Summary Report
for the
WHO/UNFPA/UNICEF JOINT INTERCOUNTRY MEETING
OF NATIONAL MANAGERS OF MATERNAL AND CHILD HEALTH:
TOWARDS ACCELERATING THE REDUCTION OF NEONATAL MORTALITY IN THE REGION

Amman, Jordan, 24-27 April 2016

Background and Rationale

This meeting was prepared based on the achievements of the Regional Initiative on Saving the Lives of Mothers and Children and the identified need in the region to drive further activity toward the reduction of maternal and newborn mortality. The meeting further responded to the recommendations of the joint (UNFPA and UNICEF) Inter-country meeting of national maternal, neonatal and child health programme managers on addressing the main causes of maternal, neonatal and child mortality, held in Amman, Jordan from 29 March to 2 April 2015. That meeting had highlighted, in particular, the need to strengthen Maternal and Child Health national managers on strategic planning, implementation and measurement of the expected outcomes aiming to reach the targets set out the Sustainable Development Goals (SDGs) agreed at the UN General Assembly in September 2015.

The SDGs set targets for the reduction of newborn and maternal mortality and stillbirth; that no country should have a newborn mortality rate of more than 12 newborn deaths per 1,000 live births or 12 stillbirths per 1,000 births, and no country should have a maternal mortality rate of more than 70 deaths per 100,000 lives. These targets are supported by UN Global Strategy for Women’s, Children’s, and Adolescent’s Health (2016-2030) launched at the UN General Assembly in September 2015, and its operational framework is soon to be endorsed at the World Health Assembly in May 2016.

Many of these targets of the SDGs and Global Strategy for Women’s, Children’s, and Adolescent’s Health are informed by the goals and recommendations of the Every Newborn Action Plan which was put forward and endorsed by 194 Member Statements of the World Health Organization in 2014. The Every Newborn Action Plan (ENAP) is based on the latest epidemiology, evidence of essential interventions and global and country learning about effective programme implementation. The preparation, led by WHO and UNICEF, was guided by the advice of experts and partners and by the outcome of several multi-stakeholder consultations. Discussed at the 67th World Health Assembly in 2014, member states endorsed the Action Plan and made firm commitments to put in practice the recommended actions. The WHO Director General has been requested to monitor progress towards the achievement of the global goal and targets and report periodically to the Health Assembly until 2030.

To support member States’ efforts in the Region to reduce neonatal mortality and to improve quality of health care services for newborns, national managers responsible for maternal, neonatal and child health need to have in-depth understanding of the goals and recommendations of the Every Newborn Action Plan. The meeting provided the opportunity for discussion and dialogue between countries and experts on how the recommendations set out in the Every Newborn Action Plan can be tailored to each country context, and how this fits with other on-going or related initiatives aiming at ending preventable deaths of mothers and newborns.
The meeting provided the opportunity to support the development of the maternal and newborn component of RMNCAH strategic plans: 2016-2020 in accordance with the Global Strategy on Women’s, Children’s and Adolescents’ Health 2016-2030, with specific focus on countries with high burden of maternal and child mortality and countries with emergency situations.

The meeting objectives were:
1. Develop in depth understanding of Every Newborn Action Plan, share best practices and innovations, and identify required implementation steps at the country level;
2. Share with the MCH national managers the latest updates and developments on the Global Strategy for Women’s, Children’s and Adolescent’s Health, the Operational Framework, maternal, neonatal and child health target indicators, and the Global Financing Facility; and
3. Discuss implementation process of the RMNCAH operational work-plans: 2016-17 and identify areas that need to be further strengthened in line with the SDGs targets, including: response to countries in emergency situations, and resource mobilization at all levels.

