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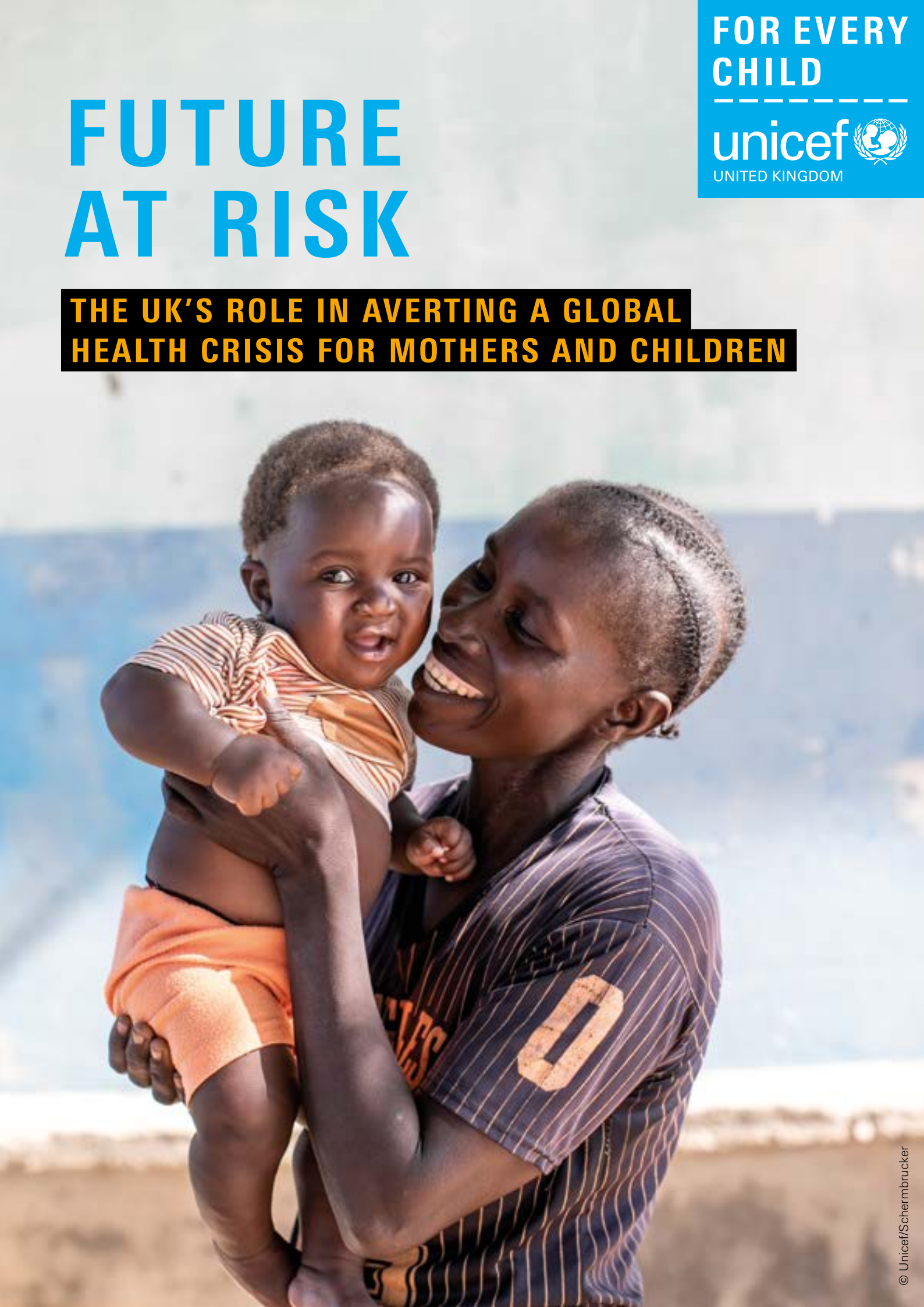
FUTURE AT RISK

THE UK'S ROLE IN AVERTING A GLOBAL HEALTH CRISIS FOR MOTHERS AND CHILDREN



ABBREVIATIONS & ACRONYMS

ACT	Artemisinin-based Combination Therapy
ACT-A	Access to COVID-19 Tools – Accelerator
AMC	Advance Market Commitment
AWD	Acute Water Diarrhoea
COVID-19	Coronavirus
cVDPV	Circulating Vaccine-Derived Poliovirus
DFID	Department for International Development
DTP	Diphtheria, Tetanus toxoids and Pertussis Vaccine
DR Congo	Democratic Republic of the Congo
EIR	Electronic Immunisation Registry
EPI	Expanded Programme on Immunisation
FAO	Food and Agriculture Organisation
FCAS	Fragile and Conflict-Affected States
FCDO	Foreign, Commonwealth and Development Office
FCO	Foreign and Commonwealth Office
GAPPD	Global Action Plan for Pneumonia and Diarrhoea
GAVI	Global Vaccine Alliance
GDP	Gross Domestic Product
GPEI	Global Polio Eradication Initiative
HCW	Healthcare Worker
IA2030	Immunisation Agenda 2030
ICAI	Independent Commission for Aid Impact
IDP	Internally Displaced Persons
IPC	Intermittent Parasite Clearance
LLIN	Long-Lasting Insecticidal Nets
LMICs	Low and Middle-Income Countries
MCEE	Maternal Child Epidemiology Estimation
MMR	Measles, Mumps, and Rubella
MNCH	Maternal, Newborn and Child Health
ODA	Official Development Assistance
PCV	Pneumococcal Conjugate Vaccine
PHC	Primary Health Care
PPE	Personal Protective Equipment
SDG	Sustainable Development Goal
UHC	Universal Health Coverage
UK	United Kingdom
US	United States
USAID	United States Aid Department
UNICEF	United Nations Children's Fund
UN-IGME	United Nations Inter-Agency Group for Child Mortality Estimation
VPD	Vaccine Preventable Disease
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization

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EXECUTIVE SUMMARY

COVID-19 is reversing decades of global progress in maternal, newborn and child survival. To avoid a catastrophic scenario that could see an additional 200,000 children die every month,[1] the UK Government must commit to investing in life-saving interventions as a core part of the global pandemic response and recovery. It is more important than ever that the UK steps forward as a global leader, taking significant actions to deliver on its 2019 Manifesto commitment to end preventable deaths of mothers, newborn babies, and children by 2030.[2]

THE SEVERE IMPACT OF COVID-19 ON ESSENTIAL AND LIFE-SAVING SERVICES

COVID-19 has caused unprecedented challenges to essential and life-saving services, threatening to increase maternal and child mortality from preventable causes as a result. At the peak of the pandemic, 90% of countries reported disruptions in basic health services,[3] and an additional 1.2 million children were projected to die in just six months across 118 low and middle-income countries, due to disruptions to newborn and child health interventions and acute malnutrition.[4] These potential child deaths would be in addition to millions who already die before their fifth birthday every six months.[5]

The poorest countries and those facing emergencies and protracted crises, with weak and under-resourced health systems, have been pushed to the brink of collapse. Without increased leadership, support and investment in health systems, they will be unable to cope with the aftermath of the pandemic and will continue to "fire-fight" outbreaks of recurrent diseases.

COVID-19 has created a multi-dimensional health crisis whose impacts on mothers and children go beyond the direct effects of the virus itself. The pandemic has disturbed essential maternal and child health services, routine immunisation, nutrition programmes, and water, sanitation and hygiene (WASH) services – the four pillars of interventions critical in ending preventable deaths of mothers, newborns and children.

DISRUPTIONS IN NUMBERS

6,000 MORE CHILDREN AND OVER 300 WOMEN

are at risk of dying each day from the impact of coronavirus on vital health services in low- and middle-income countries.[6]

By the end of October 2020, delayed vaccination campaigns in 26 countries had led to

94 MILLION CHILDREN

missing scheduled measles vaccine doses.[7]

In summer 2020, UNICEF reported that

48 OF 77 COUNTRIES

had reported disruptions in antenatal check-ups and 45 experienced disruptions in post-natal care.[8]

In June 2020, UNICEF reported a

30% OVERALL REDUCTION

in essential nutrition services coverage for women and children, reaching 75–100% in lockdown contexts.[9]

An additional

6.7 MILLION CHILDREN

were predicted to become severely acutely malnourished or wasted by the end of 2020, representing a 14.3% increase in the number of children who are severely malnourished, and an extra 10,000 children per month.[10]

In addition to life-saving services being put on hold, mitigation measures by governments and disruptions to supply chains, combined with increased poverty and fear of infection, are amplifying the indirect health impacts of COVID-19 on women and children.

The harmful health consequences of the pandemic for children and mothers are also not being distributed equally. Coronavirus has exacerbated persistent inequalities in maternal, newborn and child health (MNCH) which is expected to be most damaging for the hardest-to-reach women and children living in the poorest countries, which were already lagging behind in their progress towards Sustainable Development Goal (SDG) 3.[11]

- Seven of nine countries (Afghanistan, Bolivia, Cameroon, the Central African Republic, Libya, Madagascar, Pakistan, Sudan and Yemen) worst affected by service disruptions already had **high under-five mortality rates of more than 50 deaths per 1,000 live births in 2019.**[12]

- In September 2020, UNICEF reported **47 of 139 countries had disruptions of 10 per cent or more** for outpatient services for childhood infectious diseases. Of these countries, 36 had average coverage levels of below 50 per cent for treatment of childhood diarrhoea with oral rehydration salts (ORS) prior to the onset of the pandemic.[13]

A mum holds her happy baby girl in a small village in Gorgol, southern Mauritania. UNICEF is informing parents here about the best nutrition for their children and supporting the local production of foods rich in vitamins and minerals. One in four people in Mauritania is food insecure.

COUNTRIES WITH EXISTING HUMANITARIAN CRISES HAVE BEEN PARTICULARLY HARD HIT:

10%

ONE IN FOUR COUNTRIES

with ongoing humanitarian crises are facing reductions of 10% or more in household **drinking water services.**[14] This is of major concern for countries facing recurrent health outbreaks, such as cholera.

50%

TEN COUNTRIES

with an ongoing humanitarian response (Afghanistan, Bangladesh, Cameroon, Chad, Colombia, Ecuador, Lesotho, Mali, Mozambique, Yemen) reported a reduction of 50% or more in their **health campaigns for vaccination, long-lasting insecticidal net (LLIN) or mass distribution of medicines.**[15]

50%

SYRIA

has experienced a reduction of more than 50% **in newborn care services.**[16]

COVID-19: A WAKE-UP CALL FOR RENEWED EFFORTS ON UNIVERSAL HEALTH COVERAGE

Despite the enormous levels of disruption caused, COVID-19 could be a 'game-changer' for MNCH. Global response and recovery efforts provide a unique and unprecedented opportunity to accelerate investments and efforts towards strengthening PHC systems, to ensure equal access for all to an integrated package of quality MNCH interventions, and to pave the way for Universal Health Coverage (UHC) by 2030.

With support from UK Aid, UNICEF is procuring hygiene supplies, like hand sanitisers and soap, to help combat COVID-19 in Ethiopia. UNICEF's sourcing from local suppliers is helping to protect jobs and support livelihoods in Ethiopia.

THE UK'S ROLE IN AVERTING A HEALTH CRISIS FOR MOTHERS AND CHILDREN

The UK has been at the forefront of global health agendas – including child survival – for more than two decades. Aid programming and technical expertise, as well as its role in funding and influencing the strategy of health multilateral bodies, such as the Vaccine Alliance (Gavi), has ensured the position of the UK as a global leader in this space.

- **UK Aid has an exceptional track record** on ending preventable deaths of children. Over the past 20 years it has helped immunise over 760 million children, saving over 13 million lives.[17]
- In countries where UK Aid is supporting child nutrition programmes, **long-term reductions in chronic malnutrition** (stunting) have been achieved.[18]
- In June 2020, the UK hosted the Global Vaccine Summit and made the **largest funding commitment** (£1.65 billion).[19]
- In response to COVID-19, the UK Government has committed a **new £119 million aid package** to tackle the combined threat of the pandemic and famines,[20] demonstrating again the value of its leadership on global health priorities and supporting the world's poorest and most vulnerable.

However, one year on from the general election, the current Government is yet to set out how it intends to fulfil its Manifesto commitment to end preventable deaths of mothers, newborn babies and children by 2030. The decision to reduce the UK Aid budget from 0.7% to 0.5%[21] of GNI in 2021, in addition to GNI-adjusted reductions in 2020, will greatly constrain the FCDO in meeting these commitments.

