

KEY THEMES 4-6 (English)

Key Themes – for discussion

Coverage and Equity

- **Action:** Fill critical gaps in numbers **and distribution** of skilled personnel, in particular midwifery personnel, for maternal and newborn health through accelerated production, retention, and motivation approaches
- **Action:** Define **and make available** the delivery of the **priority** interventions packages by level of health service provision, at community, primary and referral levels **with the-** appropriate skills mix **(and based on evidence)**

(Consider this point in relation to other themes: where interventions are prioritized (theme 1) and quality theme.

Key Themes – for discussion

Coverage and Equity

- **Action:** Reduce **financial barriers** ~~out of pocket payments~~ for maternal and newborn health services and institute financial protection mechanisms (for example: reduce out of pocket...)
- **Action:** **R**educe inequities in coverage of effective interventions, **giving special attention to social determinants of health** (including hard to reach, vulnerable popns). **Also discussed male power dynamic)**
- **Action:** Give special attention to adolescent girls and implement approaches to help prevent early and unwanted pregnancies (we discussed use of the term 'early' given different country definitions of adolescents)

Key Themes – for discussion

Count every newborn

- **Action:** Define newborn indicators and bench-marks of service delivery and strengthen the health information system, to track progress
- **Action:** Institutionalize VITAL registration
- **Action:** Implement maternal and perinatal death surveillance and response **(ensure consistency as quality of care theme mentions death ‘review’)**
- **Action:** Conduct periodic household surveys in order to obtain objective and verifiable data on mortality and intervention **and demand** coverage

Harness power of parents, families and communities

- **Action:** Foster community leadership **and accountability and** develop local champions
- **Action:** Consider **strategies to generate and sustain demand for services using community owned actions (e.g. incentives, such as conditional cash transfers, **sanctions, insurance, transport**)**
- **Action:** ~~Create awareness and~~ increase optimal **household** practices including care seeking
- **Action:** Empower communities to solve practical problems such as transport **and incentive for CHWs**

Group also discussed defining the roles of different community levels:

- parents: define roles
- families: define roles

different levels of community structures.....

ALSO SUGGEST: adding another theme which is crosscutting: harnessing use of appropriate technologies (e.g. mobile phones)

Roles – for discussion

Governments:

- **Action:** Address newborn health in the national health sector strategy, develop specific scale-up plans to meet the targets, and allocate resources based on impact and cost analysis
- **Action:** Adopt policies to improve access, quality, demand and coverage of newborn health services
- **Action:** Strengthen capacity of district health managers to plan evidence-based newborn interventions and allocate adequate resources for service delivery at the district level

Roles – for discussion

Governments (continued):

- **Action:** Conduct annual reviews of progress involving all relevant stakeholders and take remedial actions
- **Action:** Define implementation bottlenecks and foster research to find solutions
- **Action:** Assign a responsible person or unit to coordinate implementation of newborn activities at national and/or district levels

Roles – other constituencies

- UN and other multi-lateral organizations
- Donors, philanthropic institutions, bilateral agencies
- Business community
- Academic and research institutions
- Professional associations
- Civil society including NGOs and parents groups



EVERY WOMAN
EVERY CHILD



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A PROMISE RENEWED

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