Participants

The meeting was attended by the 131 key actors from sixteen countries responsible for programme implementation on countries:

- **Ministries of Health:**
  There were 40 participants from the Ministries of Health of the following fifteen countries: Afghanistan, Egypt, Iran, Iraq, Jordan, Lebanon, Libya, Morocco, Pakistan, Palestine, Somalia, Sudan, Syria, Tunisia, Yemen

- **National Organizations:**
  2 participations from the Jordanian, National Woman’s Health Care Centre

- **Other International Organizations:**
  4 participants from the Japanese International Cooperation Agency, Save the Children and UNHCR

- **Temporary advisers:**
  7 from academic and professional associations including the University of Jordan, University of Beirut, London School of Hygiene and Tropical Medicine and the Middle Eastern Midwifery Association

- **UNICEF Staff:**
  40 (Headquarters, MENARO, ROSA, WCARO and the country offices of Afghanistan, Djibouti, Egypt, Iran, Iraq, Jordan, Lebanon, Morocco, Pakistan, Palestine, Sudan, Syria, Tunisia, Yemen)

- **UNFPA Staff:**
  21 ASRO and UNFPA Country Offices from Afghanistan, Djibouti, Egypt, Jordan, Lebanon, Libya, Morocco, Palestine, Somalia, Sudan, Syria, Tunisia, Yemen

- **WHO STAFF:**
  28 (EMRO, Headquarters and the WHO Country Offices of Afghanistan, Djibouti, Egypt, Iraq, Lebanon, Libya, Morocco, Pakistan, Palestine, Somalia, Sudan, Yemen)

- **Observer:** 1
Meeting Format
The programme of events consisted of the following session over 4 full working days.

Day 1
1. **Opening Session** led by the three Regional Directors
   - Regional Overview by the WHO, UNICEF and UNFPA Regional Advisers for maternal and newborn health in the region
   - Plenary Discussion
   - Joint Statement
2. **Session 2:** Panel discussion on RMNCAH global agenda and its implications on newborn health in the Region
3. **Session 3:** Working Session on Every Newborn Strategic Objective 1: ‘Delivery Care: Strengthening and investing in the care during labour, childbirth and in the first day and week of life’

Day 2
1. **Session 4:** Working Session on Every Newborn Strategic Objective 2: ‘Quality of care: Improve the quality of maternal and newborn care’
2. **Session 5:** Working Session on Every Newborn Strategic Objective 3: ‘Equity: Reach every woman and every newborn reduce inequities’
3. **Session 6:** Working Session on Preparedness, response and resilience

Day 3
1. **Session 6 continued:** Working Session on Preparedness, response and resilience
2. **Session 7:** Working Session on Every Newborn Strategic Objective 4: Family and community: harness the power of the parents, family through community mobilization and participatory learning
3. **Session 8:** Working Session on Every Newborn Strategic Objective 5: Count every newborn: measurement of performance, tracking and accountability

Day 4
1. **Session 8 continued:** Working Session on Count every newborn: Measurement of performance, tracking and accountability (continued)
2. **Session 9:** Working Session on Advocacy and resource mobilization
3. **Closing session:** Future steps: National and Regional role to support the implementation of neonatal health key actions
Opening Session

Part 1: Welcome and opening remarks from the Regional Offices of WHO, UNICEF and UNFPA

A. Welcome and opening remarks were made by Dr Ala Alwan, Regional Director, WHO Eastern Mediterranean Region. The remarks focussed on:

- Between 1990 and 2015, there was substantial progress in regard to the regional maternal mortality ratio and under-5 child mortality rate, with reductions of 54% and 48%, respectively. However, two-thirds of under-5 mortality occurs during the first month of life, while the neonatal mortality rate showed a reduction of only 37% within the same period. In 2015, almost half a million children in the Region died in the first month of life due to preventable conditions.

- In the region, the main causes of newborn death are prematurity (25%), intrapartum-related complications (12%) and neonatal sepsis (8%). All of these issues were thoroughly discussed by Member States during the development of the Every Newborn Action Plan (ENAP), which was endorsed by the World Health Assembly in 2014. Through the Health Assembly resolution (WHA67.10), Member States made firm commitments to put the recommended actions into practice.

