



Research Report

UNICEF

Reduce neonatal mortality and end preventable deaths of newborns and children under the age of five

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INTRODUCTION

In the pursuit of a more equitable and sustainable future, the United Nations (UN) has consistently championed the cause of maternal and child health. Despite significant strides in improving global health outcomes, neonatal mortality and preventable deaths among children under the age of five remain formidable challenges. This report represents a collective call to action, urging member states, international organisations, and stakeholders across sectors to intensify efforts in reducing neonatal mortality and ensuring that no child dies from preventable causes.

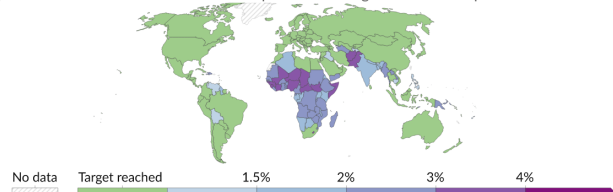
The first 28 days of life are critical for a child's survival, and neonatal mortality rates serve as a stark indicator of the overall health and well-being of a society. The current state of affairs demands urgent attention as millions of newborns continue to face the risk of perishing in their earliest days. This report delves into the multifaceted nature of neonatal mortality, addressing the complex interplay of factors that contribute to the loss of young lives. From inadequate access to quality healthcare services and lack of skilled birth attendants to socio-economic disparities and geographical barriers, the root causes of neonatal mortality are deeply entrenched and demand a comprehensive and coordinated response.

Beyond the neonatal period, children under the age of five face an array of preventable threats to their lives. Pneumonia, diarrhoea, malaria, malnutrition, and vaccine-preventable diseases persist as leading causes of death in this vulnerable age group. While proven interventions and medical advancements exist, the challenge lies in ensuring equitable access to these life-saving measures for every child, regardless of geographical location or socio-economic status.

As the world grapples with the aftermath of global health crises and unprecedented challenges, the imperative to prioritise maternal and child health has never been more evident. This report underscores the interconnectedness of global health, socio-economic development, and the attainment of Sustainable Development Goals. It calls for a renewed commitment to strengthening health systems, enhancing maternal and child healthcare infrastructure, and fostering international collaboration to address the root causes of neonatal mortality and preventable deaths among children under five. The pathway to reducing neonatal mortality and ending preventable deaths demands a holistic approach that goes beyond the

Neonatal mortality rate, 2021

The estimated rate of neonates who die before 28 days of age, per 100 live births in a given year. This indicator's Sustainable Development Goal target is 1.2 deaths per 100 live births.



Data source: United Nations Inter-agency Group for Child Mortality Estimation (2023)
[OurWorldInData.org/child-mortality](https://ourworldindata.org/child-mortality) | CC BY

The estimated rate of neonates who die before 28 days of age, per 100 live births in a given year. This indicator's Sustainable Development Goal target is 1.2 deaths per 100 live births.¹

¹“Neonatal Mortality Rate.” *Our World in Data*, ourworldindata.org/grapher/neonatal-mortality-rate-sdgs..

traditional boundaries of healthcare. It requires concerted efforts to address social determinants, empower communities, and invest in education and healthcare infrastructure. Through this collective endeavour, we can aspire to create a world where every child, regardless of their circumstances, has the opportunity to thrive and fulfil their potential.

Definitions of Key Terms

The topic of the detention of refugees and migrant children is one that is multifaceted, and filled with all sorts of terminology and acronyms that are crucial to understand if you are to create legislation dictating UN policies and initiatives.

Neonatal Mortality:

Neonatal mortality refers to the death of a newborn within the first 28 days of life. This term is crucial in understanding and addressing the specific challenges and risks faced by infants in their earliest days.

The first 28 days of life – the neonatal period – is the most vulnerable time for a child’s survival. Children face the highest risk of dying in their first month of life at an average global rate of 18 deaths per 1,000 live births in 2021, down by 51 per cent from 37 deaths per 1,000 live births in 1990. In comparison, the probability of dying after the first month and before reaching age 1 was estimated at 11 deaths per 1,000 and the probability of dying after reaching age 1 and before reaching age 5 was estimated at 10 deaths per 1,000 in 2021. Globally, 2.3 million children died in the first month of life in 2021 – approximately 6,400 neonatal deaths every day.²

Preventable Deaths:

Preventable deaths are those that could be avoided through effective and accessible healthcare interventions, vaccinations, and public health measures. In the context of this report, it encompasses the range of conditions and diseases that can be mitigated with timely and appropriate interventions.