The health and very survival of mothers and children should not be the cost of this crisis. It is critical that funding for maternal and children health is steadfastly protected, despite a reduced UK Aid budget. The promise to end preventable deaths must be retained as a priority, and an action plan for its delivery should be published and implemented urgently.

ABOUT THE REPORT

This report follows the UK Committee for UNICEF's January 2020 publication *Ending Preventable Deaths: How Britain can lead the way*.[22] The report, published before the devastating impact of COVID-19 was known, set out a roadmap of key moments in 2020 and 2021 for the UK Government to take action to ensure its Manifesto commitment on ending preventable deaths of mothers, newborn babies and children would be met.

Since that report was released, just a year ago, COVID-19 has become a global pandemic that has affected health and social care around the world.

Using data from UNICEF countries and other partners, as well as projections on the potential indirect health impacts of COVID-19, this new report examines the effects of the pandemic on essential life-saving services for women, newborns and children. It specifically focuses on services – set out as four pillars – that are key to tackling the leading causes of maternal, newborn and child death: health, immunisation, nutrition and WASH. It also exposes the impact of COVID-19 on progress on the leading preventable causes of child deaths, demonstrating how the pandemic is undoing decades of hard-won progress, and the need for urgent action.

The report further highlights the urgency of accelerating efforts towards Universal Health Coverage (UHC) by 2030 by strengthening integrated primary healthcare, "the backbone of UHC," to reach the poorest and most marginalised children and women, and to absorb and recover from health emergencies and outbreaks such as COVID-19.

Providing overarching recommendations and detailed suggestions across those four key priority areas, the report sets an agenda for action for the UK Government, and the FCDO in particular, to deliver on its commitment to end preventable deaths.

Malek, 4 months, is vaccinated at the UNICEF-supported health clinic in Azraq Refugee Camp, Jordan.

RECOMMENDATIONS

KEY RECOMMENDATIONS

The UK Government must:

1 Publish in early 2021 an ambitious Action Plan on ending preventable deaths of mothers, newborns and children that:

- Prioritises system-strengthening interventions across health, immunisation, nutrition, and WASH.
- Focuses on the poorest and fragile and conflict-affected countries and includes timebound catch-up plans to counter setbacks due to the pandemic.
- Ensures the continuity of MNCH, immunisation, nutrition and WASH services as core components of its COVID-19 response.
- Includes clear and measurable outcomes and targets that are reported against annually.

2 Prioritise mothers and children in all phases of the pandemic response and recovery and lead global efforts to build resilient health systems:

- Support countries to ensure that financial risk protection is expanded as part of moves towards UHC, minimising out-of-pocket payments that drive women and children away from vital services.
- Utilise its role on global health multilateral boards, such as Gavi and The Global Fund to ensure the inclusion of PHC systems strengthening as a priority objective of the response to the pandemic.
- Ensure funding for the pandemic response, such as through the distribution of vaccines and other tools, contribute to health system strengthening and expanded access to other essential health services for mothers and children.
- Use its position as G7 president and lead global efforts to strengthen PHC systems. By embedding PHC as part of its agenda to strengthen global pandemic preparedness, the UK can ensure that countries are supported to save lives today.

3 Return to spending 0.7% of GNI on aid and protect MNCH funding:

- As a matter of urgency, the government must return to spending 0.7% of GNI on Official Development Assistance no later than 2022.
- Protect and prioritise funding for child and maternal health programming, ensuring expenditure does not fall below 2019 levels, despite overall contraction in the aid budget.

BLUEPRINT FOR UK ACTION PLAN TO END PREVENTABLE DEATHS OF MOTHERS, NEWBORN BABIES AND CHILDREN

The Action Plan must cover the four critical pillars highlighted in this report:

PILLAR 1
MATERNAL, NEWBORN AND CHILD HEALTH SERVICES

- Protect and support routine maternal, newborn and child health services and ensure existing funding is not diverted or reduced due to the pandemic.
- Promote and support integrated health, immunisation, nutrition and WASH service delivery through PHC.
- Integrate COVID-19 investments in equipment and resources within life-saving services and interventions that are facing chronic shortages of funding, equipment, skills and medicine (for example, for childhood pneumonia and malaria).
- Set out timebound deliverables for achieving substantial progress on diseases that were falling behind before COVID-19.

PILLAR 2
IMMUNISATION SERVICES

- Prioritise investment in programmes that deliver catch-up vaccinations for children who missed out on immunisation during the initial COVID-19 response, while building towards resilient and integrated health systems afterwards.
- Accelerate immunisation efforts to increase coverage for routine and life-saving vaccines including DTP, pneumonia, and measles, and ensure the achievement of SDG 3.b.1.
- Put strong health systems and PHC at the heart of all vaccination programmes, by ensuring that countries and communities are supported to adapt, prioritise, and integrate vaccination with other PHC and social care services, through bilateral initiatives and influencing multilateral partners.
- Ensure investments in the ACT-A COVID-19 response retain a strong focus on strengthening health systems and build additional capacity for maternal, newborn, and child health interventions, including the delivery and catch up of vaccinations.
- Take the lead in fighting the spread of misinformation and rebuild trust in vaccines, ensuring that strategies to tackle vaccine hesitancy are better integrated across its domestic and international vaccination work.

PILLAR 3
NUTRITION SERVICES

- Support the delivery of the five-step action plan set out by UNICEF, WHO, WFP and FAO[23]:
  - Safeguard and promote access to nutritious, safe, and affordable diets
  - Invest in improving maternal and child nutrition through pregnancy, infancy, and early childhood
  - Re-activate and expand services for the early detection and treatment of child acute malnutrition (wasting)
  - Maintain the provision of nutritious and safe school meals for vulnerable children
  - Expand social protection to safeguard access to nutritious diets and essential services
- Make ambitious new pledges at the 2021 Nutrition for Growth Summit, recommitting to reach over 50 million children, women, and adolescent girls through nutrition-specific programmes by 2025.
- Invest a minimum of £120 million per year between 2021–25 on programmes that directly target the reduction of all forms of child and maternal malnutrition through a package of interventions including: supplementation and fortification, infant and young child feeding, equitable access to Ready-to-Use Therapeutic Foods (RUTF), and integrated and simplified treatment protocols.
- Invest in nutrition-sensitive programming, ensuring that a minimum of £680 million per year of nutrition relevant programming is spent on tackling the underlying causes of malnutrition. In particular, the FCDO should look to achieve this through programmes focused on climate-sensitive food systems, health, economic development, education, and WASH.

PILLAR 4
WASH SERVICES

- Explicitly integrate WASH services within a MNCH and nutrition package, and define WASH services as essential and life-saving interventions for mothers, newborns and children.
- Ensure WASH funding is protected from the impact of ODA cuts. Commit to significantly increase bilateral WASH spending in FCAS to meet the urgent needs of COVID-19 affected populations, including displaced children and families.
- Provide multi-year, flexible and predictable WASH funding to build countries' resilience and stability to invest in prevention approaches to reduce the incidence and impact of chronic disease outbreaks, climate change, and future shocks.
- Invest in, and improve resilient WASH services in health facilities, schools and communities, with a strong focus on the most vulnerable settings such as refugee camps and informal urban settlements, supporting communities to be better prepared for future pandemics and other shocks.
- Support programmes to deliver climate-resilient WASH services to the most vulnerable populations and put in place early warning systems to avert acute water scarcity crises, as well as focus further on strengthening government-led systems.

INTRODUCTION

Children's and women's right to health is a fundamental right recognised in international treaties, including the UN Convention on the Rights of the Child (UNCRC) and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).

MATERNAL, NEWBORN, AND CHILD MORTALITY BEFORE COVID-19

Over the past three decades, we have seen remarkable progress in reducing child and maternal deaths (see Figure 1). Yet despite these advances, millions of children and hundreds of thousands of women continue to die from preventable causes every year. On average, 14,000 children under age five died every day in 2019. Nearly half of those deaths occurred in the first 28 days of life.[24] And every day in 2017, approximately 810 women died from preventable causes related to pregnancy and childbirth.[25]

Progress has also been greatly uneven, and persistent regional disparities mean that women's and children's chances of survival still largely depend on where they live and their income level. Sub-Saharan Africa and Southern Asia – where nearly 99% of the "bottom billion" live[26] – accounted for more than 80% of global under under-five deaths in 2019,[27] and 86% of maternal deaths worldwide in 2017.[28]

Before COVID-19, 48 million children under age five were projected to die between 2020 and 2030.[29] Half of these deaths are estimated to be among newborn babies, many of which can be prevented.

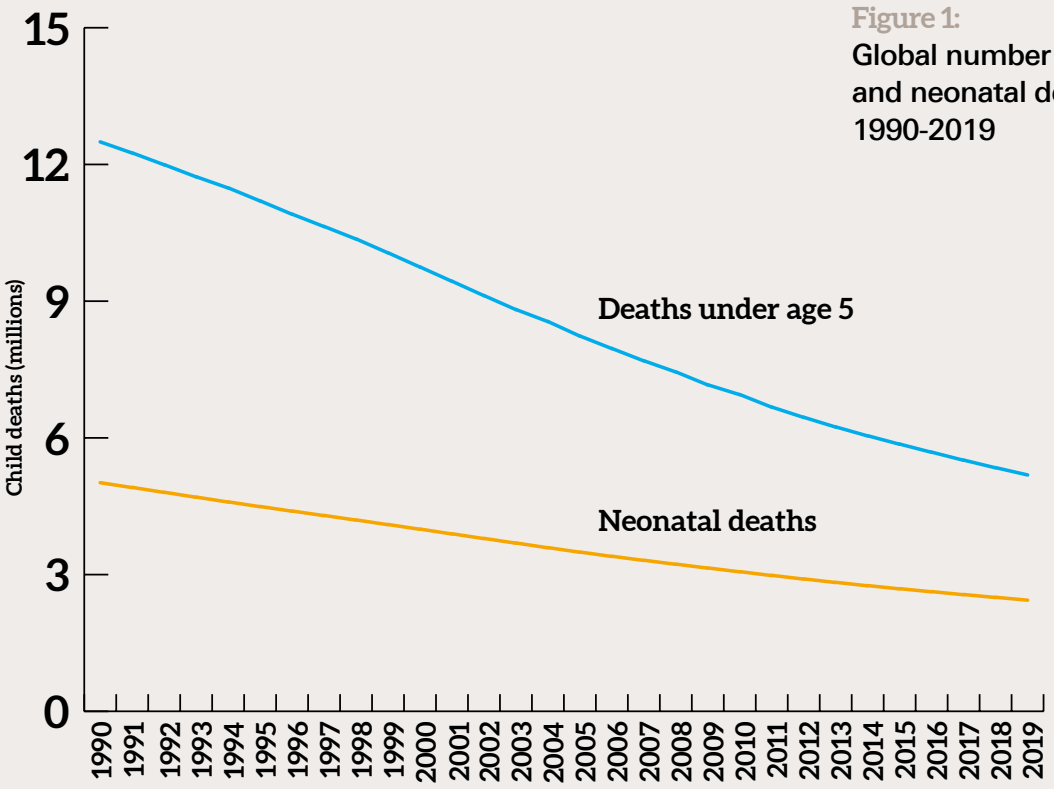

Figure 1:
Global number of under-five and neonatal deaths in millions, 1990-2019

Source: United Nations Inter-agency Group for Child Mortality Estimation (UN IGME) 2020

GLOBAL GOALS

IN 1990, governments pledged to reduce child and maternal mortality by 2015 (Millennium Development Goals 4 and 5 respectively).

BY 2015, in spite of significant progress, not enough had been done, and it was unlikely the world would meet the MDG commitments **before 2025 at least.**

IN 2015, world leaders further committed to act on child and maternal mortality, with the 2030 Agenda's Sustainable Development Goal 3 containing specific targets on reducing the global maternal mortality ratio to **less than 70 per 100 000 live births** (SDG 3.1) and **ending preventable deaths of newborns and children under 5 years of age**, with all countries aiming to reduce neonatal mortality to 12 deaths per 1,000 live births and **under-5 mortality to 25 deaths per 1,000 live births** (SDG 3.2).

IN 2020, when the pandemic hit, the world was already off-track in meeting the SDG 3 targets.[30]

Children from Dhaka, Bangladesh, take part in Global Handwashing Day on 15 October 2020.

