to adequately target the vulnerable groups that are identified in the country profiles in this report as being more at risk from suffering malnutrition. Further, not one Pacific Island country has signed up to the international Scaling Up Nutrition (SUN) movement that provides countries with technical support to draft and implement nutrition plans.

RECOMMENDATIONS:

- **All Pacific countries should fully implement nutrition plans that include national and sub-national targets for improving nutrition and stunting in line with the Global Nutrition Targets, and that focus on reaching the poorest and most vulnerable children. Nutrition plans should include a strong monitoring framework which sets out a regular review process, with input from civil society and other stakeholders.**
- **Pacific countries with a high burden of under-nutrition should ensure that nutrition plans are adequately resourced to ensure rapid progress on reducing stunting levels.**
- **Pacific countries with a high burden of under-nutrition should join the Scaling Up Nutrition (SUN) movement.**
- **Pacific Island Forum (PIF) donor countries such as Australia and New Zealand should make long-term financing commitments to meet any financing gaps in implementing nutrition plans in Pacific countries with a high burden of under-nutrition.**

Adequate Funding of the National Health Budget dedicated to Maternal, Newborn and Child Health

In 2001 the African Union (AU) agreed in the *Abuja Declaration* to set a target that health expenditure should be at least 15% of total government expenditure in all AU countries. This has since become a benchmark for health budgets across all developing countries. Many Pacific governments spend significantly below this 15%, for example, the Government of Timor-Leste has currently allocated just 4–5%

⁷ Black, RE, Victora, CG, Walker (2013) "Maternal and child undernutrition and overweight in low-income and middle-income countries" *The Lancet* June 2013

⁸ *Ibid*

⁹ Maternal and Child Nutrition Study Group (2013) "Maternal and child nutrition: building momentum for impact," *The Lancet* June 2013

of the national budget to health.¹⁰ Such low investment prevents the necessary resources being available to strengthen national health systems with the cost-effective approaches recommended in this report. Even in countries where the health budget is better funded, such as PNG and Solomon Islands at 13% of national budget, it is vital that funds within this budget be prioritised for maternal, newborn and child health (MNCH) services, such as the community health packages, and for improving stocking levels of aid posts as the most efficient and effective ways to ensure that vulnerable mothers and children are reached. PIF donor countries such as Australia and New Zealand should prioritise MNCH in their support for health systems and funding.

RECOMMENDATION:

- **All Pacific Island countries should progressively work towards allocating at least 15% of the national budget to health, prioritising a sufficient allocation for services for mothers, newborns and children.**
- **PIF donor countries such as Australia and New Zealand should prioritise MNCH in their support for health systems and funding.**

Ensuring all children are counted

Levels of birth registration across the Pacific Island Forum countries are low and particularly so in the four countries profiled in this report. Just 50% of births in Timor-Leste and Vanuatu are registered,¹¹ while in PNG these statistics are not known and rates are estimated to be as low as 1-10%. In addition to birth registration being a basic human right (Article 7 of the *UN Convention on the Rights of the Child*¹²), failing to capture this and other basic data on who and where the most vulnerable children are has significant implications for the planning, resourcing and delivery of health services.

As *The Lancet* noted in 2007¹³, because of the weakness in recording vital statistics, we have little authoritative evidence that development funds for MNCH programming have had their desired effects on mortality. Additionally, as highlighted in the Vanuatu country profile attached to this report, capturing cause of death information is instrumental to avoiding preventable deaths by enabling prioritisation of appropriate health interventions and, in particular, targeting them towards the most vulnerable. Consequently, **efforts to increase birth and death registration through improving Civil Registration and Vital Statistics systems have a direct and positive impact on improving health services**, and ideally the health and well-being of mothers, newborns and children.

The *Pacific Vital Statistics Action Plan (PVSAP)*, supported by the Secretariat of the Pacific Community, aims to strengthen Civil Registration and Vital Statistics (birth, death and marriage registration) in the Pacific region, and improve coordination between development partners. In 2013, Pacific Health Ministers endorsed the improvement of Civil Registration and Vital Statistics as a core regional priority. It is vital that Pacific Island Forum countries operationalise this endorsement by directing and resourcing their health and statistics ministries to work with the PVSAP to develop and implement national improvement plans for Civil Registration and Vital Statistics that focus both on birth registration and on capturing important cause of death information.