Indicators of avoidable mortality offer a general “starting point” to assess the effectiveness of public health and health care systems in reducing deaths from various diseases and injuries. However, further analysis is required to assess more precisely different causes of potentially avoidable deaths and the interventions to reduce them. In 2019, across OECD countries, over 3 million premature deaths amongst people aged under 75 years could have been avoided through better prevention and health care interventions. This amounts to over one-quarter of all deaths. Of these deaths, about 1.9 million were considered preventable through effective primary prevention and other public health measures, and over 1 million were considered treatable through more effective and timely health care interventions.³

Maternal and Child Health:

² “Neonatal Mortality.” *UNICEF DATA*, 31 May 2023, data.unicef.org/topic/child-survival/neonatal-mortality

³ “Avoidable Mortality.” *Health at a Glance 2021 : OECD Indicators | OECD iLibrary*, www.oecd-ilibrary.org/sites/

Maternal health refers to the health of women during pregnancy, childbirth and the post-partum period, whereas perinatal health refers to health from 22 completed weeks of gestation until 7 completed days after birth. Newborn health is the babies' first month of life.⁴

Health Systems Strengthening:

Health systems strengthening involves improving the capacity, efficiency, and resilience of healthcare systems to provide essential services. In the context of this report, strengthening health systems is essential for delivering effective maternal and child healthcare.

Skilled Birth Attendants:

Skilled birth attendants are trained healthcare professionals, such as midwives and obstetricians, who are qualified to provide care to pregnant women during childbirth. Their presence is crucial in ensuring safe deliveries and reducing maternal and neonatal mortality.

Social Determinants of Health:

The social determinants of health (SDH) are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.

The following list provides examples of the social determinants of health, which can influence health equity in positive and negative ways:

- Income and social protection
- Education
- Unemployment and job insecurity
- Working life conditions
- Food insecurity
- Housing, basic amenities and the environment
- Early childhood development
- Social inclusion and non-discrimination
- Structural conflict
- Access to affordable health services of decent quality.

Addressing SDH appropriately is fundamental for improving health and reducing longstanding inequities in health, which requires action by all sectors and civil society.

Vaccine-Preventable Diseases:

Vaccine preventable diseases (VPDs) are infectious diseases caused by viruses or bacteria that can be prevented with vaccines.⁵

Malnutrition:

⁴ "Maternal and Newborn Health Euro." *World Health Organization*, World Health Organization, www.who.int/europe/health-topics

⁵ "Vaccine Preventable Diseases." *Vaccine Preventable Diseases*, dchealth.dc.gov/page/vaccine-preventable-diseases

Malnutrition refers to deficiencies or excesses in nutrient intake, imbalance of essential nutrients or impaired nutrient utilisation. The double burden of malnutrition consists of both undernutrition and overweight and obesity, as well as diet-related noncommunicable diseases. Undernutrition manifests in four broad forms: wasting, stunting, underweight, and micronutrient deficiencies.⁶

Wasting:

Wasting is defined as low weight-for-height. It often indicates recent and severe weight loss, although it can also persist for a long time. It usually occurs when a person has not had food of adequate quality and quantity and/or they have had frequent or prolonged illnesses. Wasting in children is associated with a higher risk of death if not treated properly. Stunting is defined as low height-for-age. It is the result of chronic or recurrent undernutrition, usually associated with poverty, poor maternal health and nutrition, frequent illness and/or inappropriate feeding and care in early life. Stunting prevents children from reaching their physical and cognitive potential. Underweight is defined as low weight-for-age. A child who is underweight may be stunted, wasted or both.⁷

Global Health Crisis:

Global health crisis is defined as a health emergency crisis such as an epidemic or a pandemic occurring across international borders, where transmission takes place simultaneously worldwide, affecting many people such as SARS virus, Ebola, and Coronavirus.⁸

General overview

The ongoing global commitment to improving maternal and child health is a dynamic narrative shaped by historical milestones, evolving strategies, and contemporary challenges. This commitment reflects the collective conscience of the international community, emphasising the imperative to reduce neonatal mortality and preventable deaths of children under the age of five. This comprehensive overview not only explores the historical evolution of the issue but also delves into the current global status, examining the profound consequences of neonatal mortality and preventable child deaths in greater detail.

