



Dr Meskerem Kebede

Dr Rocco Friebe

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The Overlooked Burden of Birth Defects in Addressing Newborn Mortality

In this week's blog post, Dr Meskerem Kebede and Dr Rocco Friebe ([Global Surgery Policy Unit – LSE Health](#)) lay out the need to reprioritise birth defects as a major contributor to neonatal and child mortality. Based on their research in Ethiopia and Somaliland, the authors argue that community- and primary care-focused surveillance, and timely interventions, are the essential ways to better understand and tackle this challenge.

Child health has been championed by the global health community for several decades, resulting in commendable progress towards **reducing under-five mortality** across many parts of the world. Ethiopia is one of the success stories in global child health, by achieving **Millennium Development Goal 4 three years ahead of schedule in 2015**. Efforts to address child mortality have narrowed in on expanding immunization coverage, addressing malnutrition, and infectious disease control. These initiatives have contributed to **saving millions of lives**.

However, in many low- and middle-income countries newborn mortality remains stubbornly high with **modest change observed over time**. What are the driving factors behind this trend, and how could policymakers address them to ensure neonatal mortality reduces to meet **Sustainable Development Goal 3.2 (ending all preventable causes of newborn and under 5 child mortality)**? The SDGs are a global commitment of the UN 2030 agenda for sustainable development. Drawing on our ongoing work, with focus on child health and particularly children's surgery in Ethiopia and Somaliland, we argue that tackling birth defects is essential to reducing neonatal mortality and requires targeted, **community and primary care focused surveillance and timely intervention**.

It is currently estimated that in Ethiopia birth defects impact more than 2% of all children. In Somaliland, **a community-based survey** has identified birth defects to be the most common pediatric surgical condition, with 34.7% of children in the study presenting with congenital birth defects. Importantly, these figures are likely to be an underestimation. In both countries, as is the case in many low- and middle-income countries, a significant share of births occur outside health facilities – with many newborn

conditions going unreported or undiagnosed due to social stigma, or lack of knowledge and training on how to detect birth defects.

Alongside the contribution to decreasing mortality and morbidity, there are several reasons why birth defects need greater attention in health policy and practice. Birth defects are preventable through simple, cost-effective public health interventions, such as folic acid supplementation and food fortification. These interventions have demonstrated a clear **impact on the prevalence of neural tube defects (the biggest group of birth defects)** and should be adopted widely. Additionally, many birth defects are surgically correctable. Early intervention can significantly reduce mortality and long-term disability, giving children a greater chance of surviving with **improved quality of life**.

A central challenge for improving outcomes is the limited capacity for early detection and diagnosis of birth defect within health facilities and community settings where babies are born. During recent focus group discussions at Black Lion Hospital in Addis Ababa, Ethiopia, we heard consistently from parents, caregivers, and clinicians about persistent challenges. Many families said they were told their newborns were healthy, only to later discover serious conditions. Despite attending antenatal care, none reported receiving a prenatal diagnosis, and most said they were given little or no information about their child's condition. Parents described severe stigma, lack of services in their communities, and difficulties in accessing medications, surgical devices, or referrals. Clinicians echoed concerns about the quality of newborn examinations at primary care facilities and general hospitals, and the lack of referral options once a condition was identified.

While birth defects are recognised in international frameworks such as the **World Health Organization's Global Strategy for Women's, Children's and Adolescents Health** and **targeted World Health Assembly resolutions**, they still receive a fraction of public health funding and visibility afforded to other causes of child mortality. The deprioritisation of birth defects in global and national child health agendas is driven by a combination of factors. On one end, significant underreporting and limited epidemiological data masks the true scale of the problem, making it difficult to mobilise policy attention. On the other end, weak referral systems and limited diagnostic capacity further enhance the challenge. To address this gap, there is a pressing need to strengthen surveillance systems that establish the true burden of birth defects. Health systems must be equipped to train and support frontline health workers with skills and tools required to identify birth defects early.

Neglecting birth defects means missing opportunities to support children to reach their full potential, and to help families live with dignity. Positive examples of change come from countries like India, where evidence-based, localised efforts to strengthen **community-based detection**, adopt digital decision-support tools, and **cross-sectoral partnerships** have resulted in meaningful improvements.

Given the shifting global health landscape, there lies both an opportunity for and a threat to children affected by birth defects. However, without research and capacity building efforts that target birth defects, neonatal mortality will remain high. We at the Global Surgery Policy Unit at LSE Health are committed to improving children's health outcomes around the world by bridging frontline healthcare work with policy advocacy. Supporting countries in addressing birth defects remains one of our priorities,

to allow every child the opportunity to live a fulfilling and dignified life no matter where they are in the world.

*The views expressed in this post are those of the author and do not reflect those of the Global Health at LSE blog or the London School of Economics and Political Science. Featured image credit: **Unsplash**.*

About the author



Dr Meskerem Kebede

Dr Meskerem Kebede is a global health systems researcher and General Practitioner. She is a Research Officer at the Global Surgery Policy Unit at LSE, where she leads initiatives on surgical and emergency care integration and health system innovation.



Dr Rocco Friebe

Dr Rocco Friebe is Associate Professor of Health Policy, Director of the Global Surgery Policy Unit (a partnership between LSE and the Royal College of Surgeons of England), and Deputy Director of LSE Health. His research focuses on health system regulation, quality improvement, and surgical policy. He leads the SPACES ECHO programme in Somaliland, a virtual telementoring model that supports early detection and referral of pediatric surgical conditions by linking frontline providers with specialist mentors.

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