¹⁰ Global Health Expenditure Atlas (2014)

¹¹ UNICEF (2015) *State of the World's Children*

¹² United Nations (1989) *Convention on the Rights of the Child*

¹³ P. Setel et al. (2007). 'A Scandal of Invisibility: Making Everyone Count by Counting Everyone', *The Lancet*, Vol. 370, Issue 9598, pp. 1569–1577

RECOMMENDATION:

- *Pacific Island Forum countries should partner with the Pacific Vital Statistics Action Plan to develop and implement national improvement plans for Civil Registration and Vital Statistics.*
- *Pacific Island Forum donor countries such as Australia and New Zealand should make financing and technical commitments to meet any resourcing gaps in implementing these plans.*

ACTION at the REGIONAL LEVEL

At their April 2015 meeting, Pacific Health Ministers Meeting considered an agenda paper, Nurturing Children in Body in Mind, which noted A wealth of evidence proves that simple low-cost, evidence-based, high-impact interventions can improve maternal and child health, reduce child and adult mortality rates, and reduce health inequalities.

The paper observed that while many Pacific Island Countries have included these interventions in their national strategic plans, most of the national policies and guidelines for maternal and child health are outdated.

Consequently, there is a need for new guidelines to be developed and efforts invested to ensure that implementation is well-resourced and monitored to respond effectively to modern health challenges with the most appropriate, proven interventions.

RECOMMENDATION: The Pacific Island Forum, including member countries of Australia and New Zealand, should commission a Roadmap Report for Maternal, Newborn and Child Health similar to that developed for Non-Communicable Diseases (NCD).

As is observed in the NCD Roadmap, despite their many differences, most countries in the Pacific face common challenges (p23) and this is especially so in the case of MNCH where key challenges revolve around similar geographical challenges to ensuring health care access for mothers and children, inadequate human resources and parallel services, and a lack of reliable data. Consequently, there is much to be gained from more systematic sharing of information and experience, and collaborative action-planning.

We therefore recommend that the objective of the MNCH roadmap be to facilitate the updating and operationalisation of existing MNCH policies in a way that builds on lessons from peer countries, latest best practice and is also cost-effective and fosters regional collaboration.

As Pacific Health Ministers look to the future and the move from the Millennium Development Goals to the new Sustainable Development Goals to be announced in September 2015, preparing a Roadmap on ending preventable maternal and child deaths would be ideal pre-positioning for the new, tighter and more ambitious targets on maternal and child mortality likely to be announced later this year.

Summary of recommendations

Recommendations for National Governments

Basic Health Care

1. All Pacific Island countries should establish and adequately fund a community care package that ensures well-trained and resourced Village Health Volunteers, as well as the adequate resourcing of aid posts and health clinics.
2. All Pacific Island countries should ensure the adequate resourcing of aid posts and health clinics to enable access to basic essential health care for all mothers and children regardless of geographical location.

Malnutrition

3. All Pacific countries should fully implement nutrition plans that include national and sub-national targets for improving nutrition and stunting in line with the Global Nutrition Targets, and that focus on reaching the poorest and most vulnerable children. Nutrition plans should include a strong monitoring framework which sets out a regular review process, with input from civil society and other stakeholders.
4. Pacific countries with a high burden of under-nutrition should ensure that nutrition plans are adequately resourced to ensure rapid progress on reducing stunting levels.
5. Pacific countries with a high burden of under-nutrition should join the Scaling Up Nutrition (SUN) movement.
6. Pacific Island Forum (PIF) donor countries such as Australia and New Zealand should make long-term financing commitments to meet any financing gaps in implementing nutrition plans in Pacific countries with a high burden of under-nutrition.

Health Budget

7. All Pacific Island countries should progressively work towards allocating at least 15% of the national budget to health, prioritising a sufficient allocation for services for mothers, newborns and children.
8. PIF donor countries such as Australia and New Zealand should prioritise MNCH in their support for health systems and funding.

Civil Registration and Vital Statistics

9. Pacific Island Forum countries should partner with the Pacific Vital Statistics Action Plan to develop and implement national improvement plans for Civil Registration and Vital Statistics.
10. Pacific Island Forum donor countries such as Australia and New Zealand should make financing and technical commitments to meet any resourcing gaps in implementing these plans.

Recommendation for the Pacific Island Forum

11. The Pacific Island Forum, including member countries of Australia and New Zealand, should commission a Roadmap Report for Maternal, Newborn and Child Health similar to that developed for Non-Communicable Diseases (NCD).