- Two years have passed since the launch of ENAP and we now need to assess jointly, with our partners, the progress made in newborn health at country and regional levels, and to support Member States’ efforts to accelerate their pace in reducing newborn mortality and in improving the quality of health care services for newborn children.

- In the Eastern Mediterranean Region, newborn health and stillbirths are part of the unfinished agenda of the Millennium Development Goals for women’s and children’s health. However, these also need greater visibility in the sustainable development agenda if overall under-5 child mortality is to be reduced.

- Many newborn deaths and stillbirths could be avoided each year if the actions in the plan are adopted and implemented by all Member States and its goals and targets achieved. The plan is based on evidence of what works, and was developed within the framework of the global movement Every Woman Every Child launched by the United Nations Secretary-General in 2010.

- Reflecting the neonatal health component in the national strategic plans for reproductive, maternal, newborn and child health will lead to a better world – a world in which there is no neonatal deaths or stillbirths that were preventable, where every pregnancy is wanted, where every birth is celebrated, and where women, babies and children survive, thrive and reach their full potential.

- An investment in the knowledge and skills of national programme managers by focusing on neonatal health is an investment in countries and will support them in developing or updating their national strategic plans. All of these plans were originally developed as a result of the regional initiative on saving the lives of mothers and children and in accordance with the United Nations Global Strategy for Women’s, Children’s and Adolescents’ Health 2016–2030.

- The purpose of this meeting is to: review newborn health at global and regional levels; to determine the main causes of neonatal death, prevention and management; to examine the main health systems interventions needed to support maternal and child health; and to update programme managers on progress of national strategic planning. It provides a good opportunity to explore and share best practices in and lessons learned by countries while focusing on evidence-based and effective interventions according to the strategic areas of the Every Newborn Action Plan.
We ask you to define the preparedness and response actions required in emergencies and humanitarian settings, in order to ensure these fit in with other related initiatives aimed at ending preventable deaths of mothers and children and investing in their well-being.

Dr Alam closed his remarks by thanking you for achieved so far. I look forward to hearing your deliberations and to working closely with you in delivering our commitments to avoid preventable newborn deaths in the Region.

B. Opening remarks were made by Dr Peter Salama, Regional Director, WHO Middle Eastern and North Africa Region. The remarks focussed on:

- Over the last decade the international community has paid particular attention to the proliferation of complex challenges to development, political conflict, economic austerity, and environmental degradation. Looking back to 2000, when 189 countries adopted the Millennium Declaration, which set the principles and commitments for the Millennium Development Goals (MDGs), it was not known if such a framework would work. Although the MDG framework was not perfect, its contribution to the results in global health has been tangible. Globally, fewer children are dying: the number of children younger than 5 years who die each year has been reduced by more than 40% since 1990.

- While we are moving from the Millennium Development Goals to the Sustainable Development Goals era, it is critical to learn from the MDG and build a movement for better health for all and in all settings. Indeed, healthy educated mothers and children in every setting are the foundation on which Middle Eastern and North African countries can build a strong and sustainable development and humanitarian agenda.

- Despite commendable progress, the Middle East and North Africa region is facing huge challenges with regards to the health situation. Whatever the regional actors are agreed upon to address the unprecedented situation in our region, Maternal, Newborn and Child Health must have special attention. Moreover the unfinished business of newborn health should be at the heart of all health programmes. MENA’s progress in reducing U5MR has been substantial; however the region couldn’t reach the goal of 23 under 5 deaths per 1,000 live births. Despite the fact that the overall under five mortality rates in the MENA region is still satisfactory compare to other regions, this is hiding huge disparities from one country to another as well as within countries. In 2015, 324,088 children didn’t celebrate their fifth birth day and out of them 172,129 did not live more than 28 days.  

