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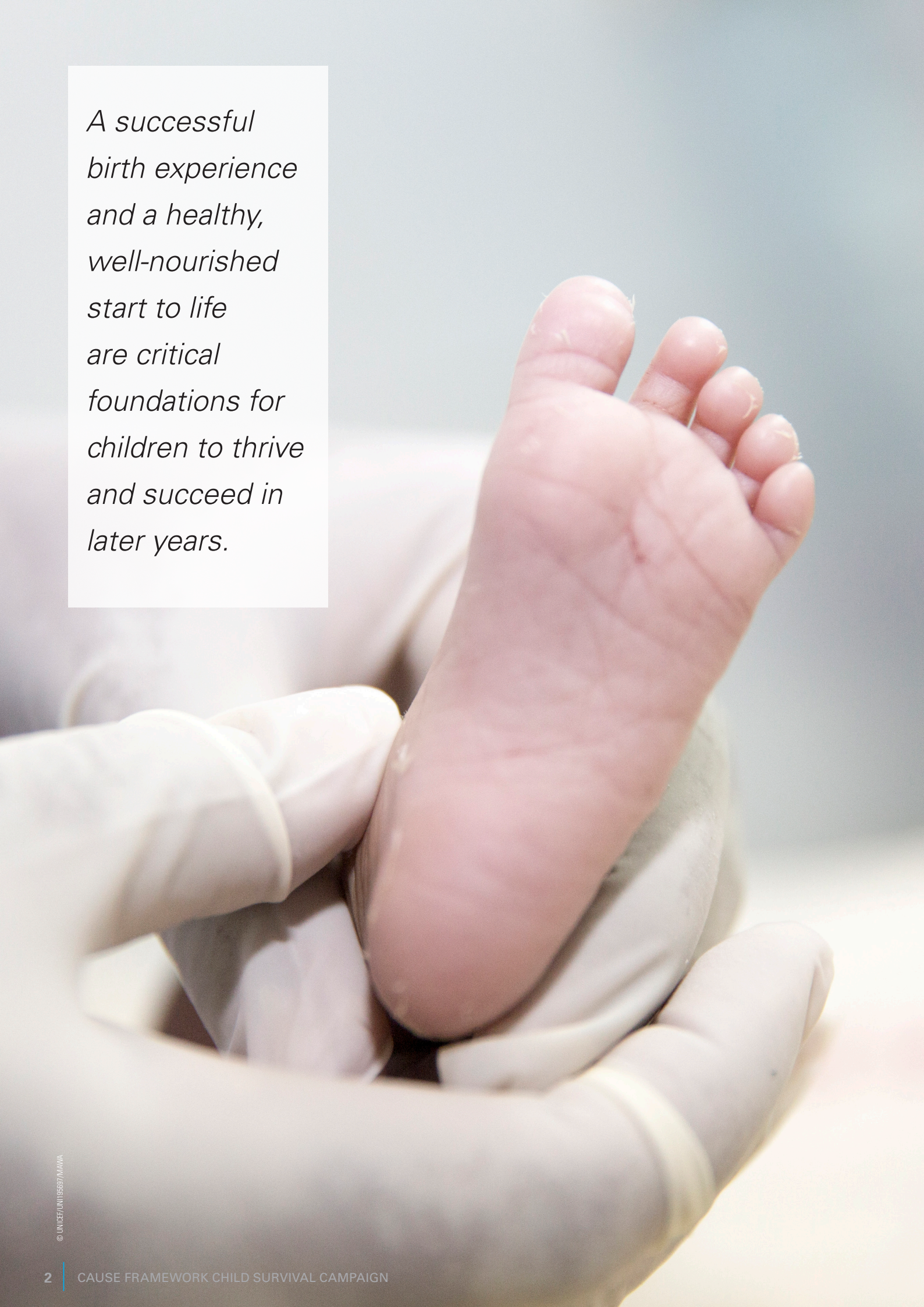
Every Child, **ALIVE**

A Primer

unicef

for every child

A successful birth experience and a healthy, well-nourished start to life are critical foundations for children to thrive and succeed in later years.



Content

NOTE: This primer is intended as a foundational briefing tool for UNICEF Country Offices and National Committees. For internal use only.

I. Foreword

This primer is the first asset intended to give you an outline of the key issues and objectives of the ***Every Child, ALIVE*** campaign, one of the four priority organizational integrated campaigns. It outlines the detailed facts and data supporting the key premise of the campaign – that we need to do more to make sure that mothers and babies have healthy, successful pregnancies and births and are supported to ensure the first weeks and months of life are healthy and happy. A successful birth experience and a healthy, well-nourished start to life are critical foundations for children to thrive and succeed in later years.

The fact that 46 per cent of all under-five deaths occur in the newborn period[1] – in the first hours, days and weeks of life – justifies this heightened focus on this critical period. It is estimated that almost 3 million lives could be saved every year – yes, that's 3 million mothers and babies – with investment in quality care around birth, and special care for sick newborn babies.[2] This is what the campaign is striving to attain – a significant reduction in deaths and sickness at the very start of life.

This campaign is not business as usual for UNICEF. It aims to stir action and sometimes outrage at this massive, and often silent, loss of life. We cannot and should not sit idly by as millions of mothers and fathers suffer the tragic loss of a new life, a loss that stays with them forever. We cannot allow the poorest and most marginalized people on the planet to bear the largest burden of loss, and we cannot allow health services and systems to fall into dysfunction through lack of investment or attention. This campaign aims to create change at the highest levels of authority as well as in communities, with the people who are affected the most. No mother should experience the tragic loss of her newborn baby – not on our watch.

The good news is that solutions exist and there is a groundswell of opinion moving towards building functioning, affordable and quality health systems.

The good news is that solutions exist and there is a groundswell of opinion moving towards building functioning, affordable and quality health systems. For newborns, that means having a **place** (a clean, well-equipped health facility), a **person** (a skilled health worker) and **products** (the drugs and equipment to handle complications and care for premature and sick newborns). This 'newborn bundle' is the package we will campaign for throughout the next two years, supporting countries through our far-reaching health, nutrition and WASH programmes and mobilizing resources to ensure funding is not a barrier to change.

We hope this primer gives you the tools to begin preparing the campaign in your country and with your constituencies. It is a foundation for the tools, tactics and campaign executions that will follow. In the coming months, we will be sending more detailed campaign toolkits, as well as multi-media packages from countries at the forefront of this campaign.

This primer is intended as a first step in campaign planning. The campaign team stands ready to support and facilitate your activities. For further information, feel free to contact one of us:

Angela Travis
Campaign Lead
atravis@unicef.org

Siobhan Devine
Deputy Campaign Lead
sidevine@unicef.org

Katherine Rogers
Programme and Partnership Lead
krogers@unicef.org

Olga Miltcheva
Campaign Manager
omiltcheva@unicef.org

II. Core narrative

Over the past few decades, the world has seen dramatic progress in child survival. The global rate of under-five mortality has fallen by 56 per cent, from 93 deaths per 1,000 live births in 1990 to 41 in 2016.[3] This tremendous achievement is due to a number of things: vaccines, antimalarial medicines, improvements in access to safe water, oral rehydration salts, better sanitation and improved nutrition, and a growing awareness of the tremendous value of exclusive breastfeeding.

However, there is still much to be done. In 2016 alone, an estimated 15,000 children younger than 5 died each day, most from preventable causes.[4] Of these, 7,000 deaths occurred during the first 28 days of life – the newborn, or neonatal, period.[5] More than 80 per cent of these newborns could have lived because their causes of death – complications due to prematurity, birth complications including lack of oxygen at birth (asphyxia), and neonatal infections – are preventable or treatable.[6]

While under-five mortality has fallen dramatically in the past few decades, newborn mortality has been reduced more slowly.[7] And as the under-five mortality rate goes down, the proportion of newborn deaths among under-five deaths goes up. In some countries, the number of newborn deaths stagnated despite modest declines in newborn mortality due to an increasing number of births.

