

NEWBORN HEALTH IN EMERGENCIES AND HUMANITARIAN SETTINGS

BACKGROUND

The world has made remarkable progress in improving neonatal survival in recent decades, giving millions of children a better chance to lead a healthy, productive life. The global number of neonatal deaths **declined from five million in 1990 to 2.4 million 2019¹** – 6,700 deaths a day in 2019 compared with 14,000 in 1990. Yet, too many newborns still struggle with survival.

In 2019, **nearly one in every five births was not attended by a skilled health professional²** and **47 per cent of all under-five deaths³** occurred in the newborn period. An estimated one in three neonatal deaths occurs on the day of birth, and **nearly three in four occur in the first week of life⁴**. In addition, nearly two million babies are stillborn each year.

While there are various causes of newborn death, **pre-term birth, intrapartum-related complications (such as birth asphyxia), infection and birth defects⁵** are among the leading. Fortunately, many neonatal deaths are preventable with access to quality antenatal care, skilled care at birth and postnatal check-ups.

NEWBORN HEALTH IN HUMANITARIAN SETTINGS

Neonatal mortality is highest in low-income settings, fragile states and countries that have recently experienced a humanitarian crisis, where risks of complication and infection are heightened. Around the world, it is estimated that one in every 45 people require humanitarian assistance, with more than **272 million international migrants of which 33 million are children⁶**.

Births in fragile contexts are particularly vulnerable, with nearly 30 per cent of stillbirths and neonatal deaths happening in these settings. Two thirds of the 20 countries with the highest number of neonatal deaths **are facing a humanitarian situation⁷**. In 2019, on average, the neonatal mortality rate in the **36 countries⁸** classified as 'fragile', based on the World Bank definition, was 1.8 times higher than in 'non-fragile' countries; 28 of the 36 countries classified as fragile are at risk of missing the Sustainable Development Goal (SDG) target for neonatal mortality by 2030.

Most newborn deaths can be averted with better quality health care and greater access to health care, which is

also crucial for reducing overall mortality, disability, stunting and the long-term risk of non-communicable diseases. Unfortunately, in many resource-scarce settings, life-saving care for newborns is either unavailable or inadequate.

Urgent attention is required to address crisis-affected countries' proportion of newborn deaths. In an emergency, the situation for pregnant and postnatal women and their newborn children is compounded by interruptions in service delivery, facility destruction, population movement, competing priorities and insecurity. With decreased access to health services, the number of unsafe deliveries often rises, putting both mothers and newborn babies at risk of lethal, and preventable, complications.

Preventing serious illness and death among newborns requires that care be available, functional and tailored to the local situation. In humanitarian contexts, threats to safety and security are an unfortunate reality for pregnant and postnatal women, their families and the humanitarian health workers serving them within a crisis setting. Safe access to health services for the crisis-affected population must be prioritized.

THE COVID-19 CONTEXT

The COVID-19 pandemic has interrupted the lives of children and their families worldwide. Fragile national health systems are overwhelmed, routine health interventions are not reaching the most vulnerable, and border closures initially restricted the movement of lifesaving supplies. If progress towards reducing maternal and neonatal mortality is to continue during COVID-19, it is critical that the delivery of essential health services is maintained.

Early estimates of the indirect effects of the COVID-19 pandemic on children in low- and middle-income countries predict that 18 per cent of the estimated additional child deaths due to COVID-19 in the next six months will be attributed to neonatal sepsis.⁹ **Recent studies** highlight the adverse effects of disruptions in maternal and newborn care, citing that a decline of 10 per cent of pregnancy-related and newborn health care across a 12-month period could result in 2.6 million newborns experiencing major complications, and an additional 168,000 newborn deaths.¹⁰

UNICEF'S RESPONSE

UNICEF emphasizes improving the quality of care during pregnancy, at the time of birth and during the first week of life, accelerating global efforts to transform care for small and sick newborns, moving from a survival-only approach to a more holistic, early childhood development (ECD) strategy encompassing survival, growth and development, and linking facility-based care with follow-up community care. In emergencies, non-discriminatory and accessible front-line services are even more critical

to ensuring the provision and continuity of life-saving care for mothers and their infants.

UNICEF is at the forefront of the global effort to end preventable newborn deaths. Alongside governments and partners, UNICEF is working to strengthen, invest in and improve newborn survival by supporting high-quality, low-cost care and services before, during and after birth at health facilities and in homes. As a partner in the Every Newborn Action Plan – a global road map to reduce newborn mortality – UNICEF is committed to end preventable neonatal and maternal deaths by working with countries and development partners to integrate the Every Newborn Action Plan into national health-sector plans.

Neonatal services are part of a life-cycle continuum of care for mother and baby, encompassing a spectrum of sexual and reproductive health services. Including maternal and newborn care, the services begin before pregnancy through labour and birth, to the immediate postnatal period, the extended postnatal period and childhood. To promote accountability and support a rapid and effective response, UNICEF encourages newborn health considerations to be integrated into emergency preparedness and disaster risk reduction efforts before a crisis occurs.