Historical Overview:

For most of our human history the death rate amongst newborns and younger has been extremely high for a wide variety of reasons, from poor medical technology and practices, too malnutrition and sanitation. Little could be done for a long time, until the mid industrial era medication was in limited supply as was proper nutrition, such items would not be able to be brought to the much of the globe for decades and in some regions still are not readily accessible, so alternative measures had to be taken. The era Post-World War II marked a transformative period with the establishment of the United

⁶ "Malnutrition." *World Health Organization*, World Health Organization, www.who.int/health-topics/malnutrition

⁷ "Malnutrition." *World Health Organization*, World Health Organization, www.who.int/health-topics/malnutrition

⁸ "What Is Global Health Crisis." *IGI Global*, www.igi-global.com/dictionary/australias-bilateral-and-multilateral-health-sector-partnership-with-south-asian-nations

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Nations International Children's Emergency Fund (UNICEF) in 1946. Initially focused on providing emergency relief, UNICEF's mandate expanded over time to encompass the long-term well-being of children globally, illustrating the early recognition of the importance of safeguarding child health on an international scale.

Before 1954, UNICEF's primary focus was on providing food and clothing to children and mothers who had been displaced by World War II but, after it became a permanent UN agency, it expanded its mission to a broader mandate to provide humanitarian and developmental aid to children worldwide.⁹

In 1978, the Alma-Ata Declaration on Primary Health Care emerged as a landmark moment in global health. This declaration emphasised the need for comprehensive and community-based healthcare, recognizing health as a fundamental human right. The significance of this declaration lies in its role in laying the groundwork for a paradigm shift, moving away from disease-centric approaches towards a more holistic focus on primary healthcare. The following are excerpts from the Declaration:

- The Conference strongly reaffirms that health, which is a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realisation requires the action of many other social and economic sectors in addition to the health sector.
- The existing gross inequality in the health status of the people, particularly between developed and developing countries as well as within countries, is politically, socially, and economically unacceptable and is, therefore, of common concern to all countries.
- The people have a right and duty to participate individually and collectively in the planning and implementation of their health care.
- Primary health care is essential health care based on practical, scientifically sound, and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family, and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first elements of a continuing health care process.
- An acceptable level of health for all the people of the world by the year 2000 can be attained through a fuller and better use of the world's resources, a considerable part of which is now spent on armaments and military conflicts. A genuine policy of independence, peace, détente, and disarmament could and should release additional resources that could well be devoted to peaceful aims and in particular to the acceleration of social and economic development of which primary health care, as an essential part, should be allotted its proper share.¹⁰

⁹ Usur, Sam. "A Brief History of UNICEF." *Developmentaid*, www.developmentaid.org

¹⁰ "Declaration of Alma-Ata." *World Health Organization*, World Health Organization, www.who.int/teams/social-determinants-of-health/declaration-of-alma-ata

The right of the child to survival and development is recognized in Article 6(2) of the CRC. States Parties are required to ensure to the maximum extent possible the survival and development of the child. The right of the child to survival and development is closely linked to the rights of the child to the enjoyment of the highest attainable standard of health, to health services, and to an adequate standard of living. Within the United Nations context, in particular the World Health Organization (WHO) and UNICEF, measures to ensure "survival" include growth monitoring, oral rehydration and disease control, breast-feeding, immunisation, child spacing, food and female literacy. Consider also the World Declaration on the Survival, Protection and Development of Children and the Plan of Action for Implementing the World Declaration on the Survival, Protection and Development of Children. These Declarations were adopted at the World Summit for Children, which was held at United Nations Headquarters on 30 September 1990.¹¹

The World Summit for Children was a landmark event for the United Nations, the United Nations Children's Fund (UNICEF), and most importantly, for the world's children. It was the first time in history when a Summit-level meeting was held exclusively to address children's issues. Specific actions for child survival, protection and development were suggested by the World Declaration and Plan of Action, in the areas of:

- Child health
- Food and nutrition
- Role of women, maternal health and family planning
- Role of the family
- Basic education and literacy
- Children in especially difficult circumstances
- Protection of children during armed conflicts
- Children and the environment
- Alleviation of poverty and revitalization of economic growth

Additionally, the Action Plan set specific goals for the decade that was to follow the Summit (the 1990s). The goals had been formulated before the Summit began, in consultation with Governments, UN agencies, including WHO, UNICEF, UNFPA, UNESCO, UNDP and the IBRD, and many NGOs.

