



EVERY WOMAN
EVERY CHILD

EVERY NEWBORN

AN ACTION PLAN TO END
PREVENTABLE DEATHS

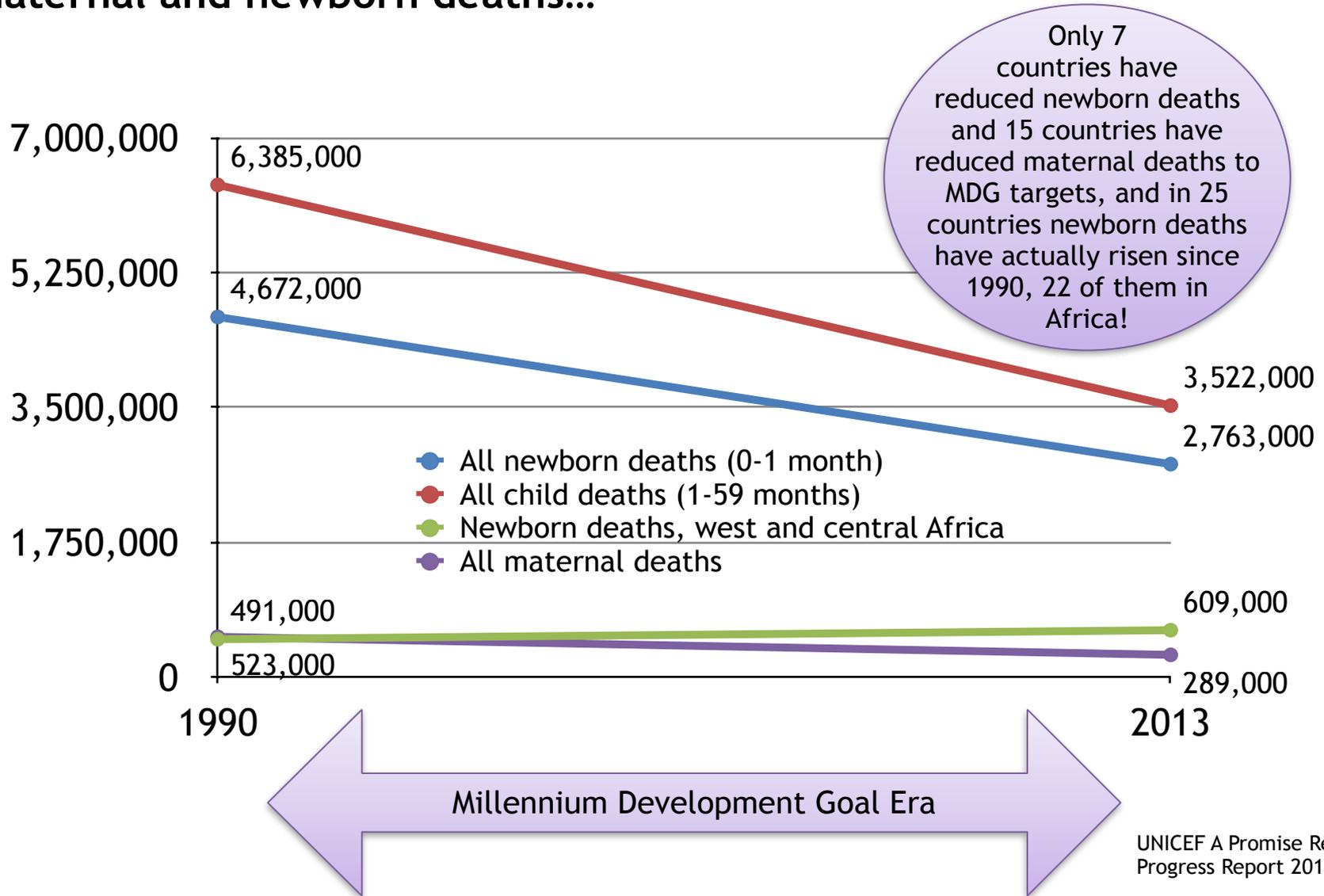
PUBLIC-PRIVATE PARTNERSHIP
TO PREVENT PRETERM BIRTH
FEBRUARY 18TH, 2015



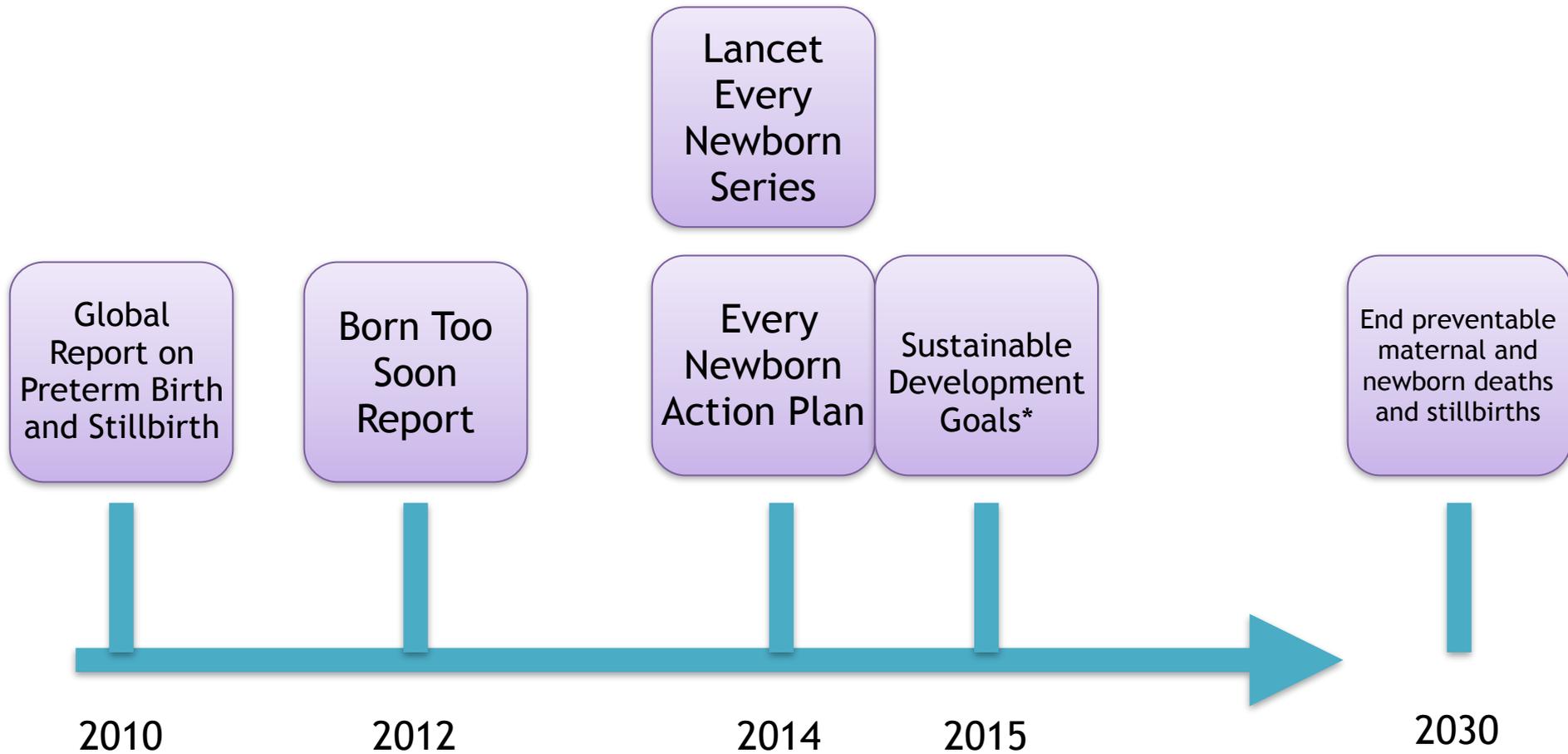
COMMITTING TO CHILD SURVIVAL
A PROMISE RENEWED



The world has woken up to the slow progress in reducing maternal and newborn deaths...



...and we stand on the edge of a new dawn for the newborn...



