International HIA Conference

ORGANIZED BY EUPHA HEALTH IMPACT ASSESSMENT

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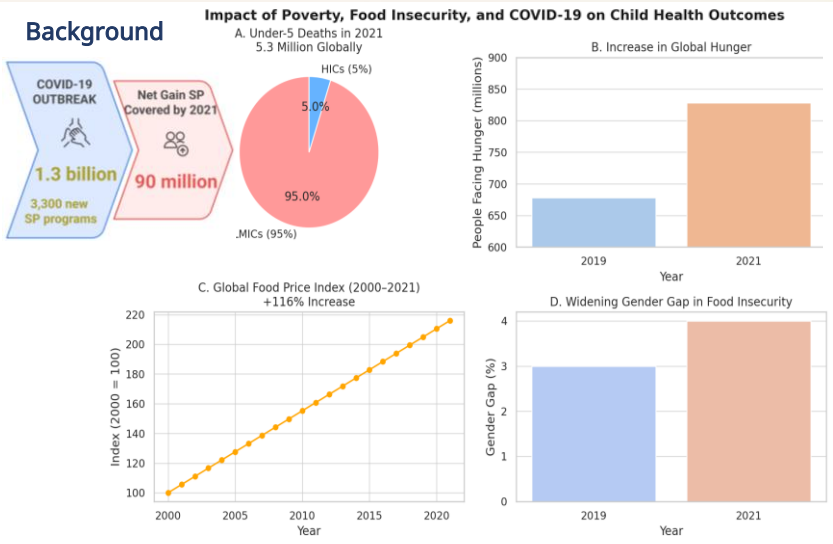
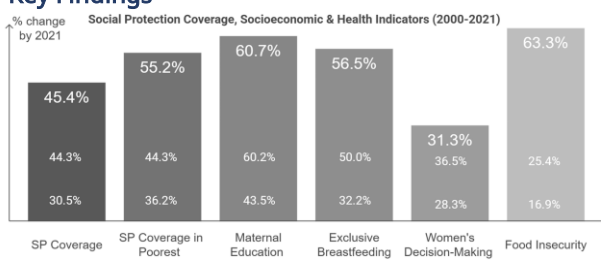
>>> Institutionalising HIA in Europe form better supporting decision-making processes

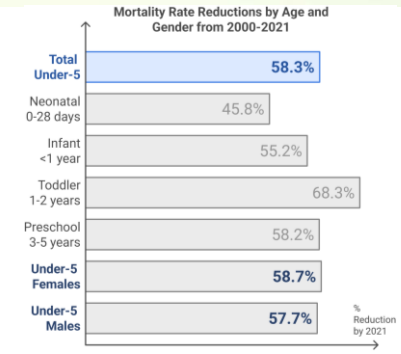
3-4 June, 2025
Madrid (Spain)