¹¹ UNICEF/Innocenti. "The Glossary." *The Glossary*, www.unicef-irc.org/php/Thesaurus/Glossary_Display

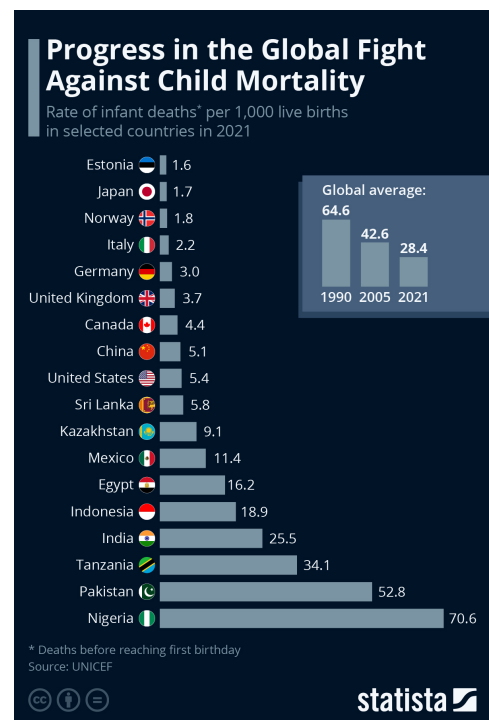
The goals set were in the areas of child survival, development and protection, supporting sectoral goals such as women’s health and education, nutrition, child health, water and sanitation, basic education, and children in difficult circumstances (the goal of which was to ‘provide improved protection of children in especially difficult circumstances and tackle the root causes leading to such situations’).

Six years after the Summit, in 1996, Secretary-General Boutros Boutros-Ghali told the General Assembly that considerable and widespread progress had been made to improve the health, nutrition, education and protection of the world's children, the major goals set at the 1990 World Summit for Children. As the General Assembly began its mid-decade review of Summit implementation, the Secretary-General said the achievements of those six years since the Summit had taken place had demonstrated the increased importance of children on the international agenda.¹²

In 2000, the international community adopted the Millennium Development Goals (MDGs), with MDG 4 specifically targeting the reduction of child mortality. The MDGs set a specific, time-bound target to reduce the under-five mortality rate by two-thirds between 1990 and 2015. This framework galvanised global action and catalysed progress in child health interventions.

Current Overview:

As of 2023, the global effort to reduce neonatal mortality and end preventable deaths of children under five remains at the forefront of public health agendas. While substantial progress has been achieved, numerous challenges persist, requiring continued dedication and innovative solutions. One notable achievement is the integration of technology in maternal and child health. Telemedicine, mobile health apps, and digital health records have played a crucial role in enhancing healthcare accessibility, especially in remote or underserved areas. This integration facilitates improved monitoring, timely interventions, and data-driven decision-making, contributing to more effective healthcare delivery.



“Infographic: Progress in the Global Fight against Child

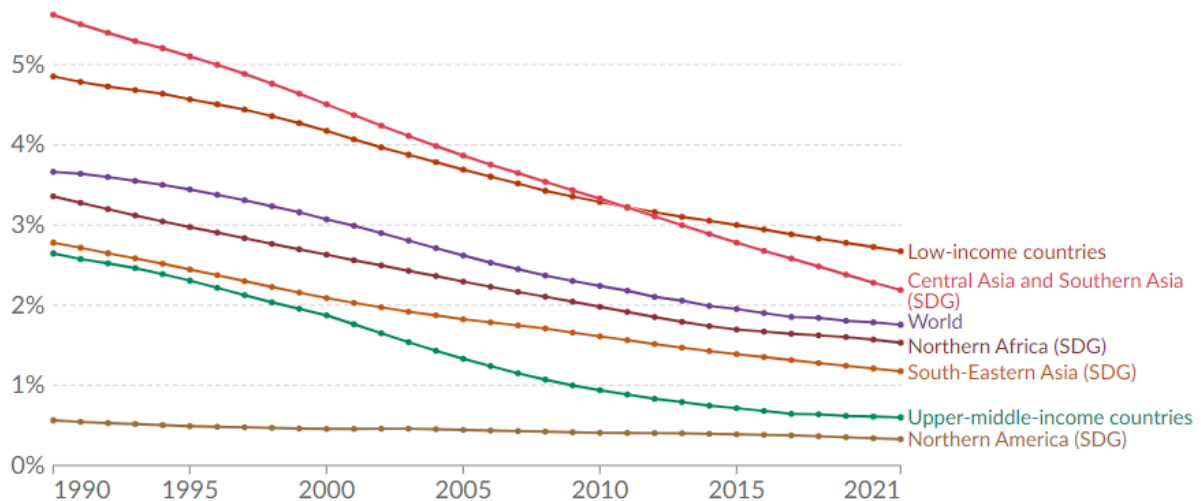
¹² “World Summit for Children.” *United Nations*, United Nations, www.un.org/en/conferences/children/newyork1990