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DIRECT AND INDIRECT HEALTH IMPACTS OF COVID-19 ON MOTHERS AND CHILDREN

COVID-19 has devastated societies and economies around the world, causing the deaths of over over 1.53 million people and infecting more than 65 million people at the time of writing.[31] Children and young people are susceptible to infection from the virus, and the number of children infected is increasing in many countries. One in 9 people infected with COVID-19 is a child.[32] Children and adolescents appear to have milder symptoms compared to adults and mortality rates among children and adolescents have remained significantly lower than for older adults. There is currently no evidence that pregnancy and childbirth increases the risk for becoming infected with COVID-19, however pregnancy may increase the need for intensive care treatment for COVID-19, compared with nonpregnant individuals of the same age.[33] Children and pregnant women whose immune systems are compromised are at a higher risk of becoming seriously ill.

However, the greatest health risks for pregnant women, new mothers, newborns and children in the poorest and most vulnerable places are primarily linked to ongoing disruptions to essential and life-saving services. This is exacerbated by mitigation measures against the spread of the virus, and worsening poverty and food insecurity as a direct consequence of the pandemic.

UK GLOBAL LEADERSHIP ON THE COVID-19 RESPONSE

The UK Government has been a prominent supporter for the global emergency response to tackle the effects of the pandemic. In particular, it has supported efforts to develop and prepare for distribution of a COVID-19 vaccine, and is set to become the second largest state donor to the World Health Organisation (WHO).[34]

A global leader in child health, the current UK Government is a longstanding champion of child immunisation, and is the largest donor to Gavi. In November 2019, it committed to ending preventable deaths of mothers, newborn babies and children by 2030 in its Manifesto.[35]

But as the immediate and long-term consequences of the pandemic on children become clearer, and the Government realigns its development priorities following the FCDO merger, it must ensure that the poorest and most vulnerable mothers and children who depend on UK Aid for their survival are protected.

Locally produced hygiene supplies, including hand sanitisers and soap, being packed in Ethiopia. With support from UK Aid, UNICEF is providing supplies to help prevent infection from COVID-19.

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DISRUPTIONS TO LIFE-SAVING ESSENTIAL SERVICES

WHO published guidance for maintaining essential health during COVID-19. The document categorises immunisation services, reproductive health services, services for vulnerable populations including infants, provision of medicines and health equipment for health workers as "high priority interventions" for tackling the indirect health impacts of COVID-19.[36] Yet, data shows that essential MNCH services have been partially or fully suspended in countries where lockdown measures have been introduced or health services have not been able to cope.

Early estimates of the potential impacts of COVID-19 on child and maternal mortality show that interruptions or diversion of services, and increase in wasting could lead to up to more than additional 6,000 child deaths every day, and an extra 9,450 maternal deaths every month across LMICs.[37]

© Unicef/Zaidi

A girl receives her measles vaccination at Nasra School Malir, Karachi, Pakistan. It is part of a UNICEF-supported mass immunisation campaign.

PILLAR 1:
HEALTH SERVICES

Before the pandemic, at least half of the world's population lacked essential health services.[38]

COVID-19 has spawned challenges across global healthcare systems, confronting the resilience of the most advanced health systems in the world. It has laid bare health system resource gaps and lack of prioritisation for primary health care across the globe, despite the first commitments on primary health care being made 40 years ago in the Alma-Ata Declaration.[39] In the poorest countries and those facing chronic health emergencies and protracted crises, weak and under-resourced health systems are being pushed to the brink of collapse. These countries are where the disruptions are most likely to be most damaging and last longest.[40]

Country surveys have exposed common patterns to the disruptions in health care, in particular: shortages of health personnel, equipment and supplies; closures of facilities; reduced hours; resources being diverted to COVID-19 response; restrictions on movement of people and transportation of commodities; fear of infection resulting in fewer people seeking healthcare services; and financial difficulties.

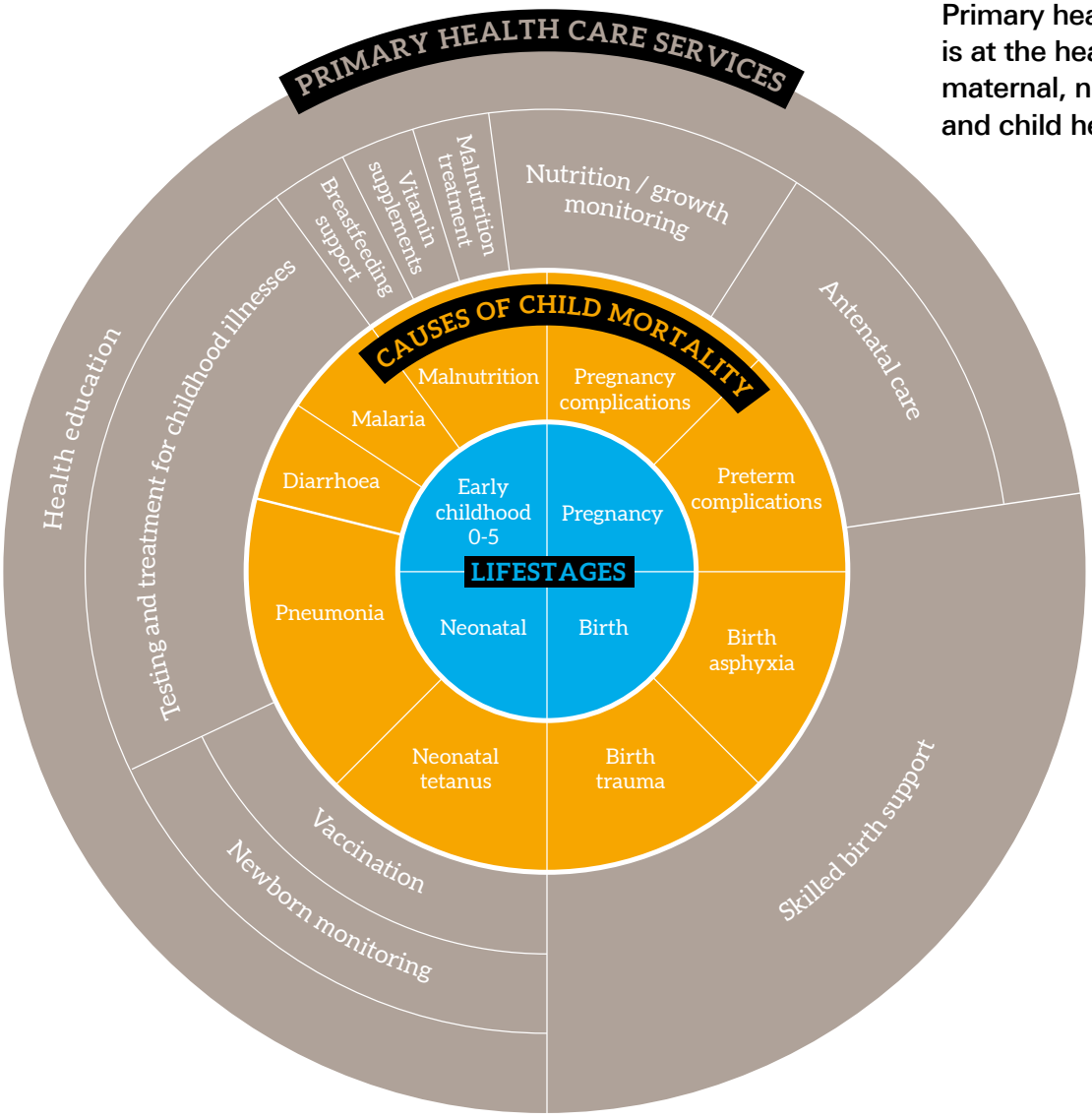

Figure 2:
Primary healthcare is at the heart of maternal, newborn and child health

Table 1:
Summary of selected COVID-19 related health disruptions surveys, 2020

	WHO, UNICEF, GAVI Immunisation Pulse Surveys (April and June 2020)[41]	**UNICEF Country offices Survey** (August-September 2020)[42]	**Pooled data from routine health information systems**[43]	**WHO Global Pulse Survey on Essential Health Services**[44] (May–July 2020)
Respondents	June: 260 respondents from 82 countries (half working at the national level and half at the sub-national level)	148 UNICEF Country Offices	38 LMICs in South Asia, Latin America and the Caribbean, and sub-Saharan Africa	Ministry of health officials in five WHO regions Questionnaires were sent to 159 countries and 105 responses were received (66% response rate).
Disruptions	About half of country reports indicated partial or severe disruptions as early as March–June 2020. In June, 85% of countries responding to current status indicated that vaccination levels were lower in May than in January-February 2020; only 18% of countries reported that vaccination levels improved compared to April 2020	Services with the most widespread drops in coverage (by 10 percentage points or more) included: routine vaccinations (53 countries); outpatient care for childhood infectious diseases (47 countries) and maternal health services (46 countries), with the majority in LMICs	Drops in service coverage of over 10 percentage points for institutional delivery and immunisation services	90% of countries reported disruptions to essential health services LMICs reported the greatest disruptions Potentially life-saving emergency services were disrupted in almost a quarter of responding countries Some of the most frequently disrupted areas reported included routine immunisation – outreach services (70%) and facility-based services (61%), non-communicable diseases diagnosis and treatment (69%), malaria diagnosis and treatment (46%), tuberculosis case detection and treatment (42%) and anti-retroviral treatment (32%)
Most common reasons for disruptions - Supply	■ Closure of services ■ Supply shortages at facilities ■ Health workers shortage ■ Lockdown disrupting health workers' mobility ■ Low availability of personal protection equipment (PPE)	■ Closure of services ■ Supply shortages at facilities ■ Lockdown disrupting health workers' mobility ■ Personnel gap ■ Low availability of personal protection equipment (PPE)	Not included	■ Cancellation of elective services (66%) ■ Staff redeployment to provide COVID-19 relief (49%) ■ Lack of personal protective equipment (44%) ■ Unavailability of services owing to closures of health facilities or health services (33–41%) ■ Supply-chain difficulties (30%)
Most common reasons for disruptions – Demand	■ Reduction in demand due to fear of infection ■ Lockdowns limiting movements ■ Financial difficulties	■ Reduction in demand due to fear of infection	Not included	■ Reduction (76%) in outpatient care ■ Lockdowns hindering access (48%) ■ Financial difficulties (33%)

UNICEF's most recent (September 2020) ongoing situation tracking for COVID-19 shows that disruptions are still widespread, with around one-third of 148 countries reporting a drop of at least 10% in routine vaccination services, outpatient care for childhood infectious diseases, and maternal health services (see Figure 3).

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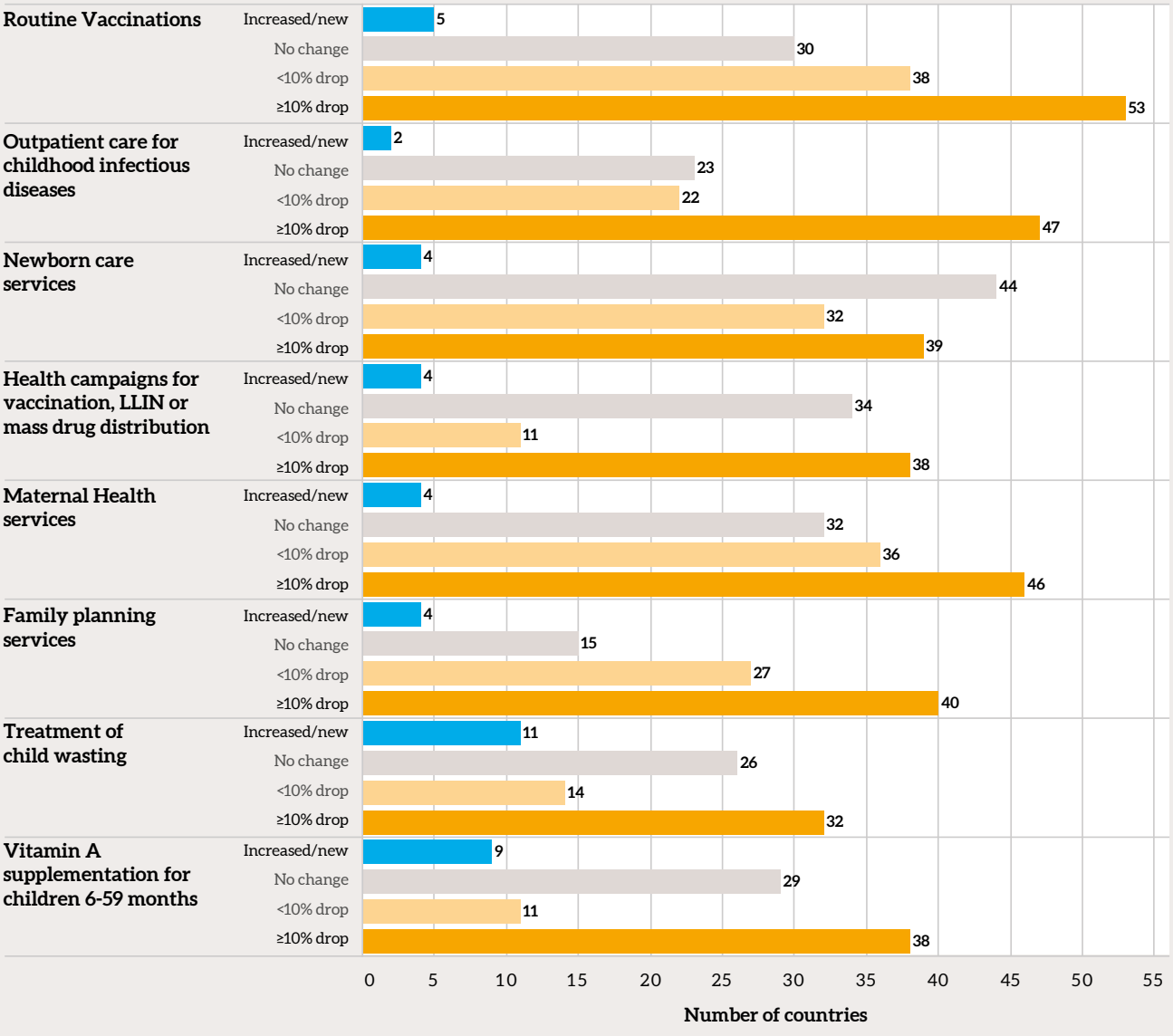
A nurse prepares a vaccine for a young child at a UNICEF-supported health centre in Goma, Democratic Republic of Congo.

