Impact of the Global Economic Crisis on African Children

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Global economic crisis: transmission channels

WORLD ECONOMY
- GOODS & SERVICES TRADE
- PRIVATE INVESTMENTS
- FOREIGN AID
- OTHER LINKAGES

NATIONAL ECONOMY
- Access to public services
- Access to employment
- Access to financial services
- Access to basic goods
- Other linkages

HOUSEHOLD ECONOMY

COPING STRATEGIES (e.g. by women)

Boys/Girls

Compounding factors: governance and institutions, culture and geography, climate change, technological change, demographic change etc.

- Overleveraged financial assets, weak regulation
- Imbalances in food and energy markets
- Asymmetries in trade, capital and labour flows
- Sustainability and equity issues around development
COPING STRATEGIES

- Less (nutritious) food
- Lower education spending
- Lower health spending
- Other severe coping strategies

IMPACTS ON CHILDREN

- Malnutrition / Stunting
- Infant Mortality
- School drop-outs
- Child labour
- Other negative impacts

Source: R. Mendoza 2009, UNICEF
Current projections & estimates

- Rising food & energy costs pushed additional 130-155 million into poverty in 2008; approx. 100 million more expected (WB, 2009)
- Estimated increase in infant mortality by 400,000 (WB); up to 2.8 million additional deaths by 2015
- Child malnutrition increasing by 44 million
- Declines in educational attendance expected—esp. boys
- Violence against women and children expected to rise under conditions of economic stress
- Long-term, intergenerational impact—first three years of a child’s life are crucial for proper cognitive, motor and psycho-social development of children
Evidence of increased vulnerability & negative impact

- In Mali, UNICEF study estimated that ‘child food poverty’ rose from 41.5% in 2006 to 49% in 2009.

- Evidence of child malnutrition increasing in countries incl. Burundi, Eritrea, Malawi, Mali, Somalia, N. Uganda, Zambia, Zimbabwe, SE Egypt

- In Swaziland, UNICEF estimated that a further 75,000 fell into poverty as a direct consequence of price increases, pushing poverty rate to 76%

- In Somalia, the number of people requiring humanitarian assistance jumped by 77% since Jan. 2008 to 3.2 million (43% of population)

- 6 million Kenyans estimated to be food insecure in 2009

- In Liberia, inter-agency food security assessment found poorest households resorting to child work, reducing spending on health care, selling household assets
Reaching MDG4 in Africa will require redoubling of efforts
Trends in Maternal Mortality

- Sub-Saharan Africa: 940 (1990), 920 (2005)
- South Asia: 650 (1990), 500 (2005)
- East Asia/Pacific: 220 (1990), 150 (2005)
- Latin America/Caribbean: 180 (1990), 130 (2005)
- CEE/CIS: 63 (1990), 46 (2005)
- Developing countries: 480 (1990), 450 (2005)
- World: 430 (1990), 400 (2005)
Countries with Highest U5MR (2007)

1. Sierra Leone (262)
2. Angola (258)
3. Afghanistan (257)
4. Chad (209)
5. Equatorial Guinea (206)
6. Guinea-Bissau (198)
7. Mali (196)
8. Burkina Faso (191)
9. Nigeria (189)
10. Rwanda (181)
11. Burundi (180)
12. Niger (176)
13. CAR (172)
14. Zambia (170)
15. Mozambique (168)
16. DRC (161)
17. Guinea (150)
18. Cameroon (148)
19. Somalia (142)
20. Liberia (133)

Source: SOWC 2009
Equity gaps in under-five mortality, by region of the world

Source: DHS analyzed by World Bank PovertyNet

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Figure 6. Equity gaps in under-five mortality, by region of the world.

Mortality gap between the poorest (red) and richest (blue) quintiles (per 1,000)
Global Immunization 2001-2007, DPT3 immunization coverage
Africa leads the way in many areas

Vaccine coverage has increased

Measles deaths have declined

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Skilled health workers are in short supply

WHO regions
- Europe: Nurses and Midwives (32), Physicians (78)
- The Americas: Nurses and Midwives (19), Physicians (49)
- Western Pacific: Nurses and Midwives (14), Physicians (20)
- Eastern Mediterranean: Nurses and Midwives (10), Physicians (15)
- South-East Asia: Nurses and Midwives (5), Physicians (12)
- Africa: Nurses and Midwives (2), Physicians (11)

Country groups by income level
- Global: Nurses and Midwives (28), Physicians (13)
- High income: Nurses and Midwives (28), Physicians (13)
- Upper middle income: Nurses and Midwives (41), Physicians (21)
- Lower middle income: Nurses and Midwives (17), Physicians (13)
- Low income: Nurses and Midwives (11), Physicians (5)

Skilled health personnel (doctors, nurses or midwives, per 10,000 population), 2005
Lessons learned from past crises

NEGATIVE
• Past responses to crises that focused on physical infrastructure development rather than social protection proved insufficient.
• Past declines in aid led to governments reducing public budget allocations to social sector services.
• Past crises led to increased child mortality rates, malnutrition, reduced educational attendance and achievement.

POSITIVE
• Those countries which invested in social protection systems and social safety nets recovered faster and more fully from crises (e.g. Republic of Korea, Indonesia).
• Proven approaches:
  – Conditional cash transfers (Mexico, Peru)
  – Social health insurance; combined social & child protection (Ghana)
Way Forward:  
“Social Protection Plus” Strategy

Three main strategy elements:

1. Child & gender-sensitive social protection systems

2. Social and gender-sensitive budgeting for basic social services and social protection to counter diminishing fiscal space and to address immediate as well as longer-term trends and objectives (MDGs, climate change, demographic change, migration)

3. Multidimensional, gender-sensitive and evidence-based policy development / strengthening with national and sub-national monitoring & policy analysis capacity; focus on investing in children (avoiding irreversible losses)
Role of Japan and TICAD

• Investment needed in both short- as well as long-term support and strengthening of social protection systems, especially in sub-Saharan Africa

• Japan has demonstrated leadership role for many years in child-focused, social sector programme areas including young child survival and development, and education; response to crisis can build on past investments and sustain gains made

• TICAD commitments represent timely and strategic opportunity to strengthen social protection systems and social safety nets in Africa to mitigate negative impact from ongoing economic crisis as well as accelerate recovery

• Realization of commitments from Toyako G-8 Summit to promote and strengthen integrated health systems would also constitute longer-term and sustainable response to the global economic crisis
African proverb: “The ruin of a nation begins in the homes of its people”

Children have only one chance to receive the care and support they need to realize their lifetime potential...and childhood will not wait for them.