- Four countries of the UNICEF MENA region count for 2/3 of the under-five and newborn deaths; namely Sudan, Yemen, Egypt and Iraq. However, newborns as a proportion of under five deaths is around 50% in most countries. These deaths are largely attributable to pre-term birth complications (1/3) and intra-partum related events.

- We know that globally more than half of all maternal, newborn and child deaths occur in humanitarian settings, in conflict and post-conflict situations, trans-national crisis, and countries that have experienced one or more serious natural disasters and situations of protracted socioeconomic and political instability. This Region has a huge share of this global burden.

- We know that globally only 4% of donor funding to child health even mentions the word “newborn” and less than 1% mention high impact new-born care interventions. Only 2 out of more than 250,000 donor disbursements even mention the word “stillbirth”.

- Of course, there are inspiring experiences too. We have countries who are making progress and demonstrating good practices:

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1 IGME 2015
REPORT ON WHO/UNICEF/UNFPA JOINT INTERCOUNTRY MEETING ON NEWBORN HEALTH AMMAN, JORDAN, April 2016 5
o **Egypt:** Despite many challenges and the recent political crisis, they have achieved the MDGs and more importantly they have addressed inequities between rich and poor having sub-national level planning and implementation across the rural areas of Egypt and dedicated full time positions for new-born health. Now they have an RMNCAH Strategic Plan for the period of 2016-20 with specific activities for all ENAP milestones.

o **Iran** has a well-developed maternal death surveillance system and is now planning to include most of the newborn indicators in existing recording tools in order to strengthen the coverage of newborn care. The country has prioritized a research agenda that includes issues related to stillbirths.

o **Sudan** is making progress at national level but needs to focus on scaling-up interventions that have demonstrated results such as training of mid-wives. It is a positive sign that they have dedicated full-time position to oversee the national efforts for national new-born care and RH coordinators as focal points at state level.

o **Yemen** has made tremendous progress during the MDG period however the disparities between rich and poor are widening. The positive thing we see is that they have introduced competency based trainings for qualified SBAs. They also included life-saving MNH commodities such as oxytocin, magnesium-sulfate and injectable antibiotics as part of Essential Drugs.

- This consultative meeting is very timely. We want to end preventable child and newborn deaths and for that we need to invest more in newborn care including in the emergency context. It is time for us to renew our commitment to achieve these new SDG targets with a clear focus on equity and ensuring that every death counts and we do prevent the preventable deaths.

- Throughout the Maternal Newborn and Child Adolescent health continuum, we urge participants to build on evidence in order to measure progress in health and equity and set targets for a sustainable development and humanitarian agenda for maternal and newborn health.

- Ultimately, this meeting is just the beginning of a long journey towards excellence for women and children wellbeing. We must be able to measure our success through indicators that help us understand the difference we have made in mothers, newborn and children lives in our region.

- We are counting on your enduring support – especially at country level – to utilize the outcomes of this meeting as a powerful platform for planning, advocacy and partnership in order to advance the rights and the well-being of all women, newborn and children in the MENA region.

- Sustainable development is fundamentally a question of people's opportunity to influence their future, claim their rights, and voice their concerns we need to address the issue of newborn health in a comprehensive way, linking humanitarian and development, ensuring strong and resilient systems.

**C. Opening Remarks were made from Regional Director UNFPA/ASRO Mr Dan Waters**

- The topic of reproductive, maternal, newborn, child and adolescent health is one that requires strong commitment to partnership among governments, the UN system, civil society and development partners in close collaboration with local organizations and communities.

- This meeting exemplifies the strong commitment in the region toward addressing the needs of mothers, newborns, children and adolescents everywhere. By everywhere, we mean in every context from the most stable to the most volatile, vulnerable and fragile settings. No one should be denied their right to health simply because of where they live or the context in which they live or because of the particular life-saving services they need.

- As we are well aware in this region, prevailing humanitarian crises inflict untold suffering upon people and communities and we know that those who suffer most are women and children, and
particularly newborns. Increasingly, characterized also by long term displacements-crises’ impacts are for a life-time; disrupting and derailing—when not destroying—individual development, including education, health, nutrition and bringing distinct devastating impacts for human dignity in sexual and reproductive health across the life course.