Annexes

1. Country Profile Papua New Guinea
2. Country Profile Solomon Islands
3. Country Profile Timor-Leste
4. Country Profile Vanuatu

World Vision recommends that the Government of Papua New Guinea (PNG) take action to end preventable maternal, newborn and child deaths as a priority, including through:

- Scaling up efforts to ensure improved nutrition, including community-based programmes.
- Increasing investment in quality, accessible health services through a well-resourced Village Health Volunteer (VHV) programme.
- Ensuring every child is registered at birth.

Uncounted and unreached: PNG's most vulnerable children

Projections on when PNG could end preventable child and newborn deaths are based on national averages because regional data is not available for many indicators in PNG. The available data therefore conceals gaps between population groups, including rich and poor, urban and rural, those with access to education and those without, and hides the real picture for many children. In the next 15 years measurement must be different. PNG needs to begin gathering the data required to enable targeting of services to the most vulnerable. Getting to zero preventable child and newborn deaths in PNG requires renewed commitment to better data collection, additional financing and more detailed roadmaps with greater attention to targeting the most vulnerable. Strong accountability mechanisms are critical, with progress measured against outcomes for the most vulnerable. Nutrition, skilled birth attendance and birth registration show particular disparities for the most vulnerable children. For PNG to get to zero preventable child and newborn deaths all children must be counted, heard and reached.

Nutrition for survival, health, development and well-being

In PNG over 48% of children under five are stunted, a form of chronic malnutrition, the effects of which are largely irreversible.¹ Good nutrition, especially during the critical 1,000 days between pregnancy and age two, is foundational to the physical and cognitive development of infants and young children.² Although data is severely limited, children from rural areas and the highlands are more likely to be stunted than their counterparts, suggesting that significant disparities in stunting rates exist amongst communities in PNG. Urgently addressing malnutrition will not only save lives but also reduce inequalities and build strong, resilient children, families,

communities and populations. While the Government is currently developing a national nutrition policy, it is vital that this policy be targeted to vulnerable groups most at risk of stunting and that it be adequately resourced to achieve results rapidly.

Skilled birth attendance to ensure mothers and newborns survive and thrive

The status of maternal and newborn health in PNG is dire: 5,000 babies die in PNG in their first month of life annually,³ on average only 40% of deliveries are assisted by a skilled birth attendant⁴ and the PNG National Department of Health estimates that five women die in childbirth each day. These death rates are unacceptable, especially when research shows that almost 30% of these maternal deaths and up to 70% of newborn deaths could be prevented with full coverage of family and community care delivered through a comprehensive VHV programme and improved resourcing of aid posts to ensure every woman delivers with the assistance of a skilled birth attendant and in an appropriate health facility.⁵

Birth registration to provide an identity, access to services and protection

While there are no official records of birth registration rates in PNG, it is estimated that on average only 1–10% of PNG children have their birth registered and certified. Birth registration provides legal identity, serves as a gateway to access services such as health care and education, and provides legal protection from violence, abuse, exploitation and neglect.⁶ However, the vast majority of PNG children are not afforded these rights or protections. While work continues on developing a national identification system, it is vital that the Government of PNG give birth registration a high priority in this new system.

1 National Statistical Office (2009/2010). Papua New Guinea Household Income and Expenditure Survey.

2 IFPRI (2014). Global Nutrition Report 2014: Actions and Accountability to Accelerate the World's Progress on Nutrition.

3 UNICEF (2014). Committing to Child Survival: A Promise Renewed: Progress Report 2014. Burnett Institute and IMPACT (2014).