Mortality.” *Statista Daily Data*, 2 Nov. 2023¹³

Community empowerment initiatives have gained prominence in recent years, recognizing the importance of engaging local communities in healthcare. Community-based interventions, such as training local health workers and involving community leaders, have proven instrumental in enhancing healthcare capacity and fostering a sense of ownership over health outcomes.

Antenatal and postnatal care have garnered increased attention, reflecting a commitment to addressing the entire continuum of maternal and child health. Comprehensive maternal care programs aim to provide holistic support throughout pregnancy and the postpartum period, reducing the risk of complications and ensuring the well-being of both mothers and infants.

Innovative financing models are being explored to secure sustainable funding for maternal and child health programs. Public-private partnerships, impact investing, and outcome-based financing mechanisms are emerging as viable strategies to ensure financial sustainability and optimise resource allocation.



Neonatal Mortality Rate 1990-2021¹⁴

However, the landscape is not without challenges. Access to quality healthcare services remains a concern, particularly in low-resource settings. Socio-economic disparities continue to contribute to differential health outcomes, emphasising the need for equity-focused interventions.

¹³ Buchholz, Katharina, and Felix Richter. “Infographic: Progress in the Global Fight against Child Mortality.” *Statista Daily Data*, 2 Nov. 2023, www.statista.com/chart/13009/the-global-gap-in-newborn-mortality/.

¹⁴ “Neonatal Mortality Rate.” *Our World in Data*, ourworldindata.org/grapher/neonatal-mortality-rate-sdgs..

As the world grapples with the aftermath of the COVID-19 pandemic, the vulnerability of health systems has become more apparent than ever. Disruptions in healthcare services have posed immediate threats to maternal and child health, highlighting the importance of resilient health systems capable of adapting to unforeseen challenges.

In conclusion, the current status of reducing neonatal mortality and preventable deaths of children under five reflects a landscape of progress and challenges. Technological advancements, community engagement, and innovative financing models present promising avenues for further improvement. However, addressing persisting disparities and bolstering health systems' resilience are critical components of ongoing efforts to ensure that every child has the opportunity to survive and thrive.

Consequences:

Beyond statistical figures, the consequences of neonatal mortality and preventable child deaths are deeply humanitarian. Families and communities bear the emotional burden of losing young lives, disrupting the social fabric and perpetuating cycles of grief and vulnerability. The loss of each child represents untold potential that remains unfulfilled. The socio-economic implications of high neonatal mortality and child deaths are profound at the community level. Healthy children are not only a testament to the well-being of families but also form the foundation of thriving communities. When children survive and thrive, they contribute to the social and economic vitality of their communities, breaking the cycle of poverty and fostering long-term prosperity. High rates of neonatal mortality and preventable child deaths underscore existing global health inequities. Marginalised populations, including those in low-income countries and remote areas, bear a disproportionate burden of these consequences. Addressing these inequities is central to achieving health for all and realising the principles of social justice. The consequences of neonatal mortality and preventable child deaths extend beyond immediate humanitarian concerns to threaten the achievement of broader Sustainable Development Goals. Goals related to health, education, poverty reduction, and gender equality are intricately connected to the well-being of mothers and children. Failing to address these challenges hampers progress across multiple development dimensions. The vulnerability of health systems, as highlighted by the impact of pandemics like COVID-19, is a critical consequence. Disruptions in healthcare services, whether due to a global crisis or local challenges, pose immediate threats to maternal and child health. Strengthening health systems is not just a response to immediate threats but a proactive measure to ensure resilience and adaptability in the face of unforeseen challenges. This underscores the importance of a comprehensive and integrated approach to maternal and child health on a global scale.

Major parties involved

Global Health Crisis Task Force:

The Global Health Crises Task Force was established by former UN Secretary-General Ban Ki-moon in 2016 to support and monitor the implementation of the recommendations of the High-level Panel on the Global Response to Health Crises, issued in its report on “Protecting humanity from future health crises”. The Task Force sought to ensure that the implementation

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of the Panel's recommendations was aligned with the observations of the Secretary-General as set out in his report on "Strengthening the global health architecture"

The Task Force also sought to catalyse action on the Panel's recommendations, enhance the preparedness of the UN system, maintain the profile of global health issues, and make substantive contributions to strengthening the global capability for responding to health emergencies.