Figure 3:

COVID-19 related change in coverage levels of select health and nutrition services in 2020, compared to 2019.



Source: UNICEF, Tracking the situation of children dashboard during COVID-19, September 2020
Note: A total of 148 countries participated in the survey.

IMPACT OF COVID-19 ON ESSENTIAL HEALTH SERVICES IN BANGLADESH

In Bangladesh, uptake of critical health services for under-five children has decreased significantly due to COVID-19. The service utilisation for children under 5 years of age in March 2020 was down 25% compared to March 2019.[45]

The uptake of maternal and newborn health services has also declined by around 19%. Key maternal health services such as antenatal care visits and postnatal check-ups in health facilities have decreased substantially, and deliveries in facilities have been reduced by 21% for the period of January to March 2020, compared with October to December 2019.[46]

Due to the pandemic, Bangladesh also had to postpone a measles and rubella immunisation campaign targeting 34 million children aged 9 months to 9 years.[47] Though routine immunisation sessions have continued, many outreach interventions were suspended, and the transportation of vaccines remains challenging.

UNICEF has been working with the Ministry of Health and Family Welfare to maintain routine essential maternal, newborn and child health services. The Ministry has recruited an additional 2,000 doctors and 5,000 nurses to help overcome the challenges. More investments in health are needed now more than ever to strengthen the health system in Bangladesh.[48]

© Unicef/Himu

Kaniz brings her twins Saifwan and Safwan (43 days old) to be vaccinated for measles at Shurjer Hashi Clinic, Dhaka, Bangladesh. They missed the previous vaccination date because of a COVID-19 lockdown.

COVID-19: POVERTY AND ACCESS TO ESSENTIAL HEALTH SERVICES

Disruptions to life-saving services are caused by changes to availability and utilisation of health services. While fear of infection has been a key factor in the drop in service use, increased poverty due to economic downturns and income losses is also impacting households' ability to access basic health services.

Economic downturns also typically lead to funding cuts, including on programmes for children, when there is a desperate and urgent need to protect them from multi-dimensional (health, nutrition, water and sanitation, housing, education) poverty.

Before COVID-19, around 100 million people were struggling to survive on less than $1.90 a day because of health expenses.[49] The pandemic is now expected to push another 150 million people into extreme poverty by the end of 2021.[50]

UNICEF and Save the Children project that an additional 122–144 million children will be living in monetary poor households (based on national poverty lines) by the end of the year.[51] Nearly two thirds of these children live in Sub-Saharan Africa and South Asia.[52]

The link between monetary poverty and poor child health outcomes is well evidenced. Children from the poorest households die at twice the rate of their better-off peers.[53] Without immediate interventions to mitigate the impact of increased poverty on children's health and broader social-economic outcomes, millions of children will be at risk of malnutrition and will see their health decline as a direct result from the financial impacts of COVID-19 on households' access to essential services.

If the world repeats this pattern in the wake of COVID-19, poverty and deprivation will continue to rise – even after the acute phase of the pandemic has waned. Ensuring that children and their families have access to a package of social protection measures and supporting debt relief in vulnerable countries must be critical components of the response and recovery plans.

The pandemic has exacerbated already substantial challenges many countries are facing in delivering essential health services to all mothers and children.

Out of the 139 countries that responded to the health questions in a recent UNICEF survey, 47 reported disruptions of 10 per cent or greater for outpatient services for childhood infectious diseases. Of these countries, 12 had national coverage levels of below 50 per cent for care-seeking for acute respiratory infections, and 36 had average coverage levels of below 50 per cent for treatment of childhood diarrhea with ORS prior to the onset of the pandemic.

Similarly, 46 of the 139 countries reported disruptions of 10 per cent or higher for maternal health services. Out of these countries, 26 had an average coverage level of antenatal care four or more visits of less than 75 per cent and 18 had national coverage of less than 75 per cent for institutional delivery before COVID-19.

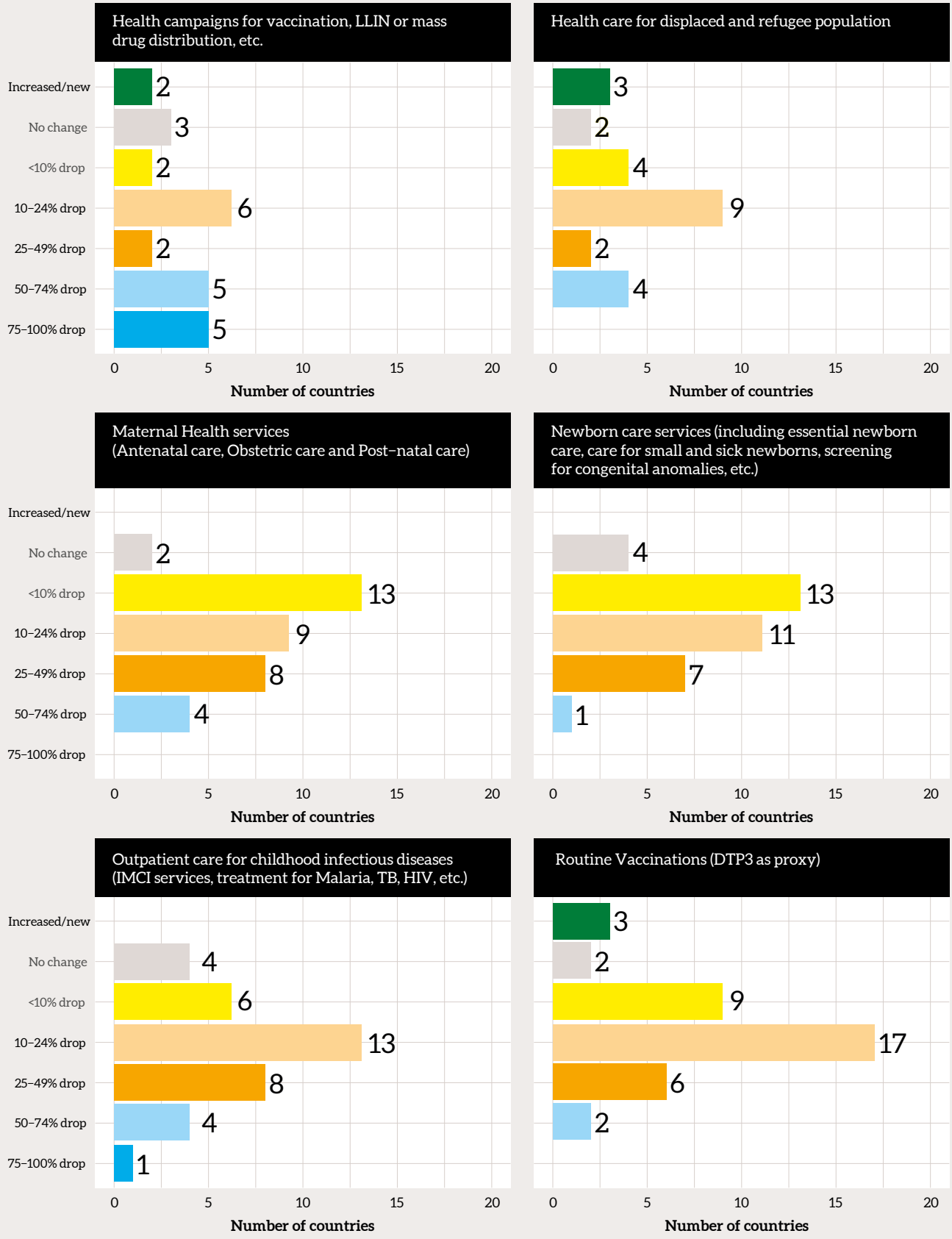
The disruptions in humanitarian settings are especially pronounced.

- Out of 41 countries with ongoing humanitarian response[54], 20 reported disruptions in health campaigns for vaccination, LLIN or mass distribution of medicines, compared with this time last year. Ten countries (Afghanistan, Bangladesh, Cameroon, Chad, Colombia, Ecuador, Lesotho, Mali, Mozambique, Yemen) reported a reduction of 50% or more.

- Newborn care services were also heavily affected, with seven countries reporting a decline of 25-49%, and a drop of more than 50% in Syria.[55] (see Figure 4, page 21)

Figure 4:

Change in health service coverage levels in 2020, compared to 2019, among countries with ongoing humanitarian response.



Source: UNICEF Tracking the situation of children dashboard during COVID-19, September 2020
Note: 'Not applicable' and 'Do not know' responses excluded

UK GOVERNMENT'S CONTRIBUTION TO GLOBAL HEALTH SECURITY

At the UN General Assembly 2020, the UK Prime Minister pledged to increase funding for WHO by 30% to £340 million over the next four years, as part of a "global plan to prevent future pandemics".[56] The UK is also expected to use its G7 Presidency to work on delivering its plan for enhancing global health security including through agreeing global protocols for health emergencies and creating a global early warning system to predict health crises.

The 2014–16 Ebola crisis in West Africa overwhelmed already under-resourced healthcare systems in Guinea, Sierra Leone and Liberia. More than 28,000 people were infected with Ebola and over 11,000 died. The health impacts of the outbreak however were not confined to Ebola, and a rise in preventable deaths from other diseases was recorded due to disruptions in the delivery of essential life-saving interventions. Overwhelming demand, health worker deaths, diversion of resources, closure of health facilities and shortage of drugs and supplies, had a dramatic impact on people's ability to access services.

In Liberia, 62% of health facilities were closed at some points, and two-thirds of health services had stopped functioning in August 2014. In a study of 45 public health facilities in Guinea, the number of children under age 5 seen for acute respiratory infections fell by 58% at hospitals and by 23% at health centres between November 2013 and November 2014. Over the same period, the number of children seen for diarrhoea fell by 60% at hospitals and 25% at health centres.[57] Across the region, over 80% reductions in maternal delivery care, and 40% national reduction in malaria admissions of children under five were reported in Ebola-affected areas.[58]

A girl stands outside a UNICEF-supported nutrition monitoring programme at Gennis Health Centre in Roseires, Blue Nile State, Sudan.

SPOTLIGHT ON MATERNAL AND NEWBORN HEALTH

THE IMPACT OF DISRUPTIONS TO HEALTH SERVICES ON PREGNANT WOMEN, NEW MOTHERS AND NEWBORN BABIES

Before the pandemic, women's access to quality, safe, and timely services in many countries was already limited or unavailable due to poor maternal health infrastructure, lack of human and financial resources, poor WASH services in healthcare facilities,[59] and the costs of health care.

