

9-month-old
Imram is being
treated for severe
acute malnutrition
with life-saving
therapeutic food
in Sudan.

UNITED KINGDOM

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for every child

SEIZING OPPORTUNITIES:

The UK's role in getting child
survival back on track in 2023

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Policy Briefing – February 2023

Key Messages

1. Immunisation backsliding, outbreaks of preventable diseases and rising malnutrition rates are compounding to create the conditions for an unprecedented child survival crisis, requiring urgent and decisive action.
2. 2023 marks a pivotal year. There are a series of opportunities to get child survival back on track and on a trajectory towards reaching the Sustainable Development Goal target on Ending Preventable Deaths.
3. Short- and long-term objectives on ending preventable deaths must be viewed and approached concurrently; some actions will help save lives now while others will help build systems that will turn the tide on child survival for years to come.

Acknowledgments

This briefing was written by Neil Raw and Jenny Vaughan, Senior Policy Advisors (Child Health) at UNICEF UK. The authors are grateful to many colleagues across UNICEF for their support and contributions.

INTRODUCTION

The ongoing and intersecting impacts of the COVID-19 pandemic, escalating conflict and the increasing frequency and severity of climate change are combining to create the conditions for an unprecedented and exponential child survival crisis.

Recently released data confirms that progress in child survival has reduced significantly since 2010 and that momentum is stalling, with 54 countries off track to meet the Sustainable Development Goal (SDG) target on under-5 mortality.^{1,2} Of these 54, 37 countries will need to more than double their current rate of progress or reverse a recent increasing trend to achieve the target of 25 or fewer deaths per 1,000 live births by 2030. The evidence shows that if swift action is not taken, 59 million children and young people will die before 2030, and nearly 16 million babies will be lost to stillbirth.³ Fortunately, these are deaths that can easily be prevented through access to cost-effective interventions that should help make up the package of essential child health services available to every child.

Despite years of improvement in relation to access to essential child health services the challenges facing children's health coming into 2023 are significant. In 2021, 25 million children did not receive basic vaccines¹ with 18 million children not receiving any vaccines at all, representing the largest sustained backslide in immunisation for almost 30 years.⁴ Today, every 60 seconds a child is pushed into severe acute malnutrition (SAM), now over 8 million children are suffering globally and this number is rising.⁵ Over 1000 children die each day from diseases attributable to unsafe water, sanitation and hygiene (WASH).⁶ Urgent action is needed to save lives, and overcome pervasive inequalities, which continue to prevent children from attaining their right to health.

Article 24 of the UN Convention on the Rights of the Child (UNCRC) states "Every child has the right to the best possible health. Governments must provide good quality health care, clean water, nutritious food, and a clean environment and education on health and well-being so that children can stay healthy."⁷ As a leading donor and duty-bearer with a responsibility to ensure that all children around the world are able to attain their right to their highest possible standard of health, the UK Government has a critical role to play in ensuring that every child in the world is able to attain this right.

Against a backdrop of a reduction in UK official development assistance (ODA) and increasing diversion of resources away from essential primary health care (PHC) services globally, it is vital that the UK Government takes steps to help avert the child survival crisis through financial support and global political and

¹ Diphtheria, tetanus and pertussis (DTP3)

diplomatic leadership. 2023 offers a series of crucial moments within the global health architecture that present the opportunity to galvanise progress, and in turn save children's lives and futures.

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This briefing begins by examining the global context for child health and details the immediate challenges threatening children's lives and the immediate actions the UK Government can take to avert preventable child deaths. The briefing then outlines the more systematic changes required to address ongoing disparities in access to essential child health services. Finally, the briefing explores how the UK Government should leverage a series of moments through 2023 to ensure it seizes the potential of this seminal year.

THE UK'S TRACK RECORD

Historically the UK has been one of the leading voices, major influences, and main drivers of progress in child survival, as well as a key donor for immunisation, nutrition, and WASH.