The Task Force identified nine priority areas for monitoring over the course of 2016-17:

1. Strategic support for national health systems to prevent global health crises
2. Integrating communities in efforts to prevent global health crises
3. Supporting regional arrangements to prevent and respond to health crises
4. Strengthening UN system capacity during health emergencies
5. Testing capacities and processes for global health crises response through simulations
6. Catalysing focused research and innovation relevant to global health crises
7. Securing sustainable financing for work on global health crises
8. Focusing attention on the gender dimensions of global health crises
9. Ensuring health crises are a priority on global political agendas

The Task Force met on a quarterly basis and provided quarterly reports to the Secretary-General on the progress of the Panel's recommendations. It also brought to his attention issues relating to emerging health crises and to gaps or weaknesses in the global health architecture.¹⁵

World Health Organization (WHO):

As the leading international health agency, the World Health Organization plays a central role in setting global health priorities and guidelines. The WHO provides technical assistance, coordinates international efforts, and disseminates evidence-based practices to address maternal and child health challenges. It collaborates with member states, non-governmental organisations (NGOs), and other partners to strengthen health systems, improve healthcare delivery, and ensure access to essential services.

WHO is working with ministries of health and partners to 1) strengthen and invest in care, particularly around the time of birth and the first week of life as most newborns are dying in this time period; 2) improve the quality of maternal and newborn care from pregnancy to the

¹⁵ "Global Health Crises Task Force." *United Nations*, United Nations, www.un.org/en/our-work/global-health-crises-task-force.

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entire postnatal period, including strengthening midwifery; 3) expand quality services for small and sick newborns, including through strengthening neonatal nursing; 4) reduce inequities in accordance with the principles of universal health coverage, including addressing the needs of newborns in humanitarian and fragile settings; 5) promote engagement of and empower mothers, families and communities to participate in and demand quality newborn care; and 6) strengthen measurement, programme-tracking and accountability to count every newborn and stillbirth.¹⁶

UNICEF (United Nations International Children's Emergency Fund):

UNICEF is a key player in advocating for and implementing programs focused on child survival and development. With a specific mandate to address the needs of children worldwide, UNICEF works to ensure access to essential healthcare services, nutrition, clean water, and education. UNICEF collaborates with governments, NGOs, and communities to implement evidence-based interventions, strengthen health systems, and promote policies that safeguard the well-being of children, including efforts to reduce neonatal mortality.

UNICEF and partners help save the lives of mothers, newborns and children and address preventable stillbirths by supporting high-quality, evidence-based, equitable and low-cost care and services before, during and after birth – at health facilities and at home. Similarly, UNICEF works to ensure that services are designed to enable families and their communities to meet all needs of young children. Despite being entirely preventable and treatable, common infectious diseases still kill children in large numbers. UNICEF supports countries to provide preventative and curative services for pneumonia, diarrhoea, malaria and other health conditions. UNICEF and partners support immunisation programmes in over 100 countries to help children survive and lead healthy lives. Our efforts include engaging communities to create vaccine demand, procuring and distributing vaccines, and keeping vaccines safe and effective.¹⁷

Global Financing Institutions (e.g., The World Bank):

Global financing institutions, such as The World Bank, play a crucial role in providing financial resources to support maternal and child health initiatives. They contribute funding for

¹⁶ “Newborn Mortality.” *World Health Organization*, World Health Organization, www.who.int/news-room/fact-sheets/detail/levels-and-trends-in-child-mortality-report-2021.

¹⁷ “Maternal, Newborn and Child Survival.” *UNICEF*, www.unicef.org/health/maternal-newborn-and-child-survival#:~:text=

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health infrastructure, capacity building, and program implementation in countries with limited resources. These institutions often work in collaboration with governments and other stakeholders to design and implement projects that address the root causes of neonatal mortality and child deaths, including socio-economic disparities and health system weaknesses.

