
10 February 2025

EB156(29)

Incorporation of the World Prematurity Day into the WHO calendar, to strengthen approaches to prevent preterm births and treat and care for preterm infants ¹

The Executive Board, having considered the report by the Director-General, ²

Decided to recommend to the Seventy-eighth World Health Assembly the adoption of the following resolution:

(Eighteenth meeting, 10 February 2025)

The Seventy-eighth World Health Assembly,

Having considered the report by the Director-General;

Reaffirming the commitment made in the 2030 Agenda for Sustainable Development, including to end preventable deaths of newborn and children under 5 years of age;

Recalling the resolution [WHA69.2](#) (2016) on committing to implementation of the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030);

Noting with concern that infants who are born preterm or small for gestational age, or who are born sick or who become sick are at significant risk of post-neonatal mortality, long-term development impairment, lifelong disability, stunting and noncommunicable diseases; and also noting that globally 2.3 million infants died in the first 28 days of life in 2022, of whom about 80% had low birth weight and two thirds were born preterm; and noting that, in addition, each year, an estimated one million small and sick newborns survive with a long-term disability, including cerebral palsy and cognitive delays; ³

Recognizing that we are still far from our goal of reducing neonatal mortality rate to at least as low as 12 per 1000 live births by 2030 in all countries and that countries need to strengthen newborn care to meet the Sustainable Development Goal indicator 3.2.2 for newborn survival; ³

Acknowledging that resolution [WHA77.5](#) (2024) invited Member States to accelerate progress towards reducing maternal, newborn and child mortality, by promoting access to affordable, quality and respectful antenatal, intrapartum and postnatal care, especially for adolescent mothers who face a higher risk of eclampsia, puerperal sepsis and endometritis, and for babies of adolescent mothers who face higher risks of low-birth-weight, preterm birth and

severe neonatal conditions, by scaling up affordable, quality essential newborn care services for every newborn and investing in special care units for small and sick newborns at district level;

Noting that preterm birth is defined as a birth that happens before 37 completed weeks of pregnancy, also that an estimated 13.4 million babies were born preterm and the preterm birth rate varied from 4% to 16% across countries in 2020, that preterm birth complications are the leading cause of death among children under 5 years of age, and that three quarters of these deaths could be prevented with current, cost-effective interventions;

Acknowledging that, while preterm births are a global concern, the majority of preterm births occur in southern Asia and sub-Saharan Africa, and that there is a dramatic difference in the survival of preterm infants depending on where they are born - for example, more than 90% of extremely preterm infants less than 28 weeks born in low-income countries die within the first few days of life, yet less than 10% of extremely preterm infants die in high-income settings;³

Recognizing WHO's global position paper⁴ and its implementation strategy establishing kangaroo mother care as a transformative innovation in healthcare and noting that kangaroo mother care can be provided by all caregivers;

Taking note of the WHO's 2022 recommendations for care of the preterm or low-birth-weight infant which promote preventive and promotive care for complications and the role of family or carer involvement and support networks;

Appreciating the role of World Prematurity Day on 17 November – initiated in 2008 by the European Foundation for the Care of Newborn Infants and partnering European parent organizations – in raising awareness of the global challenges and burden of preterm birth; appreciating also that the international co-founders LittleBigSouls (Africa), March of Dimes (United States of America), and National Premmie Foundation (Australia) joined the celebrations and made World Prematurity Day an intercontinental movement; and that countless individuals and organizations from more than 100 countries join forces with activities and special events and commit themselves to action to help to address preterm birth and improve the situation of preterm infant and their families;

Acknowledging that not all WHO Member States commemorate World Prematurity Day and that in the countries that do so, it is not a national event, but that individuals or nongovernmental organizations lead it,

1. URGES Member States, in line with their national context and priorities:⁵

(1) to commemorate World Prematurity Day in an appropriate manner to create awareness, promote health education, evidence-based and cost-effective clinical guidance and policies, advocacy and resource mobilization for preterm birth prevention and care of preterm infants;

(2) to collaborate with relevant local, national and international stakeholders on the World Prematurity Day events, to promote perinatal and newborn care including scale-up of newborn care interventions, clinical and public health guidance, research, and dissemination of the findings, as appropriate;