- The data confirm the life threatening implications of this convergence between humanitarian crises, poverty, youthfulness and sexual and reproductive health and dignity: 60 per cent of preventable maternal deaths and 53 per cent of under-five deaths take place in settings of conflict, displacement and natural disasters. Of the high-mortality countries, unlikely to achieve the MDGs for women’s and children’s survival, more than 80 per cent have suffered a recent conflict or recurring natural disasters or both.

- Last year the UN Secretary General launched the new Global Strategy on Women’s, Children’s and Adolescents’ Health (2016-2030) – Every Woman Every Child 2—which reflects a new consensus about the need to prioritize improved reproductive, maternal, newborn, child and adolescent health (RMNCAH) everywhere. This requires greater emphasis on risk assessment and mitigation, disaster planning and preparedness, contingency funding as RMNCAH services are planned, designed, financed, delivered and reviewed. Recognizing women and young people as critical partners for effective development action and in early and ongoing response to crises, the Global Strategy’s implementation must be more clearly accountable to them.

- Bridging the humanitarian develop divide to more effectively deliver life-saving interventions across contexts is a commitment that UNFPA is taking very seriously. In 2015, UNFPA’s flagship annual report, the State of the World Population report entitled “Shelter from the Storm” laid out a transformative global agenda for women and girls in a crisis-prone world.

- This meeting represents a step in the right direction for all of us to put our hands and heads together to agree on key strategic activities at country and regional levels to help accelerate the reduction of neonatal mortality in the region.

- Our actions and deliberations in this meeting have the potential to improve the opportunities for those children being born today in Yemen, in Palestine, in Syria, in Iraq and in Afghanistan, to name a few. We must aim for more resilient, less vulnerable countries that equitably deliver quality maternal and newborn care to ensure that they are able to fulfil their amazing potentials. Such a region would be one where development, within and across countries, is fully inclusive and equitable, and upholds all rights for all people. Where women and girls are no longer disadvantaged in multiple ways but are equally empowered to realize their full potential, and contribute to the development and stability of their communities and nations.

**Part 2: Regional Overview**

1. **Regional overview on newborn health with specific focus on continuum of care across the life course** by Dr Ramez Mahaini, WHO EMRO
2. **The results of research setting out the newborn health within the Reproductive, Maternal, Newborn, Child and Adolescent Health continuum of care** by Dr SM Moazzem Hossain, UNICEF MENARO
3. **The context of newborn health in humanitarian setting** by Ms Mollie Fair from UNFPA, Regional Office.
Part 3: Plenary Discussion
A short plenary discussion invited comments from the participants.
Comments included:
1. Plans are made but implementation is hindered when for example security concerns to not allow travel to support large areas - Ministry of Health Official, Somalia
2. Sustained and resilient progress is undermined by very weak partnerships – Ministry of Health Official, Iraq.
3. The implementation of plan depends on budget, technical support and human resources which are not available – Ministry of Health, Yemen.
4. A challenge exists in how to address the social determinants of health influencing but beyond the Strategic Plan for maternal and Newborn Health – WHO Morocco
5. There is an issue of culture – the neonate’s life has not been considered equal to the mother’s life – Ministry of Health Official, Sudan.
6. Taking advantage of opportunities to fulfill key actions, for example in South Darfur, the BCG injection is now given at the time of birth registration – UNCEF MENA RO
7. Water and sanitation is a key omission to the discussion so far - 35% of families in the region have no access to water - UNICEF HQ.
8. It is estimated that 30% of newborn are not registered in the region which is a large impediment to action. CRVS strengthening is essential in the region.
9. The continuum of care gaps exist for both the national level and the refugees. The average time that a refugee is now spending as a refugee is 25 years. Longer term services for refugees are needed – UNFPA Jordan.
10. Mapping of partners in country is critical – WHO Afghanistan.

