



unicef  for every child

## KEY ASKS FOR 2020 SDG NATIONAL REVIEW ACTIVITIES

### EVERY CHILD ALIVE

**The Every Child ALIVE campaign aims to help end preventable newborn and child deaths in our lifetime by ensuring access to quality affordable care for every mother and child.**

A child's right to survival and health is fundamental, enshrined in the Convention on the Rights of the Child. And yet, every year an estimated 5.4 million children die before the age of 5, including 2.5 million newborns. Another 2.6 million are stillborn. Millions more are denied their right to thrive, limiting their prospects in adulthood. These children are not dying because we don't have the tools to save them; more than 80% of all newborn deaths are caused by preventable and treatable conditions. While significant progress has been made in reducing under-5 mortality around the world, infant mortality has not reduced at the same rate.

A safe pair of hands at birth can be the difference between life and death. Newborns who are born too soon or too small, or who become sick, are at the greatest risk of death and disability. Most of these children are victims of illnesses or diseases that could have been easily prevented or effectively treated by ensuring that every mother and child has access to affordable, quality care. This could prevent 1.7 million neonatal deaths, or 68% of the deaths that would otherwise occur by 2030.

UNICEF's Every Child ALIVE campaign aims to help end preventable newborn and child deaths by ensuring access to quality affordable care for every mother and child. The global campaign aims to build consensus for the principle that every mother and every baby deserve affordable, quality care and involves the work of colleagues across the organization collaborating to strengthen fundraising, advocacy and public engagement with the aim of supporting country level programmes. It is an urgent appeal to governments, businesses, health-care providers, communities and individuals to fulfil the promise of Universal Health Coverage (UHC.)

UHC is a system that provides quality medical services to all residents in a given country or region, regardless of their ability to pay and therefore without causing financial hardship. To make this possible, it is fundamental to have a strong primary health care (PHC) system in place. PHC entails making primary health services available and easily accessible near where people live and work, providing both curative and preventive services, systematically and comprehensively addressing determinants of health, as well as empowering people to take ownership of their own health.

To help end preventable newborn, child and maternal deaths, UNICEF is calling for universal health coverage, starting with four main pillars:

#### **1. Places - Clean, functional health facilities**

Community-based health facilities can serve as the backbone of strong national health systems; they need uninterrupted clean water, sanitation facilities, and electricity. Too often, health facilities and health-care workers are restricted by seemingly simple factors such as inadequate water and sanitation. Without even the most basic standards of hygiene, mothers and babies are at risk of disease and infection. Simple upgrades like clean toilets and functional handwashing stations make families more willing to visit health facilities to access services, while also setting an important example for them to replicate at home.

#### **2. People – Well-trained healthcare workers**

Healthcare workers have a crucial role to play in the provision of quality care to prevent maternal and newborn mortality and stillbirths. When complications arise during labour and delivery or when a baby is born small or sick, a trained health worker can mean the difference between life and death for mothers and newborns. Health workers, including physicians, midwives, nurses and community health workers, are the trained pair of hands that deliver maternal and newborn care. Nurses and midwives are often

uniquely placed to provide essential services to women and newborns in humanitarian, fragile and conflict-affected areas. Resources should be dedicated to ensure that healthcare workers are properly trained to offer a comprehensive range of services during pregnancy, birth and beyond, including antenatal care, micronutrient supplementation, delivery support, emergency obstetric care, postnatal care and treatment for small and sick newborns, support for early and exclusive breastfeeding, and vaccination.

### 3. Products - Life-saving drugs and equipment

To provide quality care, skilled health workers need drugs, products and equipment to address the most common causes of stillbirth and newborn death. Some of these supplies are sophisticated, but many are simple. A piece of cloth, for example, can be used to wrap a newborn onto his or her mother, keeping the baby warm and promoting breastfeeding. Without this simple product, a premature baby may not get the warmth and nutrition needed to grow stronger in the first days of life. As a result, baby and mother may be kept in a health facility for longer than necessary, increasing the risk of infection. Frequently, however, these simple supplies are out of stock when needed. Together, governments and businesses can help make the top 10 life-saving products, drugs and articles of equipment available for every mother and baby.

### 4. Power – Dignity, respect and accountability

A range of policies and interventions can help to empower adolescent girls, mothers and families to demand and receive quality care. Empowering women and girls to make the best decisions for themselves and their families and treating them with dignity and respect during pregnancy, birth and beyond are critical components of quality care. Indeed, there is a strong link between newborn mortality and the empowerment of girls and women.

The following SDG targets are closely related to the priorities of the *Every Child ALIVE* campaign:

Target 3.1 - By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.
Target 3.2 - By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.
Target 3.7 - By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.
Target 3.8 - Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.
Target 3.B - Support the research and development of vaccines and medicines for the communicable and noncommunicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines.
Target 3.C - Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States.

#### References:

- Network for Improving Quality of Care for Maternal, Newborn and Child Health. Available at: <http://www.qualityofcarenetwork.org/>
- UNICEF. Every Child Alive Campaign. Available at: <https://www.unicef.org/every-child-alive>
- UNICEF. Quality of Care. Available at: <https://www.unicef.org/health/quality-care>
- United Nations. Sustainable Development Goals. Goal 3: Ensure healthy lives and promote well-being for all at all ages. Available at: <https://www.un.org/sustainabledevelopment/health/>