

**Save the Children's Submission to the Fourth Session of the General Assembly
Open Working Group on Sustainable Development Goals:
17-19 June 2013**

SUMMARY

Save the Children promotes a holistic post-2015 agenda that has poverty eradication at its core and is guided by universal, equitable and sustainable development approaches. This briefing highlights key recommendations for the fourth session of the Open Working Group on education, social protection, health and population dynamics, which are priority issues for Save the Children. These recommendations are based on the 10-goal framework proposed in our [Ending Poverty In Our Generation](#) report.

PROPOSED GOALS AND TARGETS relevant to the Fourth Session agenda

All targets and indicators should track progress across all relevant social and economic groups, including by age, gender, disability, ethno-religious group, region and income. No target should be considered achieved until it is reached in all social and economic groups.

Goals: Employment and decent work for all, social protection, youth, education and culture	Targets
By 2030 we will eradicate extreme poverty and reduce relative poverty through inclusive growth and decent work	1. Eradicate extreme income poverty
	2. Pursue growth that is inclusive and sustainable, and that provides opportunities for all
	3. Provide decent work for all (eg. Wage share of GDP; Close disparities in employment - youth and gender (employment rates and pay); Percentage of children involved in hazardous work (as defined by ILO)
	4. Establish a global social protection floor (eg. Percentage of GDP allocated to social protection; Percentage change in social protection coverage rates)
By 2030 we will ensure all children receive a good quality education and have good learning outcomes	1. Ensure that girls and boys everywhere are achieving good learning outcomes by the age of 12 with gaps between the poorest and richest significantly reduced
	2. Ensure that the poorest young children will be starting school ready to learn, with good levels of child development
	3. Ensure that young people everywhere have basic literacy and numeracy, technical and life skills to become active citizens with decent employment
Goals: Health and population dynamics	Targets
By 2030 we will end preventable child and maternal mortality and provide healthcare for all	1. End preventable child, newborn and maternal mortality (including prevalence of modern contraception use)
	2. Achieve Universal Health Coverage (including reduction in the percentage of health expenditure that is out-of-pocket)
	3. Tackle the social determinants of health (including percentage of children under-5 stunted)
By 2030 we will have a sustainable, healthy and resilient environment for all	1. Human health impacts due to environmental pollution are significantly reduced (See a range of other targets in the Ending Poverty In Our Generation report)
By 2030 we will ensure all children live a life free from all forms of violence, are protected in conflict and thrive in a safe family environment	1. Halve the number of children unnecessarily living outside family care (including children affected by emergencies) (See a range of other targets in the Ending Poverty In Our Generation report)

EDUCATION

The last decade has witnessed significant progress in expanding access to school for children. However, enormous challenges remain: in 2010 61 million children remained out of school and millions more suffered from the “hidden exclusion” of being in school but not learning.¹ Up to 130 million children are in classrooms, but not learning even basic literacy and numeracy. It is the most marginalised – including the poorest children and those living in conflict-affected areas – who are most at risk of both being out of school or in school, but learning very little.

Proposed Goal: Education	Targets
By 2030 we will ensure all children receive a good quality education and have good learning outcomes	1. Ensure that girls and boys everywhere are achieving good learning outcomes by the age of 12 with gaps between the poorest and richest significantly reduced
	2. Ensure that the poorest young children will be starting school ready to learn, with good levels of child development
	3. Ensure that young people everywhere have basic literacy and numeracy, technical and life skills to become active citizens with decent employment

Why is addressing inequality in education so important?

One of the lessons from the MDGs is that without an explicit focus on the most disadvantaged, some groups risk being left behind, particularly the poorest children, those with disabilities, learning difficulties and ethnic and linguistic differences, and those affected by conflict and humanitarian emergencies. This has particularly harmful effects in the case of education: without more equal education systems countries will fail to provide equal opportunity to all children. Furthermore, countries with more equal school systems tend to have lower levels of income inequality,² which in turn can help accelerate reductions in poverty.³ This is why a target that aims to *narrow the gaps*, like that in target (1) above, is so critical.

A continued focus on basic education, but also a wider vision

A significant focus must remain on basic education, because basic skills remain critical to achieving shared economic growth. Greater attention does need to be applied, however, to other areas. First, pre-school provision is important to ensure the poorest child starts school ready to learn. Second, as the number of young people increases and countries seek to tackle high levels of youth unemployment, post-basic education and learning also needs a greater focus.

Why improving school quality is so urgent: the demands of the new global middle class

A growth in the global “middle class” has resulted in a rising demand for quality schooling. In a growing number of countries this is resulting in a ‘flight’ from poor quality publicly-funded schools to low-fee private schools. This presents the danger of a growing divide between those who can afford private schooling and those who can not. Access to quality basic education is a universal right which must be provided by the state. Responding to the learning crisis through investment in public schooling and learning outcomes is an urgent challenge.