Stillbirths is another issue that needs attention. Every year, an estimated 2.6 million babies are stillborn globally.[8] Half of all stillborns begin labour alive, but die before birth due to complications or infections.[9] Most stillborn babies do not even receive a birth or death certificate – they are unknown, unseen and uncounted.

These staggering statistics are all the more tragic because simple, affordable solutions exist. But life-saving interventions simply do not reach the children and mothers who need them the most – the poorest and the marginalized. Of all society's injustices, this may be the most fundamental. No parent should endure the heartbreak of watching their child suffer or die, especially when the care they need exists.

The world can and must do better.

Giving every child a fair chance to survive and thrive depends on more than a single drug or intervention. It requires governments, health-care workers, communities and families coming together to provide affordable, quality health care to every mother and baby, starting with the most vulnerable. During pregnancy, birth and the first few days of a child's life, that care must include support from a skilled health worker; a clean, well-equipped health facility; and access to a range of life-saving drugs and equipment. These things are not, and should not, be out of reach.

> When children have what they need to survive and thrive, communities and countries can prosper.

Ending preventable newborn and child deaths is no fantasy. In fact, it is achievable in our lifetimes. Dramatic progress has already been made over the past two decades. But we are failing the youngest citizens on the planet, and with millions of young lives at stake, time is of the essence. We must all commit to giving every child a fair chance at the start of life. It's both the right thing to do and the smart thing to do. Because when children have what they need to survive and thrive, communities and countries can prosper.

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III. The context

Millions of young lives saved in the past two decades

The world has seen dramatic progress in child survival in the past few decades. The global rate of under-five mortality has fallen by more than half, from 93 deaths per 1,000 live births in 1990 to 41 in 2016.[10] This tremendous achievement was due to a combination of new tools and technologies, and global efforts to dramatically expand coverage of proven, low-cost interventions, including vaccines, antimalarial medicines, and oral rehydration salts. These efforts were reinforced by better access to clean water and sanitation and improved nutrition, and a growing awareness of the tremendous value of exclusive breastfeeding. Global progress was also driven, in no small part, by economic development and the emergence of millions of people from extreme poverty and deprivation.

> Between 1990 and 2016, 142 out of 195 countries managed to halve their under-five mortality rate.[11] Among all countries, more than a third cut their under-five mortality by two thirds.[12] The global under-five mortality rate (children dying before their fifth birthday) dropped by 56 per cent from 1990 to 2016.[13]

The story of progress is marred by the reality of stalled efforts, particularly among the poorest, most vulnerable populations of the world. Over the course of 25 years, between 1990 and 2015, close to 240 million children did not live to reach their fifth birthday.[14] In 2016 alone, an estimated 5.6 million children died before reaching age 5.[15] That meant 15,000 children[16] died each day, mostly from preventable causes.

Whether a child survives or dies beyond her fifth birthday is largely dependent on where she lives and her family's economic circumstances. Children living in rural communities are 1.7 times as likely to die before age 5 as those living in urban communities.[17] Children from the poorest communities are nearly twice as likely to die before age 5 as children from the richest.[18] Maternal education is perhaps the most important determinant of survival: children born to mothers who missed out on an education are nearly three times as likely to die before age 5 as children whose mothers completed at least a secondary education.[19] The introduction of universal primary education was an important initiative to create equal access when it comes to education. We now need to do the same with health, by advocating for universal health coverage – in the first instance, by ensuring that every mother and baby has access to functioning, affordable quality health systems.

In 2016:

U5 mortality (children dying before their fifth birthdays)

5.6 million children under the age of 5 **died in ONE YEAR**

15,000 children under the age of 5 **died EVERY DAY**

600 children under the age of 5 **died EVERY HOUR**

11 children under the age of 5 **died EVERY MINUTE**

Neonatal mortality (children dying in the first 28 days after birth)

2.6 million newborns **died in ONE YEAR**

7,000 newborns **died EVERY DAY**

300 newborns **died EVERY HOUR**

5 newborns **died EVERY MINUTE**

Source: Levels and Trends in Child Mortality 2017 Report, UN IGME

Stillbirths (babies born with no signs of life at or after 28 weeks in the womb)

2.6 million babies are stillborn **EVERY YEAR**

7,000 babies are stillborn **EVERY DAY**

300 babies are stillborn **EVERY HOUR**

5 babies are stillborn **EVERY MINUTE**

Source: <www.thelancet.com/pb/assets/raw/Lancet/stories/series/stillbirths2016-exec-summ.pdf>, p. 2

IV. The newborn phase: The most vulnerable period

The day of birth and the first 28 days of life – the newborn, or neonatal period – are the most dangerous days in the life of a child. Almost half (46 per cent) of the 5.6 million children under age five who died in 2016 were newborns.[20]

> Children face the highest risk of dying in their first month of life. In 2016, there were **2.6 million** newborn deaths. Most died within the first week. About **1 million** died on the first day, and close to another million died within the next six days.[21]

While under-five mortality fell dramatically in the past few decades, newborn mortality has fallen more slowly. In some countries, the number of newborn deaths has remained stagnant due to an increasing number of births. Between 2000 and 2016, the share of newborn deaths among under-five deaths climbed from 41 per cent in 2000 to 46 per cent in 2016.[22] In 2016, the largest number of newborn deaths occurred in southern Asia (39 per cent), followed by sub-Saharan Africa (38 per cent).[23] Five countries accounted for half of all newborn deaths in 2016: India (24 per cent), Pakistan (10 per cent), Nigeria (9 per cent), Democratic Republic of the Congo (4 per cent) and Ethiopia (3 per cent).[24]

More than **80 per cent** of all newborn deaths are caused by three preventable and treatable conditions: complications related to prematurity, birth complications including lack of oxygen at birth (asphyxia) and neonatal infections such as sepsis and pneumonia.[25] An estimated **3 million lives could be saved each year** by investing in quality care around the time of birth, coupled with special care for sick and small newborns.[26]

Table 1: 2016 highest neonatal deaths

Rank	Country Name	Number (in thousands)
1	India	640
2	Pakistan	248
3	Nigeria	247
4	Democratic Republic of the Congo	96
5	Ethiopia	90
6	China	86
7	Indonesia	68
8	Bangladesh	62
9	United Republic of Tanzania	46
10	Afghanistan	46

