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Maternal and Child Health
Integrated Program

Bending the curve in reducing newborn mortality: focus on quality and effective coverage of selected newborn interventions



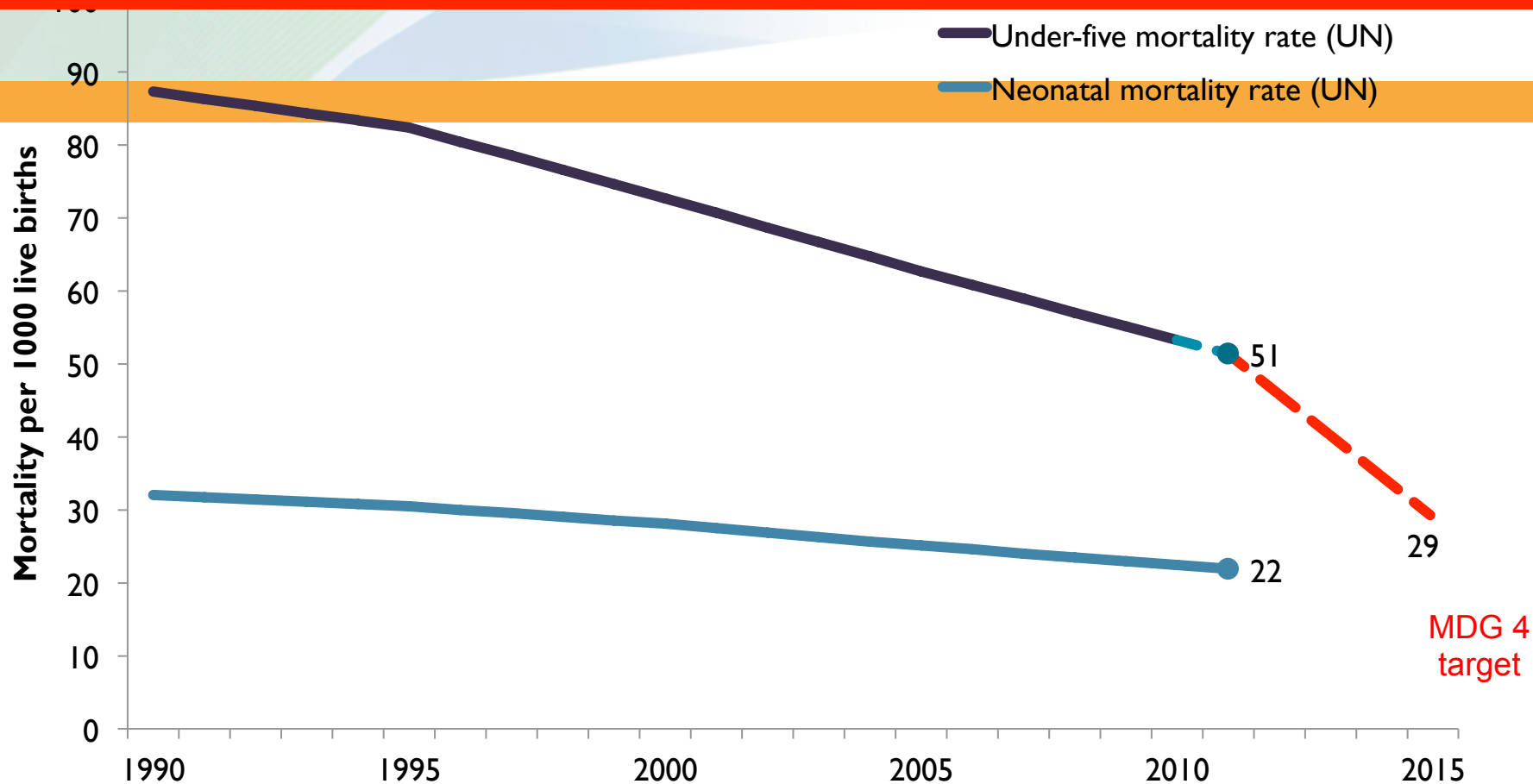
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Maternal Child Health Integrated Program (MCHIP)

Presentation Outline

- Why the global newborn health conference
- Who attended
- What was discussed at the conference
- Conference outcome