4 Pacific Islands Forum Secretariat (2014). *Pacific Regional MDGs Tracking Report 2014*.

5 Burnett Institute and World Vision (2011). *Family and Community Health Care in PNG*.

6 World Vision International (2014). *Registering Births to Count Every Newborn, Every Child*.

Getting to Zero in

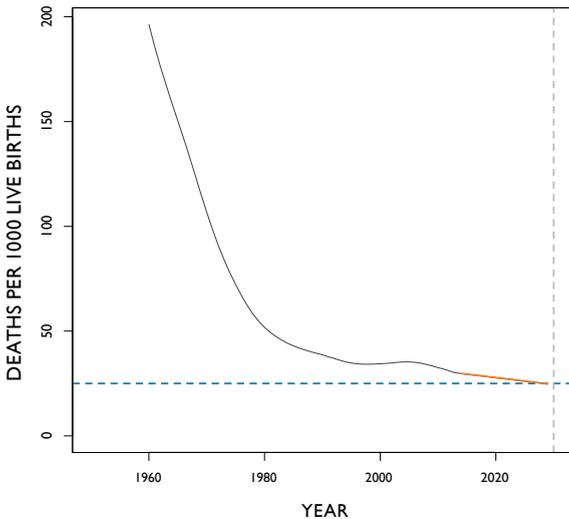
Solomon Islands

Ending preventable child and newborn deaths

Based on current trends Solomon Islands will get to zero preventable under-five deaths in 2029 and zero preventable newborn deaths in 2024. Thousands of children's lives are at stake. We can accelerate progress and get to zero faster.

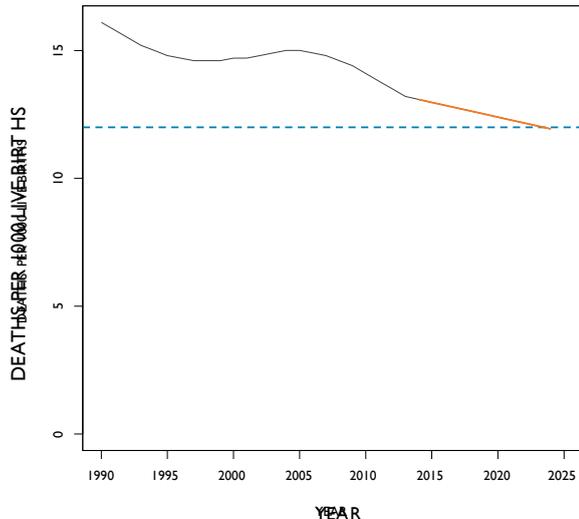
Under-five Mortality

Target for Solomon Islands will be achieved in **2029** at current rates



Newborn Mortality

Target for Solomon Islands will be achieved in **2024** at current rates

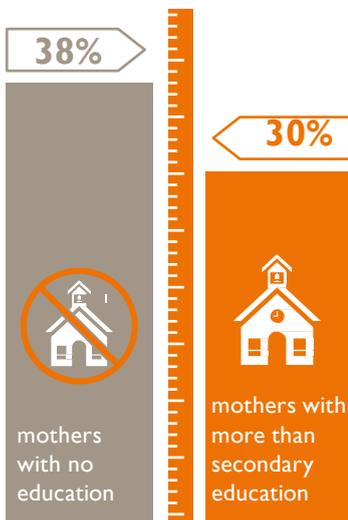


LEGEND

- Reduction in mortality rate (up to 2014)
- Projected reduction (based on recent trends)
- Target for zero preventable deaths
- Target year to reach zero preventable deaths

National averages hide the real picture for many children, particularly the most vulnerable

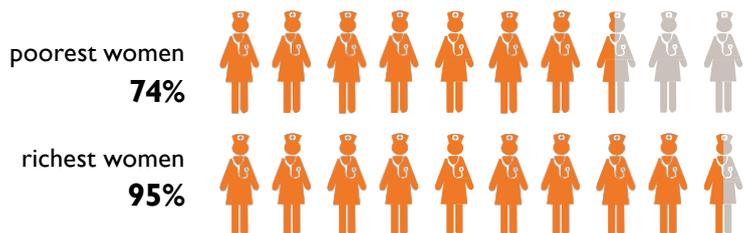
CHILDHOOD STUNTING



BIRTH REGISTRATION



SKILLED BIRTH ATTENDANCE



The Government of the Solomon Islands must publicly commit and take action to end preventable maternal, newborn and child deaths as a priority, including through:

- Ensuring basic health services for all mothers and children through establishing and funding a Village Health Volunteer (VHV) programme.
- Improving resourcing of aid posts to ensure availability of all essential medicines at all times.
- Increasing the proportion of the health budget allocated to maternal, newborn and child health.
- Identifying the most vulnerable children and better targeting resources towards them.
- Increasing investment in quality, accessible health services with sufficiently trained staff.
- Scaling up efforts to ensure improved nutrition, including community-based programmes.
- Strengthening accountability systems that include citizen participation in monitoring and review.