The UK makes significant investments in global health multilaterals, cementing its position as a key global health actor. For example, the UK is a founding, and to date the largest donor to Gavi, the Vaccine Alliance (Gavi), supporting the immunisation of over 981 million children since 2000. The Government also hosted the 2020 Global Vaccine Summit.⁸ Additionally, the UK is one of the largest donors to the Global Financing Facility (GFF).⁹ These institutions play vital roles in immunisation, maternal, newborn and child health and nutrition globally. The UK hosted the inaugural Nutrition for Growth Summit in 2013 and provided roughly one quarter of all financing for wasting between 2015 and 2019.¹⁰

As well as providing funding, the UK holds influential governance positions in many key global health institutions. For example, the UK is voting board member in institutions such as Gavi and the GFF, the Global Fund to Fight AIDS, TB and Malaria and a support agency for the Sanitation and Water for All Steering Committee. Holding these roles gives the UK responsibility over the strategic and policy direction taken by these institutions as well as an overarching ability to understand how each can and should be leveraging their value-add to create the most effective overall architecture and ensuring the increased impact of multiple investments.

The UK has also stood out as an early leader in pandemic prevention, preparedness, and response, following from its prioritisation of global health in its 2021 G7 Presidency where key meetings were used to drive progress in the COVID-19 response and begin to map out new pandemic partnerships. More recently during the 2022 G7 the UK pledged £25 million to the newly created Pandemic Financial Intermediary Fund hosted by the World Bank.¹¹

The Global Health Directorate, situated within the Foreign, Commonwealth and Development Office is responsible for driving global health policy and in 2020 published two key strategic documents, the Ending Preventable Deaths Approach Paper¹² and Health Systems Strengthening Position Paper.¹³

However, global instability and turbulent domestic politics have made delivery and implementation against the ambition set out in these documents and the continuation of the vital work and impact listed above challenging. This coupled with the reduction in the overall ODA budget has put the UK's overall global health portfolio in a precarious position that could risk undermining the UK's ambition set out within the two aforementioned global health strategies and International Development Strategy.¹⁴

The UK Committee for UNICEF (UNICEF UK) believe that 2023 represents an opportunity to re-centre and re-focus efforts and build on the strong track record demonstrated by the UK to date.

Ending Preventable Deaths – Progress at the Halfway Point Towards SDG 3.2

2023 marks the mid-way point between 2015 and 2030, and therefore the mid-way point of attainment towards the SDGs, including SDG 3.2: End the preventable deaths of newborns and children under-5 years of age. However, the world is not at a midpoint of progress toward the achievement of this goal.

Analysis published in the Lancet in 2022 set out that 50 countries, of which 75% are in sub-Saharan Africa, will not reach the targets without intensified efforts. Indeed, 25 of the countries were not predicted to reach the under-5 mortality targets until after 2050, and eight of the countries not until after 2099. It highlighted that although the sub-Saharan African and south Asian regions are home to only 50% of the under-5 population, they account for 80% of the deaths in this age group. It also asserted that tens of millions of deaths could be avoided if the same average mortality rate seen in high-income countries was attained by 2030.¹⁵

Data released more recently in early 2023 confirms that children continue to face wildly differentiating chances of survival based on where they are born with children born in sub-Saharan Africa subject to the highest risk of childhood death in the world – 15 times higher than the risk for children in Europe. Additionally, the under-5 mortality rate in the 37 countries classified as fragile and conflict affected settings was triple the rate in all other countries.¹⁶

Prior to COVID-19, the picture was one of slow but visible progress. The global mortality rate of children under age 5 fell by 14 per cent from 2015 to 2020 – from 43 to 37 deaths per 1,000 live births (with the SDG target at 25 deaths per 1,000 live births). Similarly, the mortality rate of newborns in their first 28 days of life, the neonatal period, fell by 12 per cent over that same period – from 19 to 17 deaths per 1,000 live births (with the SDG target at 12 deaths per 1,000 live births). Even with this progress, 5 million children died before reaching their fifth birthday in 2020.

Children require immunization, adequate nutrition and water, sanitation, and hygiene (WASH) in addition to other essential child health services, to be protected against preventable and potentially fatal diseases such as pneumonia and measles. Increasing support for these interventions now is crucial, as is helping to build and strengthen health systems that will deliver them in the future independently of external assistance and in the event of further global health emergencies. Prioritisation of these areas now is the only pathway towards getting back on track.