Source: Levels & Trends in Child Mortality 2017 Report, UN IGME

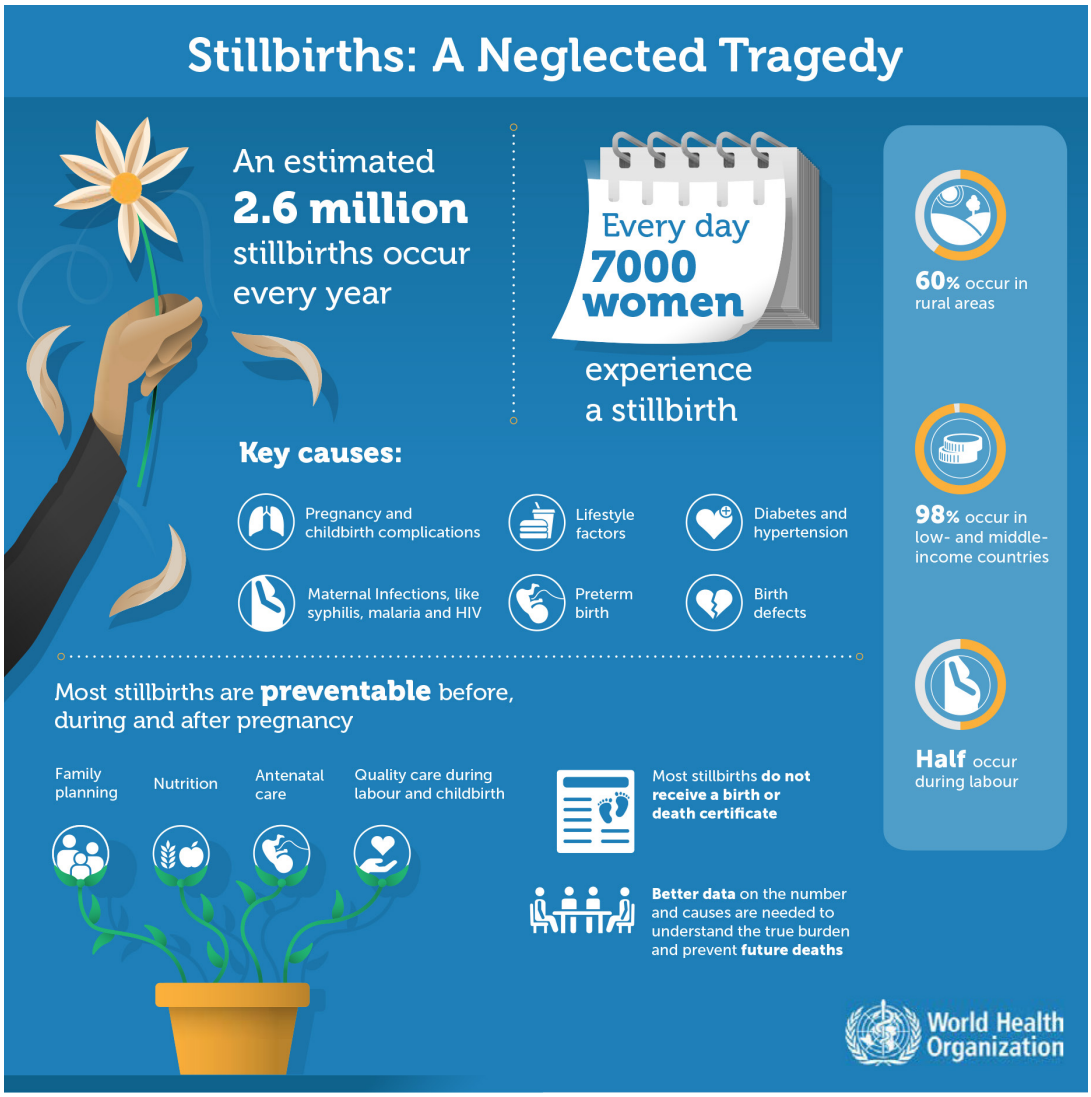
Table 2: 2016 highest neonatal mortality rates (number of deaths per 1,000 live births)

Rank	Country Name	Rate
1	Pakistan	46
2	Central African Republic	42
3	Afghanistan	40
4	Somalia	39
5	Lesotho	39
6	Guinea-Bissau	38
7	South Sudan	38
8	Côte d'Ivoire	37
9	Mali	36
10	Chad	35

Source: Levels & Trends in Child Mortality 2017 Report, UN IGME

3 MILLION LIVES COULD BE SAVED EACH YEAR

Simple, effective and affordable interventions exist to prevent children from dying. More than 80 per cent of all newborn deaths and 50 per cent of all stillbirths are preventable or treatable with quality health care for mothers and babies during pregnancy, childbirth and the first week of life.



Stillbirths (babies born without any signs of life after 28 weeks in the womb) is another issue that needs urgent attention. Every year, an estimated 2.6 million babies are stillborn, mostly in sub-Saharan Africa and South Asia.[27] Half of all babies who are stillborn begin labour alive but die before birth.[28] The common causes of stillbirth are birth complications, infections, maternal hypertension and fetal growth restriction.[29] Globally, most stillbirths are not recorded on either a death or birth certificate, and thus are not counted or reported in the health system.[30] Stillbirths are the tragic stories of babies who die before or during birth and are often uncounted. This campaign will seek to make sure that every stillbirth is recorded and counted. Only then can we begin to reduce them.

These staggering statistics are all the more unconscionable because simple, effective and affordable interventions exist to prevent children from dying. More than 80 per cent of all newborn deaths[31] and half of all stillbirths[32] are preventable or treatable with quality health care for mothers and babies during pregnancy, childbirth and the first week of life. Millions of lives could be saved by putting three things in place: skilled health workers; clean, well-equipped health facilities; and lifesaving drugs and equipment.

Spotlight on South Asia

(Afghanistan/Bangladesh/Bhutan/India/Maldives/Nepal/Pakistan/Sri Lanka)

In South Asia, preventing newborn deaths is a strong focus for UNICEF and partners. UNICEF committed to supporting countries in South Asia to reduce newborn mortality from 32 per 1,000 live births in 2013 to 25 per 1,000 live births in 2017.[33] The strategy aims to improve the quality of and access to health care for all, and includes a range of actions involving families, communities, health-care workers and the political commitment of governments.

If the 2017 target is met, it is estimated that it will have saved 300,000 newborn lives between 2013 and 2017 in South Asia alone,[34] and will require accelerated progress in high-burden countries such as Pakistan, Bangladesh and India.[35]

Under UNICEF's Save Newborns programme for South Asia,[36] every country in South Asia follows an action plan to reduce newborn deaths. The plan contains a checklist for the following components:

1. **Leadership and governance**. Each country in South Asia should have a country-specific Every Newborn Action Plan (ENAP) or newborn action plan as part of their reproductive, maternal, newborn and child health strategies. The plan includes key indicators on maternal, newborn and under-five mortality and stillbirths per country to track annual progress against targets.
2. **Health financing.** To improve the quality and coverage of health care for women and children, all eight countries in South Asia are now implementing policies on free maternal health care. Six out of eight countries offer free newborn health care, and five out of eight have policies in place to care for sick newborns.
3. **Health workforce and training.** An adequate supply of skilled birth attendants is necessary to prevent child deaths. National human resource plans or strategies need to be in place. Skilled birth attendance is an intervention that saves newborn lives, but huge inequities exist between and within countries. For example, almost all births in Sri Lanka are assisted by skilled birth attendants, but only 40 per cent of births in Bangladesh occurs with the help of a skilled birth attendant.
4. **Health information systems.** Each country should develop a health management information system (HMIS) to monitor progress, including mapping coverage of four specific newborn care interventions: use of antenatal corticosteroids, resuscitation, kangaroo mother care and management of neonatal sepsis. India has integrated these four indicators in its national HMIS, and other high-burden countries have included one or two in their national HMIS.
5. **Health service delivery.** A key component of the strategy to end preventable child deaths in South Asia is to improve the health service delivery system, including quality of care and access to quality health care. This includes training on newborn care for health workers, improving facility-based newborn care protocols, providing services for prenatal and postnatal services in communities such as outreach services, and improvements and proper maintenance of health facilities.
6. **Essential medical products and technologies.** Essential medicines and commodities for newborns which are included in National Essential Medicines Lists (NEMLs) vary by country. Use of chlorhexidine for cord care is an intervention proven to reduce newborn deaths by up to 23 per cent,[37] but in South Asia, Pakistan is the only country to date that has included all essential drugs relating to newborn health in its NEML.
7. **Community ownership and partnership.** Developing a national communication strategy on newborns can help create or increase demand for maternal and newborn health services, especially in communities. This may include a strategy on the dissemination of information on newborn health and management of major childhood illnesses, and can promote health-seeking behaviours among families and communities.

What UNICEF is doing

At the 67th World Health Assembly in 2014, 194 countries endorsed the Every Newborn Action Plan, a road map to end preventable newborn deaths and stillbirths by 2035.[38] Under the leadership of UNICEF and the World Health Organization (WHO), the ENAP lays out two specific targets for all countries to achieve by 2035: 1) reduce neonatal mortality rates to 10 or fewer newborn deaths per 1,000 live births; and 2) reduce stillbirth rates to 10 or fewer stillbirths per 1,000 total births. ENAP also lays out an interim goal aligned with the SDGs, calling for a reduction to 12 or fewer newborn deaths and stillbirths by 2030. By endorsing the ENAP, Member States pledged to translate the plan into action.

