Newborn survival: putting children at the centre

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This week we begin the second phase of *The Lancet*'s campaign on child survival by launching a major new series of papers devoted to the health of newborns. For this initiative we owe much to the expertise of two individuals—Joy Lawn and Simon Cousens. Both developed the original idea, put together a Lancet Neonatal Survival Steering Team, and coordinated meetings to synthesise evidence, refine conclusions, and draft papers. At *The Lancet*, we view this partnership between scientists, health workers, and journal editors as the most important public-health campaign we have taken part in for a generation.

There has been an unusual confluence of events during the past 2 years to make the issue of child survival a moral as well as a health barometer of our times. First, the arguments about child health have come to be underpinned by an unusually robust body of knowledge.[1] The science of child survival has reached a critical mass. Second, policymakers have recognised that their commitment to meet the Millennium Development Goals will come to nothing unless survival is made a reality for millions of children.[2] And third, there is a growing awareness that the goodwill of international agencies is simply not good enough. The embedded failure of institutions charged with defending the health of children has fostered unbridled anger among those striving to make a difference to the lives of those who have no voice.[3]

This environment has helped science to lead a demonstrable response at country level. At the 2004 Mexico Ministerial Summit on Health Research, Ministers of Health sat side-by-side public-health investigators to translate research findings into national policies. Rarely has that degree of collaboration been visible between groups who usually find it more frustrating than enlightening to work together. This spirit of cooperation is encouraging—and it is bringing remarkable results. The Child Survival Partnership, created after *The Lancet*'s first series, is now working in countries such as India and Ethiopia to convert pledges into practicable programmes to protect the health of children. Yet there remain huge gaps in this effort.

One crucial omission has been the health of newborns. While the infant and the mother have been at the centre of efforts to protect early childhood, the newborn period has been relatively neglected. This marginalisation is difficult to square with the bare numbers. 8 million children are either stillborn or die each year within the first month of life. This figure never makes news.

The reason is cruelly straightforward. Despite the rhetoric of poverty reduction and aid that marks much of today's foreign-policy debate, the life of a child in a low-income country is worth less to those with political power than the life of a child in a high-income country. Those lives are worth less to those with political power because they are worth less to the people who elect politicians into power—either through ignorance or through a conscious decision to weigh life differently for different peoples. This lamentable vision was never more stark than in the way democratic nations sanctioned what came to be the reckless killing of children in Iraq.[4]

The aim of the present *Lancet* series is to erase the excuse of ignorance for public and political inaction once and for all. If we now continue to fail children under threat, we will be delivering a verdict of wanton inhumanity against ourselves. We will be a knowing party to an entirely preventable mass destruction of human life. The weapon that will be wielded in this crime will not be a bomb, a biological agent, or an aeroplane. It will be something far more sinister—withdrawal from the universe of human reason and compassion into a national solipsism that degrades the values that we claim to revere.

I am optimistic that the revivification of child survival as a global goal will succeed. The public's response to the south-Asian tsunami reflected a deep desire to contribute materially to acute human devastation. This innate longing within each of us to entwine our futures with those of others when faced with a common threat suggests a profound biological capacity—indeed, drive—for altruism. The way in which we respond to the critical situation facing children in the least-developed countries of the world will test the moral and physical limits of our species in new and extreme ways.

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A continuum of care to save newborn lives

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The global community recently declared a commitment to "create an environment—at the national and global levels alike—which is conducive to development and to the elimination of poverty".[1] This declaration led to an agreement on eight goals in key areas of global concern: the Millennium Development Goals. Central among those goals are two that aim to reduce maternal and child mortality, goals 4 and 5. Investment in maternal, newborn, and child health is not only a priority for saving lives, but is also critical to advancing other goals related to human welfare, equity, and poverty reduction.[2]

The United Nations has led the global community in articulating a rights-based approach to health, giving special attention to mothers and children. The Universal Declaration of Human Rights, ratified in 1948, states that "motherhood and childhood are entitled to special care and assistance".[3] The Convention on the Rights of the Child, ratified in 1989, guarantees children's right to the highest attainable standard of health.[4] Other conventions and international consensus documents focus on redressing the gender-based discrimination that might undermine good health, particularly that of girls and women.

Michael Bisceglie for Save the Children US

Vietnamese mother and baby

Only collective responsibility and close coordination among governments, assistance agencies, and civil society will make achieving these goals possible. The challenge is significant. Each year: more than 60 million women without skilled care;[5] about 515 000 women die from pregnancy-related complications;[6] almost 11 million children die before they reach the age of 5 years;[7] of children who die under the age of 5, 38% die in the first month of life, the neonatal period, and about three-quarters of neonatal deaths occur in the first week after birth;[8] and there are about 4 million stillbirths.[9]

The socioeconomic consequences of maternal, newborn, and child morbidity and mortality are also significant. Many conditions, such as obstructed labour or preterm birth, can cause severe disabilities for survivors, adding stress to already fragile communities and health systems. A mother's death or illness can jeopardise an entire family's well-being; the care required for disabled or sick children burdens families; and the loss of current or future earnings exacerbates the cycle of poverty and poor health for families and societies.[10]

The burden of maternal, newborn, and child mortality falls disproportionately on the world's poorest countries and on the poorest populations. Within most low-income countries, child mortality rates, for example, are several times higher in the poorest 20% of the population than the richest and yet access to care, such as skilled attendance, is lowest for those most in need.[11]

Despite the health burden, availability of cost-effective interventions, and the human rights imperative, maternal, newborn, and child health needs have lost out over the past decades. Investment is pitifully low given the size of the problem, available cost-effective