Uncounted and unreached: Solomon Islands' most vulnerable children

Projections on when the Solomon Islands could end preventable child and newborn deaths are based on national averages, which conceal gaps between population groups, including rich and poor, urban and rural, those with access to education and those without. Skilled birth attendance, infant mortality and birth registration show particular disparities for the most vulnerable children. For many of the most vulnerable children, data is inaccurate, inconsistent or unavailable, leaving them at risk of falling through the gaps. Success must be redefined; in the post-2015 development framework no target can be considered met unless it is measured and met by all population groups. Getting to zero preventable child and newborn deaths in the Solomon Islands requires renewed commitment, additional financing and more detailed roadmaps with greater attention to targeting the most vulnerable. All children in the Solomon Islands must be counted, heard and reached.

VHVs to ensure mothers and newborns survive and thrive

There are large disparities in neonatal mortality across regions in the Solomon Islands; children in Honiara are twice as likely to survive the first month of life as children in rural regions.¹ Access to quality, skilled care around the time of birth could save the lives of many babies born in remote, regional communities. VHV programmes, which train local community members to provide essential basic health care to the hardest to reach, improve access to essential care.

It has been stated that up to one-third of maternal deaths, over two-thirds of newborn deaths and half of child deaths could be prevented through national scale up of the VHV programme in Papua New Guinea, a similar context.²

A similar programme in the Solomon Islands could end needless preventable deaths.

Well-resourced aid posts to provide essential equipment and medicines

A World Vision Solomon Islands' assessment of resourcing levels at aid posts in its programme areas revealed numerous gaps. Most aid posts lacked basic neonatal and antenatal equipment, such as resuscitating kits, weighing scales, measuring tapes and stethoscopes, and had either no or inadequate birthing kits, thus exposing women to unsterile or minimal sterile birthing. Many aid posts did not have vaccines due to not being integrated into the 'cold chain' system that is necessary for consistent stocking. No inventory has been undertaken by the Ministry of Health, which could identify commodity gaps and provide access to lifesaving equipment and medicines.

Increased allocation of health budget to maternal, newborn and child health

Twenty-seven per cent of the health budget was allocated to primary health care in 2010, a decrease from 29% in 2008.³ In a tightening primary health budget it is vital that funds be prioritised for a VHV system and for improving stocking levels of aid posts as efficient and effective ways to ensure that vulnerable mothers and children are reached.

Birth registration to provide an identity, access to services and protection

While existing legislation requires birth registration access, less than 25% of all births are registered; levels are even lower in the more remote islands.⁴ Birth registration provides legal identity, serves as a gateway to access services such as health care and education, and provides legal protection from violence, abuse, exploitation and neglect.⁵

1 UNICEF (2012). Children in Solomon Islands: Atlas of Social Indicators.
2 Burnett Institute and World Vision (2011). Improving Maternal, Newborn and Child Health in Papua New Guinea through Family and Community Health Care.
3 Ministry of Health of Solomon Islands (2013). Solomon Islands Core Indicators Report.

4 Secretariat of the Pacific Community (2014). *Improving Legal Frameworks to Support Birth and Death Registration*. Solomon Islands Profile.
5 UNICEF (2013). *Every Child's Birth Right: Inequities and Trends in Birth Registration*.

Getting to Zero in Vanuatu

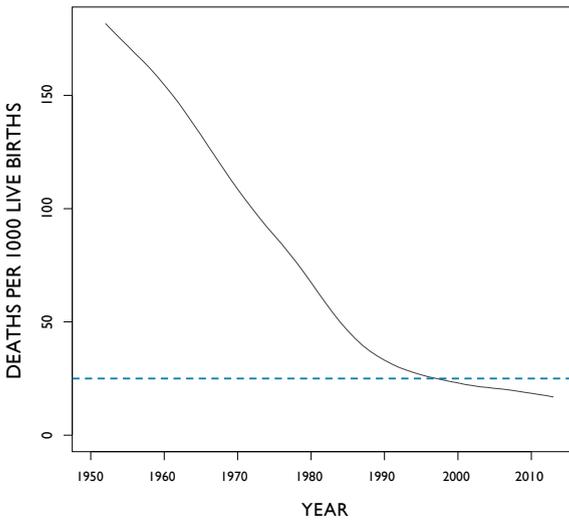
Ending preventable child and newborn deaths



Vanuatu reached the target set for ending preventable under-five deaths in 1998 and newborn deaths in 1997, but hundreds of children's lives are still at stake. Further progress is needed to ensure that all children, particularly the most vulnerable, are counted, heard and reached.