In 2016, UNICEF invested around $1.4 billion dollars in its global health programmes.[39] Working through its country offices, UNICEF helps to strengthen health systems and bring maternal, newborn and child health services to the most vulnerable mothers and children. For example, UNICEF supports countries in increasing the share of births that take place in a health facility by influencing national policies, plans and monitoring mechanisms. In 2016, 42 countries reported that 100 per cent of their basic emergency obstetric care facilities were operational 24 hours a day, 7 days a week (target 47 of the ENAP).[40] In addition, UNICEF and its partners helped 52 countries adopt a tool that allows them to track progress towards the ENAP (target 28),[41] creating the political momentum necessary to shore up domestic investments in their health programmes and further accelerate progress.

As the world's largest procurer of child vaccines, UNICEF secured 2.5 billion doses of vaccines for children in close to 100 countries in 2016, reaching almost half of the world's children under age 5. Working with partners, UNICEF also helped to reduce by half the average price of pentavalent vaccine, which protects against five killer diseases including diphtheria, tetanus and hepatitis B. Newborns receive immunity from diphtheria and tetanus through a vaccination given to their mothers during pregnancy. The hepatitis B vaccine is administered during the newborn period. In addition, 11 million women in 10 high-risk countries received supplementary vaccinations to protect them and their babies from maternal and neonatal tetanus, a deadly disease associated with unsanitary conditions during childbirth.[42]

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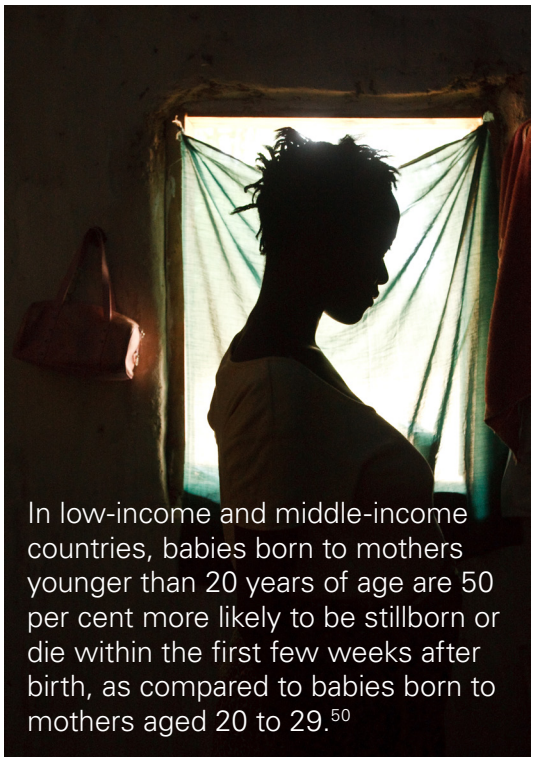
Adolescent mothers

Globally, there are 1.2 billion adolescents, but their needs are critically underserved in many countries.[43] According to UNICEF's State of the World's Children 2016 report, each year about 15 million girls are married before age 18. And around the world, about 16 million girls between 15 and 19 years old and approximately 2 million girls younger than 15 give birth every year.[44] Adolescents' birth rates are higher in low-income and middle-income countries.[45]

Early childbearing increases the risks for both mothers and babies. In low-income and middle-income countries, babies born to mothers under 20 years of age are 50 per cent more likely to be stillborn or die within the first few weeks after birth than those born to mothers between 20 to 29 years of age.[46] The younger the mother, the greater risk to the baby.[47] Newborns born to adolescent mothers are more likely to have low birth weight, with the risk of long-term debilitating effects on their development.[48]

Tragically, for girls aged 15–19, complications due to pregnancy and childbirth are the second cause of death globally.[49]

Adolescent pregnancies are often not the result of choices made by girls themselves, but a consequence of child marriage, sexual violence, poverty or a lack of knowledge about how to prevent pregnancy. It is strongly linked to broader issues of gender equality: reducing adolescent pregnancies would contribute to reducing the disproportionately high level of poverty affecting women across regions, while policies encouraging educational attainment, health and socio-economic equity, and equal opportunities will likely contribute to decreasing the prevalence of adolescent pregnancy. When adolescents get pregnant, they tend to get trapped in an inter-generational cycle of poverty, low education and poor health.



In low-income and middle-income countries, babies born to mothers younger than 20 years of age are 50 per cent more likely to be stillborn or die within the first few weeks after birth, as compared to babies born to mothers aged 20 to 29.[50]

Adolescent pregnancy hampers countries' efforts to keep children healthy and in school. By assisting governments and communities to discourage marriage before 18 and by promoting skilled and dignified antenatal, childbirth and postnatal care for adolescent mothers, we can help adolescents avoid the risks associated with early pregnancy.

What UNICEF is doing

In line with the SDGs, UNICEF's Strategy for Health 2016–2030 gives important emphasis to the 'second decade of life' and the needs of adolescents.

In 2016, UNICEF identified adolescent health priorities and developed guidance for the roll-out of adolescent programming at the country level. UNICEF has developed adolescent health country profiles for 14 flagship countries, as well as case studies for Bangladesh and Mongolia, to assist governments with adolescent programming.[51] These case studies served as a springboard for developing multi-sectoral national programmes developed with inputs from and the participation of adolescents. In Argentina, where 14.7 per cent of babies are born to adolescent girls, UNICEF is working with the Ministry of Health to reduce adolescent pregnancies and promote gender-based equity in health care.[52]

In 2017, WHO, in partnership with UNICEF and others, developed the global Accelerated Action for the Health of Adolescents (AA-HA!) framework, which provides guidance to countries and programmes on planning, implementing and monitoring survive, thrive and transform plans for adolescents.

V. The way forward

One of the most important lessons learned from the past 15 years is the intrinsic value and moral imperative that compels a focus on the poorest, most disadvantaged women and children.[53] UNICEF's 2017 report Narrowing the Gaps: The power of investing in the poorest children shows that investments in the health of the world's most deprived children save almost twice as many lives than equivalent investments that do not reach the poor. In other words, the world can make faster, more cost-effective progress by focusing on the poorest, hardest-to-reach mothers and children. The progress made since 1990 in reducing under-five deaths by more than half, coupled with findings such as those set out in the publication *Narrowing the Gaps*, proves that eliminating preventable newborn and child deaths is possible.

> But the world must do better if it is to achieve this ambitious goal.

Giving every child a fair chance to survive and thrive depends on more than a single drug or intervention. It requires governments, health-care workers, communities and families coming together to provide affordable, quality health care to every mother and baby, starting with the most vulnerable. During pregnancy, labour, birth and the first days and weeks of a child's life, that care must include the support of a skilled health worker; a clean, well-equipped health facility, including adequate lighting and clean water; and a range of life-saving drugs and equipment such as antenatal corticosteroids, injectable antibiotics, resuscitation kits, and chlorhexidine for newborn cord care. In short: skilled people, functioning health facilities, and the right supplies. These things are not, and should not, be out of reach of any mother or child.

Ending preventable newborn and child deaths is no fantasy. In fact, it is achievable in our lifetimes. Dramatic progress has already been made over the past two decades. But we are failing the youngest citizens on the planet, and with millions of young lives at stake, time is of the essence. We must all commit to giving every child a fair chance at the start of life. It's both the right thing to do and the smart thing to do. Because when children have what they need to survive and thrive, communities and countries can prosper.

VI. Campaign goal, key results and advocacy priorities

Overarching campaign goal

Accelerate efforts to achieve a world in which no child dies of a preventable cause and in which no preventable stillbirths occur. These goals are aligned with a vision first pioneered by UNICEF in 2012[54] and now enshrined in SDG 3, which commits all countries to:

- Reduce under-five mortality to at least as low as 25 deaths per 1,000 live births by 2030; and
- Reduce newborn mortality to at least as low as 12 deaths per 1,000 live births by 2030.

