



Commentary: Newborns in Fragile and Humanitarian Settings: A Multi-Agency Partnership Roadmap

Author(s): Saverio, Bellizzi, Lori McDougall, Sheila Manji, and Ornella Lincetto

Source: *Journal on Education in Emergencies*, Vol. 7 No. 1 (June 2021), pp. 164-170

Published by: Inter-agency Network for Education in Emergencies

Stable URL: <http://hdl.handle.net/2451/62228>

DOI: <https://doi.org/10.33682/eqk0-0zek>

REFERENCES:

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Bellizzi, Saverio, Lori McDougall, Sheila Manji, and Ornella Lincetto. 2021. "Commentary: Newborns in Fragile and Humanitarian Settings: A Multi-Agency Partnership Roadmap." *Journal on Education in Emergencies* 7 (1): 164-170. <https://doi.org/10.33682/eqk0-0zek>.

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COMMENTARY: NEWBORNS IN FRAGILE AND HUMANITARIAN SETTINGS: A MULTI-AGENCY PARTNERSHIP ROADMAP

SAVERIO BELLIZZI, LORI MCDUGALL,
SHEILA MANJI, AND ORNELLA LINCETTO

ABSTRACT

Current estimates are that more than one-third of the annual neonatal deaths worldwide occur in humanitarian and fragile settings (United Nations Population Fund 2015). In this article, we focus on the recent multistakeholder effort to produce the Roadmap to Accelerate Progress for Every Newborn in Fragile and Humanitarian Settings 2020-2025. This effort, led by Save the Children, the UN Children's Fund, the UN High Commissioner for Refugees, and the World Health Organization, calls for a representation of newborn health issues and action across all phases of emergency response. It specifically emphasizes the need to "engage stakeholders from across humanitarian and development sectors to ensure that mothers and newborns survive and thrive even in the most difficult circumstances" (Save the Children et al. 2020, 5). This commentary also emphasizes basic needs that are vital to the survival and adequate development of newborns, such as avoiding separation from the mother, support for early and exclusive breastfeeding, infection prevention, basic resuscitation, and kangaroo mother care. At the same time, it is critical to establish interventions that create an environment of nurturing care to promote early childhood development.

THE NEED FOR COORDINATED HUMANITARIAN SUPPORT FOR NEWBORNS

Released in April 2020, the *Roadmap to Accelerate Progress for Every Newborn in Fragile and Humanitarian Settings 2020-2025* (hereafter *Roadmap*) represents an important step forward for the existing programs on newborn health in humanitarian settings. It will enable the voices of children and mothers to be

Journal on Education in Emergencies, Vol. 7, No. 1
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ISSN 2518-6833

heard in the zones of the world with the highest mortality and morbidity burdens.¹ More importantly, the *Roadmap* could become an instrument for more effective and coordinated stakeholder action across different constituencies and sectors, both development and humanitarian, to reestablish and maintain the continuum of care that is so critical for the survival and health of women and newborns in fragile and humanitarian settings.

Our purpose with this commentary is to highlight the mechanism that led to the conception of the *Roadmap* and to advocate for its specific aspects that have been proven to greatly improve newborns' chances to survive and thrive in fragile and humanitarian settings.

Humanitarian crises threaten the health and safety of communities, both directly and by destroying health systems and infrastructure. The perinatal period is a critically vulnerable time for pregnant women and newborns, and countries experiencing conflict and political instability have the highest rates of neonatal mortality (death during the first 28 days of life) and stillbirths (Wise and Darmstadt 2015). Excluding India and China, which have the highest percentage of neonatal deaths globally, countries experiencing chronic conflict or political instability account for slightly less than 45 percent of all neonatal deaths worldwide (Wise and Darmstadt 2015). Moreover, 75 percent of the 49 countries that experienced an acute or protracted humanitarian crisis in the past five years have fallen short of UN Sustainable Development Goal target 3.1 (IAWG 2019; UNICEF and WHO 2018).² It is important to note that many of the infant deaths that occur around the time of birth and in the postnatal period are preventable, even in the most precarious situations (“Newborn Health in Emergencies” 2020). Clearly, additional action is urgently needed to protect women and newborns in fragile and humanitarian settings.

