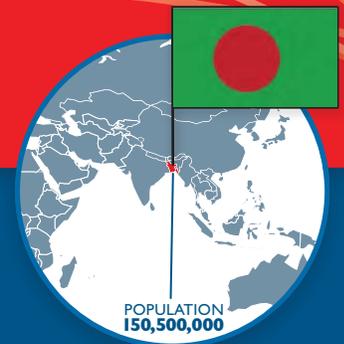


# NEWBORN SURVIVAL IN BANGLADESH



## HEADLINE MESSAGES



Bangladesh is on track for Millennium Development Goal 4, and has made more progress in reducing neonatal deaths than most low-income countries. The **neonatal mortality decline** in the last decade is double the regional and global averages (2.0% and 2.1% per year, respectively); however, the decline for children 1–59 months was double this rate.



Over the last decade, extensive changes have occurred in health policy related to newborn care, including a National Neonatal Health Strategy. Civil society and academics have played key roles, alongside the government. Local and global data and evidence have been influential, but **pathways between research and action** are non-linear due to a complex health system and a diversity of policies and programmes.

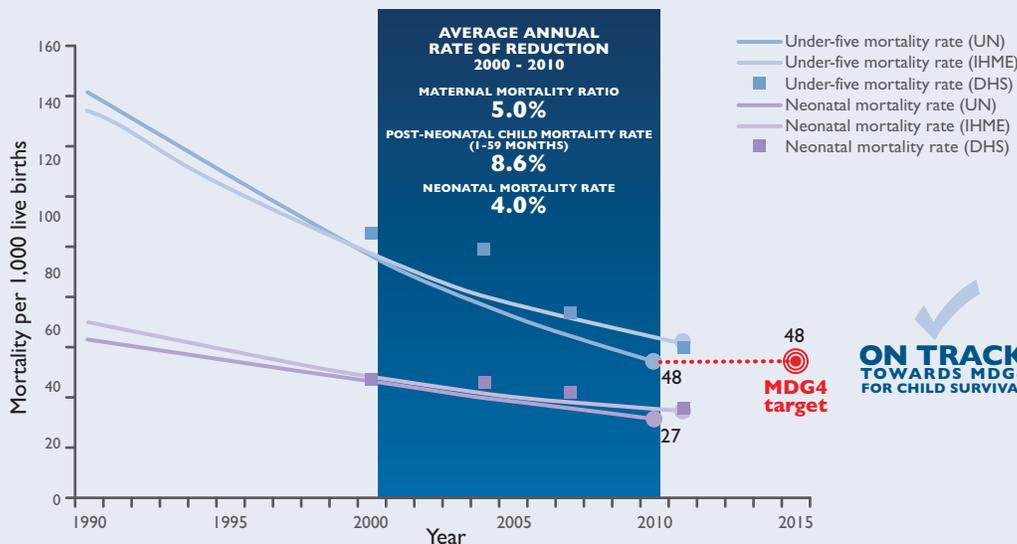


The initial focus for newborn care was primarily through **community-based initiatives**. 80% of pregnant women live in rural areas, but models to service the growing urban poor population are urgently needed as well.



Priorities to further accelerate progress for newborn survival include greater consistency in standards of practice to deliver a comprehensive evidence-based package of health services. More systematic focus on accessibility and **quality of care in facilities**, especially for the vulnerable, would save both mothers and babies.

## PROGRESS TOWARDS MILLENNIUM DEVELOPMENT GOAL 4 FOR CHILD SURVIVAL



**70,000** NEWBORN LIVES COULD BE SAVED IN 2015 WITH UNIVERSAL COVERAGE OF HIGH-IMPACT INTERVENTIONS

**4%**  
ANNUAL REDUCTION IN MORTALITY RATE

NEONATAL MORTALITY PER 1,000 LIVE BIRTHS  
41 IN 2000 → 27 IN 2010

NEWBORN DEATHS  
143,000 IN 2000 → 83,000 IN 2010

UNDER-FIVE DEATHS THAT WERE NEONATAL  
48% IN 2000 → 57% IN 2010

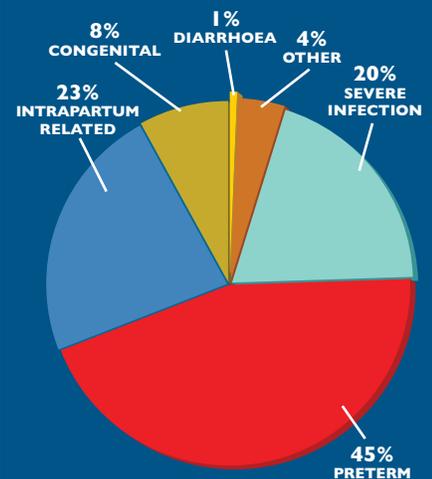
HEALTH EXPENDITURE THAT WAS PAID OUT-OF-POCKET  
58% IN 2000 → 65% IN 2009

OFFICIAL DEVELOPMENT ASSISTANCE  
CHILD HEALTH ODA - PER CHILD  
\$2.30 IN 2003 → \$4.90 IN 2008 (113% INCREASE)

MATERNAL & NEWBORN HEALTH ODA - PER LIVE BIRTH  
\$10.38 IN 2003 → \$15.20 IN 2008 (46% INCREASE)

% OF ODA FOR MNCH MENTIONING "NEWBORN"  
15% IN 2003 → 14% IN 2008

## CAUSES OF NEONATAL DEATH



## What happened and what was learned?

Bangladesh has been a pioneer for improving newborn survival. Over the last decade, newborn survival has evolved as a national health priority, and it is unlikely that the country would be on track to reach MDG 4 without the progress already made for newborn survival. Several high-profile champions have had major influence. Attention for community initiatives and considerable donor funding also appear to have contributed. There have been some increases in coverage of key interventions, such as skilled attendance at birth and postnatal care; however these remain low and reach less than one-third of families.

## Going forward

Future gains for newborn survival in Bangladesh rest upon increased implementation at scale and greater consistency in content and quality of programmes and services. As coverage of health services increases, a notable gap remains in quality of facility-based care. Community-based programmes have mainly been implemented in the north but the new national health sector development programme aims to scale up nationally. Even moderate increases in outreach interventions (20%), such as postnatal care, could save up to 7000 newborn lives in 2015.

## Pathways to scale up in Bangladesh

A National Neonatal Health Strategy comprised of global and local evidence was developed to guide newborn health programming. Following the integration of newborn health into policy, professional bodies in Bangladesh worked collaboratively to develop and pilot technical modules that were then endorsed by the government and used to train thousands of service providers throughout the country. Additionally, informed advocacy from a diverse group of partners served as an effective mechanism for advancing maternal and newborn care, particularly at community level. The National Health Sector Development Programme has the potential for addressing the gaps in coverage and quality of care, if implemented consistently across the country.

## CONTEXT

High percentage of rural population

Low literacy rate and high poverty

Lack of skilled health workers

Frequent changes in government leadership

## HEALTH CONTEXT

5.8

HEALTH WORKERS PER 1,000 POPULATION (2005)

BIRTHS THAT TOOK PLACE IN A FACILITY

8% IN 2000

29% IN 2011



Photo: Colin Crowley/Save the Children

## Key moments for newborn survival in policies and programmes