The goal of ending preventable stillbirths is aligned with the Every Newborn Action Plan vision.

Phase I objective:
Help end preventable newborn deaths. With a growing proportion of under-five deaths occurring during the first 28 days of life, the campaign will launch with a focus on the goal of ending preventable newborn mortality. Specifically, the campaign will rally support, mobilize resources and advance policy change for the achievement of the SDG newborn target in an **initial 10 countries**, all of which are signatories to the Every Newborn Action Plan and shoulder a heavy burden of global newborn deaths.

The campaign will also focus on addressing stillbirths, a neglected but enormous issue, affecting millions of women and families every year. The global burden of stillbirth weighs heaviest on the poorest, most marginalized women and on adolescent mothers.[55] Too often, the tragedy of a stillbirth goes undocumented, with no public trace of a life lost far too soon. In addition to providing affordable, quality prenatal care and skilled deliveries to prevent stillbirths, it is important that countries count stillbirths as lives lost by enhancing monitoring and registration.

The initial 10 focus countries are Bangladesh, Ethiopia, Guinea Bissau, India, Indonesia, Malawi, Mali, Nigeria, Pakistan and Tanzania.

Overarching policy ask

- Extend affordable, quality health care to every mother and child, starting with the most vulnerable.

Phase 1 policy ask:
Stand up for mothers and newborns

- Guarantee every mother and newborn access to a package of eight key interventions; and
- Count and prevent stillbirths.

Phase I results

Policy advocacy outputs

Ten priority countries: Bangladesh, Ethiopia, Guinea Bissau, India, Indonesia, Malawi, Mali, Nigeria, Pakistan and Tanzania

- Extend affordable, quality health care to every mother and child, starting with the most vulnerable
  - Advocate for governments to increase investments in institutional and community health services to promote access to and demand for affordable, quality health care.
  - Take concrete steps to equip and empower community health workers to function as a resilient front line of care for mothers and newborns.
  - Work to guarantee the uninterrupted provision of electricity and clean water in all health facilities.
  - Advocate to ensure all essential medical products and commodities are included in the National Essential Medicines List.
  - Establish, cost and report against intermediary milestones for achieving the 2030 SDG targets for newborn and child mortality, as well as the ENAP target for stillbirths.
  - Collect, analyse and disseminate disaggregated data on national and subnational progress, with the goal to measure, monitor and, ultimately, bridge inequities among population groups.

- Guarantee every mother and newborn access to a package of eight critical interventions – the 'newborn bundle'

Place

1. Health facility within reach, with electricity, clean water and soap available 24/7

People

Access to skilled health workers, available 24/7, who can provide:

2. A minimum of eight antenatal care contacts*
3. Respectful, dignified labour and delivery support
4. Quality guidance on essential newborn care, including early initiation of exclusive breastfeeding; kangaroo mother care and nutritional support for eligible low birthweight and preterm babies; and postnatal support including clean cord care

Products *(essential drugs and equipment)*

5. Management of maternal and newborn complications, including basic and comprehensive emergency obstetric care, resuscitation, sepsis management, and care of premature or sick newborns
6. Prevention of mother-to-child transmission of HIV where appropriate
7. Diagnosis and treatment for respiratory distress and pneumonia
8. Maternal and neonatal tetanus protection and birth dose of immunization (Bacillus Calmette–Guérin, polio and hepatitis vaccines as per country policy)

- Prevent and count stillbirths
  - Adopt specific stillbirth reduction targets in national planning.
  - Put in place robust monitoring and registration systems to make sure every stillbirth is reported and recorded.
  - Develop, budget and implement stillbirth reduction action plans, prioritizing the most vulnerable mothers, including adolescent mothers.

Resource mobilization outputs

(The team is still working on finalizing resource mobilization targets and will share these in the coming months).

Overall outcomes

- In the 10 priority countries:
  - At least 77 per cent of live births are attended by skilled health personnel (doctor, nurse or midwife).
  - At least 65 per cent of pregnant women receive a minimum of eight antenatal care contacts.
  - At least 52 and 43 per cent of mothers and newborns, respectively, receive postnatal care.
  - At least 71 per cent of children with symptoms of pneumonia are taken to an appropriate health-care provider.
  - National authorities record and track stillbirth rates, generating accountability for reduction of stillbirths.

* As recommended in updated WHO guidelines, the eight contacts may be delivered at health facilities or through community outreach services and should include counselling on healthy diet and optimal nutrition, micronutrient supplementation, guidance on physical activity, discouraging tobacco and substance use; malaria and HIV prevention; blood tests and tetanus vaccination; fetal measurements including use of ultrasound; and advice for dealing with common physiological symptoms as well as other services detailed in WHO antenatal care recommendations.

VII. Messaging and evidence

Core narrative (short version)

Every day, 7,000 newborns die, most from preventable causes. Simple, affordable solutions exist, but they are not reaching the children and mothers who need them most – those living in the most disadvantaged areas, enduring the harshest conditions. Of all society's injustices, this may be the most fundamental. No parents should experience the heartbreak of watching their child suffer or die, especially when the care they need exists.

The world can and must do better.

Giving every child a fair chance to survive and thrive depends on more than a single drug or intervention. It requires governments, health-care workers, communities and families coming together to provide affordable, quality health care to every mother and baby, starting with the most vulnerable. During pregnancy, labour, birth and the first days and weeks of a child's life, that care must include support from a skilled health worker; a clean, well-equipped health facility; and access to a range of life-saving drugs and equipment. These things are not and should not be out of reach.

Ending preventable newborn and child deaths is no fantasy. In fact, it is achievable in our lifetimes. Dramatic progress has already been made over the past two decades. But we are failing the youngest citizens on the planet, and with millions of young lives at stake, time is of the essence. We must all commit to giving every child a fair chance at the start of life. It's both the right thing to do and the smart thing to do. Because when children have what they need to survive and thrive, communities and countries can prosper.

Top-line messages

	The Context	The Challenge
Top-line Messages	• Dramatic progress has been made in reducing child mortality over the past few decades, but 7,000 newborns/15,000 children younger than 5 still die every day – most from preventable causes.[56]	• Simple, affordable solutions exist, but they are not reaching the mothers and babies/children who need them most – those living in the most disadvantaged areas, enduring the harshest conditions. • In other words, babies/children are dying not just from preventable medical causes like birth complications and pneumonia, they are also dying because of who they are and where they are – because they are too poor and/or marginalized for services and care to reach them. • They are dying because they and their families do not have access to affordable, quality health care. • Of all society's injustices, this may be the most fundamental. • No parent should experience the heartbreak of watching their child suffer or die, especially when the care they need exists.
Top-line Facts	• The under-five mortality rate has dropped by more than half since 1990, from 91 deaths per 1,000 live births to 41 deaths per 1,000 live births in 2016.[57] • In 2016, 5.6 million children died before turning 5.[58] • Newborn mortality rates remain stubbornly high: In 2016, 2.6 million babies did not survive their first month of life.[59] • Indeed, children face the highest risk of dying in their first month of life, at a rate of 19 deaths per 1,000 live births.[60] • In 2015, an additional 2.6 million babies were stillborn.[61] • Half of all stillborn babies begin labour alive.[62]	• Children from the poorest households are nearly twice as likely to die before the age of 5 as children from the richest.[63] • Children living in rural communities are 1.7 times as likely to die before age 5 as children living in urban communities.[64] • Children born to uneducated mothers are nearly three times as likely to die before the age of 5 as children whose mothers completed at least a secondary education.[65] • Reaching the most vulnerable is both the right thing to do and the smart thing to do. In fact, investing in the health of the poorest children and communities saves nearly twice as many lives as equivalent investments that do not reach the poor.