IMMEDIATE THREATS

Children face a number of imminent challenges which threaten outbreaks of preventable diseases and increases in child mortality. The analysis below provides a summary of current challenges pertaining to immunisation, malnutrition, and water, sanitation and hygiene (WASH) although is not a full and comprehensive list of issues currently affecting child mortality and the attainment of children's right to health. This analysis focuses specifically on access to a select number of child health interventions specifically listed in the Article 24 of the UNCRC: access to quality healthcare, nutritious food, and clean water.

Unprecedented Rates of Immunisation Backsliding

Routine immunisation services have faced the largest sustained backslide in almost 30 years resulting in 25 million children missing out on basic vaccines in 2021, 18 million children did not receive any vaccines at all, known as 'zero-dose' children.¹⁷ Immunisation backsliding has been driven by disruption to routine immunisation services in large part due to the COVID-19 pandemic, with immunisation campaigns suspended in many countries and resources diverted from routine immunisation services to COVID-19 vaccination efforts. Declining routine immunisation coverage has led to outbreaks of vaccine-preventable diseases including measles, polio, and yellow fever, presenting an imminent threat to child mortality in all regions of the world.

Routine immunisation services save up to three million lives each year, representing one of the world's most successful public health interventions. However, even prior to the COVID-19 pandemic almost 20 million children did not receive basic vaccines each year. In addition to saving lives from vaccine-preventable diseases, immunisation marks a crucial entry point to the health system for many children and families living in low-income settings, immunisation programmes have also been able to reach children with other essential services including nutritional supplementation and malaria prevention. The importance of immunisation as an entry point to the health system is highly significant given the evidence that zero-dose children are the most likely to be facing multiple deprivations.

In addition to the immediate prioritisation and intensification of routine immunisation services and vaccination campaigns, strengthening national immunisation systems to ensure that disparities in access to vaccination are addressed and children everywhere are protected from life-threatening and debilitating diseases such as measles, will be essential.

Urgent action is required to identify and reach children that have been missed over the past three years in addition to children who were continually under-vaccinated even prior to the COVID-19 pandemic. Addressing immunisation

backsliding and immunisation campaign catch-up efforts should be a priority for donor and implementing Governments. Recovery of routine immunisation services can and should be a catalyst for the expansion of coverage to reach zero-dose children in communities that have always been missed with basic vaccines and accelerating progress towards the attainment of Immunisation Agenda 2030 (IA2030) and ending preventable deaths with access to vaccination.

Action Required: Global immunisation recovery efforts will be pivotal to restoring, sustaining, and increasing access to routine immunisation services. The UK Government should lead efforts to ensure alignment between global partners and support from both donor and implementing Governments.

- Recommendations to the UK Government:
 - Disburse in full, all pre-existing financial commitments to Gavi, Global Polio Eradication Initiative (GPEI), WHO and UNICEF.
 - Support all relevant partners in the implementation of global immunisation recovery efforts to support catch-up activities in the 20 most affected countries and restore immunisation service to pre-pandemic levels.

Case Study: Vaccine Preventable Disease Outbreaks Present a Threat to Health Systems Everywhere

Declining routine immunisation coverage, due, in part, to COVID-19, has led to rapid increases in cases of vaccine-preventable diseases. Measles is highly contagious and potentially fatal disease and yet, it is almost entirely preventable with access to vaccination. 61 million doses of measles vaccines were missed or postponed in 2021 due COVID-19 related disruptions, which in turn has created the conditions for measles outbreaks in all regions around the world. 81% of children received their first dose of a measles-containing vaccine and 71% of children received their second measles-containing vaccine – these are the lowest levels of vaccination coverage since 2008. This means almost 40 million children are currently susceptible to measles. 2022 has seen many measles outbreaks which represent an imminent threat to children’s health in all regions of the world.

UNICEF is working alongside partners including Gavi and the Measles and Rubella Initiative to support the delivery of measles vaccines and catch-up vaccination campaigns. Gavi is aiming to reach 85 million children across 22 countries through measles campaigns between 2022 and the first half of 2023.

The emergence of wild polio in Africa for the first time since 2016 is of serious concern. The stark reality is that as long as a single child remains infected with polio all children in every country are at risk of contracting this debilitating and potentially life-threatening disease. There is an urgent need to stop polio transmission through the recovery of routine immunisation services and polio vaccination campaigns. Delivering the GPEI strategy for eradication will be pivotal and will require renewed financial and political support from donors around the world.

