

SURVIVE AND THRIVE: ANALYSING THE CRUCIAL ROLE OF THE UK IN GLOBAL MATERNAL, NEWBORN AND CHILD HEALTH

UNICEF UK PARLIAMENTARY BRIEFING - JUNE 2025

New <u>report</u> from The UK Committee for UNICEF (UNICEF UK) urges UK Government to maintain critical support for global maternal, newborn and child health initiatives.

Maternal, newborn and child health (MNCH) is the cornerstone of sustainable international development. The UK's contribution to this area has helped to save and improve millions of lives.

'Survive and Thrive: Analysing the Crucial Role of the UK in Global Maternal, Newborn and Child Health' takes a closer look at the UK's work on three key areas of MNCH: vaccines, nutrition and primary health care. UNICEF UK's analysis finds that the UK's unique expertise and contributions helped create a thriving research sector, strong international partnerships, and powerful multilateral institutions. The report finds that the UK has a comparative advantage in this area and that other nations would struggle to replicate its contribution.

But the reduction to the UK's Official Development Assistance (ODA) budget threatens this legacy and progress. To avoid some of the worst potential impacts of the cuts, and to ensure health spending is effective, maternal, newborn and child health must be prioritised and an integrated approach taken that considers all the health needs of women and children. Funding or focusing on just one part of the MNCH agenda – for example, vaccines but not nutrition - will prevent the UK's contribution from having maximum impact.

UNICEF UK is urging the UK Government to make maternal, newborn and child health a development priority, as part of a larger commitment to protect children from the aid cuts by spending 25% of ODA on child-focused programmes.

Why prioritise maternal, newborn and child health?

- Since 2000, MNCH initiatives have helped to reduce global maternal mortality rates by 40%¹ and deaths of children aged under five by 52%².
- MNCH interventions are among the most cost-effective in international development, yielding significant economic returns by reducing healthcare costs, improving productivity and averting preventable deaths and disabilities:
- Every \$1 invested in vaccines yields up to \$26³
- Every £1 invested in undernutrition returns \$23⁴.
- The lives of millions of women, babies, and children are threatened by extreme poverty, conflict, climate change, and spiralling national debt if current trends continue, 30 million more children under 5 will die before 2030⁵.
- The UK has been a founding and leading contributor to pre-eminent global health partnerships, including the Child Nutrition Fund and Gavi, The Vaccine Alliance. The impact of the UK's investments in these initiatives will be undermined without support for other areas of MNCH, such as primary healthcare services.

¹ World Health Organization (2025). Trends in maternal mortality 2000 to 2023. https://www.who.int/

² UNICEF (2025). Levels and Trends in Child Mortality 2024. https://data.unicef.org/

³ UNICEF (2023). The state of the world's children 2023: For every child, vaccination. https://www.unicef.org/reports/

⁴ World Bank (2024). Investment Framework for Nutrition 2024. https://www.worldbank.org/

⁵ UNICEF (2025). Child survival and the SDGs. https://data.unicef.org/topic/child-survival/child-survival-sdgs/

An opportunity for UK leadership

- As a hub of world-leading health research and innovation, the UK possesses unique technical expertise that has spawned highly impactful scientific breakthroughs, such as life-saving malaria vaccines, which are delivered to millions of children through Gavi.
- UK support for global health initiatives has impact beyond just its financial contributions, attracting co-investment and advancing accountability.
- The huge benefits of UK support for MNCH help to strengthen relationships with key partner countries and institutions, reaffirming commitment to sustainable development.

Case Study: Saving Lives in Sierra Leone (2016–2023): A UK-funded Programme "Saving Lives in Sierra Leone" was a UK-funded bilateral programme designed to reduce preventable maternal, newborn, and child deaths in one of the world's most challenging health contexts. Equitable access was central to its approach. Implemented across multiple districts, including remote rural areas, it trained and deployed thousands of frontline health workers to underserved communities. Village-level healthcare was expanded through youth-led outreach, community health workers, mobile clinics, and ambulance services to overcome access barriers and improve referrals.

British expertise and partnerships

Delivered through a consortium managed by FCDO, the programme brought together UK-based institutions and global agencies. Notably:

- King's College London provided NHS-linked clinical expertise
- British doctors and midwives worked alongside Sierra Leonean colleagues to build capacity in hospitals
- NGOs like the International Rescue Committee UK, Concern Worldwide, and Options led community and behavioural interventions
- UNICEF and UNFPA supported essential supplies and training
- British technical partners such as Mott MacDonald and Oxford Policy Management focused on health systems strengthening, including blood services and emergency transport systems modelled on NHS best practices.

Innovations and impact

The programme heightened quality and reach of maternal, newborn, and child health care services nationwide. This included introduction of integrated service delivery models, combining community outreach with hospital upgrades. Thousands of new health workers were trained, raising the number of qualified midwives from under100 to nearly 1,600. Efforts like radio-based family planning education, youth peer support, and improved blood transfusion capacity helped tackle key causes of maternal mortality. As a result, the maternal death rate fell from 717 to 443 per 100,000 live births.

Budget reductions

The programme faced two major funding cuts. In 2020–21, spending was held at ~£27 million. In 2021–22, it was halved to £13 million, remaining at that level into 2022–23. This led to significant reductions in operational support provided to district health management teams, including in hard-to-reach communities, and the discontinuation of the programme's community sensitisation component, led by Restless Development.⁷

For more information on this <u>research</u> and UNICEF UK's work for children, please contact Senior Political Affairs Adviser, Isabelle Taylor – isabellet@unicef.org.uk

⁶ FCDO (2024). Saving lives in Sierra Leone 2016-2023. https://devtracker.fcdo.gov.uk/

⁷ FCDO (2024). Saving lives in Sierra Leone phase 2: Project completion report. https://devtracker.fcdo.gov.uk/