Ensuring the survival and health of newborns in Europe and Central Asia

The very first moments of life can be the most dangerous for a child. Newborns are fragile, and vulnerable to multiple risks associated with pregnancy and birth, as well as those created by inadequate post-natal care.

The Europe and Central Asia Region has exceeded global progress in reducing the rate of children dying before their fifth birthday. But that progress has masked an alarming fact: In the Region, almost 85 percent of under-five child deaths occur in the first year of life, and 50 percent of those, during the first month.

UNICEF works to accelerate progress on the survival and healthy development of newborns across the Region, with particular focus on the Central Asia and the Caucasus countries where neonatal mortality rates (deaths within the first month of life) are twice as high as in Central and Eastern Europe. To ensure that every mother and newborn child get the care they need, UNICEF is working with governments and other partners to implement the Every Newborn Action Plan (ENAP). This government-led plan provides guidance for countries, and sets out their accountabilities for identifying and addressing the main gaps in newborn survival and development.

A mother caresses her newborn inside the Daroot Korgon Hospital, Kyrgyzstan. The baby was delivered by Dr. Baktygul Pakirova. “Seven years ago, many newborns here died of hypothermia,” says Dr. Pakirova, an obstetrician in the village hospital. “Old windows let the cold air in. There was no running water. When they died, I cried with the mothers.”

Kyrgyzstan’s efforts to tackle the challenges to newborn health – introducing simple, affordable approaches – have halved the number of babies dying in their first hours of life since 1990. The child survival revolution, championed by UNICEF, has trained almost 650 midwives, nurses and doctors on paediatric life support and helping babies with breathing problems.

A healthy start in life for every child
Challenges

Globally, a staggering 2.6 million babies die during their first month of life every year – approximately 7,000 each day – accounting for 46 per cent of all deaths of children under the age of five. In addition, 15 million babies are born prematurely every year.

Countries in Europe and Central Asia have surpassed global progress on child mortality, more than halving under-five deaths since 1990. But as overall child mortality declines, the slow progress on neonatal mortality becomes more apparent. Each year in the Europe and Central Asia Region, around 60,000 children die during their first month of life. The main causes of death are prematurity, infections and asphyxia.

Around 80 percent of newborn deaths are readily preventable or treatable through access to good obstetric, antenatal and post-natal care, routine immunization, plus early initiation of (and exclusive) breastfeeding, and other basic, low-cost interventions.

A key challenge to immunization in the Region is vaccine ‘hesitancy’ – the reluctance of some parents to immunize their children, or parents delaying immunization. Vaccine hesitancy, often fuelled by misinformation, puts children at risk of contracting – and even dying from – measles and other infectious diseases that are easily preventable.

Poor maternal nutrition before conception and during pregnancy threatens the chance of a safe delivery and a healthy baby, and can also result in developmental delays that undermine a child’s future potential. And while breastfeeding gives children the best nutritional start in life, in 2015 only 30 per cent of infants in the Region were found to have been exclusively breastfed during their first six months – one of the lowest rates in the world.

There has been an overall decline in pregnancy rates among adolescent girls and women age 15 to 19 years old across the Region, but adolescent pregnancy rates remain high in some ethnic minority populations, including Roma. For example, the adolescent birth rate in Serbia is 22 per 1,000 adolescent girls, while the birth rate for adolescent Roma girls in Serbia is 157. Adolescent pregnancy is associated with the risk of low birth-weight for newborns, higher pre-natal, neonatal and infant mortality and morbidity, as well as higher mortality rate for adolescents giving birth.

Fast Facts

UNICEF aims to make sure that every birth is safe, that every newborn – particularly those who are most vulnerable and fragile – have the immediate care and nutrition needed for survival, and that all parents are equipped to help their newborn child survive and thrive. As the overall mortality rate for children under the age of five declines, the challenge is to reduce the number of newborn deaths. This requires universal, high-quality health services that meet the needs of every woman during her pregnancy and delivery, that safeguard both mother and baby during the critical first days of life, and that prioritize the most vulnerable mothers and newborn babies.

“If we consider the root causes, these babies are not dying from medical causes such as prematurity or pneumonia. They are dying because their families are too poor or marginalized to access the care they need. Of all the world’s injustices, this may be the most fundamental.”

UNICEF, Every Child Alive – the urgent need to end newborn deaths, 2018

Neonatal mortality* rates in Central Asia

*Neonatal mortality is the number of deaths within the first month of life per 1,000 live births.

Source: 2017 IGME report
Our Actions

UNICEF is working with governments and other partners across Central Asia and the Caucasus to implement the Every Newborn Action Plan (ENAP). The Plan has five strategic objectives.