Rising Levels of Child Malnutrition

Almost half of all deaths of children under the age of five are attributable to undernutrition.¹⁹ The rising levels of malnourished children in 2022, in addition to existing levels of undernutrition, are of grave concern.

Rates of malnutrition have been rising rapidly due to the impacts of climate change and conflict. The East African region is experiencing the worst climate induced drought in 40 years. Four rainy seasons have failed in the space of two years – resulting on the death of vast swathes of livestock and crops and drying up water sources.²⁰ The number of drought-hit people in Ethiopia, Kenya and Somalia without reliable access to safe water has rose from 9.5 million to 16.2 million in 2022, in the space of five months.²¹ More than 1.5 million people across these three countries have now fled their homes because of drought.²²

This climate context is then coupled with substantial food price increases in the region driven by numerous factors, including the war in Ukraine. Russia and Ukraine account for 53 per cent of the global trade of sunflower oil and seed.²³ The prices of cooking oil, bread and wheat flour are already reaching new records in local markets in the Horn of Africa. Many families can no longer afford the basic food stuffs they need to survive.

When children are suffering from SAM their risk of mortality increases dramatically, because their immune system becomes weakened. Malnourished children are then 11 times more likely to die of diarrhoea and measles than well-nourished children. They also become too unwell to process ordinary food so traditional food aid cannot help them. They need lifesaving ready-to-use therapeutic food which is a specific product designed to increase their chances to survive and recover.²⁴

Action Required: The newly expanded Child Nutrition Fund acts as a long-term multi-partner financing mechanism to support the continuum of early prevention, detection and treatment of child wasting required to help avert child deaths in the highest burden countries.

By working with governments to consolidate and strategically allocate financial resources, the Child Nutrition Fund will accelerate global progress and end the cycle of severe child wasting.²⁵

- Recommendation to the UK Government:
 - Commit an additional £70 million to help reach 1 million children with early prevention, detection and treatment for SAM and frontload spending on the £1.5 billion Nutrition for Growth commitment now to respond to the acute crisis.

Limited access to Water Sanitation and Hygiene

The consequences of unsafe WASH have devastating consequences for children. Debilitating diseases such as cholera, diarrhoea, dysentery, hepatitis A, typhoid, and polio are all linked to contaminated water sources, the impact of which may compromise efforts on other fronts, including malnutrition. For children, whose immune systems are still developing, these diseases can have severe health consequences or death. Over 1,000 children die every day of diarrheal diseases due to lack of access to appropriate WASH services, whilst analysis of countries with protracted conflict in found children under five were almost 20 times more likely to die from diarrheal diseases than the conflict itself.²⁶

Poor access to WASH facilities also contributes to the spread of a number of diseases for which vaccines aren't readily available, therefore poor WASH facilities can further compound the severe consequences of immunisation backsliding and contribute to the spread of vaccine preventable diseases.

Children living in rural areas, urban slums and in conflict and disaster-prone areas are most susceptible to diseases associated with inadequate WASH services. Furthermore, WASH services are increasingly threatened by the adverse impact of climate change which in turn threatens to further exacerbate disparities in access to already scarce and limited WASH services. Clean services, clean water and adequate sanitation are paramount to prevent child mortality and systemic changes to provision of WASH services, including climate-resilient WASH programming, is imperative to safeguard access to clean water against climate shocks. Better access to resilient WASH could reduce the climate risk for 415 million children.²⁷

Access to water, robust sanitation and infection prevention controls linked to WASH in healthcare facilities will ensure an improved quality of health services for children and mothers. Ensuring safe WASH in healthcare facilities - and communities - is fundamental to help prepare for and respond to future public health emergencies. Ensuring these services are climate resilient is imperative for their continued use in the face of climate shocks and natural disasters.

Action Required: The 2023 UN Water Conference offers a critical opportunity to advocate for accelerating global progress on WASH.

- Recommendation to the UK Government:
 - Focus efforts on 5 key accelerators, which are proven solutions in multiple contexts: Good governance and political leadership; effective and accountable coordination and regulation; public finance to unlock household and private investment; capacity development at all levels to sustain and drive progress; reliable data to support decision making and accountability; innovation to meet emerging challenges.