Progress towards MDG 4 for Child Survival

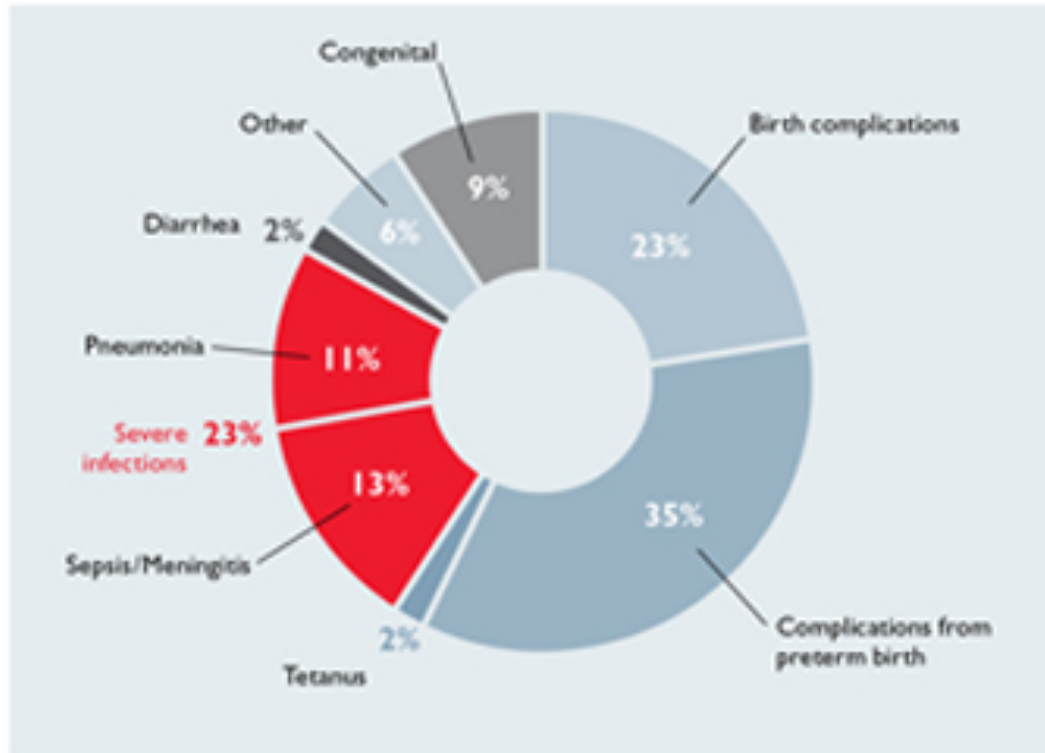


Source: Lawn J,E. et al. 2012. Newborn survival: a multi-country analysis of a decade of change. Health Policy and Planning. 27(Suppl. 3): iii6-ii28. Data updated to UNICEF 2012 www.childinfo.org

Neonatal deaths now 43% of all under-five deaths

Prematurity as Lead Cause of Newborn Mortality

CAUSES OF NEWBORN DEATHS



4 out of 5 newborns die from 3 main causes:

1. Prematurity
2. Birth asphyxia
3. Neonatal infections

Sources: State of the World's Mothers: Surviving the First Day. Save the Children, May 2013, Liu et al. 2012. Global, regional and national causes of child mortality in 2000-2010: The Lancet. DOI:

10.1016/S0140-6056-11

Taking Action to Address the Problem

**NEWBORN
2013** Global Newborn Health Conference
Johannesburg, South Africa
April 15–18

- *The first-ever* Global Newborn Health Conference
- Supported by: USAID, Save the Children-MCHIP/SNL, UNICEF, Bill & Melinda Gates Foundation, Laerdal, General Electric



Primary Purpose of Conference

NEWBORN Global Newborn Health Conference
2013 Johannesburg, South Africa
April 15–18

- The aim was to gather global and national experts and stakeholders to focus on accelerating the scale-up of high-impact interventions that address the three major causes of newborn mortality

Conference Objectives

- Review progress of newborn survival and health programming
- Provide technical updates on:
 - a) evidence-based newborn health interventions;
 - b) updated global guidelines for specific interventions;
 - c) linkages with maternal and child health, nutrition and family planning and related interventions.
- Share in-country experiences in scaling-up newborn health interventions
- Discuss research priorities for newborn health and promising new technologies and innovative tools
- Introduce the Global Newborn Action Plan

Who attended?