October 16, 2023, BERLIN – At a Global Financing Facility for Women, Children and Adolescents (GFF) event, governments and philanthropies have committed \$445 million USD in urgent funding to strengthen primary healthcare and improve the health and rights of women and children. These new investments from governments and philanthropies are a major contribution towards the GFF’s ‘[Deliver the Future](#)’ campaign to secure access to essential health services for 250 million women, children and adolescents in the hardest to reach communities. Children’s Investment Fund Foundation (CIFF) and the United States have joined the GFF as new investors, while existing donors including the Netherlands, UK, the Bill & Melinda Gates Foundation, and Germany have committed new funding to the partnership, underscoring the importance of the GFF to advancing the health and rights of women and youth. This funding adds to Japan’s new contribution for 2023 and builds on Canada’s existing commitments through 2025. Further investment towards the campaign target is expected in the months ahead. Because of the GFF’s catalytic financing, the \$800m target for the ‘Deliver the Future’ campaign can unlock as much as \$20.5 billion financing for health, including \$8 billion of concessional World Bank financing. GFF grants act as an incentive to align domestic resources for health, development aid, private-sector financing, and funding from global health organisations to fund the country-led prioritised health plan.¹⁸

Non-Governmental Organisations (NGOs):

Numerous NGOs play a vital role in implementing on-the-ground interventions and advocacy efforts. Organisations like Save the Children, Médecins Sans Frontières (Doctors Without Borders), and CARE International work directly with communities to deliver healthcare

¹⁸ “Global and Country Leaders Commit Funding towards Improving Health and Rights for 250 Million Women, Children and Youth.” *Global and Country Leaders Commit Funding towards Improving Health and Rights for 250 Million Women, Children and Youth | Global Financing Facility*, www.globalfinancingfacility.org/news/press-release/global-and-country-leaders-commit-funding-towards-improving-health-and-rights. Accessed 19 Nov. 2023.

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services, provide education, and address the social determinants of health. NGOs often serve as intermediaries between local communities and international agencies, ensuring that interventions are culturally sensitive, context-specific, and responsive to the unique challenges faced by different populations.

Timeline of Key Events

1946 - Establishment of UNICEF:

UNICEF is created by resolution 57(I) of the United Nations General Assembly on 11 December 1946 to provide supplies and assistance to children after World War II. Originally known as the United Nations International Children's Emergency Fund, UNICEF starts as a temporary relief fund of the United Nations.¹⁹

1978 - Alma-Ata Declaration on Primary Health Care:

The Alma-Ata Declaration of 1978 emerged as a major milestone of the twentieth century in the field of public health, and it identified primary health care as the key to the attainment of the goal of Health for All.

1987 - Launch of the Child Survival and Development Revolution:

UNICEF launches the Child Survival and Development Revolution, a drive to save the lives of millions of children each year. Special emphasis is placed on four low-cost measures: growth monitoring, oral rehydration therapy, promotion of breastfeeding, and immunisation (together they are sometimes referred to by the acronym GOBI).²⁰

1990 - World Summit for Children:

From 29-30 September 1990, the largest gathering of world leaders ever assembled at United Nations Headquarters in New York to attend the World Summit for Children. Led by 71 heads of state and government and 88 other senior officials, mostly at the ministerial level, the World Summit adopted a Declaration on the Survival, Protection and Development of Children and a Plan of Action for implementing the Declaration in the 1990s.²¹

2000 - Millennium Development Goals (MDGs):

In 2000, the Millennium Declaration identified fundamental values essential to international relations. The Millennium Development Goals set targets for realising these values around the world by 2015 and served as the focus for UN work throughout the period:²²

2010 - Launch of the Global Strategy for Women's and Children's Health:

The Global Strategy for Women's and Children's Health was a program of the United Nations (UN) directed at improving women's and children's health in the developing world. The program was announced by UN Secretary-General Ban Ki-moon in September 2010. At the

¹⁹ "History of a Logo." *UNICEF*, www.unicef.org/about-unicef/unicef-logo-history#:~:text=1946,

²⁰ "Moving with the Times: 1980–1988." *UNICEF*, 22 Jan. 2018, www.unicef.org/stories/learning-experience-19801988.

²¹ "World Summit for Children." *United Nations*, United Nations, www.un.org/en/conferences/children/newyork1990.

²² "2000-2015, Millennium Development Goals - UN Documentation: Development - Research Guides at United Nations Dag Hammarskjöld Library." *United Nations*, United Nations, research.un.org

time of the announcement, the program was valued at \$US40 billion over a five-year period, funded by state and private donors, with the UN hoping for more pledges to follow.²³

2015 - Sustainable Development Goals (SDGs):

In 2015 the United Nations General Assembly adopted 17 sustainable development goals designed to transform our world by 2030.