SYSTEMIC SOLUTIONS

Unequal access to child health services has been compounded by COVID-19, escalating conflict and climate-induced weather events. Safeguarding against future shocks will require a primary focus on systemic solutions that will build safety nets in anticipation of future emergencies. Health systems resilience and the expansion of essential child health services must be underpinned by increased health financing, the expansion of community health workforces and integrated service delivery. These are the foundations of a comprehensive approach to strong PHC and achieving Universal Health Coverage (UHC).

Increasing Health Financing Expenditure

Over the course of the pandemic, both national and donor resources have been increasingly diverted away from essential services and towards the COVID-19 response. Now facing global price increases, countries find themselves under even greater financial pressures, with GDP levels in emerging and developing economies expected to be 6% below levels projected before the pandemic by the end of 2024.²⁸ Amid these unprecedented financial challenges, external donor support is needed to fill essential financing gaps in child health and assist prioritization of PHC expenditure. Donors must invest wisely, the returns on investment in PHC are manifold as it represents strategic and vital intervention proven not only save lives but also to drive social and economic growth. The current financing trajectory undermines commitments to achieving UHC, a trend that must be addressed at this year UN High Level Meeting.

Despite consistently being listed as Government priorities in many countries, access to basic healthcare services continues to be chronically underfunded and under supported in many countries. In low-income countries (LICs) and low- and middle-income countries (LMICS) Government expenditure on PHC services continues to be considerably below the recommended threshold for the minimum recommended package for attaining basic PHC. LICs spend \$3 per year per capita on PHC whilst LMICS spend \$16 per year per capita on PHC.²⁹ The recommended required per capita spending to achieve a basic PHC package far exceeds these totals.³⁰ In many instances political choices are underpinning a lack of prioritisation in PHC financing which in turn leaves essential child health services chronically and dangerously underfunded.

Developments such as the creation of innovative financing mechanisms, including the Pandemic Fund, offer opportunities to address financial gaps in PHC expenditure and incentivise donor and domestic investments in underfunded and overburdened PHC systems. To ensure the effective utilisation of external health financial assistance,

coordination and meaningful participation with implementing countries, grassroots civil society organisations and affected communities is critical. Additionally, contingency plans for mobilising additional resources should be introduced if necessary financial commitments for pandemic prevention, preparedness and response (PPR) are not met.³¹

Expanding Health Workforce Capacity

SDG 3 targets will remain unattainable without significantly expanding and supporting health workforce capacity. Health systems in LICs and LMICs face chronic shortages of health workforce capacity which in turn impedes the ability of countries to deliver essential child health services, including routine immunisation and treatment for malnutrition. The WHO has stated that an additional 10 million health workers will be needed by 2030.³² To ensure health workers, the majority of whom are women,³³ are recruited and retained it is vital to ensure the profession is appealing and that health workers receive adequate remuneration and support for their roles.

Community health workers (CHWs), defined by the WHO as health workers which live in the communities they serve,³⁴ also remain chronically under-supported and under-funded to deliver their challenging but vital work. CHWs have significant potential to connect communities to health systems and to reach underserved and marginalised populations, such as communities living in remote locations. A recent analysis of CHWs in 24 sub-Saharan African countries found 916,000 active CHWs were responsible for 400 million people, approximately 40% of the African continent, and yet only 14% were salaried.³⁵ Alongside remuneration, CHWs require the appropriate training, protection against infectious diseases, and psycho-social support.

Prioritising the recruitment, retention and remuneration of health workers and CHWs is imperative for strengthening national health systems, expanding the delivery of essential child health services, and accelerating progress towards all SDG 3 targets. There are several intergovernmental political processes taking place in 2023, such as the negotiations on the Pandemic Accord, which offer an opportunity to address these shortages and include commitments to the strengthening of health workforce capacity and protection of health workers.

Tackling Multiple Crises and Strengthening Integrated Service Delivery

As outlined above, children around the world currently face multiple health challenges, with immunisation backsliding, rising levels of malnutrition and inequitable access to safe WASH services. Efforts to reduce child mortality through vertical health programmes have proven inefficient. Integrated approaches should be considered a cornerstone of countries' approaches to

reducing child mortality and accelerating progress towards the attainment of UHC.