Top-line facts

Top-line Messages

The Way Forward

- The world can and must do better.
- Ending preventable newborn and child deaths is no fantasy. In fact, it is achievable in our lifetimes.
- But giving every baby/child a fair chance to survive and thrive depends on more than a single drug or intervention.
- It depends on policymakers, health-care workers, communities and families uniting in a common effort to provide affordable, quality health care to every mother and baby/child, starting with the most vulnerable.

What UNICEF Is Doing/ Results

- For more than 70 years, UNICEF has worked with partners around the world to save and improve children's lives. We do whatever it takes to reach the most vulnerable mothers and children.
- When babies/children have what they need to survive and thrive, communities and economies can prosper.

Top-line Facts

- The critical period for action is during pregnancy, labour and birth, and in the first days and weeks of a baby's life.
- An estimated 3 million babies could be saved each year through investing in quality care around the time of birth, coupled with special care for sick and small newborns.[66]
- Adequate care during this period is also critical for preventing disability and establishing the foundation for a healthy childhood.

In 2016, UNICEF:

- Provided breastfeeding support to mothers[67] and delivered life-saving interventions such as vitamins and fortified foods to 273 million children aged 6 to 59 months;[68]
- Treated more than 3 million children for severe acute malnutrition;[69] and
- Procured 2.5 billion doses of life-saving vaccines for nearly half of the world's children under age 5.[70]

Additional messaging

	The Context	The Challenge
Newborns and Stillbirths	• Newborn deaths constitute an increasing share of all under-five deaths, from 40 per cent in 2000 to 46 per cent in 2016.[71] • More than 80 per cent of all newborn deaths results from three preventable causes: complications due to prematurity, complications during birth (including asphyxia) and neonatal infections such as sepsis, pneumonia and diarrhoea.[72] • Stillbirths are the tragic stories of babies who die before or during birth, but often are unknown and uncounted.	• Quality care around the time of birth could avert more than 40 per cent of newborn deaths, and yet less than 40 per cent of women and only 1 in 4 newborns receive a health check within two days of delivery.[73] • Infants who are not exclusively breastfed face a higher risk of disease and death, and yet only 45 per cent of newborns are put to the breast within the first hour of birth.[74]
Adolescent Mothers	• Globally, about 16 million girls between 15 and 19 years old and 1 million girls younger than 15 become mothers every year.[75] • Complications related to pregnancy and childbirth are the second leading cause of death for girls between the ages of 15 and 19 years.[76] • In low-income and middle-income countries, babies born to mothers younger than 20 are 50 per cent more likely to be stillborn or die within the first few weeks after birth, compared to those born to mothers between 20 and 29 years of age.[77] • Globally, children born to adolescent mothers are more likely to have low birthweight, with the risk of long-term debilitating effects on their development.[78]	• Adolescent pregnancies are often not the result of choices made by girls themselves, but a consequence of child marriage, sexual abuse, poverty or a lack of knowledge about how to prevent pregnancy.

and evidence by topic

The Way Forward	What UNICEF Is Doing/ Results	
• During pregnancy, birth and the first days and weeks of a child's life, mothers and babies need support from skilled health workers; they need clean, well-equipped health facilities; and they need access to a range of life-saving drugs and equipment.	• In line with the Every Newborn Action Plan (ENAP), UNICEF helps countries strengthen health systems; bring maternal and newborn health services to the most vulnerable mothers and babies; and track progress against the ENAP targets. • In 2016: – 42 countries reported having 100 per cent of their basic emergency obstetric care facilities operational 24 hours a day, 7 days a week. – 52 countries had adopted a tool enabling them to track progress. • UNICEF also successfully helped to reduce by half the average price of pentavalent vaccine, which protects against 5 killer diseases including diphtheria, tetanus and hepatitis. (Newborns receive immunity from diphtheria and tetanus through a vaccination given to their mothers during pregnancy. The hepatitis B vaccine is administered during the newborn period.) • In addition, 11 million women in 10 high-risk countries received supplementary vaccinations to protect them and their babies from maternal and neonatal tetanus, a deadly disease associated with unsanitary conditions during childbirth.	Newborns and Stillbirths
• We can help adolescents avoid the risks associated with early pregnancy by: – Assisting governments and communities to discourage marriage before 18; and – Promoting skilled care for adolescent mothers, with dignity, during pregnancy, labour and birth and in the first days and weeks of a baby's life.	• In line with the SDGs, UNICEF has integrated the 'second decade of life' into its new Strategy for Health 2016–2030 and is helping governments with adolescent programming in 14 flagship countries. • In Argentina, where 14.7 per cent of babies are born to adolescent girls, UNICEF is working with the Ministry of Health to reduce adolescent pregnancies and promote gender equity.	Adolescent Mothers

VIII. In focus: Overlapping priorities

Newborns in emergencies

In recent years, humanitarian crises have intensified in complexity and scale. The year 2016 saw the highest levels of forced displacement globally recorded since World War II, with a dramatic increase in the number of refugees, asylum seekers and internally displaced people across various regions of the world.[79] What is more, natural disasters are increasing in frequency, wreaking havoc on populations in low-resource settings worldwide. When born into emergencies, newborn babies, already inherently vulnerable, are placed at far greater risk. Building resilient health systems, able to deliver quality maternal and newborn care even in emergencies, is critical to ending preventable newborn deaths.

- Globally, an estimated 56 per cent of maternal and child deaths take place in fragile settings – those affected by conflict, humanitarian crises or natural disasters.[80]
- Emergencies have particularly serious impact for women and children. Worldwide, women and children are up to 14 times more likely than men to die in a humanitarian crisis, according to a research done in 1997.[81]

Nutrition for newborns

Millions of women enter pregnancy malnourished. In addition to the risks this poses to the mother's health, nutritional deficiencies can jeopardize the growth and development of the baby. One in five infants is born with a lower than recommended birthweight or is too small for the gestational age. This form of malnutrition is linked to more than 20 per cent of newborn deaths in low-income and middle-income settings.[82]

After birth, breastmilk is a baby's first vaccine, the first and best protection against illness and disease. With newborns accounting for nearly half of all deaths of children under 5, early breastfeeding can make the difference between life and death. To breastfeed, mothers need support from a range of actors, including governments, employers, health workers, communities and families.

- 77 million newborns – more than half – are not put to the breast within an hour of birth, depriving them of the essential nutrients, antibodies and skin-to-skin contact with their mothers that protect them from disease and death.[83]
- Breastfeeding keeps babies safe from unhygienic environments that can cause diarrhoea and lead to nutrient loss and undernutrition. This benefit is particularly important in humanitarian settings, where these risks may be exacerbated.[84]
- The longer breastfeeding is delayed, the higher the risk of death in the first month of life. Delaying breastfeeding by 2–23 hours after birth increases the risk of dying in the first 28 days of life by over 40 per cent. Delaying it by 24 hours or more increases that risk to nearly 80 per cent.[85]
- While there is enormous potential for skilled birth attendants to better support women in initiating breastfeeding immediately after birth, this is not happening everywhere. In most regions studied, early initiation was not facilitated by the presence of a doctor, nurse or midwife.[86]

WASH for newborns

Around the time of birth, access to basic water, sanitation and good hygiene practices is crucial to the survival of mothers and babies. Simple acts like hand washing with soap, sterile equipment and the use of antiseptics can be the difference between life and death.

- Globally, 38 per cent of health-care facilities do not have an improved water source and 35 per cent do not have water and soap for hand washing. Without these needs, new mothers and babies are at risk of disease and infection.[87]
- Around 30–40 per cent of infections that result in sepsis-related deaths are transmitted at the time of birth.[88]
- During a mother's pregnancy and at the time of birth, health-care workers have an

opportunity to support the development of healthy hygiene habits.

- Without access to safe water, a mother cannot bathe her child or clean herself effectively. Without soap for hand washing, particularly after disposing of a child's waste, she and her family are at risk of disease.