2017 - Launch of the Global Roadmap for Ending Newborn Deaths:

The global Every Newborn Action Plan (ENAP), launched in 2014, provides a road map of strategic actions for ending preventable newborn mortality and stillbirth and contributing to reducing maternal mortality and morbidity.²⁴

2020 - COVID-19 Pandemic Impact:

The Covid-19 pandemic led to widespread changes to health and social institutions. The effects of the pandemic on neonatal and infant health outcomes in low- and middle-income countries (LMICs) are poorly understood, and nationally representative data characterising changes to health care and outcomes is only now emerging. We analysed 2,935,052 births (146,820 deaths) before March 2020 and 24,151 births (799 deaths) after March 2020. We estimated that infant mortality increased by 9.9 deaths per 1,000 live births after March 2020 (95% CI 5.0, 15.0; $p < 0.01$; 22% increase) and neonatal mortality increased by 6.7 deaths per 1,000 live births (95% CI 2.4, 11.1; $p < 0.01$; 27% increase). We observe increased mortality in all study countries. We also estimated a 3.8 percentage point reduction in antenatal care use (95% CI -4.9, -2.7; $p < 0.01$) and a 5.6 percentage point reduction in facility deliveries (95% CI -7.2, -4.0; $p < 0.01$) during the pandemic.²⁵

2021 - Launch of the Decade of Action for the SDGs:

The Decade of Action calls for accelerating sustainable solutions to all the world's biggest challenges — ranging from poverty and gender to climate change, inequality and closing the finance gap.²⁶

It also has major provisions relating to infant and neonatal mortality, as many of the aforementioned factors have an effect on this issue.

Previous attempts to solve the issue:

Interventions that were identified to reduce neonatal mortality in LMICs were: a) vaccination of women of child bearing age (married and unmarried both) with tetanus toxoid b) community based interventions i.e. tetanus toxoid immunisation for all mothers; clean and skilled care at delivery; newborn resuscitation; exclusive breastfeeding; umbilical cord care and management of infections in newborns c) supplementary immunisation (in addition to regular EPI program) d) safer delivery

²³ "Global Strategy for Women's and Children's Health." *Wikipedia*, Wikimedia Foundation, 18 Oct. 2022, en.wikipedia.org/wiki/Global_Strategy_for_Women

²⁴ "Every Newborn Action Plan." *World Health Organization*, World Health Organization, www.who.int/initiatives/every-newborn-action-plan

²⁵ Wagner, Zachary, et al. "Infant and Neonatal Mortality during the COVID-19 Pandemic: An Interrupted Time Series Analysis from Five Low- and Middle-Income Countries." *medRxiv: The Preprint Server for Health Sciences*, U.S. National Library of Medicine, 8 Aug. 2023,

²⁶ "About the Decade of Action." *United Nations SDG Action Campaign*, 27 June 2023, sdgactioncampaign.org

practices. The key intervention to reduce neonatal mortality from neonatal tetanus was found to be vaccination of pregnant women with tetanus toxoid. In the resource poor countries like Pakistan, this single intervention coupled with regular effective antenatal checkups, clean delivery practices and compliance with the “high- risk” approach can be effective in reducing neonatal tetanus.²⁷

Possible solutions

A reasonable short-term goal is to reduce global neonatal mortality to 15/1,000 which can be achieved without introduction of high technology medicine. A further reduction of mortality to 5/1,000 should be the next global goal. Reaching this would reduce the present 3.8 million annual deaths by 3 million. In order to do this, regionalization of health care should be implemented. Maternal health should be the focus, with free antenatal care and centralised deliveries with health personnel attending the birth. Education of girls is perhaps the best way to prevent perinatal and tal and neonatal deaths. Ten simple recommendations are given to reduce neonatal mortality. One of these is that each newborn baby in the world should have free access to essen- tial drugs. However, most important to achieve these goals, lies in political will. Accelerated progress for neonatal survival and promotion of health and wellbeing requires strengthening quality of care as well as ensuring availability of quality health services or the small and sick newborn.²⁸

Further Readings

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²⁷Khan, Adeel Ahmed, et al. “Interventions to Reduce Neonatal Mortality from Neonatal Tetanus in Low and Middle Income Countries - A Systematic Review - BMC Public Health.” *BioMed Central*, BioMed Central, 9 Apr. 2013,

²⁸*Reducing Global Neonatal Mortality Is Possible - Karger.Com*, karger.com/neo/article-pdf/99/4/250/3241002/000320332.pdf. Accessed 19 Nov. 2023.

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