**Draft SDGs 3.1 and 3.2: by 2030 reduce the global maternal mortality ratio to less than 70 per 100,000 live births and end preventable deaths of newborns.*

...where the *new* leading cause of child death is preterm birth...

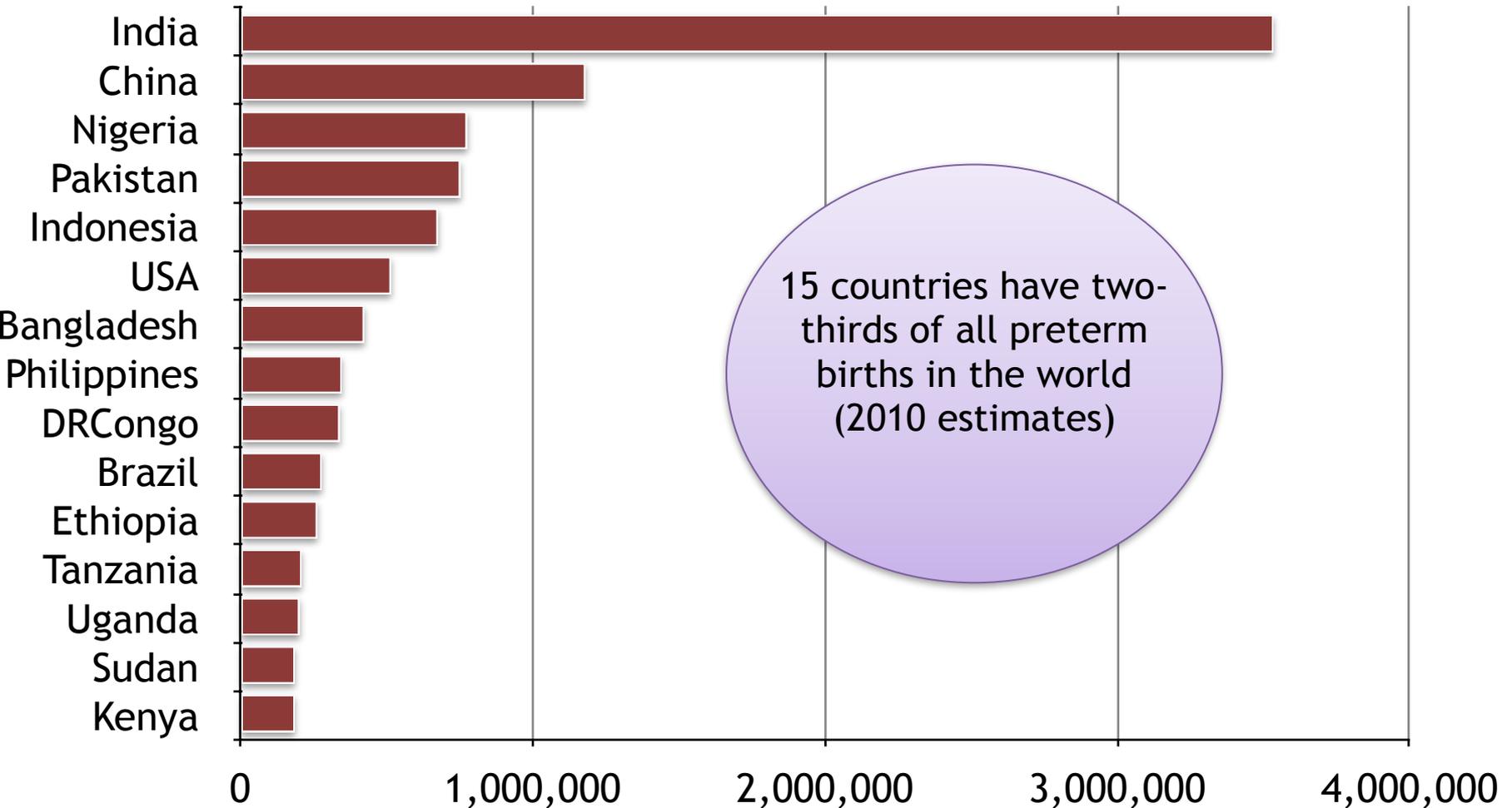
<i>Top 10 causes of death among children under 5 (2013)</i>	<i># of deaths among children under 5 (2013)</i>	<i>% of all deaths among children under 5 (2013)</i>
<i>Preterm Birth</i>	<i>965,000</i>	<i>15%</i>
<i>Pneumonia</i>	<i>935,000</i>	<i>15%</i>
<i>Intrapartum</i>	<i>662,000</i>	<i>11%</i>
<i>Diarrhea</i>	<i>577,000</i>	<i>9%</i>
<i>Newborn Sepsis, Meningitis/Tetanus</i>	<i>472,000</i>	<i>7%</i>
<i>Malaria</i>	<i>456,000</i>	<i>7%</i>
<i>Injuries</i>	<i>324,000</i>	<i>5%</i>
<i>Congenital Birth Defects</i>	<i>276,000</i>	<i>4%</i>
<i>Meningitis</i>	<i>151,000</i>	<i>2.5%</i>
<i>AIDS</i>	<i>103,000</i>	<i>2%</i>