(3) to implement WHO's 2022 guidelines, which promote preventive and promotive care for complications and the role of family or caregiver involvement and support

networks;

(4) to strengthen preventive and curative strategies by facilitating universal access to sexual and reproductive healthcare services, including for family planning, evidence-based, relevant and timely information and education, and the integration of reproductive health into national strategies and programmes, including primary healthcare services, with particular emphasis on addressing risk factors of preterm birth;

(5) to plan, implement and monitor life-saving interventions and technologies such as, but not limited to, essential newborn care interventions, zero separation, breastfeeding, care for the small and sick newborn, safe use of oxygen, including use of continuous positive airway pressure machines and availability of quality-assured medicines, including antibiotics, caffeine citrate and surfactant, and screening for retinopathy of prematurity, as appropriate for each level of care, whether at the primary level including the community, secondary hospital care level or the tertiary care level as defined by each national health system;

(6) to consider establishing comprehensive follow-up packages for small and sick newborns, including hearing and visual screening and neurodevelopmental assessment across all the levels of the system;

(7) to consider integration of preterm infant care into a basic package of health services under universal health coverage with relevant funding arrangements so as to reduce the financial burden associated with preterm infant care;

(8) to recognize the kangaroo mother care method as a cost-effective, efficient and safe strategy for the care of preterm and low-birth-weight infants and to implement and resource kangaroo mother care, provided by the carer within health facilities or at home, as an essential standard of care that should be offered to all preterm infants, together with early initiation of and exclusive breastfeeding and other evidence-based, cost-effective, life-saving interventions;

(9) to provide healthcare workers with comprehensive training on developmental care for preterm infants, including the health benefits of breastfeeding, and ensure the implementation of the International Code of Marketing of Breast-milk Substitutes to safeguard and promote optimal feeding practices in neonatal care units;

(10) to implement community-based support programmes and interventions that offer evidence-based guidance and emotional, psychological, financial, material and administrative support for families of preterm infants, helping them to navigate the unique challenges associated with preterm birth;

(11) to consider establishing or reviewing national and local laws, regulations and standards on leave for parents and carers, and related benefits that support taking care of a preterm infant;

2. REQUESTS the Director-General:

(1) to incorporate World Prematurity Day into WHO's calendar in order to commemorate World Prematurity Day in an appropriate manner to raise national and global awareness and promote health education, evidence-based and cost-effective

clinical guidances and policies, research and resource mobilization for prevention of preterm birth and care of preterm infants;

(2) to provide support to Member States in strengthening national information systems that contribute to tracking the progress of global and national preterm birth rates and associated mortality and morbidity in order to help to address funding gaps and develop evidence-based policies, programmes and strategies;

(3) to provide support to countries in developing and aligning their national health action plans, including implementation costing, in order to achieve their preterm birth-related morbidity and mortality-reduction targets;

(4) to collaborate with relevant stakeholders in line with the Framework of Engagement with Non-State Actors, as applicable, including through the Every Woman Every Newborn Everywhere initiative to strengthen technical assistance and programmatic support for preventing preterm births and providing care for preterm infants, helping countries to scale up high-impact interventions and strengthen their health systems, including healthcare workers and community-level care;

(5) to promote standard definitions and advance sufficiently detailed metrics for measuring preterm birth outcomes, alongside other reproductive, maternal, newborn and child health outcomes;

(6) to report to the Health Assembly on implementation of this resolution as part of the biennial substantive reporting on the Global Strategy for Women's Children's and Adolescents' Health, with a special focus on the effectiveness of renewed efforts to accelerate achievement of Sustainable Development Goal indicator 3.2.2.

See Annex 8 for the financial and administrative implications for the Secretariat of this decision.

Document EB156/17.

Survive and thrive: transforming care for every small and sick newborn. Geneva: World Health Organization; 2019. Licence: CC BY-NC-SA 3.0 IGO.

Kangaroo mother care: a transformative innovation in health care: global position paper. Geneva: World Health Organization; 2023.

And, where applicable, regional economic integration organizations.
