NEWBORN SURVIVAL IN UGANDA

HEADLINE MESSAGES

Between 2000 and 2010 **neonatal mortality reduced by 20%**. This is more than the average reduction for sub-Saharan Africa but less than the national reductions in maternal mortality and under-5 mortality after the neonatal period.

There has been an **increase in attention to newborn survival**, as well as comprehensive policy change and the start of programme change for newborn health, with a relatively short period of time.

The multi-disciplinary, inter-agency national Newborn Steering Committee, appointed by the Maternal and Child Health Cluster of the Ministry of Health, has been **instrumental in changing the evidence and policy landscape**, and has strengthened dialogue across the continuum of care for maternal, newborn and child health.

Recognition of opportunities for improved service delivery for newborn care at both health facility and community level shows promise, but improved local data, dedicated funding and a **commitment to achieving high coverage of quality services** are needed in order to save lives.

### PROGRESS TOWARDS MILLENNIUM DEVELOPMENT GOAL 4 FOR CHILD SURVIVAL

- **AVG. ANNUAL RATE OF REDUCTION 2000 - 2010**
  - Maternal mortality ratio 5.2%
  - Post-neonatal child mortality rate (1-59 months) 4.1%
  - Neonatal mortality rate 2.2%

- **MDG4 target**
  - Under-five mortality rate (UN)
  - Under-five mortality rate (IHME)
  - Under-five mortality rate (DHS)
  - Neonatal mortality rate (UN)
  - Neonatal mortality rate (IHME)
  - Neonatal mortality rate (DHS)

- **28% INSUFFICIENT PROGRESS TOWARDS MDG4 FOR CHILD SURVIVAL**

### CAUSES OF NEONATAL DEATH

- **5% CONGENITAL**
- **1% DIARRHOEA**
- **4% OTHER**
- **24% SEVERE INFECTION**
- **38% PRETERM**

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### 43,000 NEWBORN LIVES COULD BE SAVED IN 2015 WITH UNIVERAL COVERAGE OF HIGH-ImpACT INTERVENTIONS
What happened and what was learned?

Before 2006, almost no policy or programmatic attention in Uganda was given to newborn survival. Rapid and comprehensive policy change including a specific framework for newborn health programming and national standards for establishing and monitoring newborn care services have set the stage for implementation. The multi-disciplinary Newborn Steering Committee has provided a platform within the Ministry of Health for technical leadership and broad stakeholder consensus. However, policy change and national consensus on technical needs cannot guarantee progress for newborn survival without adequate funding for implementation and commitment from district level actors.

Going forward

As more women access facility-based care during pregnancy and childbirth, strengthening district-level planning and budgeting for newborn services and connecting communities and facilities is needed within an integrated continuum of care approach. New research is expected to continue to inform implementation, especially at district level. While some progress has been made, there is still a need to accelerate progress to reduce newborn deaths and improve care for the 1.5 million babies who are born each year in Uganda. Newborn health is not promoted and protected within a vacuum; the same interventions will also improve care for mothers and older children and strengthen the overall health system.

Village Health Team (VHT) Strategy

VHTs are designed to extend basic health care services to the entire population, especially to those in rural areas but a 2009 assessment found newborn care to be lacking within VHT activities. In July 2010, new VHT materials incorporating lessons learned from the Uganda Newborn Study (UNEST) were launched with newborn health interventions and messages, including a schedule of antenatal and postnatal care visits. A 2011 assessment of newborn care within integrated Community Case Management revealed that health facility staff are knowledgeable and supportive of the role VHTs play in conducting home visits. While roll-out of VHT training has been rapid, implementation is primarily led by a few partners. Further commitment to scaling up VHTs in all districts together with evaluation of the impact of VHTs on newborn outcomes is needed.

Key moments for newborn survival in policies and programmes