Half of these deaths occur in India (326,000), Nigeria (86,000) and Pakistan (70,000)

Note if we include the 2.6 million stillbirths the number more than triples...

[Liu et al, Lancet, 2013](#)

...and preterm births are high and rising in many countries.



Born Too Soon Report, 2012

It's time for a more integrated approach to reducing maternal and newborn deaths.

A strategic approach to global health delivery must move beyond the traditional debates about vertical versus horizontal programmes, or prevention versus care. Clearly, neither a rigidly vertical nor a horizontal approach is likely to deliver as much value in an underserved setting as would a diagonal approach, seeking to integrate sound disease-based management into strong health systems focused on the equitable delivery of high-quality care and effective prevention.

Wide adoption of such an integrated approach, however, remains elusive. The current, fragmented approach is costing us dearly in terms of duplication, inefficiency, poor use of human resources, and high procurement costs. It is costing patients most of all: they are dying of preventable diseases and suffering without therapies readily available elsewhere. A strategic approach to global health delivery will help us to move from the fragmentation of services and providers registered in most developing (and many developed) countries towards integrated, effective delivery systems that provide value for patients.

Jim Kim, Paul Farmer and Michael Porter, [Redefining Global Health Care Delivery](#), Lancet 2013

Why do we need a Public-Private Partnership Prevent Preterm Birth?

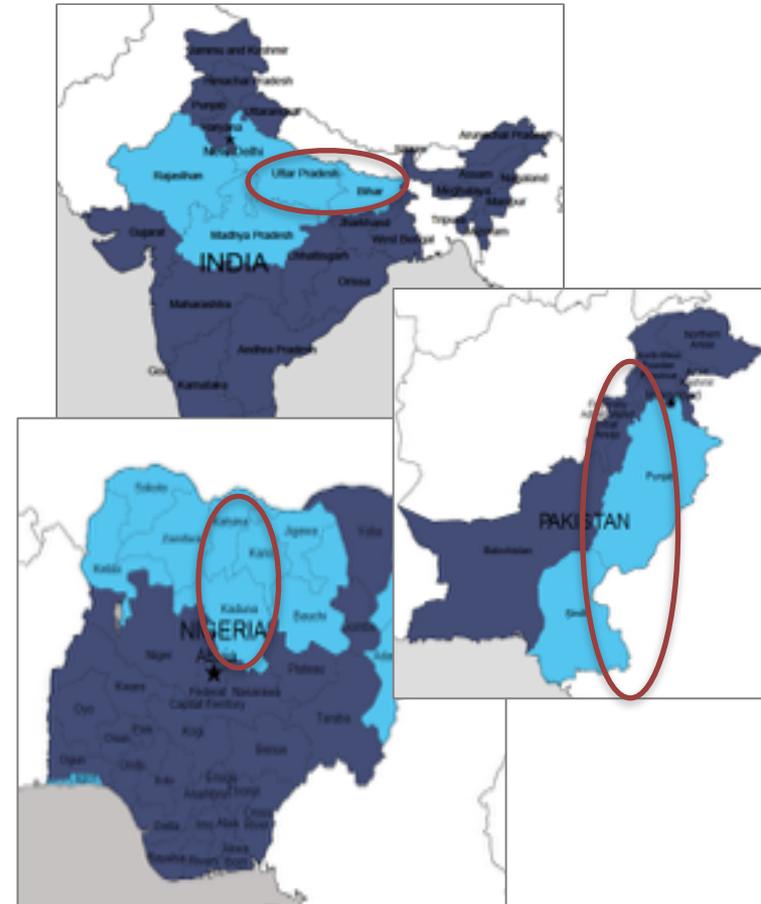
Global goal of “ending preventable newborn deaths” by 2030 cannot be achieved without reducing preterm births.