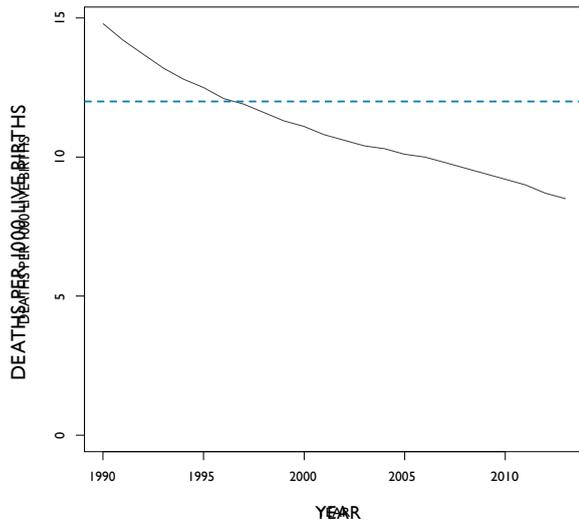
Under-five Mortality

Target for Vanuatu was reached in **1998**



Newborn Mortality

Newborn Mortality Target for Vanuatu was reached in **1997**



LEGEND

- Reduction in mortality rate (up to 2014)
- - - Target for zero preventable deaths

National averages hide the real picture for many children, particularly the most vulnerable

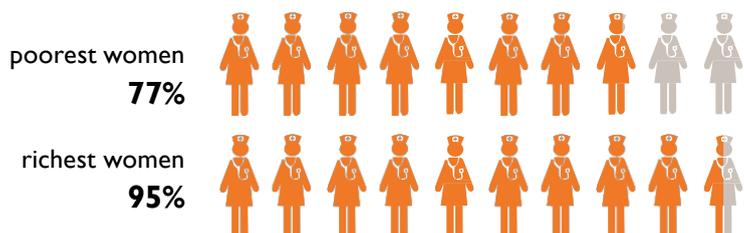
CHILDHOOD STUNTING



BIRTH REGISTRATION



SKILLED BIRTH ATTENDANCE



The Government of Vanuatu must publicly commit and take action to end preventable maternal, newborn and child deaths as a priority, including through:

- Fully implementing its nutrition policy, focusing particularly on preventative approaches and malnutrition.
- Ensuring lifesaving vaccines are available to all children regardless of location.
- Strengthening the civil registration and vital statistics system to ensure critical data is captured on cause of death to ensure prioritisation of appropriate health interventions.

Uncounted and unreached: Vanuatu's most vulnerable children

Following the devastation wrought by Cyclone Pam, it is essential that ending preventable child and newborn deaths remain at the centre of recovery efforts. Even before the cyclone hit, World Vision baseline studies revealed that children living in the more remote island communities in Vanuatu were more vulnerable to infection and malnutrition.¹ In the context of post-recovery, now more than ever, it is vital that greater attention be given to targeting the most vulnerable mothers and children. Nutrition and immunisation levels show particular disparities for those living in remote island communities, and important cause-of-death information that could improve targeting of health interventions is lacking. For all of Vanuatu's children to be able to survive and thrive, each and every one, regardless of where the child lives, must be counted, heard and reached.

Nutrition policy to prioritise prevention and malnutrition

A baseline study from World Vision's health project on the island of Tanna found almost 50% of children under five were stunted,² a form of chronic malnutrition the effects of which are largely irreversible.³ Good nutrition, especially during the critical 1,000 days between pregnancy and age two, is foundational to the physical and cognitive development of infants and young children. Vanuatu suffers a double burden of under and over-nutrition, and the national stunting average of 26% masks the reality that in some remote areas, like Tanna, malnutrition is at crisis levels. A more comprehensive nutrition policy that addresses malnutrition and also puts greater focus on preventative approaches, both for the avoidance of undernutrition and over-nutrition, is urgently needed.

Universal access to life-saving vaccines

The urban-rural divide is also clearly apparent in immunisation levels. While the national average for measles immunisation is 80%,⁴ World Vision's experience in Tanna revealed that less than 40% of children had fully completed immunisation schedules.⁵ Low immunisation levels in remote areas are most often due to technical challenges with transporting vaccines that require cold chain infrastructure. Given the demonstrated lifesaving benefits of immunisation, we call upon the Government of Vanuatu to invest in the technology, training, systems and structures necessary to ensure that vaccines are available to all children, regardless of location.