Part 4: A Joint Statement expressing commitment to newborn health in the region was signed by the three Regional Directors

A joint statement was signed by WHO, UNFPA and UNICEF expressing our commitment for accelerating the reduction of neonatal mortality in the Region through close collaboration with Member States to meet the global targets adopted in the Sustainable Development Goals (SDGs) and the United Nations Global Strategy for Women’s, Children’s and Adolescents’ Health. It was noted that additions may be made to this joint statement during the course of the meeting.
Session 2: Panel Discussion on RMNCAH Global agenda and its implication on newborn health

- The RMNCH global agenda and its implications on newborn health in the Region was discussed in a Panel Session.
- This session was moderated by Dr Peter Salama, Regional Director of UNICEF MENARO.
- The Panel members were as follows: Bernadette Daelmans (WHO/HQ), Stefan Petersen (UNICEF/HQ), Mary Kinney (Save the Children), Aft Gherissi (Middle Eastern Association of Midwives) Hannah Blencowe (London School of Hygiene and Tropical Medicine) Mr Dan Waters (UNFPA ASRO), Keiko Osaki (JICA), Dr Khalid Yunus (American University, Lebanon).

Peter Salama, Regional Director UNICEF summed up the panel contributions:

1. Importance of reviewing Monitoring and Evaluation frameworks to ensure that we are keeping up with global and regional best practices and using the data; including tracking equity, data on refugees sand migrants, using maternal and neonatal death audits as good practice, and the how we track the impact of our interventions.

2. Issue of community involvement; for both supply and demand side improvements. IN addition to support for behaviour change as required, we must remember that the household helps to produce good health and is essential on the supply side, and low cost packages designed for the community level are available and need to be implemented.

3. Networks and Centres of Excellence; how we can support more technical expertise in aggregate form and ensure we have a tailored research agenda for implementation research – know our newborns; who, where and what are they dying of and what are we doing about. Local knowledge and research and centres of excellent need to be about community level care and not on high level tertiary and NICU care also but have to be also about community care.

4. Strong links and focus on maternal and newborn health in tandem within the continuum of care; and in particular population groups that are now seen contribute to large burden of mortality in the region, specifically adolescent health population and emerging negative coping strategies including increases in child marriage.

5. Monitoring functional health systems; components of human resources for health, training and roles of professional associations, importance of defining cadres of health workers that are required and health information systems.

6. Social determinants of health; women health and gender, status of women, nutrition, physical infrastructure, and seeing the context of conflict and social instability as part of a social determinant of health and not seeing humanitarian programmes as separate but as part of an integrated spectre of programmes to deliver within opportunity and context.

7. Important of an inclusive partnership, convened by government, but involving UN, private sector, donors, professional associations and most importantly the community as stakeholders in their own right; the value of citizen and partner engagement and value of champions are clear. Each country will find great value in mapping the partners involved in this work that than add to this agenda and identify and engage the champions, if not already done.
Sessions 3 to 9: Working Session on the Strategic Objectives of the Every Newborn Action Plan, and additional sessions on Emergency Preparedness, Response and Resilience and Advocacy and Resource Mobilization

**Overall Summary**

There were seven working sessions. Five of these were dedicated to the Five Strategic Objectives of the Every Newborn Plan of Action. Session 6 was dedicated to maternal and newborn health in emergency settings and Session 9 addressed advocacy and resource mobilization for neonatal health.

The Working Sessions were held in the following order:

1. Before the meeting, working papers for these working sessions were developed and shared with participants to facilitate constructive discussion, and the identification and prioritization of related country key actions.
2. Each of the sessions started with a technical presentation followed by presentations by individual country to highlight country experiences and best practices addressing related gaps in the country.
3. At the end of each session, country groups convened to identify 5 key priority actions for their respective country.
4. Thereafter, between 2 to 4 countries were selected to present their agreed priority actions.
5. The Priority Actions of all 16 countries were synthesised and summarised noting the commonalities and also noting key activities that were noted as absent in the country priority action lists.
6. A small panel discussed the content proposed from the Partners’ and Donors’ perspective.
7. All content, including the presentations, and the proposed strategic objectives for all countries in all sessions were collated for each country team.