In 2017, 86% of maternal deaths were concentrated in sub-Saharan Africa and South Asia, with a large majority occurring in FCAS.[60] In May 2020, a model study predicted that a 45% reduction in key maternal health interventions for six months across LMICs could result in an additional 56,700 maternal deaths.[61]

COVID-19 has had a drastic impact on maternal health services. In summer 2020, a UNICEF survey conducted across 77 countries found that 63% of countries reported disruptions in antenatal check-ups and 59% in post-natal care.[62] For example, in Cameroon, where 1 out of every 38 newborn babies died in 2019, the survey reported disruptions in services of around 75% for essential newborn care, antenatal check-ups, obstetric care and post-natal care.[63] WHO Global Pulse Survey found that more than half of countries reported partial disruptions in antenatal care services and 32% in facility-based birth services.[64]

Other country data also show that demand and supply for maternal health services has been impacted by over-stretched health facilities, COVID-19 mitigation measures, and pregnant women's reluctance to access services because of concerns over potential infection.

For example, it has been reported that COVID-19 restrictions have meant that pregnant women living in endemic countries have missed out on preventive malaria treatment,[65] exacerbating the existing coverage gap in intermittent preventive treatment that is essential to reduce the risk of anaemia, premature births, low birth weight, stillbirth and infant death.[66] In Pakistan, available data from district health systems indicate a dramatic drop in access for and provision of antenatal care services.[67] In India, at least two pregnant women in labour died after being turned away from beleaguered hospitals; in one case, a woman was denied entry at eight hospitals before she died.[68]

"When I saw my baby, I was shocked! It was so small. How could I hold a baby weighing just 1.5 kilogrammes? Then, with counselling from the nurses, I started kangaroo mother care. Seeing my baby gain weight brings me a lot of joy." Lucy Atikoru, northern Uganda

Around the world, UNICEF helps to train and support maternity health workers to provide the best care for mums and babies.

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BETTER MATERNAL HEALTH CRITICAL TO ENDING STILLBIRTHS

Tragically, almost 2 million babies are stillborn every year, with the greatest burden felt in sub-Saharan Africa and Southern Asia.[69] Most of these stillbirths are due to unavailability or poor quality of care during pregnancy and birth. Some of the key challenges include lack of investment in antenatal and intrapartum services and in strengthening the nursing and midwifery workforce.

COVID-19 pandemic could greatly increase the number of stillborn babies around the world. Persistent disruptions to routine and requisite maternal care and nutrition could lead to adverse foetal outcomes.[70] It has been estimated that a roughly 50% reduction in health services in LMICs due to the pandemic could lead to an 11.1% increase in the number of stillbirths.[71]

A prospective observational study[72] on the effect of the COVID-19 pandemic response on childbirth care, stillbirth, and neonatal mortality outcomes in Nepal provides an alarming picture of the impact of reduced maternal healthcare and containment measures on stillbirths. Between January and May 2020, the study across nine hospitals found that institutional stillbirth rate increased from 14 per 1,000 total births before lockdown to 21 per 1,000 total births during lockdown and institutional neonatal mortality rate tripled. Intrapartum foetal heart rate monitoring decreased by 13.4%, and breastfeeding within an hour of birth decreased by 3.5%, indicating reductions in quality of care.

Even before the COVID-19 pandemic, few women in LMICs received timely and high-quality care for preventing stillbirths, such as C-section, malaria prevention, management of hypertension in pregnancy, and syphilis detection and treatment.[73] Assisted vaginal delivery, a critical intervention for preventing stillbirths during labour, is estimated to reach fewer than half of pregnant women who need it.[74]

It is too early to determine the indirect impact of COVID-19 on maternal health outcomes, however evidence from other epidemics such as Ebola in Sierra Leone and DR Congo showed an increase in maternal mortality as a result of disruptions to routine health and maternity services and reluctance to access services.[75]

A newborn baby at the maternity ward of Rukunyu Hospital, western Uganda. During the COVID-19 pandemic, UNICEF is helping to prevent infection at healthcare facilities in Uganda by providing personal protection equipment (PPE) and other water, sanitation and hygiene supplies.

PILLAR 1 RECOMMENDATIONS
MATERNAL, NEWBORN AND CHILD HEALTH SERVICES

The future UK's Action Plan on Ending Preventable Deaths of mothers, newborn babies and children should:

- Protect and support routine maternal, newborn and child health services and ensure existing funding is not diverted or reduced due to the pandemic.
- Promote and support integrated health, immunisation, nutrition and WASH service delivery through PHC.
- Integrate COVID-19 investments in equipment and resources within life-saving services and interventions that are facing chronic shortages of funding, equipment, skills and medicine (for example, for childhood pneumonia and malaria).
- Set out timebound deliverables for achieving substantial progress on diseases that were falling behind before COVID-19.

A nurse cares for a newborn at the Port Bouët health centre in Abidjan, Côte d'Ivoire.

© Unicef/Dejongh

PILLAR 2:
IMMUNISATION SERVICES

Global progress on immunisation has been significant, with more than one billion children vaccinated in the last two decades, and the world getting closer than ever to eradicating some of the deadliest childhood illnesses. Global coverage rates for the third dose of the diphtheria, tetanus and pertussis vaccine (DTP3) reached 85% in 2019, a substantial increase from 72% in 2000.[76]

This number does not, however, reflect the actual coverage need or the persisting socio-economic and geographical inequalities that leave millions of children under-vaccinated or completely unvaccinated, as well as the zero-dose children (defined as children who have only received the first dose of DTP, all at risk of vaccine-preventable diseases (VPDs). In 2019, almost 20 million children did not receive basic life-saving vaccines like measles and diphtheria, tetanus, and pertussis (see Figure 5), including 14 million zero-dose infants.[77]

COVID-19 struck when immunisation coverage was already declining in some countries,[78] and global vaccination coverage had stalled, only increasing by 1% since 2010.[79] This means that before COVID-19, the world was off track to achieve SDG 3.b.1 target of universal vaccination coverage.

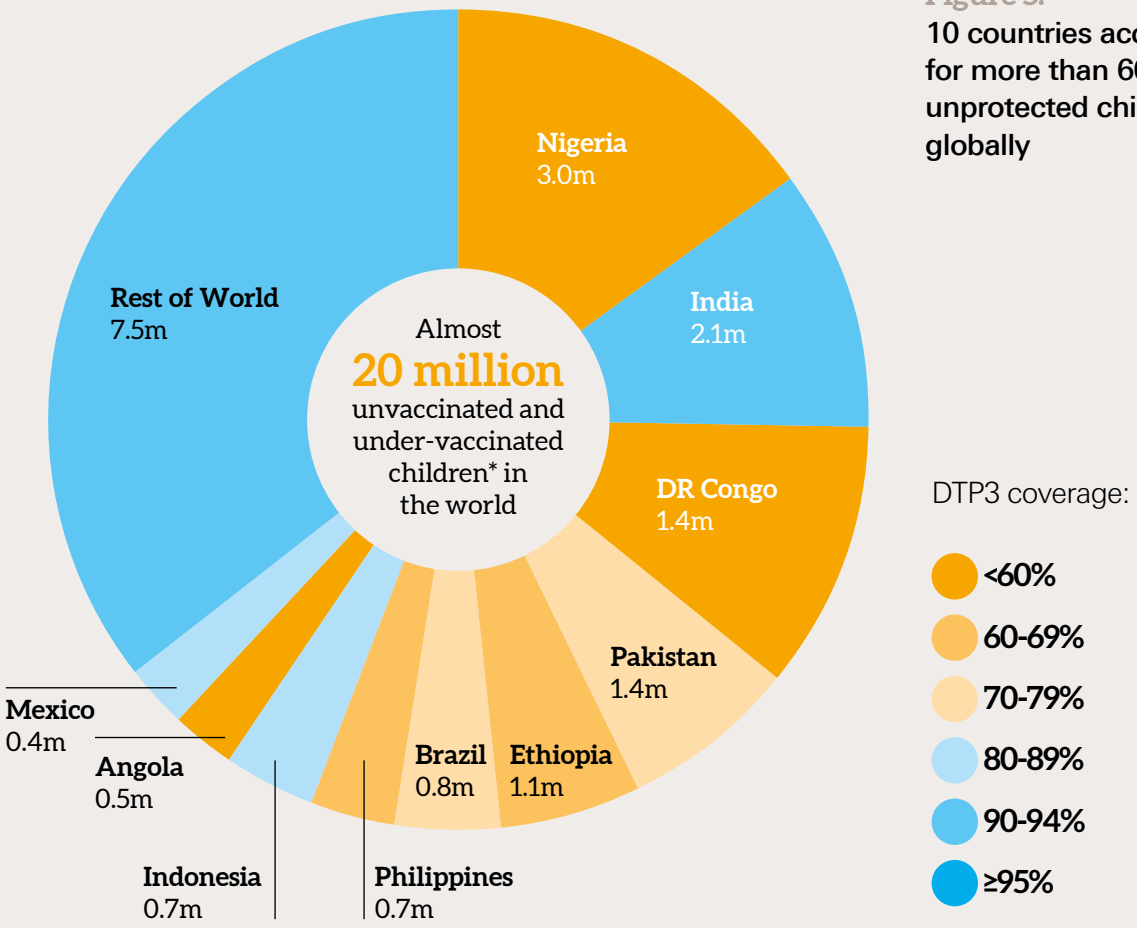

Figure 5:
10 countries account for more than 60% of unprotected children globally

Source: WHO/UNICEF estimates of national vaccination coverage, 2019 revision
Note: * unvaccinated and under-vaccinated children defined as children not receiving the third dose of DTP vaccine.

COVID-19 CHALLENGES FOR IMMUNISATION

Immunisation has been one of the essential services most affected by COVID-19, with a number of surveys showing an alarming picture of the extent of the disruptions from the early days of the pandemic. Just over half of countries with available data reported disruptions of vaccination services that were moderate, severe, or suspended altogether during March–April 2020. In May 2020 disruptions continued to significantly hamper vaccination efforts with 85% of 61 countries reporting that vaccination levels were lower in that month than in January–February 2020.[80] WHO Global Pulse Survey also found that more than half of respondent countries reported service disruptions for children, with routine immunisation being the most frequently affected.[81] The Global Financing Facility survey (June 2020) showed that childhood vaccination was the most disrupted service among the 36 LMICs studied, with a significant drop in the number of children fully vaccinated in Liberia (35%), Nigeria (13%) and Afghanistan (11%).[82]

Additionally, reports as of September 2020 found that 53 of 141 countries still experienced level of reduction in routine immunisation services of at least 10%, and six countries, including Brazil, Guinea-Bissau, and Papua New Guinea, saw a substantial drop of 50–74%.[83]

COVID-19 AND VACCINE-PREVENTABLE DISEASES

Widespread disruptions to immunisation services mean that newborns and children are facing increased and multiple risks to VPDs, including TB, measles and polio.

Measles claimed 140,000 lives in 2018, mostly children under age five in low-income countries.[84] Even before COVID-19, there had been a 50% increase in measles deaths in just 3 years (2016–19) and the highest number of reported cases in 23 years in 2019[85], due to lack of progress in immunisation coverage and the most at-risk populations not being reached by essential health services.

Lutfi, 8, is vaccinated against diphtheria at Khawr Meksar clinic in Aden, Yemen. UNICEF is ensuring vaccinations continue despite the COVID-19 pandemic.

The pandemic has had a dramatic effect on measles vaccination campaigns. In November 2020, more than 94 million children in 26 countries had missed out on measles vaccination due to disruptions[86], many of them experiencing continuing outbreaks of measles. Of countries with postponed planned 2020 campaigns, only eight (Brazil, Central African Republic, the Democratic Republic of Congo, Ethiopia, Nepal, Nigeria, Philippines and Somalia) resumed their campaigns after initial delays.

The pandemic has also added complexities to an already challenging environment for poliovirus prevention in countries affected by or at risk of outbreaks. The suspension of polio campaigns, coupled with COVID-19 related disruptions to routine immunisation activities has increased wild polio virus cases in the two remaining polio endemic countries of Afghanistan and Pakistan.[87] In addition, outbreaks of a rare form of the polio virus that occurs in under-immunised communities has increased five-fold compared to 2019 levels, paralysing over 600 children in 19 countries, mostly in Africa.[88] Estimates have shown that failure to eradicate polio could lead to a global resurgence of the disease, resulting in as many as 200,000 new cases annually, within 10 years.[89]

IMPACT OF COVID-19 ON IMMUNISATION IN PAKISTAN[90]

The swift spread of COVID-19 has upended health systems and affected all health services in Pakistan. The disruption of routine immunisation services could start secondary outbreaks of VPDs and further worsen the longstanding inequity in immunisation coverage.