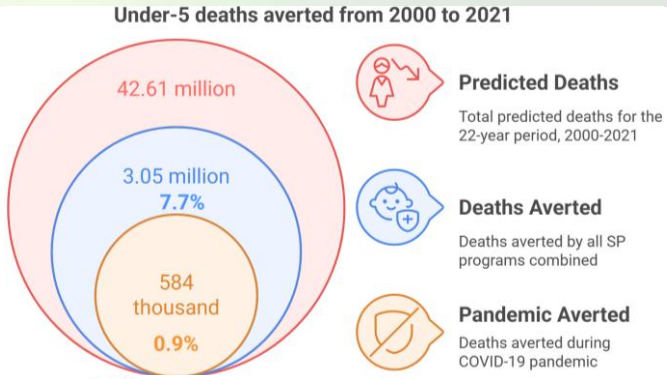
Background

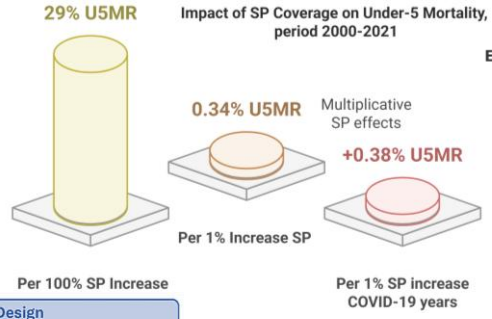


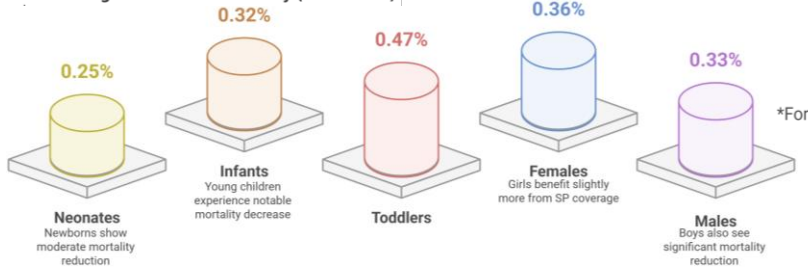
Key Findings











Methods

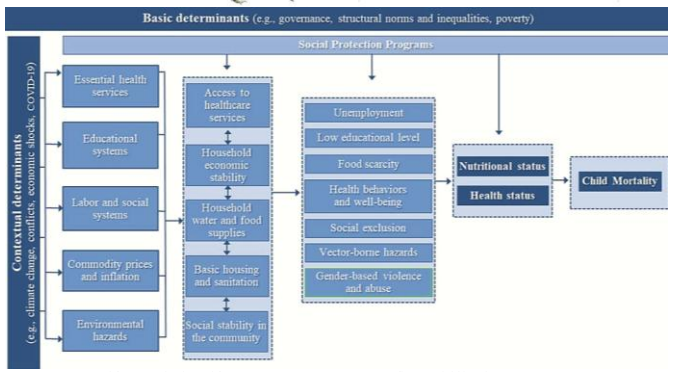


Figure 1.Conceptual framework adapted from UNICEF (2024). SP programs influence child heath outcomes via socioeconomic and serice access pathways.

Per 100% SP Increase

Study Design
We conducted a longitudinal, country-level panel study: 1,012 country-year obs (2000–2021). Countries classified as LMICs in year 2000, had ≥2 SP data points (one during COVID-19: 2020 or 2021), and somplete ia

Outcomes (Stratified by Sex & Child Age):
Under-5 mortality, deaths per 1,000 live births (UN-WPP)
Wasting: weight-for-height Z-score <−2 SD (UWWB−I
Stunting: height-for-age Z-score <−2 SD (UWWB−J(

Social Protection Exposure
SP coverage (% of population receiving benefits), from: World Bank ASPIRE
SP scaled 0–1; includes imteracems for 2020-2021 pandemic

Covariates
Sourced from UN-WPP, UWWB-)CME, WHO Gender Portal Contextual, GDP growth, Gini index, unemployment, urbaniza-tion: Health & Nutrition. women's decesion-making autonomy Other, residence (urban/rural), year, live births (exposure)

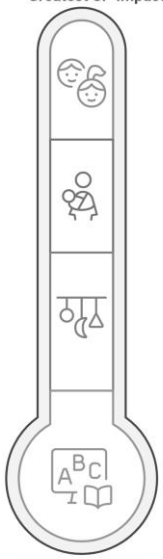
Statistical Analysis
- Poisson regression with:
  - Country fixed effects
  - Robust standard errors.
- Dummy controls for financial cl crisis (2007–09) and COVID-19 (2020–21)
- Sensitivity checks: Negative binomial, random effects, bootstrapped SEs
- Subgroup & adequacy analyses; by wealth, sex, income level

Robustness Assessment
Apply Alternative Models
Estimate Marginal Effects
Categorize SP Coverage
Triangulation Analysis

Equation

$$\log(Y_{it}) = \alpha_i + \beta_1 SP_{it} + \beta_2 Pandemic_{2020\text{-}21} + \beta_3 (SP_{it} \times Pandemic_{2020\text{-}21}) + \sum \beta_n X_{nit}$$

Greatest SP Impact



Least SP Impact

Discussion & Conclusion

Toddlers
Greatest mortality reduction due to infection prevention.

Infants
Smaller mortality reductions, still present and significant.

Neonates
Under-registration of deaths, congenital factors limit impact.

Preschoolers
Sample size limitations may mask true mortality reductions.

Main Results

- First multi-country study over 22 years (2000–202!)
- 46 LMICs; covers one-third of global under-5 population
- SP programs linked to reduce under-5 mortality
- Strongest impact among toddlers (1–2 years)

Limitations

- Country-level data limits causal inference
- Data quality concerns: Accuracy may be affected by innacurate data collection & classification

Strengths

- ✓ Comprehensive analysis of all SP programs
- ✓ RSE, fixed-effects and numerous control vars
- ✓ Inclustended by triangulation and multiple sensitivity analyses

Key Messages

- ✓ SP programs reduce child mortality, and especially among girls
- ✓ Critical for pandemic responnse & future crisis preparedness
- ✓ Support progress toward SDGs 3.2 (child survival) & 1.3 (social protection)
- ✓ Expanding SP systems is essential for equity & resilience in LMICs