**Session Summary**

**Session 3:** Strengthening and investing in the care during labour, child birth and the first day and week of life.
- Moderated by Dr Stefan Swartling Peterson, UNICEF/HQ

| Presentation of the working paper on the Every Newborn Action Plan (ENAP)/Strategic Objective 1 |
| Ms Mary Kinney, Save the Children |
| Presentations on best practices/actions on country response for addressing determined gaps (Pakistan and Yemen) |
| Working Group determined their 5 Strategic Objectives |

**Session 4:** Quality of Care: Improve the quality of maternal and newborn care
- Moderated by Dr Atf Gherissi, Temporary Advisor UNFPA

| Presentation of the working paper on ENAP/Strategic Objective 2 |
| Dr Bernadette Daelmans, WHO/HQ |
| Presentations on best practices/actions on country response for addressing determined gaps (Iran, Morocco and Somalia) |
| Working Group determined their 5 Strategic Objectives |
### Session 5: Equity: Reach every woman and every newborn reduce inequities
Moderated by Ms Keiko Osaki, JICA

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<tr>
<th>Presentation of the working paper on ENAP/Strategic Objective 3</th>
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<tr>
<td>Dr Genevieve Begkoyan, UNICEF/HQ</td>
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<tr>
<td>Presentations on best practices/actions on country response for addressing determined gaps (Egypt, Libya and Tunisia)</td>
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<td>Working group their 5 Strategic Objectives on Equity</td>
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### Session 6: Preparedness, response and resilience
Moderated by Dr Nabila Zaka, UNICEF HQ

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<th>Presentation of a Baseline assessment on newborn care in emergency</th>
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<td>Ms Ann Burton, UNHCR/Jordan</td>
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<td>Presentations on working paper on preparedness, response and resilience</td>
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<td>Dr Shible Sahbani, UNFPA/Jordan</td>
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<td>Dr Ali Okhowat, WHO/EMRO</td>
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<td>Presentation on best practices/actions on country response for addressing determined gaps (Iraq, Jordan and Lebanon)</td>
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<td>Working group their 5 Strategic Objectives on Preparedness, response and resilience</td>
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### Session 7: Family and community: Harness the power of the parents, family through community mobilization and participatory learning.
Moderated by Dr Nakwa Khuri,

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<th>Presentation of the working paper on ENAP/Strategic Objective 4</th>
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<tr>
<td>Dr Taylor Helenlouise, WHO/HQ</td>
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<td>Communication for development and ENAP implementation</td>
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<td>Dr Shoubo Jalal, UNICEF/MENARO</td>
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<td>Presentations on best practices/actions on country response for addressing determined gaps (Djibouti and Sudan)</td>
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<td>Working group their 5 Strategic Objectives on Family and Community</td>
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### Session 8: Count Every Newborn: Measurement of performance, tracking and accountability
Moderated by Dr Khalid Yunis, WHO Temporary Advisor

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<th>Presentation of the technical paper on ENAP/Strategic Objective 5</th>
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<tr>
<td>Dr Hannah Blencowe, WHO Temporary Advisor</td>
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<tr>
<td>Presentations on best practices/actions on country response for addressing determined gaps (Afghanistan, Palestine and Syria)</td>
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<td>Working group their 5 Strategic Objectives on Count Every Newborn</td>
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AMMAN, JORDAN, April 2016
**Session 9: Advocacy and Resource Mobilisation:**
Moderated by Dr Severin Ritter von XYlander, WHO Representative, Djibouti