¹ UNESCO Institute for Statistics (UIS)

² ‘OECD 2012 Education Indicators in Focus – 2012/04 (April)’ <http://www.oecd.org/edu/50204168.pdf>

³ See for example Peter Edward and Andy Sumner (2013), “The Future of Global Poverty in a Multi-Speed World: New Estimates of Scale and Location, 2010–2030.” CGD Working Paper 327. Washington, DC: Center for Global Development.

SOCIAL PROTECTION

If we are to eradicate poverty, **people must have access to comprehensive social protection**. It allows people to meet their basic needs; supports access to essential social services, such as health and education; gives people the opportunity to take risk and start, or grow, a small business by reducing uncertainty; and provides income security during unemployment, crisis or at critical periods of the lifecycle, such as the early years for children and in old age.

Proposed Goal: Social protection	Targets
By 2030 we will eradicate extreme poverty and reduce relative poverty through inclusive growth and decent work	Provide decent work for all (eg. Wage share of GDP; Close disparities in employment - youth and gender (employment rates and pay); Percentage of children involved in hazardous work (as defined by ILO)
	Establish a global social protection floor (eg. Percentage of GDP allocated to social protection; Percentage change in social protection coverage rates)

Why is social protection so important?

Social protection has a vital role to play in minimising the impact of crisis, including natural disasters and conflict. It helps to protect those vulnerable to poverty, hunger and malnutrition during times of both crisis and relative stability and to improve a range of human development indicators, such as health and education. Universal social protection and cash transfers have also contributed to reductions in income inequality, most notably in Brazil.

If done right, comprehensive social protection can address the short-term needs of people living in poverty and provide them with economic and social opportunities that can deliver sustainable returns for themselves and for societies and economies as a whole.⁴

The presence of effective social protection does not ameliorate the human costs of being, and of becoming, unemployed; it does not lessen the importance of protecting jobs and ensuring more inclusive employment, particularly for young people and women.

By ensuring more inclusive development and human capital investments, social protection can help create a virtuous cycle and strengthen the social contract, by lifting people out of poverty and into employment where they can in turn contribute to the system through taxation. By supporting social protection in humanitarian situations, development partners can leave behind the building blocks for permanent national social protection as they transition away from humanitarian assistance that would provide resilience against future shocks.

More attention needs to be paid to the contribution that social protection makes as an investment in reducing childhood poverty and vulnerability by addressing the vicious trap of inter-generational transfer of poverty. Although globally social protection systems are at a fledgling stage in most developing countries, there are notable exceptions in countries such as Brazil and Mexico, which have led the way, and others such as Ethiopia and Bangladesh, which are now following suit. Many of the most effective examples have channelled resources and decision-making to women, with evidence that this both leads to more spending on items that benefit children and helps to strengthen women's voices, within the home and community.

⁴ Save the Children (2012) *A Chance to Grow: How social protection can tackle child malnutrition and promote economic opportunities*.

HEALTH

Health is both a driver and an outcome of sustainable development and must be at the heart of post-2015 sustainable development. The world is at a tipping point, with an end to preventable maternal, newborn and child deaths achievable in the next generation. Reaching this goal requires robust and equitable health systems to achieve and sustain Universal Health Coverage (UHC), so that all people have access to quality needed services without financial hardship, thus making households more resilient. Such ambition must be matched by political commitment and financial resources.

Proposed Goal: Health	Targets
By 2030 we will end preventable child and maternal mortality and provide healthcare for all	1. End preventable child, newborn and maternal mortality (including prevalence of modern contraception use)
	2. Achieve Universal Health Coverage (including reduction in the percentage of health expenditure that is out-of pocket)
	3. Tackle the social determinants of health (including percentage of children under-5 stunted)
By 2030 we will have a sustainable, healthy and resilient environment for all	1. Human health impacts due to environmental pollution are significantly reduced (Save the Children proposes a range of other targets to achieve this goal in the Ending Poverty In Our Generation report)

Health is a critical driver and objective of sustainable development

Health is a human right, a matter of social justice and a global public good. Better and more equitable health outcomes increase productivity and resilience, reduce poverty and promote social stability. As such, health is a platform for sustainable progress on other goals too. This was acknowledged in the 1992 Rio Declaration: "Human beings are at the centre of concerns about sustainable development. They are entitled to a healthy and productive life in harmony with nature."⁵ Given the importance of broader social, economic and environmental determinants in affecting health outcomes, health is a measure of sustainable development across all sectors.