Karachi, the capital of Sindh province, is one of Pakistan's last remaining pockets for polio, and has the highest number of under-vaccinated children compared with other megacities in the country and globally. The city saw a 52.8% reduction in daily immunisation visits during the first six weeks of lockdown compared with the six months before confinement.[91] There was steady recovery in coverage rates once lockdown was eased, but the worst hit areas were the slums and squatter settlements of poor suburbs in Karachi, where risk of infection remains high.

Immunisation services in Pakistan have resumed[92] and are being strengthened and adapted to reflect the COVID-19 realities whilst meeting the needs of the communities.[93] Yet lockdowns have exposed and further exacerbated existing immunisation inequities beyond this single country.

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A girl receives the polio vaccine in Rawalpindi, Pakistan. In September 2020, with support from UNICEF and after a six-month pause due to COVID-19, Pakistan's national polio vaccination campaign reached over 39 million children.

Despite challenges, several countries have maintained immunisation services. For example, in May 2020, UNICEF reported that Uganda was ensuring that immunisation services continue along with other essential health services, including funding transportation to ensure outreach activities.[94] And in Lao People's Democratic Republic, despite a national lockdown imposed in March 2020, routine immunisation continued in fixed sites, with physical distancing measures in place.[95]

Efforts to maintain life-saving, routine immunisation services have however largely fallen short of meeting the needs of the most vulnerable children. The roll out of a COVID-19 vaccine may also worsen existing disruptions to routine child immunisation, as systems struggling to regain capacity having to prioritise coronavirus vaccination campaigns.

COVID-19 AND UNICEF VACCINE PROCUREMENT

In a typical year, UNICEF plays a critical role in supplying essential vaccines around the world. In 2019, UNICEF procured more than 2.4 billion doses of vaccines for 100 countries, reaching nearly half of all children under the age of five. These critical efforts will need to be redoubled as transportation disruptions caused by COVID-19 have made vaccine procurement and delivery at the global scale even more challenging. Starting in late March 2020, UNICEF saw a 70–80% reduction in planned vaccine shipments due to the dramatic decline in flight availability, putting dozens of countries at risk of being out of stock, including at least five countries that experienced measles outbreaks in 2019.[96]

In response to these challenges, UNICEF has appealed to governments, the private sector, the airline industry, and other partners, to free up freight space at an affordable cost for these life-saving vaccines. UNICEF and Gavi have also signed an agreement to provide advance funding to cover increased freight costs for delivery of vaccines.[97]

A health worker carries measles and rubella vaccines across a river to protect children in a remote area of Himachal Pradesh, northern India.

UNICEF AND THE UK GOVERNMENT WORKING TO ENSURE DELIVERY OF THE COVID-19 VACCINE

UNICEF is leading efforts to procure and supply COVID-19 vaccines for 171 countries on behalf of the COVAX Global Vaccine Facility. UNICEF is also working to ensure that suitable safe injection and cold chain equipment is available, and to support country readiness efforts for roll-out of a COVID-19 vaccine.

In October 2020, the UK Government pledged up to £500 million (approximately US$ 640 million) to the Gavi COVAX AMC. This is in addition to an earlier US$ 61 million pledged by the Government for the COVAX AMC at the Global Vaccine Summit in June 2020, bringing the total contribution from the UK to US$ 701 million.

As well as leading the procurement and supply of the COVID-19 vaccine, UNICEF, together with WHO, the UK Government, and other partners, is co-leading global efforts to ensure countries are ready to introduce and deploy the vaccine as soon as it becomes available. This includes helping countries to strengthen their cold and supply chains, training health workers on its management and delivery, and working with communities in addressing misinformation and building trust in vaccines and in the health systems that deliver life-saving vaccinations.

Through the COVID-19 vaccination preparations and the rollout of the vaccination campaign in these countries, UNICEF and partners will be putting in place the infrastructure to strengthen routine vaccination systems in all the countries we work in. In effect, the strengthened supply and cold chain systems will ensure that we can reach even more children around the world with life-saving vaccines in the years to come, having critical implications far beyond the COVID-19 vaccine delivery.

SPOTLIGHT ON CHILDHOOD PNEUMONIA

THE IMPACT OF DISRUPTIONS ON IMMUNISATION SERVICES

Pneumonia remains the leading infectious cause of child death. It kills over 800,000 children under 5 every year, including over 153,000 newborns.[98] Two out of every three child pneumonia deaths occur in fragile states,[99] and severe pneumonia affects more than 22 million young children in LMICs each year.[100]

Childhood pneumonia remains poorly diagnosed and treated. Before the pandemic, many health facilities in LMICs were already not able to provide effective treatment due to inaccurate diagnosis capacity, shortages of antibiotics and oxygen, and weak referral systems.[101]

When available, services are not used by families because of factors such as transport and healthcare costs, distance, concerns over quality of care and reliance on traditional healers.[102] According to global estimates based on household surveys, 32% of children with symptoms of acute respiratory infection were not being taken to a health provider,[103] and in sub-Saharan Africa, fewer than half of children with symptoms saw a health care provider.[104]

COVID-19 is exacerbating barriers to pneumonia diagnosis and treatment services. In Kenya, there was a 60% reduction in presentations for child pneumonia in May 2020 compared with May 2018 and May 2019.[105] Nigeria also saw a 15–25% reduction in diagnoses of child pneumonia in April–June 2020 compared with the same period in 2019, with wide variations across its States.[106]

Vaccine coverage for pneumonia was also low even before the pandemic.[107] The main reasons for children not being vaccinated include logistical barriers, costs, cultural acceptance, PCV vaccines not available, and children not being reached by routine immunisation services.[108]

In addition to significant gaps in vaccine coverage and treatment of childhood pneumonia, poor access to basic WASH services is undermining prevention efforts. While handwashing can significantly reduce the risk of getting pneumonia,[109] COVID-19 has been a stark reminder of the lack of access to clean water and soap for billions of people in LMICs. Nearly 75% of people in least developed countries lack basic handwashing facilities at home.[110]

Amin Muktar, 4 months, waits to receive his vaccines at the Nyakuron Primary Health Care Centre in Juba, South Sudan. UNICEF South Sudan is supporting routine immunization across the country by providing training, vaccines and medical supplies such as syringes and cold chain equipment.

A health worker examines one-year-old Beatrice at a health clinic in north-east Nigeria. Pneumonia claims the lives of more than 800,000 children under five every year. Nigerian children made up the highest number of those who died, with an estimated 162,000 deaths in 2018. Almost all these deaths are preventable.

COVID-19 AND CHILDHOOD PNEUMONIA: OPPORTUNITIES FOR CHILD SURVIVAL[111]

Unprecedented measures have been implemented to respond to COVID-19. The mobilisation efforts to tackle the pandemic provide a unique opportunity to improve child health outcomes in LMICs in the medium- and long-term.

The main behaviours that have been promoted to prevent COVID-19 infection – mask-wearing, physical distancing, handwashing, and improved cough hygiene practices – will all also reduce circulation of other viruses and bacterial pathogens causing respiratory infections, including childhood pneumonia. Similarly, the increase in the distribution of pulse oximeters and oxygen equipment, combined with additional support to life-saving health services as part of the COVID-19 response is an opportunity to close the gaps in the provision of essential diagnostic and treatment tools for hypoxemia, which is often associated with childhood pneumonia deaths.

The potential impact for child survival is significant, especially for the 4.1 million children under five with pneumonia who are hypoxemic and require oxygen every year.[112] Oxygen supplies can be redeployed to newborn and paediatric wards of hospitals and health facilities, and pulse oximeters made widely available at PHC facilities. The 52% of children globally who still require a full course of PCV can also be reached as part of the increased support to existing immunisation programmes for COVID-19 vaccination campaigns.

Opportunities to accelerate progress in ending childhood pneumonia-related deaths are significant. World leaders need to seize them by ensuring that the COVID-19 investments in equipment and resources benefit urgent and under-funded pneumonia interventions.

PILLAR 2 RECOMMENDATIONS
IMMUNISATION SERVICES

The future UK's Action Plan on Ending Preventable Deaths of mothers, newborn babies and children should:

- Prioritise investment in programmes that deliver catch-up vaccinations for children who missed out on immunisation during the initial COVID-19 response, while building towards resilient and integrated health systems afterwards.
- Accelerate immunisation efforts to increase coverage for routine and life-saving vaccines including DTP, pneumonia, and measles, and ensure the achievement of SDG 3.b.1.
- Put strong health systems and PHC at the heart of all vaccination programmes, by ensuring that countries and communities are supported to adapt, prioritise, and integrate vaccination with other PHC and social care services, through bilateral initiatives and influencing multilateral partners.
- Ensure investments in the ACT-A COVID-19 response retain a strong focus on strengthening health systems and build additional capacity for maternal, newborn, and child health interventions, including the delivery and catch up of vaccinations.
- Take the lead in fighting the spread of misinformation and rebuild trust in vaccines, ensuring that strategies to tackle vaccine hesitancy are better integrated across its domestic and international vaccination work.

A porter carries UNICEF-provided measles, rubella and polio vaccines across treachorous terrain to reach a remote health post in central Nepal.

PILLAR 3:
NUTRITION SERVICES

Food systems have been severely compromised by countries' COVID-19 containment strategies that have disrupted domestic supply chains for nutrient-rich foods. Households' access to an affordable and quality diet has also been affected by food price rises and income and remittance losses. Households in LMICs who spend around 50% of their income on food have been the most affected.[113]

COVID-19 has laid bare the underlying inequalities and challenges in global food systems, pushing them to the brink of collapse.[114] The poorest and most marginalised populations are expected to be hit the hardest, due to their reliance on informal labour and self-employment, irregular income, and lack of social support.[115]

In 2019, more than 820 million people were already categorised as chronically food insecure, and 2 billion (or 26.4% of the world population) were suffering from moderate or severe levels of food insecurity.[116]

COVID-19 is exacerbating child hunger due to increase in food assistance needs. In West Africa for example, the number of children needing humanitarian assistance has increased by 60% since the start of the pandemic.[117] It is estimated that as many as 44 million additional children could go hungry in 2020 due to COVID-19.[118] The pandemic is also threatening to worsen an already alarming malnutrition crisis.

In November 2020, OCHA released emergency funding[119] to avert famines driven by conflict, economic decline, climate change and the pandemic in seven countries: Afghanistan, Burkina Faso, the Democratic Republic of the Congo, Nigeria, South Sudan and Yemen, as well as Ethiopia.

Globally, malnutrition continues to contribute to nearly half of all deaths in children under five.[120] One in 10 malnutrition-related child deaths in LMICs is attributable to severe wasting, which increases risk of mortality from infectious diseases,[121] in particular diarrhoea and pneumonia. In 2019, 144 million children were stunted and 47 million were wasted.[122]

Projections and evidence from the field strongly suggest that the pandemic is worsening the pre-existing malnutrition crisis in vulnerable countries:

- An additional 6.7 million children were predicted to become wasted in the first year of the pandemic, representing a 14.3% increase in the number of children who are wasted.[123]
- World Bank estimates that each percentage point drop in global GDP is expected to result in an additional 0.7 million stunted children.[124]
- An estimated 67,000 children were at risk of dying from extreme hunger across Sub-Saharan Africa before the end of 2020.[125]
- In October 2020, the International Rescue Committee reported that the number of children receiving treatment for malnutrition had decreased across conflict-affected countries at the peak of COVID-19, compared to 2019.[126] In the Democratic Republic of the Congo, there was a 15% drop in children being treated for malnutrition in 2020, even though there was an alarming 64% rise in the number of people facing a food crisis.
- That same month, the highest ever recorded wasting prevalence among children under five was reported in parts of Yemen, with more than half-a-million cases in southern districts.[127]

UK'S RESPONSE TO INCREASED HUNGER AND MALNUTRITION

In September 2020, the FCDO launched a global call to action[128] to protect the world's poorest people from coronavirus and the increasing threat of famine. It announced a new £119 million aid package and appointed the UK's first Special Envoy or Famine Prevention and Humanitarian Affairs. The aid package seeks to:

- Reduce malnutrition and child mortality across the Sahel, the Horn of Africa, Nigeria, Mali, Malawi, Bangladesh, Philippines, Indonesia, Pakistan and Afghanistan, through a new partnership with UNICEF to provide life-saving nutrition services to mothers and children;
- Contribute to alleviating extreme hunger for more than 6 million people in Yemen, DR Congo, Somalia, Central African Republic, the Sahel and Sudan;
- Help tackle extreme hunger in north-east Nigeria by providing around 240,000 people with food for three months; and
- Ensure vulnerable Afghans, whose access to food has decreased due to conflict, drought and the economic impacts of COVID-19, have enough money to buy food for their families.