Improving treatment by capturing critical cause-of-death information

While the Government of Vanuatu, in collaboration with UNICEF, has been making great progress in improving birth-registration levels, very limited work has been done on registering deaths and cause-of-death information. This data is instrumental to avoiding preventable deaths by enabling prioritisation of appropriate health interventions and, in particular, targeting them towards the most vulnerable. World Vision, therefore, highly recommends to the Government that cause-of-death information be prioritised in its broader civil registration and vital statistics policies and systems. World Vision understands the many cultural sensitivities that can prevent communities from sharing cause-of-death information and would welcome the opportunity to assist the Government in working with communities to ensure this information, so crucial to preventing future deaths, is captured.

1 World Vision Vanuatu (2014). *Tanna Healti Kommuniti: End of Project Evaluation*.

2 Ibid.

3 IFPRI (2014). *Global Nutrition Report 2014: Actions and Accountability to Accelerate the World's Progress on Nutrition*.

4 Pacific Islands Forum Secretariat (July 2014). *Pacific Regional MDGs Tracking Report 2014*.

5 World Vision Vanuatu (2014).

Getting to Zero in Timor-Leste

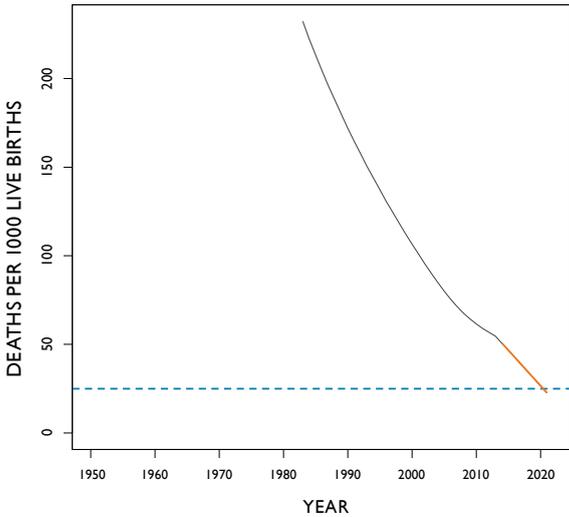
Ending preventable child and newborn deaths



Based on current trends Timor-Leste will get to zero preventable under-five deaths in 2021 and zero preventable newborn deaths in 2025. Thousands of children's lives are at stake. We can accelerate progress and get to zero faster.

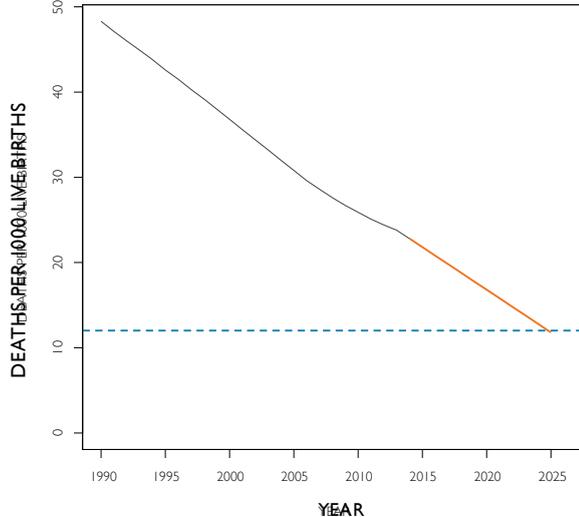
Under-five Mortality

Target for Timor-Leste will be achieved in **2021** at current rates



Newborn Mortality

Target for Timor-Leste will be achieved in **2025** at current rates



LEGEND

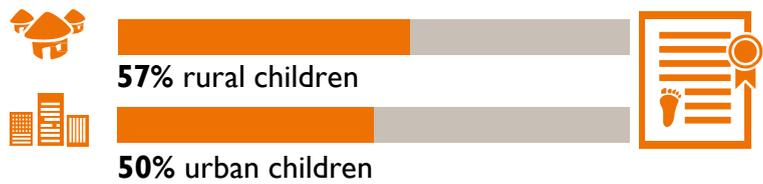
- Red line: Reduction in mortality rate (up to 2014)
- Blue line: Projected reduction (based on recent trends)
- Dashed blue line: Target for zero preventable deaths

National averages hide the real picture for many children, particularly the most vulnerable