Despite substantial and impressive progress on health outcomes over the past two decades, 6.9 million children died in 2011 from mostly preventable causes, and inequalities in health outcomes between and within countries are widening. More than one billion people cannot access the health care they need. Due to ongoing reliance on out-of-pocket spending for health care, 150 million people face financial catastrophe each year. This burden disproportionately affects the most vulnerable and exacerbates poverty.

Ending preventable deaths through Universal Health Coverage

The sustainable development agenda must be redistributive, improve equity and strengthen resilience. Closing the equity gap in health will necessitate a multi-sectoral endeavour to address the social, economic and environmental determinants of health. If designed appropriately, the health system can mitigate some of the effects of structural inequalities on health inequities.⁶

Achieving UHC will require a strong public-led health system with investments across the six building blocks, including a strengthened health workforce (see below). It also requires countries to address the multiple

⁵ <http://www.un.org/documents/ga/conf151/aconf15126-1annex1.htm>

⁶ Frenz, P., Vega, J. (2010) *Universal health coverage with equity: what we know, don't know and need to know*, Background paper for the global symposium on health systems research, 16-19 November 2010.

barriers – including financial, geographic, cultural and political – to accessing and using quality services and practices.

Equitable pathways towards UHC will improve equity in health outcomes and expand social protection to protect households from the financial risks of accessing health care. This is critical to break the cycle of poverty.

Ending preventable deaths by 2030 is possible. A target of 20 deaths per 1000 live births is achievable in all segments of society, with similar thresholds for maternal and newborn mortality. This is a ceiling that should be achievable in all contexts.

Indicators for the realisation of Universal Health Coverage should include:

- a. Proxy indicators for preventive, promotive, curative and rehabilitative intervention coverage across the continuum of care and the burden of disease and its distribution of across segments of society, such as skilled birth attendance by wealth quintile
- b. **Health system strengthening**, across all the pillars of the health system, such as health worker ratios.⁷ Appropriate proxies could be based on a transparent and participatory assessment of bottlenecks
- c. **Financial risk protection**, measured by out-of-pocket payments as a share of total health expenditure and rates of catastrophic expenditure and impoverishment disaggregated by household characteristics
- d. **Investment in health**, tracking total health expenditure by financing source, per capita and as a proportion of total government expenditure
- e. **Institutionalization of legal frameworks** on the right to health
- f. **Social and environmental health determinants**, tracking progress in addressing causes of ill-health, such as climate change and access to safe drinking water from sustainable sources.

POPULATION DYNAMICS

It is essential that this framework monitors progress for sections of the population made vulnerable by changing population dynamics. This will help to ensure that children impacted by migration, children outside of parental care, and children from poorer urban centres all see the benefits of progress.

Proposed Goal: Population Dynamics	Targets
By 2030 we will ensure all children live a life free from all forms of violence, are protected in conflict and thrive in a safe family environment	1. Halve the number of children unnecessarily living outside family care (including children affected by emergencies) (Save the Children proposes a range of other targets to achieve this goal in the Ending Poverty In Our Generation report)

Migration can have a substantial impact on child well-being. Children are increasingly a major part of population movements, and when they move children are exposed to violence and abuse at the hands of exploiters or traffickers, and in some cases by the very people who are supposed to protect them, such as law enforcement and border officials. Other children are left behind when parents migrate, and whilst such migration may in some cases improve children’s material well-being, it can have devastating consequences for their emotional well-being and exposure to abuse and exploitation.

⁷ This should look at all cadres of health workers, in particular frontline health workers.

In part as a consequence of this migration, rising numbers of children are growing up in cities where they often lose the protection and care offered by wider family and kinship networks. Factors such as migration and the HIV pandemic mean that there are substantial numbers of skipped generation households in some regions, and children are increasingly being brought up by their grandparents, who don't often have the support they need, placing them and the children in their care at risk.

The framework must ensure well-resourced national child protection systems, with mutual benefits for those striving to improve children's protection and care, and those working to respond to the changing needs of changing populations.

Population dynamics and health outcomes

Family planning, population growth and development are interrelated and complex issues. Ensuring women are able to plan whether or when to have children and space their children healthily means babies and young children are more likely to survive, and it saves the lives of adolescent girls and women who are pregnant. It is estimated that 570,000 newborn babies' lives and 79,000 women's lives would be saved if the unmet need for family planning was fulfilled.⁸

A post-2015 sustainable development agenda must simultaneously improve:

- the supply of family planning commodities
- support for health workers and health services
- unequal access to family planning services
- female empowerment, to stimulate demand for family planning.

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⁸ S Singh and J E Darroch (2012) *Adding It Up: The costs and benefits of contraceptive services – estimates for 2012*, New York: Guttmacher Institute; J E Darroch, G Sedgh and H Ball (2011) *Contraceptive Technologies: Responding to women's needs*, New York: Guttmacher Institute.