Reach every woman and newborn to reduce inequities. All policies, programmes and services on maternal and newborn health should be informed by evidence on bottlenecks and inequities to ensure every mother and newborn is reached. This means looking beyond health services to tackle other issues that might fuel inequities, such as lack of education, especially for girls; poor nutrition; and lack of access to safe water and sanitation.

Strengthen and invest in care during labour, birth and the first day and week of life. Investments are needed to build the capacity of health staff by strengthening under-graduate education and ensuring that the health workforce has the skills to care for mothers and newborns, with a special focus on increasing the role of midwives and nurses.

Improve the quality of maternal and newborn care. High quality care for mothers and newborns is needed from pregnancy through childbirth and well into the first weeks of life, particularly for premature or sick newborns. This work includes large-scale food fortification programs that provide vital micronutrient supplements, and nutrition education to all women requiring this support in the Region, including adolescent girls.

Harness the power of parents, families and communities. The engagement of parents, families and communities should be promoted to increase their awareness of newborn care. This work should build on the strong foundation of home visiting to expand the coverage and quality of early prevention, early detection, counselling and referral.

Strengthen health information systems. It is vital to track the progress and challenges facing mothers and newborns to ensure accountability. This requires strong health information systems, new information technologies and the harmonized monitoring, reporting and use of robust and disaggregated data to inform effective programmes and policies.

UNICEF is already working to prevent neonatal deaths by helping governments improve the quality of care for women during pregnancy, delivery and care for newborns during the first days of life. We also work to enhance the quality of developmental care provided to premature babies in hospitals. And once newborns go home, we aim to connect them to services that can detect problems at an early stage.

In 14 countries across the Region, for example, UNICEF has championed comprehensive home-visiting, as a proven, effective and multi-sectoral approach to child health, nutrition and well-being.

We recognize that the whole Region benefits when all countries achieve and maintain high vaccine coverage. Therefore, we urge governments to invest in health systems that reach the most vulnerable children with life-saving immunizations to reduce equity gaps, and work with them to ensure a supply of quality-assured vaccine supplies.

UNICEF backs campaigns to educate the public on the critical importance of immunization and the dangers of vaccine hesitancy, and works closely with governments and front-line health workers to equip parents and communities with the knowledge they need to protect their children.

UNICEF also supports action to improve infant nutrition across the Region, aiming to ensure that every child has the best possible nutritional start in life. We prioritize Infant and Young Child Feeding (IYCF), which includes early initiation of breastfeeding, exclusive breastfeeding during the first six months of a child’s life, and the timely introduction of complementary foods and liquids for children aged six months to two years.

Key government commitments on newborn health

Convention on the Rights of the Child, 1989 says that State parties must ...

- Article 6.2: Ensure the survival and development of the child.
- Article 24:
  - 24.1: Recognize the right of the child to the highest attainable standard of health
  - 24.2: Take appropriate measures to
    - Diminish infant and child mortality
    - Ensure appropriate pre-natal and post-natal health care for mothers
    - Ensure that all segments of society […] are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding

Infant and young child feeding centres for migrant and refugee children

As a result of UNICEF’s response to Europe’s refugee and migrant crisis in 2016 and into 2017, more than 12,000 children under the age of two and their mothers benefited from infant and young child feeding services during their exhausting journeys through Greece and the Balkans. Mother and Baby Corners (MBCs) at strategic locations along the route provided vital nutrition for refugees and migrants either during transit or in settlements.

Five day old Iliya, whose parents are refugees from Syria, is dressed after a bath, diaper change and examination at the Mother and Child Corner in the Tabanovce refugee and migrant centre in The former Yugoslav Republic of Macedonia.
An unfinished agenda

Despite impressive progress in the reduction of under-five mortality, newborn mortality remains an unfinished agenda – and a major challenge – in the Region, specifically in Central Asia and the Caucasus. It requires joint action across a wide range of stakeholders, from the governments that manage and fund health services, to the health professionals involved in maternal, newborn and child health as well as parents and communities.

The reduction of preventable newborn mortality is included in the Sustainable Development Goals (SDGs). In Central Asia and the Caucasus, achieving this goal will require the full implementation of the Every Newborn Action Plan (ENAP), backed by the resources and the skills to do the job. Building on its track record of support for newborn survival and well-being, UNICEF is supporting the ENAP across the Region.

Dr. Baktygul Pakirova is the only obstetrician for all of Kyrgyzstan’s Chon Alai district. She was born and raised in Kadamzhai, a small town in Kyrgyzstan’s southern Batken province. She has worked at the Daroot Korgon Hospital for 7 years. During this time she estimates she has helped with the safe delivery of approximately 3,500 newborn babies.