

Donor aid: Does it target newborns and stillbirths proportionately?

This is a summary of the following paper: *Kumar M, Bath D, Binyaruka P et al. (2023) Donor aid mentioning newborns and stillbirths, 2002–19: An analysis of levels, trends, and equity. The Lancet Global Health, 11, 11, E1785–E1793. [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(23\)00378-9/fulltext?dm_i=7MI4,15WX,D8T82,49OX,1#%20](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(23)00378-9/fulltext?dm_i=7MI4,15WX,D8T82,49OX,1#%20)*

Maternal and child mortality rates are reducing globally, yet neonatal mortality (deaths 0–28 days after birth) remains stagnant – making this a global aid priority. Maternal undernutrition is a key driver of neonatal mortality (Hunter et al., 2023). This paper used the Organisation for Economic Cooperation and Development (OECD)’s Creditor Reporting System database (2002–2019). The database showed how much money was flowing to recipients, defined here as ‘newborn or stillbirth-focused’ (20,673 records) or ‘including both newborns or stillbirths and other population groups’ (1,284 records). Key search terms were based on those used in a previous analysis for aid funding (Pitt et al., 2017), in seven languages.

“Stillbirths remain almost absent in reported aid and were not mentioned in any funding for the years 2002–2009. Over the 2010–19 period, only 46 records (USD 44.4 million) specifically mentioned stillbirths.”

Overall, 69% of aid mentioning stillbirths was stillbirth focused (USD 30.5 million), with the remainder (USD 13.9 million) mentioning stillbirths along with other population groups. The value of global aid mentioning stillbirths steadily increased from 2002 (USD 49 million) to 2017 (USD 1.8 billion), before fluctuating. From 2009 to 2019, aid mentioning stillbirths consistently represented 8–11% of aid for reproductive, maternal, newborn, and child health.

Overall, five donors disbursed 80% of aid mentioning newborns (USD 12.2 billion of 15.2 billion). Between 2002 and 2019, donors directed 40% of this aid (USD 6.1 billion of 15.2 billion) to reproductive health. The remaining USD 9.1 billion was directed to basic health care – of which basic nutrition comprised USD 1.1 billion (just 7% of 15.2 million).

The US and Canada contributed 50% of funding alone in the period 2011–2019. The Bill & Melinda Gates Foundation was the only private donor in the top 10 donors. There were six African and four Asian countries in the top 10 recipients list, which received 42% of total funding.

“In Angola, USD 18 was received per death, the lowest of all countries. In contrast to USD 1,183 per death in Haiti and USD 1,389 per death in Timor-Leste.”

There was substantial variation in aid between countries of similar health and economic needs – aid received was not always consistent with the burden of newborn and stillborn mortality.

“Nine of the least developed countries received less than \$100 per newborn death and stillbirth per year.”

We note that aid disbursements are self-reported variables by donors and that this dataset does not capture all donors. Notably, China and Brazil are absent from this listing, which limits our interpretation. As there were many records requiring review and/or elimination by a researcher (3,773,701 initially identified), the incidence of human error is also a consideration in regard to this study. Nevertheless, these findings show that aid mentioning newborns (10% of reproductive, maternal, newborn, and child health overall) is not proportionate to their mortality contribution: neonatal mortality represents 50% of mortality in children aged under five years.

References

- Hunter P, Awoyemi T, Ayede A et al. (2023) Biological and pathological mechanisms leading to the birth of a small vulnerable newborn. *The Lancet*, 401, 10389, 1720–1732.
- Pitt C, Grollman C, Martinez-Alvarez M et al. (2017) Countdown to 2015: An analysis of donor funding for prenatal and neonatal health, 2003–2013. *BMJ Global Health*, 2, 2.

Resources: Ages and stages reference package

This is a summary of the following resource: *Supporting integrated infant and young child nutrition and early childhood development programming: Ages and stages reference package and resource collection (2024).*

<https://www.advancingnutrition.org/resources/ages-and-stages-collection>



Increasingly, evidence shows that integrating nutrition and caregiving interventions improves childhood development outcomes more than standalone practices. To support programme managers to implement more holistic care, USAID Advancing Nutrition’s ‘Ages and Stages Reference Package’ was created to support the health of children aged 0–2 years.

There are four age-specific modules that users can explore, aligning to each age/stage group: ages 0–6 months, 6–9 months, 9–12 months, and 12–24 months. The modules provide information on how children grow and develop, their feeding and care needs at each stage, and challenges to optimal care. At the time of publication, there are 56 resources available within the 0–6 months age group, including technical reports, guidelines, and education materials. There are 54 resources available in each of the 6–9 months, 9–12 months, and 12–24 months groups.

Resources can also be searched through cross-cutting themes (breastfeeding, complementary feeding, monitoring and evaluation, nurturing care, social and behaviour change, and support to caregivers), improving accessibility. In addition to the online resources, the full package is available in a downloadable format to support users in areas of low connectivity. The package is also available in both English and French¹.

We know that children grow best in an environment with nurturing care, which includes safe and secure surroundings, responsive caregiving, adequate maternal and child health care and nutrition, and opportunities for stimulation and early learning.

Global research shows that integrated approaches that provide more holistic care, such as combining nutrition and responsive care and early learning interventions, result in better outcomes for children.

¹ <https://www.advancingnutrition.org/fr/resources/ages-and-stages-collection>