Aissata, 6 months, eats ready-to-use therapeutic food at her home in Mopti, central Mali. Aissata suffered from acute malnutrition so severe that she stopped moving. Her father says *"I was in total despair. I was mentally prepared to lose my child."* Today, Aissata is on the road to recovery thanks to therapeutic foods supplied by UNICEF.

A BREEDING GROUND FOR MALNUTRITION IN AFGHANISTAN

New data shows that the number of children with severe wasting in Afghanistan has risen by 90,000 since the onset of the COVID-19 pandemic in the country.[129] Yet hospitals are already struggling to cope with COVID-19 patients and are unable to provide urgent medical care.

Job and income losses, staple food prices by up to 38%, and restricted access to food markets are creating a breeding ground for malnutrition in Afghanistan. As families struggle to meet their food needs, the number of children with severe wasting has risen from an estimated 690,000 in January 2020 to 780,000 in May 2020 even before the pandemic peaked,[130] so the worse may yet be to come.

The most severely malnourished children with severe wasting need specialised inpatient care in a hospital. Yet there has been a 40% fall in admissions to inpatient care since March 2020, when the first few cases of COVID-19 were detected in Afghanistan. Some children have been turned away from overwhelmed hospitals – other caregivers are keeping away from hospitals, fearful of COVID-19 infection.

A recent study estimated that up to 13,000 additional children under 5 years could die in Afghanistan because children cannot access life-saving health services to prevent and treat severe wasting and other life-threatening diseases.[131]

Fatima, 10 months, is diagnosed with severe acute malnutrition at the hospital in Kishim, eastern Afghanistan. Afghanistan has one of the highest numbers of children under the age of five suffering from severe acute malnutrition in the world.

Increase in wasting is also only the tip of the iceberg, as the pandemic will worsen other forms of child malnutrition, including micronutrient deficiencies and stunting.

Fully functioning and accessible nutrition services are paramount in mitigating the potential consequences of COVID-19 on malnutrition. But even before the pandemic, weak health systems were struggling to integrate nutrition into routine services and sharp declines in access to nutrition services had been reported, mirroring a similar trend during the 2014–16 outbreak of Ebola virus disease in sub-Saharan Africa.

COVID-19 has interrupted or increased pressure on nutrition programmes in many countries. In June 2020, UNICEF estimated a 30% overall reduction in essential nutrition services coverage for women and children, reaching 75–100% in lockdown contexts.[132] WHO Global Pulse Survey also found that essential services for sick children and for moderate and severe malnutrition were partially disrupted in about half of the 105 countries that responded. Nutrition services were at least partly disrupted in 30% of countries between May and July 2020.[133] In September 2020, disruptions were still considerable, including in countries with ongoing humanitarian crises, which reported significant disruptions across a range of critical nutrition interventions including early detection and treatment of wasting, vitamin A supplementation, and nutrition school programmes. As of October 2020, 265 million children were still missing out on school meals globally.[134]

The nutrition status of children is likely to be further affected due to unfounded fears of COVID-19 infection from mother to child. Newborn babies are being separated from their mothers and formula milk is being promoted.[135] Globally, breastfeeding rates have declined by 40 to 50% in some hospitals.[136] This will result in children facing an increased risk of infectious diseases and malnutrition, particularly in areas with poor water quality,[137] just as UK's existing nutrition commitments ended in 2020.

SPOTLIGHT ON MALARIA

THE IMPACT OF DISRUPTIONS TO HEALTH SERVICES

In 2018, children under five accounted for 67% of all malaria deaths worldwide.[138] Most of these deaths occurred in sub-Saharan Africa.[139]

Since 2000, malaria death rates for children have fallen drastically, yet still a child dies every 2 minutes from the disease.

Before COVID-19, coverage of treatment for malaria was low in many endemic countries.[140] Progress on fighting the disease had also slowed down, and in some countries, malaria was on the rise.[141]

Malaria prevention and treatment services have been some of the worst affected by the response to COVID-19. WHO Global Pulse Survey on essential services found that the most severely affected service delivery platforms were mobile services and campaigns, and 46% of the 68 countries that reported disruptions to essential services included malaria diagnosis and treatment.[142] Several countries placed their long-lasting insecticidal net (LLIN) campaigns on hold, leading to reductions in coverage.

Disruptions to malaria programmes have been linked to over 75 major resurgences in the past.[143] A simultaneous interruption of malaria programmes in most malaria-endemic countries could precipitate an unprecedented global resurgence of the disease, with children and pregnant women bearing the brunt.

The potential indirect impact of COVID-19 on malaria mortality is alarming. A modelling analysis on the indirect effects of the pandemic on malaria intervention coverage, morbidity, and mortality in Africa found that the worst case scenario (75% reduction in LLIN distribution and a 75% drop in anti-malarial treatment coverage) could result in a 21.5% increase in malaria cases (261 million), and 768,600 (nearly a 100% increase) malaria deaths, with the majority of this increased burden affecting young children under the age of five.[144] The analysis found that any of the nine scenarios considered could undo the hard work and investment of the past 20 years, putting the global fight against malaria back to levels not since the beginning of the 21st century.[145]

Nyayik and Nangyik, age 12, talk together under a UNICEF-supplied mosquito net in Bienythiang, Upper Nile state, South Sudan. Nyayik (left) says, *"We feel safe under the nets, so whenever we can, we come here to talk and laugh about things. We're best friends so it's nice for us!"*

PILLAR 3 RECOMMENDATIONS
NUTRITION SERVICES

The future UK's Action Plan on Ending Preventable Deaths of mothers, newborn babies and children should:

- Support the delivery of the five-step action plan set out by UNICEF, WHO, WFP and FAO[146]:
  - Safeguard and promote access to nutritious, safe, and affordable diets
  - Invest in improving maternal and child nutrition through pregnancy, infancy, and early childhood
  - Re-activate and expand services for the early detection and treatment of child acute malnutrition (wasting)
  - Maintain the provision of nutritious and safe school meals for vulnerable children
  - Expand social protection to safeguard access to nutritious diets and essential services
- Make ambitious new pledges at the 2021 Nutrition for Growth Summit, recommitting to reach over 50 million children, women, and adolescent girls through nutrition-specific programmes by 2025.
- Invest a minimum of £120 million per year between 2021–25 on programmes that directly target the reduction of all forms of child and maternal malnutrition through a package of interventions including: supplementation and fortification, infant and young child feeding, equitable access to Ready-to-Use Therapeutic Foods (RUTF), and integrated and simplified treatment protocols.
- Invest in nutrition-sensitive programming, ensuring that a minimum of £680 million per year of nutrition relevant programming is spent on tackling the underlying causes of malnutrition. In particular, the FCDO should look to achieve this through programmes focused on climate-sensitive food systems, health, economic development, education, and WASH.

Mum Christabel and baby Steven (11 months) are so happy to come for their routine immunisation and health check-up at a health centre in Chongwe, Zambia.

PILLAR 4:
WASH SERVICES

Provision of WASH services is essential for improving child health and well-being and preventing life-threatening diseases. It is also paramount to newborn and maternal health.[147] The importance of WASH for Infection Prevention and Control (IPC) has been further underlined by the pandemic.

UK GOVERNMENT'S CONTRIBUTION TO WASH DURING COVID-19

In March 2020, DFID (now FCDO) and Unilever came together to set up the Hygiene and Behaviour Change Coalition. The Coalition is a partnership representing a £100 million contribution to tackling the spread of COVID-19. It targets 1 billion people in vulnerable countries through handwashing and good hygiene promotion. UK Aid is funding £50 million for the delivery of the programme on the ground. The Coalition brings together over 20 NGOs, the private sector, UN agencies including UNICEF, and academics.

Ais, age 7, washes her hands at an orphanage in Jakarta. In March 2020, at the start of the COVID-19 pandemic, UNICEF provided sanitation and personal hygiene kits for more than 1,744 orphanages across Indonesia.

Low levels of WASH coverage at home, schools, communities and health facilities as well as persistent inequalities between and within countries mean that millions of infants, children, and pregnant women remain at risk of preventable waterborne diseases and infections.[148]

The pandemic is having severe consequences for the provision and sustainability of WASH services. Despite being a key preventative measure in reducing the spread of COVID-19, disruptions in WASH services have been reported. Common reasons for disruptions have been: donor funding for WASH redirected to the pandemic response in other sectors; water utilities not being able to collect payments and people unable to pay to use WASH services, and lack of government funding for previously funded services.[149]

In September 2020, one in four countries with ongoing humanitarian situations was facing reductions of 10% or more in household drinking water services coverage.[150] This is of major concern, especially for countries with protracted crises that are facing recurrent health outbreaks, such as cholera.

With a reduced available workforce, limited materials and equipment, ruptures in global supply chains and shrinking fiscal space, and price increases for WASH facilities and commodities, water-related services are at grave risk of collapsing, and maintaining good hygiene practice is increasingly problematic.

This could increase COVID-19 infection rates, with the highest impact among the most vulnerable populations, such as those who have been forcibly displaced and are living in camps or informal settlements.[151]

WASH: WORLD LEADERS CALL FOR ACTION ON COVID-19[152]

In May 2020, Heads of State, Governments – including the UK – and leaders from UN agencies, international financial institutions, civil society, private sector and research and learning, released a call for the prioritisation of water, sanitation and hygiene in the response to COVID-19.

They called for WASH to be made available to everyone – to stop the spread of the virus and prevent other water-related infectious diseases. The call also emphasized the need to maintain global supply chains, including movement of goods and production capacity, for WASH commodities and services, and protection for health workers.

World leaders and government representatives, including the former UK Secretary of State for International Development, further urged for the mobilisation of finance to support countries in dealing with the crisis, including ensuring affordable access to WASH to all, and for maintaining funding envelopes with no diversion away from the commitments and priorities set for the water, sanitation and hygiene sector.

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Jihan, 9, washes her hands at a camp for displaced people in northern Aleppo, Syria. Thanks to generous support from UK Aid, UNICEF supplied 2,000 hygiene kits to families at the makeshift camp.

SPOTLIGHT ON DIARRHOEA

THE IMPACT OF DISRUPTIONS ON WASH SERVICES

Diarrhoea accounted for about 1 in 12 of under-five deaths worldwide in 2017.[153] Almost 60% of global deaths due to diarrhoea are attributable to unsafe drinking water and poor hygiene and sanitation.[154]

A recent study found that 95% of diarrhoeal deaths among children could be prevented by 2025, through targeted scale up of a package of life-saving, cost-effective and proven interventions.[155] The package includes support for basic hygiene practices such as handwashing with soap, provision of a safe and reliable water supply, and access to safe and accessible excreta disposal.[156] Handwashing with soap alone can cut the risk of diarrhoea by at least 40% and significantly lower the risk of respiratory infections.[157]

With the pandemic hitting the poorest countries and highly vulnerable settings such as refugee and IDP camps and informal settlements, children are facing increased risk of dying of diarrhoea due to reduced coverage of ORS and resources being diverted to COVID-19.

COVID-19 IN THE MIDST OF CHOLERA AND ACUTE DIARRHOEA IN YEMEN

Yemen recorded its first COVID-19 case on 10 April 2020. By end November 2020, over 2,100 cases had been confirmed and 609 deaths, but low testing capability means that these official numbers are most likely to be underestimates.[158] In July 2020, Yemen had a COVID-19 mortality rate of 27%, one of the highest in the world and five times the global average.[159]

COVID-19 hit when only 45% of the health facilities in Yemen were operational[160], about 19.7 million people already required healthcare[161] and around one in five of the country's 333 districts had not a single doctor.[162] Functioning or partly functioning health facilities were severely under-equipped and lacked the capacity to cope with the existing recurrent disease outbreaks, let alone a new, highly infectious virus.

Water infrastructure and systems in the country have also been decimated by years of conflict. Only about 30% of Yemenis have access to safe and sufficient water, and around 70% lack soap for handwashing and personal hygiene.[163] Over 12 million children – that is almost every child in the country – was already in need of humanitarian assistance when COVID-19 hit.[164]

In April 2020, UNICEF warned that over 5 million children faced the threat of cholera and acute watery diarrhoea (AWD) as a result of heavy rains that led to homes being destroyed, people being displaced the interruption of access to safe drinking water and sanitation facilities.[165] Most concerning, Yemen was in the middle of the largest cholera outbreak ever recorded.

