The Venice Forum

Why investing in Maternal, Newborn and Child Health (MNCH) is critical for sustainable recovery after COVID-19

Social and economic recovery after COVID-19 will depend upon healthy populations. Research shows clearly the centrality of healthy women and children to population well-being across generations. Yet national fiscal stimulus packages are insufficiently focused on the health and wellbeing of women and young children. Without this focus, future population resilience and hence economic prosperity remain at risk.

Leading biomedical and social science experts, economists, and public health leaders will meet in five virtual panels scheduled over 22-24 March 2021 to consider the case for a radical rethink of current investment priorities to for a sustainable future. The Venice Forum will be the starting point of an ambitious 2021-2022 roadmap to refocus national stimulus strategies and investments on a health and wellbeing-centred agenda for resilience and recovery. The Venice Forum will focus on mothers and young children as the importance of adolescent and adult health and wellbeing is being addressed in other fora.

Consensus emerging from the Venice Forum will chart a course for investment in the health of women and young children. This can support national leaders in explaining and implementing reprioritisation and alignment of investments with a view to building productive, resilient populations for a sustainable future.

The Venice Forum will contribute to the work of The Partnership for Maternal, Newborn and Child Health. Together they will form a collaborating platform for the development and political advocacy of the investment case, working closely with leading global financing platforms such as the Global Financing Facility for Women's, Children's and Adolescents' Health, the World Bank, Gavi, and the WHO.

Why MNCH matters

Healthy populations are critical to long-term resilience and will impact on the chances of economic prosperity and sustained global recovery after COVID-19. There is clear scientific evidence for the centrality of the health of women and children to life-long and inter-generational physical and mental health. However, COVID-19 has widened the disparities experienced by women and children.

Economic realities and social justice considerations provide strong justification for addressing the long-standing gender and age-based inequalities that COVID-19 has magnified. Acknowledgement of the importance of childbearing, child rearing, and other unpaid work to society, conducted largely by women, underscores the need to include these contributions in productivity metrics. The drive to identify investment priorities for post-COVID recovery provides opportunity to implement bold, new policies to improve MNCH for sustained, intergenerational benefit.

New insights into mechanisms by which disadvantage and poor physical and mental health become entrenched and passed across generations identifies routes to improved MNCH

Research over recent decades shows clearly that parental health and the early life environment, particularly during the period from conception to two years of age, play important parts in establishing the biology of the developing fetus and child, and affecting responses to health challenges across the life-course. These processes operate in every fetus and infant, not just in those exposed to extreme conditions such as maternal starvation, severe obesity or stress. Maternal and, as increasingly recognised, paternal nutritional, behavioural and social and environmental exposures affect the risk of chronic physical and mental non-communicable disease throughout the life-course and into the next generation. Mental health, more precisely defined as neurocognitive and emotional development, affects educational attainment and economic and wider contributions to society. Epigenetic processes, by which gene expression and thus phenotype are affected independently from inherited fixed genetic endowment, are an example of a developmental mechanism by which poor health and social disadvantage in one generation is passed on to

the next. This plasticity operates during critical periods of development; hence, interventions in later life have proven ineffective in rectifying the consequences of early setting of an unhealthy life-course trajectory. Interventions to improve MNCH can prevent the passage of such health and social disadvantage across generations, providing clear targets for investment.

Promoting social justice through MNCH

Gender equity forms part of wider social justice issues raised by the pandemic. The pandemic has also affected the world's children disproportionately, amplifying pre-pandemic concerns about threats to their future and leading UNICEF to publish a six-point plan in education, nutrition and well-being setting, out government actions to avert a lost COVID generation. Such embodiment of disadvantage makes it clear that the separation of biological versus social, or innate versus acquired risks to health is artificial and unhelpful. The shift away from 'nanny state' policies, towards 'nudge' initiatives, and the delegation of responsibility to individuals, raises justice issues when those most in need of support lack capability or opportunity to make 'healthy choices'. The pandemic has intensified this focus on individual risk, whether in terms of gender, age, ethnicity, or 'pre-existing conditions', many of which have their origins in early life and social disadvantage. A new emphasis is needed on social justice which recognises the complexity of intersectional social and biological embodiments of disadvantage. This would illuminate the nature of intergenerational amplification, the adverse impact of poor MNCH on all of society, and provide clear justification for policies to end this inequity.

New economic models emphasise the contributions of MNCH to prosperity

It has been nearly a decade since the Lancet Commission on Investing in Health (2012) put forward the case for reproductive, maternal, newborn and child health. Since then, economic evidence, intervention science, global development, and the wider context have evolved in important ways. An investment case focused on a healthy life-course rather than mortality, and based on MNCH as the route to healthy populations, is now required to power our joint advocacy efforts. We also need robust and refreshed evidence and arguments to address the deepening inequities experienced during COVID-19.

Evidence from previous societal shocks in the 20th century and the global financial crisis of 2008 shows that detrimental effects on MNCH have long-term consequences for population health. During the COVID-19 pandemic, home working became the norm for much of the white-collar salaried workforce. They joined the billions, predominantly women, who have always worked in the home and thus support economies, but are unremunerated. Paid work contributes to GDP but not, for example, the value of the woman breast-feeding her baby or, less commonly, the father caring for his young child, even though they are powerful determinants of health and prosperity. Assigning such work a monetary value would enable inclusion of these contributions in productivity metrics. This would make them visible, their value to societies and economies measurable, and highlight the adverse contribution of poor MNCH to national wellbeing. Such ideas are beginning to feature in economic models: for example, the Organisation for Economic Co-operation and Development suggests that the inclusion of unpaid household work would increase GDP from between 15% to 70% depending on the country and method of calculation, and the Bureau of Economic Analysis intends to publish additional measures of prosperity in recognition of the limitations of GDP. Even before the pandemic, data assembled in the latest Global Burden of Disease study emphasise the use of the Socio-Demographic Index (SDI) rather than GDP to measure economic progress. The SDI relates to healthy life expectancy and takes account of the positive effect of the number of years of schooling. Adopting an economic model that incorporates contributions that improve MNCH could kick-start sustainable COVID-19 recovery. The justification for such a new model already exists, for example in SDG 5 target 4, which calls on governments to "*recognise and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies*…."

Seizing the opportunity

As societies, governments and institutions move from emergency measures to combat COVID-19 towards recovery, we advocate building on scientific knowledge and social justice considerations to springboard a new conceptual framework for a sustainable future based on investing in MNCH. We suggest that there has been inadequate consideration of the drivers of population health and resilience across generations, upon which sustained economic recovery ultimately depends. We point out that the economic models and societal attitudes of the past have persistently marginalised the health and wellbeing of women, infants and children to the detriment of all of society. However, the pandemic has forced new behaviours and ways of working, a questioning of societal norms, and driven the emergence of new industries. The COVID-19 pandemic thus offers a unique opportunity for radical change through multi-faceted actions to improve MNCH as a cardinal component of investment for post-pandemic recovery.

The Venice Forum will explore practical steps for investment in MNCH, built on the three pillars of science, justice and economics outlined above. In addition to adopting an economic model of growth that incorporates contributions that improve MNCH, other interventions might include better parental leave provision to promote child cognitive and emotional development, incentivising the pharmaceutical industry to develop women's health programmes, and tackling obstacles to securing women's reproductive rights.