While prevention is challenging because of its population-based nature and often extended time between intervention and outcome, it offers many benefits, particularly with respect to the prevention of preterm birth. Preventive interventions have the potential to reach a broad population and be highly cost-effective, as experience with the provision of immunization, contraception and malaria prophylaxis has shown. Also, because of overlapping risk factors—for example, between preterm birth, maternal death, stillbirth and congenital disorders—preventive interventions for preterm birth have the potential to reduce multiple adverse pregnancy outcomes simultaneously.

Where do we start?

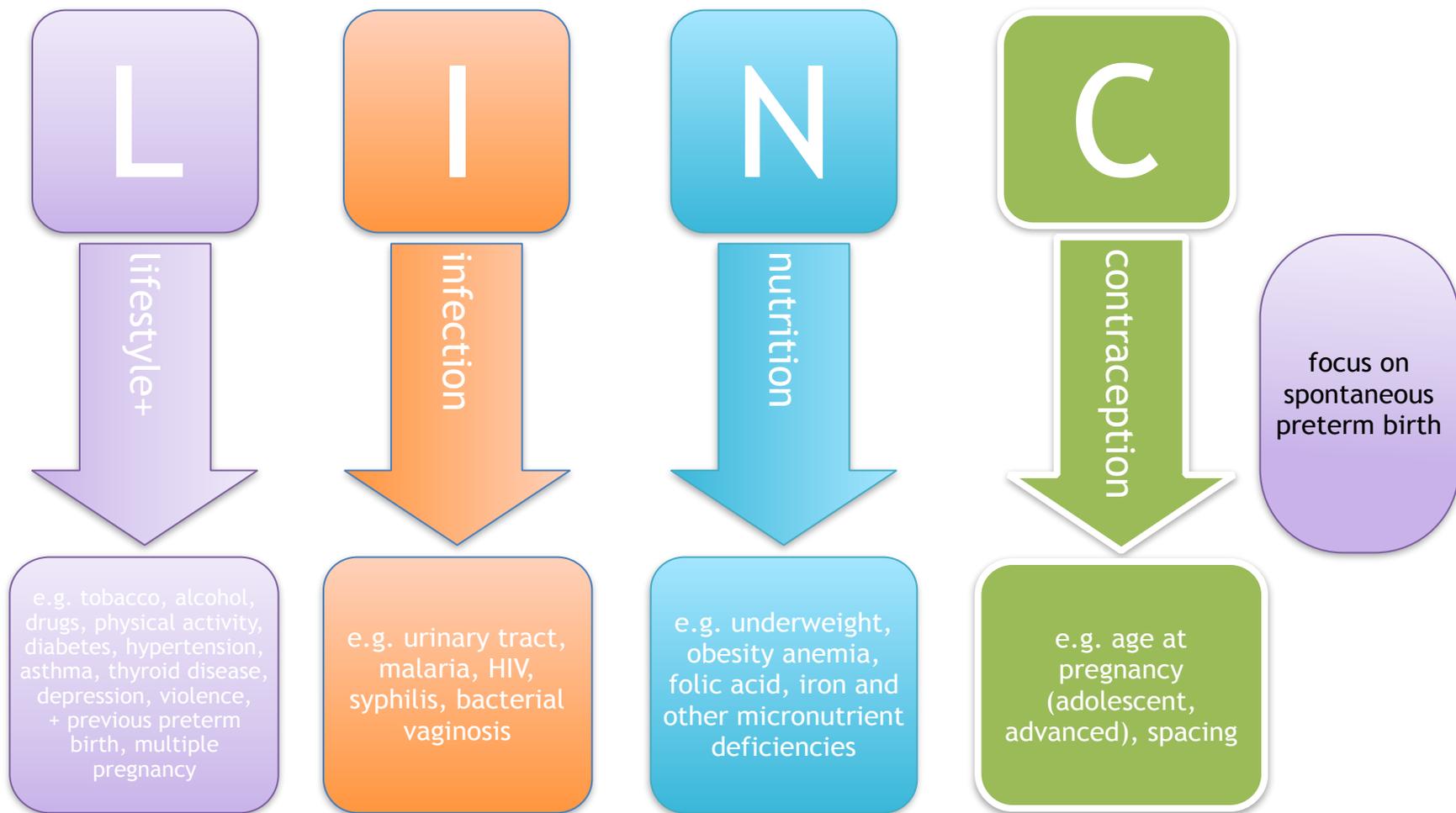
Goal: to halve preterm birth rates in five years with an initial focus on India, Nigeria and Pakistan