Beyond the key features of the *Roadmap* described below, we would like to emphasize the need for multisectoral participation along the preparedness-response-recovery continuum in order to accelerate progress in the survival and health of every newborn. While newborn health is underscored in Sustainable Development Goal target 3.2 and humanitarian interventions that prioritize child and maternal health are emerging, our experience in the field suggests that newborn health is often missing from the list of priorities during a humanitarian

1 Morbidity burden refers to having a disease or a symptom of disease, or to the amount of disease within a population.

2 Acknowledging the high number of mothers who die from preventable causes during pregnancy and childbirth, especially in lower income countries, Sustainable Development Goal target 3.1 aims to “reduce the global maternal mortality ratio to less than 70 per 100,000 live births” by 2030 (United Nations 2020).

response. In fact, it may be regarded as a development-sector activity and thus be left till the later stages of an emergency response. When the issue is addressed, it is often limited to immediate care at birth (such as resuscitation), leaving gaps in the provision of interventions essential to the survival and health of newborns and their mothers in this critical period.

RECENT COORDINATION EFFORTS FOR NEWBORNS

In 2014, the Every Newborn Action Plan (ENAP) was launched under the lead of UNICEF and WHO. The primary goal—to provide strategic actions aimed at ending preventable newborn mortality and stillbirth—included meeting specific global and national milestones by 2030 (WHO 2014). However, in recent years, gaps emerged in ENAP’s ability to engage stakeholders across the humanitarian sector. In addition, despite the strong political foundations provided by ENAP and the Global Strategy for Women’s, Children’s and Adolescents’ Health, 2016-2030, the effort lacked a global vision, strategy, and commitment to scale-up newborn interventions in populations affected by violence, acute and protracted conflict, and disasters.

Based on these needs, key stakeholders from multiple sectors within the humanitarian and development fields gathered at the Geneva Newborn Health in Humanitarian Settings stakeholder meeting, which led to the release of the “Declaration to Accelerate Newborn Health in Humanitarian Settings” in February 2019. Convened by Save the Children, UNICEF, UNHCR, and WHO, the effort aimed to catalyze a global agenda for improving newborn health in humanitarian settings (WHO et al. 2019). The declaration was an urgent call to uphold and prioritize the dignity, health, and wellbeing of every woman, every child, and every newborn living in humanitarian and fragile settings.

The close collaboration of the ENAP’s multistakeholder humanitarian effort triggered the production of the dedicated *Roadmap*, whose aim is to accelerate progress in reducing newborn mortality in humanitarian and fragile settings within five years (2020-2025). A wide range of stakeholders contributed to the *Roadmap*, including clinicians, implementers, academicians, policymakers, donors, government and private-sector representatives, and professional associations across the reproductive, maternal, neonatal, and child and adolescent health and nutrition continuum. The work was led by a steering committee, whose members had a strong stake in improving maternal and newborn health in humanitarian settings.

The ENAP partnership was expanded to include humanitarian partners, such as UNHCR, Save the Children, the Global Health Cluster, and the Inter-agency Working Group for Reproductive Health in Crises. They all were dedicated to implementing the activities and achieving the tangible objectives set out by the *Roadmap*, such as providing guidance, mobilizing resources, monitoring progress, raising awareness, liaising with other key initiatives, and providing technical assistance. This multisectoral approach was designed to provide leadership and coordination of activities at different levels.

