

## Key risks to children's health are socioeconomic, says global health report

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London

Specific calls for global action on health and other social issues can have a major effect on children's life chances, concludes a report that compared data on laws and public policies affecting children in 191 countries.

*Children's Chances* looked at policies in a range of areas, including health, education, discrimination, and labour laws.<sup>1</sup> It aimed to look quantitatively at what steps governments could take to improve children's chances, said its author, Jody Heymann, dean of the Fielding School of Public Health at the University of California.

Paid maternity leave of 14 weeks or more was one example of a global call to action, made by the International Labour Organisation in 2000, and has had a dramatic effect on governments' policies, she said. All industrialised nations except the United States have implemented statutory paid maternity leave of at least 14 weeks, and most low to middle income countries have paid maternity leave of some kind.

"When you increase paid maternity leave by 10 weeks, infant mortality rates drop by 10%," said Heymann. "Women have more of a chance to breast feed and are more likely to ensure that their infants become vaccinated."

She said that Madagascar, a country with very low gross domestic product, had brought in paid maternity leave, paid leave for parents with sick children, and paid breastfeeding breaks. Its infant mortality rate of 43 deaths per 1000 live deaths is lower than that in other sub-Saharan countries such as Kenya (55 per 1000) and Malawi (58 per 1000).

She emphasised that her finding of real effects of global recommendations had particular significance as the world deliberated on what should replace the United Nations' millennium development goals when they came up for renewal in 2015.

The report identified socioeconomic factors as those most likely to affect children's health, rather than genetic or biological determinants or "random risks." Disease and injury were "determined far more by the conditions under which children

live than by chance or their genetic endowment," her report says. "Poverty and equity are fundamental determinants of the likelihood of any child becoming sick or injured and need to be addressed directly."

The report says that most childhood diseases are preventable and that simple, well known measures such as breast feeding, immunisation, and access to clean water and sanitation could save thousands of children's lives every year. But it adds that, although policies affecting social conditions are critical for children's chances, access to healthcare is also important, as are public health measures.

The report found that 64 countries did not meet the World Health Organization's target of a minimum of 23 health professionals per 10 000 people and that 52 of these spent 4% or less of their GDP on health. And in the 28 countries where half or fewer births were attended by a trained health professional, 24 spent 4% or less of their GDP on health. While countries must help themselves, international donors must also step in to bridge the funding gap, Heymann argued. She also pointed out that comparable data on health delivery systems were poor—a "critical gap."

Michael Marmot, who chaired the WHO Commission on Social Determinants of Health and is director of the Institute of Health Equity at University College London, described the report as "so important." Research should be done to compare low income countries' spending on debt servicing with their spending on early child development, he said. If the money spent on their debt was greater, "we are failing the global community," he added. "I'm a passionate believer in having the evidence, and what this report does is bring together what policies are in place."

1 Heymann J. Children's chances: how countries can move from surviving to thriving. <http://childrenschances.org>.

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