Integrated approaches to reaching communities and children facing multiple deprivations offer an efficient and much-needed approach to reducing child mortality. Zero-dose children often face multiple deprivations and the reach of immunisation services offers a vital entry point to the wider health system. However, overburdened health services and persistent prioritisation of vertical approaches continue to create unnecessary trade-offs and inefficiencies within countries' PHC services. Approaches to maximising reach and coverage of essential services and efforts to achieve UHC should seek to pivot towards integrated service delivery and increase alignment between routine immunisation and PHC services.

Services for immunisation and nutrition have been demonstrated to complement each other, with up 1.5 million lives saved through vitamin A supplementation provided through polio immunisation activities.³⁶ Similarly, the integration of immunisation and WASH services has also been demonstrated to improve hygiene behaviours and decrease in diarrhoea prevalence.³⁷ In addition to minimising missed opportunities and improving child outcomes, integrated services help minimise the costs of repeated visits to health facilities and streamlines service delivery for healthcare workers.

Integrated service delivery can and should provide an efficient platform to reach children facing multiple deprivations but may require technical support in implementation.

Integrated service delivery can and should provide an efficient platform to reach children facing multiple deprivations but may require technical support in implementation. Immunisation services and vaccination campaigns should be systematically embedded into countries' PHC services and recognised as a key platform to reach children with the full package of essential child health services. Flexibility in funding will be required to help reach children with multiple services which can be achieved through bilateral funding.

Governments should hold the autonomy to lead on integration based on national health priorities and objectives. However, when required countries should be supported by donors to develop innovative solutions to combine immunisation, nutrition, and WASH interventions alongside other essential child health services as part of cohesive approaches to strengthening PHC services and achieving UHC. Sharing of examples of best practice will also be required to maximise efficiencies and achieve the best outcomes for service delivery.

Deep dive: Integrating Immunisation and Vitamin A Supplementation Saves Lives and Drives Efficiencies

Several African countries have integrated vitamin A supplementation into polio campaigns, including in Angola, Chad, Cote d'Ivoire, Tanzania, and Togo. A study looked at assessments carried out by the WHO Regional Office for Africa that highlighted integration of vitamin A supplementation into polio campaigns as best practice, as well as coverage rates for oral poliovirus vaccine and vitamin A supplementation in those five countries in 2014-2015. It found that all countries reached 80 per cent coverage for vitamin A supplementation when it was integrated into polio campaigns. Coverage rates increased substantially, rising from 35 per cent to 80 per cent in Togo, and from 55 per cent to 80 per cent in Angola.

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A ROADMAP FOR GLOBAL ACTION

To increase health financing expenditure, strengthen and enhance health workforce capacity and tackle multiple competing crises through integrated service delivery, the UK Government must capitalise on a series of pivotal opportunities in 2023.

These opportunities arrive at a unique time in which the adverse effects of COVID-19, climate change and conflict have reversed years of progress on the attainment of children's right to health. These opportunities can and should be leveraged to galvanise political will to accelerate progress on child survival among all UN Member States and key global health stakeholders and take much needed steps towards the creation of a resilient and rights-based global health architecture.

The increased political support for and renewed interest in PPR and the ongoing development of the **WHO Pandemic Accord** alongside a new **Pandemic Fund** offers an opportunity to develop a resilient and fit-for-purpose global health architecture. The UK can have a significant value-add in these negotiations by ensuring that commitments to health and immunisation systems strengthening, health workforce capacity and governance are included and prioritised in the Pandemic Accord and Political Declarations.ⁱⁱ

2023 will also see the hosting of two **UN High-Level meetings on PPR and UHC**, both of which offer landmark opportunities for Member States to make ambitious commitments that will serve to accelerate children's access to essential health services for generations to come. The ability to prevent and respond effectively to future global health emergencies will be dependent on the resilience and strength of countries' PHC systems and ability to provide essential services to their populations at scale.

