A Declaration to Accelerate Newborn Health in Humanitarian Settings

In February 2019, co-convened by Save the Children, UNICEF, WHO, UNHCR, and HRH Princess Sarah Zeid, experts and key stakeholders from multiple sectors within the humanitarian and development fields met in Geneva, Switzerland to catalyze a global agenda for improving newborn health in humanitarian settings. This resulting declaration is a call for the dignity, health, and wellbeing of every woman, every child, and every newborn – in humanitarian and fragile settings – to be urgently upheld and prioritized.

EVERY NEWBORN IN HUMANITARIAN SETTINGS: five-year roadmap to improve maternal and newborn health and to reduce morbidity, mortality, and stillbirths

Every day in fragile and humanitarian settings, an estimated 500 women and girls die from complications due to pregnancy and childbirth. While deaths among children aged 1 month to 5 years old have declined dramatically, insufficient progress has been made to reduce the preventable deaths of newborns, which account for nearly half of all under-five deaths. The neonatal period is a critically important time of vulnerability and risk for mothers and their newborns, with 7,000 newborns dying every day, and 2.6 million stillbirths every year. UNICEF and WHO estimate that more than 3 million women and babies could be saved each year by investing in quality care around the time of birth, with special care for maternal complications and care for small and sick newborns.

The neonatal period merits special attention within humanitarian settings, when health services and systems are interrupted. Many of the countries with the highest neonatal mortality rates are currently or have recently been affected by complex humanitarian emergencies. Despite the global burden of neonatal morbidity, mortality, and stillbirths, research investments are not commensurate to the burden, and not enough is known about the epidemiology or best practices for neonatal survival in these specific settings. In addition, beyond the strong political foundations provided by the Global Strategy for Women’s, Children’s and Adolescents’ Health, 2016–2030 and the Every Newborn Action Plan, there is lack of global vision, strategy, and commitment to scale-up newborn interventions in populations affected by violence, acute and protracted conflict, and disasters.

CALL TO ACTION

The participants of the Newborn Health in Humanitarian Settings stakeholder meeting voiced the need for the following commitments to be mainstreamed in programming, policies, funding, and research.

- **Every life counts**: Count every maternal and newborn death and stillbirth in routine data collection, monitoring, and reporting.
Respectful maternity and newborn care: Establish respectful partnerships with communities, recognizing their essential role in promoting maternal and newborn health care; and ensure that women and their newborns are cared for respectfully at health facilities.

Upholding the values of quality, equity, and dignity: Keep these values at the core of our work, including meeting the needs of host communities and those in fragile settings, and ensuring better support systems to health care providers who are working in such fragile and insecure environments.

Family-centered care: Ensure that the mother-baby dyad remains at the center of all care, beginning at pregnancy and continued through labor, childbirth, and the neonatal period, including promoting breastfeeding, skin-to-skin contact, and keeping the mother and newborn baby together even in the case of referral.

Helping babies survive: Ensure delivery of essential newborn care, appropriate care for small and sick newborns, and access to quality emergency obstetric and neonatal care. Promote and support early and exclusive breastfeeding infants for six months.

Commodities and equipment: Procure and preposition lifesaving maternal and newborn essential medicines, equipment, and supplies, including for small and sick babies. Invest in innovations that will improve service delivery in challenging contexts.

Inter-sectoral collaborations: Engage in and support interventions that promote maternal and newborn health across the humanitarian-development-peace nexus, including preparedness, resilience-building, and health systems strengthening initiatives. Promote stronger linkages with priority sectors across the continuum of care, including but not limited to sexual and reproductive health; nutrition and infant and young child feeding; water, sanitation, and hygiene; mental health; early childhood development and operationalization of the Nurturing Care Framework; adolescent health; and mental health.

In September 2015, the UN Secretary-General launched a front-runner implementation platform for the SDGs, the Global Strategy for Women’s, Children’s and Adolescents’ Health, 2016–2030. The Global Strategy envisages a world in which every woman, newborn, child and adolescent in every setting realize their rights to physical and mental health and well-being, have social and economic opportunities and are fully able to participate in shaping prosperous and sustainable societies. Its three main objectives are survive: end preventable deaths; thrive: ensure health and well-being; and, transform: expand enabling environments.

Under the umbrella platform of the Global Strategy, the Every Newborn Action Plan (ENAP) endorsed by the World Health Assembly and other supporting initiatives, the Five-year Roadmap to Accelerate Progress for Newborn Health in Humanitarian Settings calls for action to bridge the gap,
emphasizing the need to engage stakeholders from across humanitarian and development sectors to ensure newborns survive and thrive even in the most difficult circumstances. This includes having a common vision, strategy, and commitment to invest in newborn interventions in populations affected by acute and protracted conflict and disasters.

As available, the five-year roadmap and related materials can be found at https://www.healthynewbornnetwork.org/issue/emergencies/.

The following organizations also participated in the development of this declaration:

Centers for Disease Control and Prevention
The Bill & Melinda Gates Foundation
International Committee of the Red Cross
Médecins Sans Frontières