Gender equality and newborn health

The health and well-being of children is closely linked to the health and well-being of their mothers. Empowering women and girls to make the best decisions for themselves and their families, and providing them with quality, dignified care during pregnancy, labour, birth and beyond benefits not only the women but also their children and families.

- The association between gender inequality and newborn health is clear: In countries with the highest rates of newborn mortality,[89] women have low levels of education, political participation and economic status compared to men.[90] Indeed, when a woman's freedom, mobility or control over financial resources is curtailed, she may be unable to take care of herself, or take her child for birth registration, immunization and other critical health care.
- Research shows the strong link between a mother's education and her child's survival. Increasing girls' completion of secondary education in low-income and middle-income countries could halve under-five mortality.[91]
- Each year of secondary school for girls increases their eventual earnings by up to 25 per cent.[92] And since women invest up to 90 per cent of their income back into their families,[93] an increase to women's income can lead to healthier, better educated children.

Infectious disease and immunization for mothers and babies

Pneumonia

Pneumonia is among the causes of newborn deaths, accounting for 3 per cent of the total.[94] Symptoms of pneumonia are subtle in newborns and often go unnoticed. And even when symptoms are identified, diagnosis and treatment are difficult.

- When newborns show signs of pneumonia, they need to receive rapid diagnosis and treatment with injectable antibiotics and oxygen from a facility-based health provider or a qualified community health worker. Tragically, just three in five children with symptoms of acute respiratory infection are taken to health providers for appropriate care.[95]
- Newborns who are not exclusively breastfed are at substantially higher risk of death from pneumonia, diarrhoea and other infectious diseases. Premature babies, whose lungs are not fully developed, are at particular risk.

HIV / AIDS

Adequate care for HIV-positive mothers and their babies is critical to newborn and child health and to ending AIDS among children.

- About 76 per cent of pregnant women living with HIV were on treatment in 2016.[96] This has led to millions of HIV-free newborns. (Globally, 1.6 million new infections among children were averted between 2000 and 2015.[97])
- But more than 1,000 young women and girls under the age of 25 are infected with HIV every day.[98]
- Less than half of the babies born to HIV-positive mothers receive an HIV test in their first two months[99] to ensure that they are put on treatment – and that they live to reach their full potential. Without timely treatment, half of babies living with HIV will die by age 2.[100]

- Children aged 0–4 living with HIV face the highest risk of AIDS-related deaths, compared with all other age groups.[101]
- There is still a need for the development of treatment options that are safe, tolerable and acceptable for babies exposed to HIV.

Babies exposed to HIV should be tested within their first two months of life and, if positive, started on treatment.

Immunization

Immunization is one of the most powerful, most cost-effective health interventions, saving an estimated 2 to 3 million lives annually,[102] but weak health systems, poverty and social inequities mean that 1 in 5 children under 5 is still not reached with life-saving vaccines. A number of maternal and newborn immunizations help protect newborns from debilitating and fatal illnesses like poliomyelitis, neonatal tetanus, hepatitis B and tuberculosis.

- In 2016, over 19 million infants, many of them newborns, missed out on vaccinations.[103] The majority of these children and newborns were in low-income or conflict environments.
- Vaccines delivered to mothers during pregnancy, and to newborns after birth, serve to protect newborns from a number of killer diseases. When pregnant mothers are vaccinated against tetanus, diphtheria, pertussis (whooping cough) and influenza, immunity passes via the placenta to the fetus, providing important protection against these killer diseases during the newborn period.
- Neonatal tetanus is estimated to have killed 34,000 newborns in 2015.[104] The majority of these deaths occurred in Africa and East and South Asia, in poor areas with limited access to health-care services.[105] Globally, one newborn dies every 15 minutes from tetanus.[106]
- Vaccinating newborns against hepatitis B, polio and tuberculosis also protects them from these diseases during the newborn period and into childhood.
- The WHO estimates that in 2015, 887,000 people died as a result of hepatitis B, a virus that can be prevented with a birth dose, with 2 to 3 follow-up doses to complete the primary series.[107] It is particularly important to protect newborns from hepatitis B since the development of chronic infection is very common in infants infected from their mothers.[108]

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End notes

1. From UNICEF, Levels and Trends in Child Mortality Report 2017, p. 1.
2. From Every Newborn Action Plan, p. 6.
3. From UNICEF, Levels and Trends in Child Mortality Report 2017, p. 1.
4. From UNICEF, Levels and Trends in Child Mortality Report 2017, p. 3.
5. From UNICEF, Levels and Trends in Child Mortality Report 2017, p. 8.
6. From Every Newborn Action Plan, WHO and UNICEF 2014, p. 6.
7. From UNICEF, Levels and Trends in Child Mortality Report 2017, p. 8.
8. <www.thelancet.com/pb/assets/raw/Lancet/stories/series/stillbirths2016-exec-summ.pdf>.
9. <www.who.int/reproductivehealth/topics/maternal_perinatal/stillbirth/Lancet-series/en>.
10. From UNICEF, Levels and Trends in Child Mortality Report 2017, p. 3.
11. From UNICEF, Levels and Trends in Child Mortality Report 2017, p. 4.
12. From UNICEF, Levels and Trends in Child Mortality Report 2017, p. 4.
13. From UNICEF, Levels and Trends in Child Mortality Report 2017, p. 4.
14. From Levels and Trends in Child Mortality, Report 2015. Estimates Developed by the UN IGME, p. 6.
15. From UNICEF, Levels and Trends in Child Mortality Report 2017, p. 1.
16. From UNICEF, Levels and Trends in Child Mortality Report 2017, p. 1.
17. From State of the World's Children (SOWC) 2016, p. 17.
18. SOWC 2016, p. 13.
19. <www.apromiserenewed.org/wp-content/uploads/2015/09/APR_2015_8_Sep_15.pdf>, p. 33
20. From UNICEF, Levels and Trends in Child Mortality Report 2017, p. 1.
21. From UNICEF, Levels and Trends in Child Mortality Report 2017, p. 8.
22. From UNICEF, Levels and Trends in Child Mortality Report 2017, p. 1.
23. UNICEF, Levels and Trends in Child Mortality Report 2017, p. 10.
24. UNICEF, Levels and Trends in Child Mortality Report 2017, p. 10.
25. Every Newborn Action Plan, WHO and UNICEF 2014, p. 6.
26. Every Newborn Action Plan, p. 6.
27. <www.thelancet.com/pb/assets/raw/Lancet/stories/series/stillbirths2016-exec-summ.pdf>, p. 4.
28. <www.thelancet.com/pb/assets/raw/Lancet/stories/series/stillbirths2016-exec-summ.pdf>, p. 4.
29. <www.who.int/maternal_child_adolescent/epidemiology/stillbirth/en>.
30. <www.who.int/mediacentre/news/releases/2016/stillbirths-neonatal-deaths/en>.
31. Every Newborn Action Plan, WHO and UNICEF 2014, p. 6.
32. <www.thelancet.com/pb/assets/raw/Lancet/stories/series/stillbirths2016-exec-summ.pdf>, p. 4.
33. From UNICEF, Reducing Newborn Mortality in South Asia: A results-based management approach to improving knowledge and accelerating results, Nov 2016, p. 3.
34. From UNICEF, Save Newborns, 2016 Progress Report, UNICEF ROSA, p. 5.
35. From UNICEF, Save Newborns. 2016 Progress Report, p. 3.
36. <www.unicef.org/rosa/UNICEF_Newborn_Progress_Report_2016.pdf>.
37. <www.unicef.org/rosa/UNICEF_Newborn_Progress_Report_2016.pdf>.
38. <http://apps.who.int/iris/bitstream/10665/255719/1/9789241512619-eng.pdf>, p. 2.
39. From UNICEF's Annual Report 2016. Figures are from direct programme expense by Outcome Area, Health, p. 7.
40. <www.unicef.org/publicpartnerships/files/2016arr_health.pdf>.
41. <www.unicef.org/publicpartnerships/files/2016arr_health.pdf>.