The legacy of the UK-led 100-day mission, an initiative led by the UK G7 2021 presidency to create new vaccines for emerging health threats within 100 days, will be an important element of the Japanese **G7** presidency in 2023. For the 100-day mission to be a success, efforts to increase research and development must be complemented with efforts to improve last mile delivery through the strengthening and expansion of immunisation systems and countries' vaccination capacity.

G20 nations are home to many of the world's zero-dose children. As G20 president in 2023, India has an opportunity to galvanise much-needed political

ⁱⁱ UNICEF UK and Save the Children have developed a specific briefing on this process which is available here: <https://www.unicef.org.uk/the-pandemic-accord/>

will and action to address immunisation backsliding and expand access to routine immunisation. Through diplomatic leadership, the UK can galvanise global action for recovery and expansion of routine immunisation and advocate for donor and implementing countries to support the global recovery plan for immunisation. The UK can also commit to work with and provide technical assistance to countries in the top 20 'high burden' countriesⁱⁱⁱ to quickly recover falling immunisation rates to pre-pandemic levels.

In addition to these crucial processes and moments, **key summits will take place to reflect on how far progress has come in the SDG agenda**, and what needs to be prioritised over the remaining years to 2030. The SDGs remain a vital blueprint for progress towards the realisation of basic rights for every person in all countries in the world.

Coordination between stakeholders will be imperative for capitalising on global health opportunities in 2023, fostering new working relationships and commitments to hold member states accountable in their capacity as duty-bearers. As a leading donor to global health and with a governance position on the board of many critical global health stakeholders, the UK Government is uniquely placed to drive cohesive efforts amongst all relevant stakeholders to ensure that opportunities provided in 2023 are capitalised upon with a shared vision promoting the full recovery and increased uptake of essential child health services and fostering an equitable and rights-based approach to global health.

ⁱⁱⁱ India, Indonesia, Nigeria, Ethiopia, Philippines, DR Congo, Brazil, Pakistan, Angola, Myanmar, Tanzania, Mozambique, Afghanistan, Somalia, Mexico, Madagascar, Cameroon, DPK Korea, Chad, Vietnam

Summary of opportunities and recommendations to the UK Government

Opportunity	Recommendations
UN Water Conference	Advocate for all member states to make child specific WASH and climate commitments in the Water Action Agenda and call on other donors to make financial commitments to WASH.
G7	Ensure G7 communiqué contains specific commitments to strengthening immunisation systems and PHC services to improve countries' last mile delivery and capitalise on the emergence of new and improved vaccines.
G20	Advocate for the recovery, and expansion, of access to routine immunisation services, calling on all members to prioritise supporting global immunisation recovery efforts and unlock financial resources for immunisation.
SDG Summit	<p>Advocate for all member states to make renewed commitments to the attainment of the SDGs at the 2023 UN General Assembly.</p> <p>Make a statement on the importance of PHC financing and encourage investments amongst donor and implementing Governments in human development.</p>
UN High Level Meeting on UHC	<p>Ensure the political declaration contains explicit commitments to the full package of child health interventions needed to achieve quality healthcare, including immunisation, nutrition services, and WASH.</p> <p>Ensure declaration contains member state commitments to supporting all countries to have integrated strategies to reach zero-dose children facing multiple deprivations.</p>
UN High Level Meeting on PPR, Pandemic Accord Negotiations and Pandemic Fund creation	Ensure member states commit to strengthening health systems, expanding global health workforce capacity, and facilitating rights-based approaches to global health governance and accountability.

CONCLUSION

The UK Government's approach to child survival in 2023 can both save lives now and lead global action on systemic solutions that turn the tide on child survival for years to come.

The UK Government is uniquely positioned to turn the opportunities through 2023 into impact for children. Given its diplomatic network, broad investment portfolio, influencing power, and its existing ambitious policy, the UK Government is exceptionally well placed to drive much-needed action to address the child survival crisis. To deliver on these opportunities, and help alleviate the risk to child mortality, it is essential that the UK Government returns to spending 0.7% of Gross National Income on ODA so it can provide sufficient funding for the interventions needed to save children's lives around the world.

By reinstating financial and diplomatic leadership on child survival the UK will maximise its' return on investment by supporting global economic recovery, delivering on the ambition of the ending preventable deaths strategy and helping accelerate progress towards the attainment of the SDGs.

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