UNICEF ensures safe access to health services in emergencies by establishing temporary health outposts; deploying home visiting staff and community health workers (CHWs) who can safely reach pregnant and postnatal women in their households; engaging communities and ensuring they have up-to-date information regarding how to access services; and ensuring health workers have the required supplies and training.

Working toward the day when every pregnant woman and every newborn baby can access quality health services, UNICEF prioritizes the following services in an emergency:

- **Essential newborn care:** Women who live in humanitarian settings are often unable to access facility-based services. Regardless of where a birth takes place, essential care for a newborn includes drying and keeping the baby warm through skin-to-skin contact; infection prevention; initiation of breathing, including resuscitation when needed; feeding support; and postnatal care, which includes monitoring for and assessment of danger signs of serious infection; and identifying a newborn who requires additional care.
- **Skilled birth attendance:** No birth is without risk. Every child's birth should be supported by a skilled birth attendant who has access to referral care if complications arise. Where access to a skilled attendant is not possible, UNICEF provides clean birth kits and provides information on clean birth practices, cord care and postnatal care.

- **Care of small and sick babies**, including Kangaroo mother care and access to level 2 newborn care at district hospital level.

An important aspect of developing maternal and neonatal health programmes in humanitarian settings is the inclusion of an implementation research (IR) component to identify programmatic challenges and possible solutions. This information can be used to both optimize the development of initiatives as they happen, as well as to apply these lessons learned in the planning and development of related programmes elsewhere.

GEOGRAPHIC AREAS OF INTEREST

For children, where they are born and grow up often determines their chances of survival. Neonatal mortality rates are falling around the world, however extreme disparities in neonatal mortality rates exist across regions and countries. Although UNICEF's scope is global, its efforts to improve neonatal health are focused on high-burden contexts including regions facing humanitarian crises, and countries with a high

neonatal mortality burden such as India, Pakistan, Nigeria, Ethiopia and the Democratic Republic of the Congo.

THE WAY FORWARD

UNICEF is committed to realizing a world where no mother nor young child dies from a preventable cause, and all children reach their full potential in health and development. Strengthening primary health care is of critical importance to reduce maternal and neonatal mortality rates by 2030. In the context of the COVID-19 pandemic, never before has this effort been so crucial.

To accelerate progress toward this goal, UNICEF continues to strengthen its multisectoral effort, particularly by integrating water, sanitation and hygiene (WASH) programming in health-care facilities, nutrition, and improving access to, and quality of, maternal and neonatal health services. The health needs of children are continually evolving and rapidly changing, as are the contexts within which children live, but the right of every child to survive and thrive will always remain universal.





- ¹ United Nations Inter-Agency Group for Child Mortality Estimation (UN IGME), *Levels and Trends in Child Mortality Report 2020*, p. 4.
- ² United Nations Children's Fund, 'UNICEF Data, Newborn care', <<https://data.unicef.org/topic/maternal-health/newborn-care/>>, accessed 15 January 2021.
- ³ World Health Organization, 'Newborns: improving survival and well-being', <www.who.int/news-room/fact-sheets/detail/newborns-reducing-mortality>, accessed 15 January 2021.
- ⁴ United Nations Children's Fund, Goal Area 1: Every child survives and thrives, *Global Annual Result Report 2019*, June 2020. p.8.
- ⁵ UN IGME, *Levels and Trends in Child Mortality Report 2019*, p. 19.
- ⁶ United Nations Children's Fund, 'Child Migration', <<https://data.unicef.org/topic/child-migration-and-displacement/migration/>>, accessed 15 January 2021.
- ⁷ UN IGME, *Levels and Trends in Child Mortality Report 2019*, 2019.
- ⁸ UN IGME, *Levels and Trends in Child Mortality Report 2019*, 2019.
- ⁹ Robertson, Timothy, Emily D Carter, and Victoria B Chou, PhD et al, 'Early estimates of the indirect effects of the COVID-19 pandemic on maternal and child mortality in low-income and middle-income countries: a modelling study,' *The Lancet*, vol. 8, issue 7, 1 July 2020.
- ¹⁰ Riley, Taylor, Elizabeth Sully, Zara Ahmed, and Ann Biddlecom, 'Estimates of the Potential Impact of the COVID-19 Pandemic on Sexual and Reproductive Health In Low- and Middle-Income Countries', *International Perspectives on Sexual and Reproductive Health*, Guttmacher Institute, vol 46, 2020, p.75.

For more information, contact Health, Programme Division at health@unicef.org

© United Nations Children's Fund (UNICEF)
April 2021

Health Section
3 United Nations Plaza, New York, NY 10017, USA
www.unicef.org

*Approved for External Use

unicef 
for every child