THE ROADMAP VISION

The *Roadmap* calls for collective and accountable action to ensure that newborns and their mothers survive and thrive in emergency contexts (Save the Children et al. 2020, 5). It emphasizes the need to engage stakeholders from across the humanitarian and development sectors, and calls for solid investment in the training and support of the care providers on whom health and humanitarian interventions depend. It also calls for practical research that will help to ensure that interventions in humanitarian settings are increasingly effective, efficiently delivered, and—let it never be forgotten—able to safeguard the human rights and dignity of the women and children they serve. The *Roadmap* specifically calls for action across all phases of emergency responses using a health-systems approach, and for putting newborn health issues on the agendas of humanitarian coordinating platforms, including monitoring and evaluation frameworks. This would include factoring maternal and neonatal mortality rates into decisionmaking processes related to humanitarian assistance and ongoing health-system support.

The *Roadmap* is guided by three key elements of the Global Strategy for Women's, Children's and Adolescents' Health: survive, thrive, and transform (Save the Children et al. 2020). Key aspects of the Global Strategy were pivotal in facilitating the adoption of particular mechanisms needed to craft the *Roadmap*. They also highlighted the need to include government, civil society, UN agencies, and nongovernmental organizations in emergency response efforts, as they provide different types of specialized support at different phases.

The *Roadmap* emphasizes the fact that emergency actors often underestimate or overlook the mother-newborn relationship, and that interventions such as promoting early and exclusive breastfeeding and skin-to-skin care are at times disregarded during a humanitarian response, despite their cost-effectiveness and efficacy.

CRITICAL INSIGHTS THAT ENABLE NEWBORNS TO SURVIVE AND THRIVE

As mentioned in the first lines of this commentary, we would like to emphasize basic elements of the *Roadmap* that are vital to the survival and healthy development of newborns. These elements cannot be implemented widely and consistently without the synergic actions of the multisectoral partnership, which range from advocacy to policy to commodities and training.

Lifesaving newborn care interventions, such as avoiding separation from the mother, support for exclusive breastfeeding, preventing infection, basic resuscitation, and “kangaroo mother care,” should be provided during humanitarian responses for both healthy and high-risk newborns (Victora et al. 2016; Shaker-Bebari et al. 2018).³

The importance of interventions that provide nurturing care for mothers and ensure children’s healthy early development is underrated by global, national, and local actors. If the mother-newborn dyad is weakened because their care is compromised, humanitarian responses risk being counterproductive, even if an initial intervention appeared effective. The mother-newborn dyad is often threatened in situations of emergency, which results in increased maternal death rates and more orphaned newborns; in emergency situations, there also is a higher risk of newborns being separated from their parents. In such cases, permanent, nurturing alternatives must be found as soon as possible.

It is critical that health providers in humanitarian and fragile settings are competent in providing essential newborn care, including basic neonatal resuscitation, breastfeeding support, and monitoring oxygen, since referral to specialized care may not be feasible. Therefore, it must be a priority that all staff members working in the early stages of a humanitarian intervention are trained in essential newborn care (WHO 2016).

Leadership by national and local governments, particularly in preparing for emergencies, is fundamental to making rapid improvement in maternal and newborn survival during crises and vital to maintaining sustainable progress. Governments can develop policies and allocate resources to ensure that pregnant women, mothers, and newborns receive the care they need during an emergency. The resilience of health systems at the national and subnational levels should be strengthened by

³ Kangaroo mother care is a method of care for preterm infants. The method involves infants being carried, usually by the mother, with skin-to-skin contact.

integrating priority maternal and newborn health interventions into preparedness and response plans, and by using global guidance and evidence to inform policies.

Mounting community messaging campaigns about available lifesaving newborn care can improve social perceptions and norms about newborn survival and promote behavioral change (Sami et al. 2017). Moreover, community engagement can be a powerful way to increase the cooperation of host and crisis-affected populations, to promote trust between emergency staff members and mothers and pregnant women and their families, and to spread information about maternal and newborn care. By focusing on fragile and humanitarian settings, the *Roadmap* helps to achieve the objectives set out in the Global Strategy for Women’s, Children’s and Adolescent’s Health, 2016-2030, and builds on the momentum of the ENAP by providing guidance to ensure that the most vulnerable newborns receive the care they need, even in the most challenging situations.

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