Country	Preterm Birth Rates (2010)	# Preterm Births (2010)	# Deaths from Preterm Complications (2013)	# Maternal Deaths (2013)
India	13%	3,500,000	326,496	50,000
Nigeria	12.2%	770,000	85,715	40,000
Pakistan	15.8%	750,000	69,054	7900
% World	11.1%	33%	50%	34%



Born Too Soon Report, 2012, UNICEF A Promise Renewed Progress Report 2014, and WHO Trends in Maternal Mortality, 1990-2013.

Empowering women and communities to reduce the risk of preterm birth - the LINC Factors.



Snapshot of select LINC factors in India, Nigeria and Pakistan.

Country	Preterm Birth Rate (2010)*	Diabetes Prevalence (2014)+	Newborn Deaths and Stillbirths due to Syphilis (2013)^	% Pregnant Women with Anemia (2006)@	Unmet Need for Modern Contraception (2015)#	% 15-19 Females who have Given Birth (2008-12)~	Prenatal Care Visits - at least 4 (2008-12)~
India	13%	8.63%	13,000	49.7%	52,600,000	3.9	37%
Nigeria	12.2%	4.64%	9,000	66.7%	8,250,000	11.3	57%
Pakistan	15.8%	6.8%	55,000	39.1%	10,800,000	1.6	28%
World	10%	8.33%	NA	41.8%	233,000,000	4.9	53%

* Born Too Soon Report 2012
 +International Diabetes Foundation Atlas 2014
 ^Andreas Kuznik et al estimates in [PLOS](#)
 @WHO Worldwide Prevalence of Anemia, 2008
 #Alkema et al, Lancet 2013
 ~UNICEF A Promised Renewed Progress Report 2014

The partnership will produce three key products...

THREE CORE ACTIVITIES

Developed and executed by multi-disciplinary local teams in India, Nigeria and Pakistan, supported by global infrastructure

Preterm Birth Blueprints

Population-specific roadmaps outlining 5 year strategies to achieve target reductions in preterm birth rates based on local assessments of preterm birth prevalence, mortality and disability, prevalence of LINC factors; and coverage of interventions, with performance milestones and target outcome indicators. Advocate for the endorsement and implementation of these blueprints with governments and other key stakeholders.

Preterm Birth Report Cards

Modeled on the U.S. [Premature Birth Report Card](#) issued annually by the March of Dimes, measures progress in reducing the preterm birth rate and newborn deaths from preterm complications rating performance on the priority LINC factors to wide media and public circulation.

Preterm Birth Communication Campaigns

Targeted, high saturation, mass media, interpersonal and mobile communication campaigns to educate women, their families and health professionals about the dangers of preterm birth and how to reduce risk by activating the LINC factors. Goal to increase healthy and care-seeking behaviors for specific prenatal services that can reduce the risk of preterm birth.

...and build a global eco-system to support locally-led multi-stakeholder efforts.

