

Addressing child health inequities in the post-2015 framework. A perspective on how new country indicators could help SDGs implementation in high-income countries

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Addressing obscene disparities in wealth and opportunities within countries emerges as a top priority in the aspiration to implement SDGs. Few challenges illustrate this better than the interventions in global health. The universality of Post-2015 agenda aims to fight health inequality within all national territories, including high-income countries. For the first time, rich nations have set their own agenda for the implementation of SDGs through local roadmaps and programs. To follow up/monitor and review the progresses made, rich nations will have to design their own Country Indicators (CI) focused and based on cultural, social and economic features and national context.

The innovative broaden of UN agenda meets rich nations in the delicate moment of facing the reduction of people wellbeing after the last economic crisis. The implementation of restrictive political measures to address the economic difficulties amplified the gap between poor and rich people and accentuated increasing inequalities. The crisis profoundly hit the most vulnerable groups, such as children. Data from previous crises shows that exposure to poverty for prolonged periods has a strong and irreversible impact on child health and its effect lasts even into adulthood and it associates with a higher risk of chronic diseases.

We aim to design new CI to monitor the local implementation of SDGs to ensure equal opportunities for all children in high-income countries. For this, we carried out an extensive and systematic review of the literature on the health of children residing in Catalonia, Northern Spain. We selected studies published between 2010 and 2016 that link changes in the life and health of children with the financial crisis.

Data reveal that, during the crisis, the percentage of children at risk of poverty increased enormously in Spain (>5%) and Catalonia (>9%). A comparison of indicator data reveals an overall deterioration in Catalan children's health (2006-2012). Among others, the percentage of children that could not have breakfast before going to school, consume healthy food or eat protein every other day increased, as well as the percentage of children suffering from obesity and having risk behaviors. The results of these indicators were strongly influenced by householders' socio-demographic characteristics. In particular, we found that low maternal education level, being part of a single-parent family, being an immigrant, unemployment or job instability at the household are determinants of health which have a negative impact on children health and further deteriorate indicators' outcomes.

Our study shows that Catalan children living in adverse socioeconomic conditions experience worse health outcomes compared to those raised in wealthier homes. Therefore, we propose a list of new CI considering the current child health situation and inequalities. CI aim to measure health habits, perception and status along with social performance that is strictly related to

health. We also propose categories for disaggregated CI data recollection and analysis. Comprehensive data recollection, disaggregation and statistical analysis will point the way forward to new policy and resources' allocation to tackle health problems and inequalities in high-income countries, as what we measure is where we put our efforts.