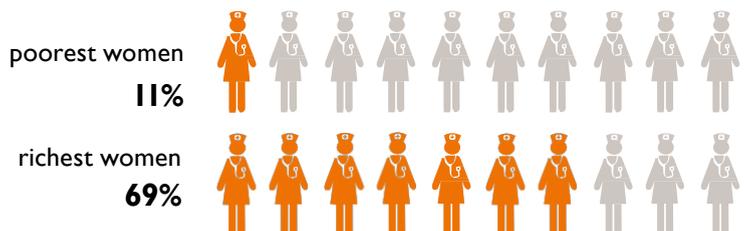
CHILDHOOD STUNTING



BIRTH REGISTRATION



SKILLED BIRTH ATTENDANCE



Data source: UN Inter-agency Group for Child Mortality Estimation, Demographic and Health Surveys and Multiple Indicator Cluster Surveys.
<http://www.childmortality.org> | <http://dhsprogram.com> | <http://mics.unicef.org/surveys>

The Government of Timor-Leste must commit and take action to end preventable maternal, newborn and child deaths as a priority, including through:

- Scaling up efforts to ensure improved nutrition, including signing up to Scaling Up Nutrition (SUN).
- Increasing investment in quality, accessible health services with sufficiently resourced clinics and adequately remunerated staff.
- Increasing the national health budget from current inadequate levels of just 4–5% of the national budget.

Uncounted and unreachd: Timor-Leste's most vulnerable children

Projections on when Timor-Leste could end preventable child and newborn deaths are based on national averages, which conceal gaps between population groups, including rich and poor, urban and rural, those with access to education and those without. Skilled birth attendance, infant mortality and birth registration show particular disparities for the most vulnerable children. For many of these children, data is inaccurate, inconsistent or unavailable, leaving them at risk of falling through the gaps. Success must be redefined; in the post-2015 development framework no target can be considered met unless it is measured and met by all population groups. Getting to zero preventable child and newborn deaths in Timor-Leste requires renewed commitment, additional financing and more detailed roadmaps with greater attention to targeting the most vulnerable. All children in Timor-Leste must be counted, heard and reached.

Scaling up nutrition for survival, health, development and well-being

In Timor-Leste 50.2% of children under five are stunted, a form of chronic malnutrition the effects of which are largely irreversible.¹ Good nutrition, especially during the critical 1,000 days between pregnancy and age two, is foundational to the physical and cognitive development of infants and young children. The poorest children in Timor-Leste are more likely to be chronically malnourished than their wealthy counterparts with almost 63% stunting rates amongst the poorest children and 47% stunting rate amongst those from wealthy families.² Likewise, children of uneducated mothers are 1.5 times more likely to be stunted than those with educated mothers.³ Urgently addressing malnutrition will not only save lives but reduce inequalities and build strong, resilient children, families, communities and populations. As well as increasing funding levels to nutrition programming, we recommend that the Government of Timor-Leste join the SUN movement that strengthens nutrition policy and programming.⁴

Quality basic health care for all

We applaud the government's commitment to improving community access to primary health-care services by ensuring all villages with a population between 1,500 and 2,000 in very remote areas have a health post to provide a comprehensive package of services by 2015.⁵ However, while the target of placing health posts in each village has been mostly achieved, the under-resourcing of some health posts is preventing delivery of quality care to these communities. Further, while the government also conducts monthly integrated community-based health services known as SISCa with the assistance of health volunteers (PSFs), this is done only once in the centre of villages, with those living far from the village centre remaining unreachable.

Investment must be increased in health posts to ensure they have the capacity and resources to fulfil their role as the community's entry point to health services and as a key player in ending preventable maternal and child deaths.

Health budget boost needed to ensure mothers and newborns survive and thrive

The Government of Timor-Leste has currently allocated just 4–5% of the national budget to health. This is significantly smaller than regional peers such as PNG and the Solomon Islands, which both allocate 13% of government spending to health.⁶ This small allocation is insufficient to fund the health investment required to establish a comprehensive health system that reaches the most vulnerable mothers and children. Progressively increasing the national health budget to at least 10% of government spending by 2025 is urgently needed in order to improve quality basic health care and nutrition.

1 IFPRI (2014). *Global Nutrition Report 2014: Actions and Accountability to Accelerate the World's Progress on Nutrition*.

2 National Statistics Directorate, Ministry of Finance, and ICF Macro (2010). *Timor-Leste Demographic and Health Survey 2009–10*.

3 Ibid.

4 Scaling Up Nutrition (2012). *Movement Strategy 2012–2015*.

5 Ministry of Health (2011). *National Health Sector Strategic Plan 2011–2030*.

6 WHO (2014). *Global Health Expenditure Database*.