

SAVING NEWBORN LIVES LEGACY PRESENTATION

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WHY AND HOW WE GOT STARTED

- Engaged in a strategic planning exercise in the late 1990's
- In deciding to make neonatal health a priority, we asked ourselves:
 - Have others already covered this base?
 - Did we have the country presence needed to support implementation?
 - Did we have, or could we acquire, technical leadership needed to spearhead a major new newborn health initiative?
 - Would we need partners, to complement our skills and achieve impact at scale?
 - Could we mobilize significant resources for newborn health?



GATES FOUNDATION ENGAGEMENT

- Foundation health staff equally seized by the need to focus more attention, and resources, on newborn health.
- With encouragement from the Foundation, we laid out our vision (our theory of change)
- This vision resonated with Foundation colleagues, and fit well with their newly-developed newborn health strategy



OUR THEORY OF CHANGE

- **Overall objective:** Increased, sustained **use** of high impact maternal and newborn practices and services
- Five key inter-related **sub-objectives:**
 - Mobilize commitment and resources for newborn health
 - Generate, and share, evidence of interventions, including social and behavior change approaches, to improve newborn health and survival.
 - Strengthen and expand implementation of proven, cost-effective interventions
 - Refine, and replicate, promising technologies or approaches
 - Establish strategic global and country-level partnerships



GEOGRAPHIC FOCUS

- Identified six **focus** countries where Save the Children had a significant presence;
- Five **program learning** countries; and
- One **strategic partnership** country (India) critical to advancing global newborn health



SNL – THE EARLY DAYS

- SNL Launch Meeting (Spring – 2000)
- Recruited talented and experienced staff at the global and country level
- Undertook focus country visits to engage key counterparts and develop preliminary country-level plans
- Established strategic partnerships to define and advance a newborn learning agenda

WHAT WE DID, ACHIEVED & LEARNED

- Developed and published **first-ever** global and country-level state of the newborn reports
- Generated and used evidence to inform and influence policies and programs
- Provided technical leadership and support to integrate newborn health into training curricula; national plans and budgets; and SBC approaches and messaging
- Identified and nurtured global and country-level champions
- Established country-level programs – initially in our six focus countries, and India
- Established the Healthy Newborn Partnership, including a website with up-to-date policy, technical, and program information





SNL 1 PRODUCED SIGNIFICANT RESULTS

- Knowledge, awareness, and commitment greatly enhanced – with newborn health achieving unprecedented “issue ascendancy” (Shiffman, Lancet, 2010)
- Numerous examples of newborn policies, plans, and guidelines in place
- Tools developed, tested, and shared to support program design and implementation
- Access to proven interventions expanded in all focus, and multiple *program learning*, countries
- Promising technologies, service delivery models and behavior change approaches tested and evaluated.

**EARLY DAYS, AND SUBSEQUENT SNL ITERATIONS, MADE
MUCH PROGRESS –
BUT MUCH REMAINS TO BE DONE TO MAKE IMPROVED
NEWBORN HEALTH AND SURVIVAL A REALITY FOR ALL.**

THANK YOU!