While high-income countries have mobilised and poured millions into the COVID-19 response in their countries, funding to tackle coronavirus has raised just $48.6 million of the $179 million required in Yemen, where water and sanitation services for 3 million children and their communities are on the verge of shutting down.[166]

A mother and son are treated for cholera at the Al Sabeen Maternal Hospital in Sana'a, Yemen.

PILLAR 4 RECOMMENDATIONS
WASH SERVICES

The future UK's Action Plan on Ending Preventable Deaths of mothers, newborn babies and children should:

- Explicitly integrate WASH services within a MNCH and nutrition package, and define WASH services as essential and life-saving interventions for mothers, newborns and children.
- Ensure WASH funding is protected from the impact of ODA cuts. Commit to significantly increase bilateral WASH spending in FCAS to meet the urgent needs of COVID-19 affected populations, including displaced children and families.
- Provide multi-year, flexible and predictable WASH funding to build countries' resilience and stability to invest in prevention approaches to reduce the incidence and impact of chronic disease outbreaks, climate change and future shocks.
- Invest in, and improve resilient WASH services in health facilities, schools and communities, with a strong focus on the most vulnerable settings such as refugee camps and informal urban settlements, supporting communities to be better prepared for future pandemics and other shocks.
- Support programmes to deliver climate-resilient WASH services to the most vulnerable populations and put in place early warning systems to avert acute water scarcity crises, as well as focus further on strengthening government-led systems.

A maternity nurse washes her hands at Bondo Health III, Arua, northern Uganda. The clean water comes from a solar-powered water facility provided by UNICEF.

UNICEF is supporting maternal, newborn and child health interventions to save mothers and babies in Uganda, including provision of safe and clean water at health facilities like this.

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CONCLUSION
FUTURE AT RISK OR PROMISE RENEWED?

For children around the world, the impact of this past year has been unprecedented. COVID-19 presents the greatest threat to their collective health in a lifetime.

By disrupting access to essential life-saving services, COVID-19 is now undoing decades of progress on maternal, newborn, and child mortality.

Before COVID-19, there were already major challenges hindering progress on MNCH. Each of these challenges has been exacerbated by the pandemic. As a result, many countries will struggle to retain even pre-pandemic coverage levels for life-saving services. In FCAS, significantly weakened health, immunisation, nutrition and WASH services will add to an already desperate situation for mothers and children.

The UK Government, and the new FCDO in particular, has a critical role to play in supporting partner countries and stewarding global action to end preventable deaths.

Baby Hassan holds his mother's finger in the neonatal ICU at Al Sabeen Maternal Hospital in Sana'a, Yemen.

DELIVERING THE UK COMMITMENT TO END PREVENTABLE DEATHS

In October 2019, the UK Government pledged to end preventable deaths of mothers, newborn babies and children by 2030, and it made it an official Manifesto commitment in November 2019.[167] This commitment is founded on the proud and longstanding history of the UK as a champion in global child health and the delivery of life-saving results for children:

- Over the past 20 years it has helped immunise over 760 million children, saving over 13 million lives.[168]
- The UK is the second largest international donor for malaria and since 2011, has distributed 49.7 million long-lasting, insecticide-treated bed nets, saving up to 808,000 lives.[169]
- The UK surpassed its goal to reach 50 million people by 2020 through its nutrition programmes, and in countries where UK Aid is working on nutrition, long-term reductions have been made to stunting.[170]
- Since 2011, UK Aid reached 80 million people with WASH support.[171]
- Through its maternal health programmes, the UK saved 80,100 lives between 2011 and 2015.[172]

These significant achievements deserve to be celebrated yet, due to COVID-19, the UK Government faces a steep challenge to deliver on its commitment to end preventable deaths. This has been greatly exacerbated by the decision to reduce the UK Aid budget from 0.7% to 0.5% of GNI, which will constrain the FCDO in meeting its commitment. It will be critical to ensure that funding for maternal and children health is protected despite the cuts if the government is to ensure children and mothers who rely on UK Aid to survive are not adversely affected by this decision.

With the creation of the FCDO, the government has stated its ambition to merge "development" (Department for International Development - DFID) and "diplomacy" (Foreign and Commonwealth Office - FCO) into a new "super-department" that can deliver even more, better and faster, for the world's poorest and hardest to reach people. It is imperative that there be no trade off in the UK's commitment for the most vulnerable mothers and children. Instead, a new Department with the right ambitions and expertise has the potential to transform their lives and thereby transform the UK's influence around the world. It presents an opportunity to reaffirm Britain's role as a compassionate, ambitious, and outward-looking leader on the global stage and continue the government's work to enable every child and new mother to survive.

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Baby Belisia, 4 months, receives her polio vaccine in Asanunu, Timor-Leste. Part of a nationwide mass vaccination campaign, supported by UNICEF.

A WAY FORWARD: SEEING COVID-19 AS AN OPPORTUNITY TO HELP END PREVENTABLE DEATHS

COVID-19, with all the challenges that it has brought, also provides critical opportunities for the FCDO to learn from the past[173] and raise its ambition for delivering greater impact for children and mothers in LMICs.

In particular, the FCDO can drive integrated programmes for ending preventable deaths, underpinned by a sharp focus on PHC systems strengthening and improving outcomes for maternal, newborn and child health.

Strong and integrated PHC systems are the basis upon which we can tackle pandemics. They are critical to driving progress for ending preventable deaths of mothers, newborns and children, and the foundation for equitable and sustainable progress.

This year, the UK Government has an opportunity to renew partnerships and demonstrate its leadership. From the G7 to COP26 and through its influential role in multilateral forums, the UK must be at the forefront of efforts to respond to the worst impacts of COVID-19.

The Government must ensure that resources are focused on building resilient and strengthened systems that not only can respond better to future shocks and chronic health outbreaks, but can also deliver quality and affordable life-saving interventions for women and children today. It is essential that we learn from this crisis and build stronger, more sustainable health systems, for future generations.

A newborn baby sleeps peacefully at the maternity ward in Rukunyu Hospital, Kamwenge, western Uganda.
UNICEF is addressing infection prevention and control among health workers and other frontline workers in health facilities during the COVID-19 pandemic through provision of PPE and other water, sanitation and hygiene supplies.

RECOMMENDATIONS

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Rebeccka and her baby Naybare (5 months) are in joyful spirits at the Mbarara Regional Referral Hospital, south western Uganda.

"I love being a mother, and watching my baby growing up healthy and playing wih other babies. I love coming to the clinic because I get very good care here, I don't wait too long and I can get all my medicines in one place."

The UK Government has a critical role to play in creating a renewed momentum for ending preventable maternal, newborn and child deaths, and tackle the direct and socio-economic impacts of COVID-19.

However, the Government cannot act alone in this endeavour. The UK will only be able to maximise its impact on maternal, newborn and child health by using the unique opportunities afforded by this year, marshalling its engagement on the board of global health institutions, and displaying leadership through the G7, G20 and COP26.

KEY RECOMMENDATIONS

The UK Government must:

1 Publish in early 2021 an ambitious Action Plan on ending preventable deaths of mothers, newborns and children that:

- Prioritises system-strengthening interventions across health, immunisation, nutrition, and WASH.
- Focuses on the poorest and fragile and conflict-affected countries and includes timebound catch-up plans to counter setbacks due to the pandemic.
- Ensures the continuity of MNCH, immunisation, nutrition and WASH services as core components of its COVID-19 response.
- Includes clear and measurable outcomes and targets that are reported against annually.

2 Prioritise mothers and children in all phases of the pandemic response and recovery and lead global efforts to build resilient health systems:

- Support countries to ensure that financial risk protection is expanded as part of moves towards UHC, minimising out-of-pocket payments that drive women and children away from vital services.
- Utilise its role on global health multilateral boards, such as Gavi and The Global Fund to ensure the inclusion of PHC systems strengthening as a priority objective of the response to the pandemic.
- Ensure funding for the pandemic response, such as through the distribution of vaccines and other tools, contribute to health system strengthening and expanded access to other essential health services for mothers and children.
- Use its position as G7 president and lead global efforts to strengthen PHC systems. By embedding PHC as part of its agenda to strengthen global pandemic preparedness, the UK can ensure that countries are supported to save lives today.

3 Return to spending 0.7% of GNI on aid and protect MNCH funding:

- As a matter of urgency, the government must return to spending 0.7% of GNI on Official Development Assistance no later than 2022.
- Protect and prioritise funding for child and maternal health programming, ensuring expenditure does not fall below 2019 levels, despite overall contraction in the aid budget.

BLUEPRINT FOR UK ACTION PLAN TO END THE PREVENTABLE DEATHS OF MOTHERS, NEWBORN BABIES, AND CHILDREN

The Action Plan must cover the four critical pillars highlighted in this report:

PILLAR 1
MATERNAL, NEWBORN AND CHILD HEALTH SERVICES

- Protect and support routine maternal, newborn and child health services and ensure existing funding is not diverted or reduced due to the pandemic.
- Promote and support integrated health, immunisation, nutrition and WASH service delivery through PHC.
- Integrate COVID-19 investments in equipment and resources within life-saving services and interventions that are facing chronic shortages of funding, equipment, skills and medicine (for example, for childhood pneumonia and malaria).
- Set out timebound deliverables for achieving substantial progress on diseases that were falling behind before COVID-19.

PILLAR 2
IMMUNISATION SERVICES

- Prioritise investment in programmes that deliver catch-up vaccinations for children who missed out on immunisation during the initial COVID-19 response, while building towards resilient and integrated health systems afterwards.
- Accelerate immunisation efforts to increase coverage for routine and life-saving vaccines including DTP, pneumonia and measles, and ensure the achievement of SDG 3.b.1.
- Put strong health systems and PHC at the heart of all vaccination programmes, by ensuring that countries and communities are supported to adapt, prioritise, and integrate vaccination with other PHC and social care services, through bilateral initiatives and influencing multilateral partners.
- Ensure investments in the ACT-A COVID-19 response retain a strong focus on strengthening health systems and build additional capacity for maternal, newborn, and child health interventions, including the delivery and catch up of vaccinations.
- Take the lead in fighting the spread of misinformation and rebuild trust in vaccines, ensuring that strategies to tackle vaccine hesitancy are better integrated across its domestic and international vaccination work.

PILLAR 3
NUTRITION SERVICES

- Support the delivery of the five-step action plan set out by UNICEF, WHO, WFP and FAO[174]:
  - Safeguard and promote access to nutritious, safe, and affordable diets
  - Invest in improving maternal and child nutrition through pregnancy, infancy, and early childhood
  - Re-activate and expand services for the early detection and treatment of child acute malnutrition (wasting)
  - Maintain the provision of nutritious and safe school meals for vulnerable children
  - Expand social protection to safeguard access to nutritious diets and essential services
- Make ambitious new pledges at the 2021 Nutrition for Growth Summit, recommitting to reach over 50 million children, women, and adolescent girls through nutrition-specific programmes by 2025.
- Invest a minimum of £120 million per year between 2021–25 on programmes that directly target the reduction of all forms of child and maternal malnutrition through a package of interventions including: supplementation and fortification, infant and young child feeding, equitable access to Ready-to-Use Therapeutic Foods (RUTF), and integrated and simplified treatment protocols.
- Invest in nutrition-sensitive programming, ensuring that a minimum of £680 million per year of nutrition relevant programming is spent on tackling the underlying causes of malnutrition. In particular, the FCDO should look to achieve this through programmes focused on climate-sensitive food systems, health, economic development, education, and WASH.

PILLAR 4
WASH SERVICES

- Explicitly integrate WASH services within a MNCH and nutrition package, and define WASH services as essential and life-saving interventions for mothers, newborns and children.
- Ensure WASH funding is protected from the impact of ODA cuts. Commit to significantly increase bilateral WASH spending in FCAS to meet the urgent needs of COVID-19 affected populations, including displaced children and families.
- Provide multi-year, flexible and predictable WASH funding to build countries' resilience and stability to invest in prevention approaches to reduce the incidence and impact of chronic disease outbreaks, climate change and future shocks.
- Invest in, and improve resilient WASH services in health facilities, schools and communities, with a strong focus on the most vulnerable settings such as refugee camps and informal urban settlements, supporting communities to be better prepared for future pandemics and other shocks.
- Support programmes to deliver climate-resilient WASH services to the most vulnerable populations and put in place early warning systems to avert acute water scarcity crises, as well as focus further on strengthening government-led systems.

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Mother Stella and her baby Witness, age 6 months, at the UNICEF-supported Luumbo Health Centre in Gwembe, southern Zambia. Stella says *"Witness is a really happy child."*

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