End notes

42. UNICEF Annual Report 2016, p. 21.
43. From UNICEF Annual Results Report Health, 2016, p. 19, <http://uni.cf/2fv42Ct>.
44. From UNFPA, Childhood, Not Motherhood, Preventing Adolescent Pregnancy, p.7, <http://bit.ly/2xGjhz1>.
45. From UNFPA, Childhood, Not Motherhood, Preventing Adolescent Pregnancy, p.7, <http://bit.ly/2xGjhz1>.
46. <www.who.int/mediacentre/factsheets/fs364/en>.
47. <www.who.int/mediacentre/factsheets/fs364/en>.
48. <www.who.int/mediacentre/factsheets/fs364/en>.
49. <www.who.int/mediacentre/factsheets/fs364/en>.
50. <www.who.int/mediacentre/factsheets/fs364/en>.
51. From UNICEF Annual Results Report Health, 2016, p. 19, <http://uni.cf/2fv42Ct>.
52. From UNICEF Annual Results Report Health, 2016, p. 18.
53. SOWC 2016, p. 9.
54. Vision of ending preventable child mortality was pioneered by UNICEF in A Promise Renewed 2012: <www.unicef.org/eapro/A_Promise_Renewed_Report_2012.pdf>.
55. From Lancet, Ending preventable stillbirths, An Executive Summary for The Lancet's Series, January 2016, p. 5 <http://bit.ly/2wH2SLh>.
56. From Levels and Trends in Child Mortality Report 2017, UN IGME, p. 3.
57. From Levels and Trends in Child Mortality Report 2017, UN IGME, p. 3.
58. From Levels and Trends in Child Mortality Report 2017, UN IGME, p. 3.
59. From Levels and Trends in Child Mortality Report 2017, UN IGME, p. 3.
60. From Levels and Trends in Child Mortality Report 2017, UN IGME, p. 8.
61. From Every Newborn Action Plan, p. 12.
62. From Levels and Trends in Child Mortality Report 2017, UN IGME, p. 8.
63. State of the World's Children 2016, p. 13.
64. State of the World's Children 2016, p. 17.
65. <www.apromiserenewed.org/wp-content/uploads/2015/09/APR_2015_8_Sep_15.pdf>, p. 33.
66. From Every Newborn Action Plan, p. 6.
67. From UNICEF Annual Report 2016, p. 36.
68. From UNICEF Annual Report 2016, p. 39.
69. From UNICEF Annual Report 2016, p. 38.
70. From UNICEF Annual Report 2016, p. 21.
71. Levels and Trends in Child Mortality Report 2017, UN IGME, p. 1.
72. Every Newborn Action Plan, WHO and UNICEF 2014, p. 6.
73. A Promise Renewed, UNICEF, 2015, p. 12 and p. 13.
74. UNICEF, From the first hour of life: Making the case for improved infant and young child feeding everywhere, October 2016, p. 9, <http://bit.ly/2g5NbA5>.
75. UNFPA, Childhood, Not Motherhood, Preventing Adolescent Pregnancy, p. 7.
76. <www.who.int/mediacentre/factsheets/fs364/en>.
77. <www.who.int/mediacentre/factsheets/fs364/en>.
78. <www.who.int/mediacentre/factsheets/fs364/en>.
79. UNHCR Global Trends 2016, p. 2, <http://www.unhcr.org/5943e8a34.pdf>.
80. State of the World's Mothers, Save the Children, 2014.

End notes

81. Peterson, Kristina. 'From the Field: Gender Issues in Disaster Response and Recovery', Natural Hazards Observer, Special Issue on Women and Disasters, Volume 21, Number 5 (1997).

82. Lee, A.C, et.al, Estimates of burden and consequences of infants born small for gestational age in low and middle income countries with INTERGROWTH-21st standard: Analysis of CHERG assets, BMJ, 2017, 358, p. j3677.

83. From the First Hour of Life, UNICEF, 2016, p. 9.

84. From the First Hour of Life, UNICEF, 2016, p. 14.

85. From the First Hour of Life, UNICEF, 2016, p. 30.

86. From the First Hour of Life, UNICEF, 2016, p. 8.

87. Tackling Anti-Microbial Resistance, Fact Sheet, UNICEF and WHO.

88. 'Clean birth and postnatal care practices to reduce neonatal deaths from sepsis and tetanus: a systematic review and Delphi estimation of mortality effect', BMC Public Health, Blencowe et al; see references 6 and 7: <www.ncbi.nlm.nih.gov/pmc/articles/PMC3231884/#B6>.

89. E.g.: Pakistan, Central African Republic, Afghanistan, as detailed in Levels and Trends in Child Mortality: Report 2017.

90. As measured by the Gender Inequality Index (GII), which measures gender disparity in 159 countries; The index was introduced in the 2010 Human Development Report 20th anniversary edition by UNDP.

91. UNESCO, Education for All Global Monitoring Report 2013/14: Teaching and Learning: Achieving quality for all – Gender Summary, p. 20.

92. World Bank studies have concluded that an extra year of education beyond the average boosts girls' eventual wages by 10-20 per cent. A recent cross-country study found returns to primary education averaging 5–15 percent for boys and slightly higher for girls. The study concluded that "overall, women receive higher returns to their schooling investments", Psacharopoulos, George, and Harry Anthony Patrinos, 'Returns to Investment in Education: A Further Update', World Bank Policy Research Working Paper 2881, World Bank, Washington, DC, 2002.
A leading development economist has found returns to female secondary education in the 15-25 per cent range. Through extensive analysis with careful adjustment for various research methods, Yale economist Paul Schultz has found that wage gains from education tend to be similar if not somewhat higher for women than for men, and that the returns to secondary education in particular are appreciably higher for women. He concluded in a recent paper, "Increasing investments in women's human capital, especially education, should be a priority for countries seeking both economic growth and human welfare." "The case for directing educational investment to women is stronger," Schultz added, "the greater the initial disparity in investments between men and women." Schultz, T. Paul, 2002, 'Why Governments Should Invest More to Educate Girls', World Development 30 (2), p. 207–25.

93. Plan UK, Because I am a Girl, The State of the World's Girls 2009, Girls in the Global Economy: Adding It All Up, London, 2009.

94. A Promise Renewed 2016, p. 37.

95. One is Too Many, 'Over the past 15 years, the rate of care seeking increased… from 55 per cent in 2000 to 63 per cent in 2015', p. 36.

96. UNAIDS Factsheet, July 2017, <http://bit.ly/2egx0kf>.

97. From For every child, end AIDS: Seventh Stocktaking Report (2016).

98. For every child, end AIDS: Seventh Stocktaking Report (2016).

99. UNAIDS/UNICEF/WHO Global AIDS Response Progress Reporting and UNAIDS 2016 estimates.

100. For every child, end AIDS: Seventh Stocktaking Report (2016), p. 24,

101. For every child, end AIDS: Seventh Stocktaking Report (2016), p. 24.

102. WHO, 10 facts on immunization, July 2017, <http://bit.ly/1WQ66kF>.

103. <www.who.int/mediacentre/factsheets/fs378/en>.

104. <www.who.int/immunization/diseases/MNTE_initiative/en>.

105. <www.unicef.org/health/index_43509.html>.

106. <www.who.int/immunization/diseases/MNTE_initiative/en>.

107. <www.who.int/mediacentre/factsheets/fs204/en>.

108. <www.who.int/mediacentre/factsheets/fs204/en>.

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Liliana Carvajal, Lucia Hug, David Sharrow, Danzhen You

Public and Private Sector Engagement
Eliana Drakopoulos

Editorial team
Michelle Borromeo, Siobhan Devine, Katherine Rogers, Guy Taylor, Angela Travis

Editing, design and layout
James Elrington, Helena Hallden

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