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<th>Investments to support Every Woman Every Child and the costing tools of RMNCAH plans</th>
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<td>Example of Cameroon: Common investment case for GFF</td>
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<td><em>Dr Genevieve Begkoyan, UNICEF/HQ</em></td>
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| Panel discussion on practical actions to support resource mobilization                      |
| *Morocco, Afghanistan, Iraq, JICA*                                                         |
| Overview of ENAP advocacy and communication materials                                      |
| *Ms Mary Kinney, Save the Children*                                                       |
| Partner mapping, tools and resources                                                      |
| *Ms. Olive Cocoman, Every Newborn*                                                        |
| Working groups on advocacy and resource mobilization: successes and failures               |

**Closing Session**

**Next steps to take forward national actions by strategic objective**

The collated recommendations and next steps were read out by Ndye Fatou Ndiaye, Regional Adviser, UNICEF, MENA

**To Member States**

1. Debrief the high level decision makers, technical units and stakeholders on the meeting and its outcomes and share endorsed key actions with Regional offices by Mid May 2016

2. Develop or update national reproductive, maternal, neonatal, child and adolescent health (RMNCAH) 5 years strategic plans with strengthened newborn elements in line with Every Newborn Action Plan strategic objectives including emergency situations, with Neonatal Mortality Rate (NMR) and Stillbirth Rate (SBR) targets and indicators for equity and quality defined and following the principles of universal health coverage. The plan will be costed and endorsed by Ministries of Health by November 2016.

3. Promote and implement evidence-based packages of interventions for RMNCAH, including quality care around the time of childbirth, special care for small and sick babies, infant and young child feeding, Kangaroo Mother Care, elimination of maternal and neonatal tetanus, and postnatal care with focus on humanitarian and fragile settings.

4. Strengthen systems for monitoring, evaluation and accountability including CRVS, MPDSR, and perinatal deaths/disabilities registries, as well monitoring of quality of care using new technology for information, communication, capacity building and monitoring.

5. Map partners and increase collaboration for newborn health including with academic institutions, civil society, private sector, other government programs dealing with health and social determinants of health (including gender and adolescent focus) and stimulate investment in research, implementation, monitoring and evaluation of the maternal newborn and child health programs

6. Ensure adequate linkages between relevant departments for emergency preparedness and
response within and outside of government, ensure systematic review and integration of RMNCAH into national emergency health plans, and integrate elements of emergency preparedness and response into capacity building/training activities for health managers and health professionals

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<th>Regional role to support the implementation of neonatal health key actions</th>
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<tr>
<td>The collated recommended actions and next steps were read out by Jamela Al Raiby</td>
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<th>WHO/UNICEF/UNFPA and partners:</th>
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<td>UN and partners should take action to improve maternal, neonatal and child health in the Region by:</td>
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<td>1. Expand the regional partnership to include all H6 partners, and by end of June 2016, agree a joint interagency plan for advocacy, country assistance, coordination, joint strategies and resource mobilization</td>
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<td>2. Ensure that the key newborn indicators are integrated in global surveys and demographic and health system in line with the global ENAP metrics that is under development, with clear definition and standard measurement protocols.</td>
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<tr>
<td>3. Knowledge management: build a repository of RMNCAH resources from all agencies and countries (existing materials in Arabic and French) and facilitate a regular flow of information on new guidelines, best practices and innovations in support of maternal neonatal health.</td>
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<td>4. Stimulate research at regional and country levels to further generate evidence of effective approaches to strengthen RMNCAH implementation.</td>
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<tr>
<td>5. Develop a regional roster of consultants/ institutions for key priority areas identified by countries (e.g. research, capacity building on newborn interventions, communication for development including advocacy, social/community mobilization and behavior change)</td>
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<tr>
<td>6. Track delivery of RMNCAH services in emergency, document good and promising practices, and enhance knowledge and experience-sharing in the region. Better utilize regional humanitarian coordination groups and structures to advocate more for prioritization of RMNCAH in response plans.</td>
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</tbody>
</table>

**Closing Dance**