Over 450 participants representing more than 50 countries

Media

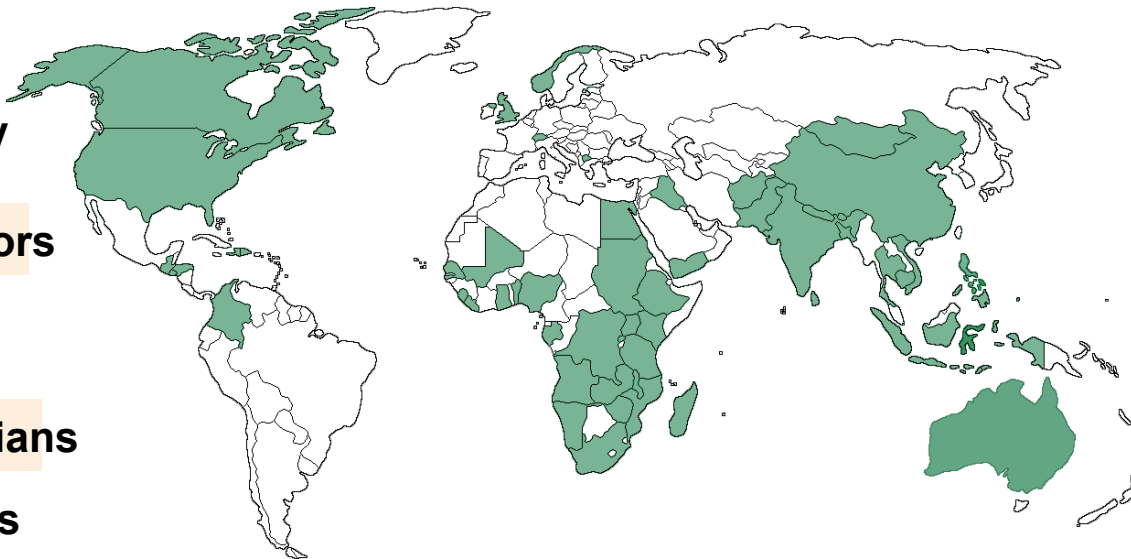
Civil Society

Private Sectors

INGOs

Parliamentarians

Associations



Foundations

United Nations Representative

Government/
Ministries of
Health

Universities/
Hospitals

70 high level officials from health ministries from 50 countries

Overview of Conference Activities

- Opening Remarks/Welcome: South Africa's Minister of Health
- Opening Keynote Address: Graça Machel
- 43 sessions over 3 days
- Technical updates
- Country poster displays
- Country consultations
- Market place and demonstrations



Focus on coverage and quality of care **Scaling Up Specific Interventions**

- **Essential newborn care including resuscitation** at birth using appropriate essential newborn care, stimulation and readily available resuscitators for ventilation
- Manage low-birth weight via **Kangaroo Mother Care** (prolonged skin to skin contact and breastfeeding)
- Identification and Treatment of newborn infections including the use of **injectable antibiotics**
- Ensure clean cord care including use of **chlorhexidine application**
- Expand use of **antenatal corticosteroids** during pre-term labor
- Task shifting including role of **community health workers**

Estimated Lives Saved

Basic Newborn Care: 600,000 per annum

(clean cord care, drying and warmth, breastfeeding)

Asphyxia (no birth breath): 250,000 per annum

(skilled attendance at birth, stimulation and resuscitation)

Infections: 500,000 per annum

(basic newborn care, cord care using chlorhexidine, and antibiotics)

Prematurity: 700,000 per annum

(antenatal corticosteroids in preterm labor, Kangaroo Mothercare)



Conference Outcomes

1. Candid **sharing** of challenges in introducing or scaling-up specific newborn interventions and how these were/were not addressed.
2. **South-to-South** networking to share lessons learned and best practices.
3. **Commitment** by attendees to accelerate action on newborn health programming in their countries.
4. **Mobilization** of broad ownership and support for the draft Global Newborn Action Plan.

***Changes Underway:** India has made a policy decision to scale up use of antenatal corticosteroids and Kangaroo Mother Care. Bangladesh will be scaling-up KMC and chx application. Zambia, Liberia, Sierra Leone, Mozambique and Yemen have indicated intention to expand use of one or more proven interventions.*

Thank you!

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