



EVERY WOMAN
EVERY CHILD

EVERY NEWBORN

AN ACTION PLAN TO END
PREVENTABLE DEATHS

Outline



COMMITTING TO CHILD SURVIVAL
A PROMISE RENEWED



What is the Every Newborn Action Plan?

A roadmap for change

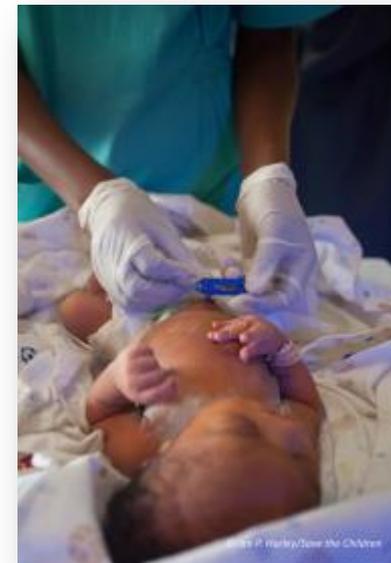
A platform for harmonized action by all partners

- Setting out a clear vision with mortality target, strategic directions, and innovative actions within the continuum of care
- Supported by evidence on epidemiology, effective interventions, delivery mechanisms and accelerators to progress to be published in The Lancet at the time of the launch in May 2014



'Every Newborn' key themes

- Focus on **care at time of birth**
- Prioritize **high impact cost-effective interventions** for mother and baby - together
- **Quality** of care matters
- Achieve universal **coverage and equity**
- **Count every newborn** - measurement, oversight and accountability
- Harness the power of **parents, families and communities**
- **Action by all** – leadership, political will and financing



Every Newborn principles

- Action plan will be linked to – or embedded in – other commitments and strategies in countries e.g.,
 - A Promise Renewed
 - National strategies and roadmaps for RMNCAH
 - Elimination of MTCT of HIV
 - Scaling up nutritionEtc
- And contribute to addressing social determinants of health that are a barrier to adequate maternal and newborn care including women's empowerment, water and sanitation, education, connectivity

Tasks for group work

- Review vision, goal and targets and make suggestions for preferred options
- Review priority actions and recommend key actions to be addressed in the global action plan

Proposed vision – for discussion

- **Option 1:** A world in which no pregnant woman or newborn baby dies, or suffers disability, due to a preventable cause.
- **Option 2:** A world in which every pregnant woman and newborn baby survives and thrives, and childbirth is an event of celebration.
- **Option 3:** A world in which preventable maternal and newborn deaths and stillbirths are being averted and babies thrive beyond survival.

Proposed goal – for discussion

Achieve **universal quality coverage** of essential interventions for maternal and newborn health through strategic actions to strengthen the health system and community response for women's and children's health and address related social determinants of health.

Proposed targets

Consensus so far on global targets, change for all of the next generation

For discussion

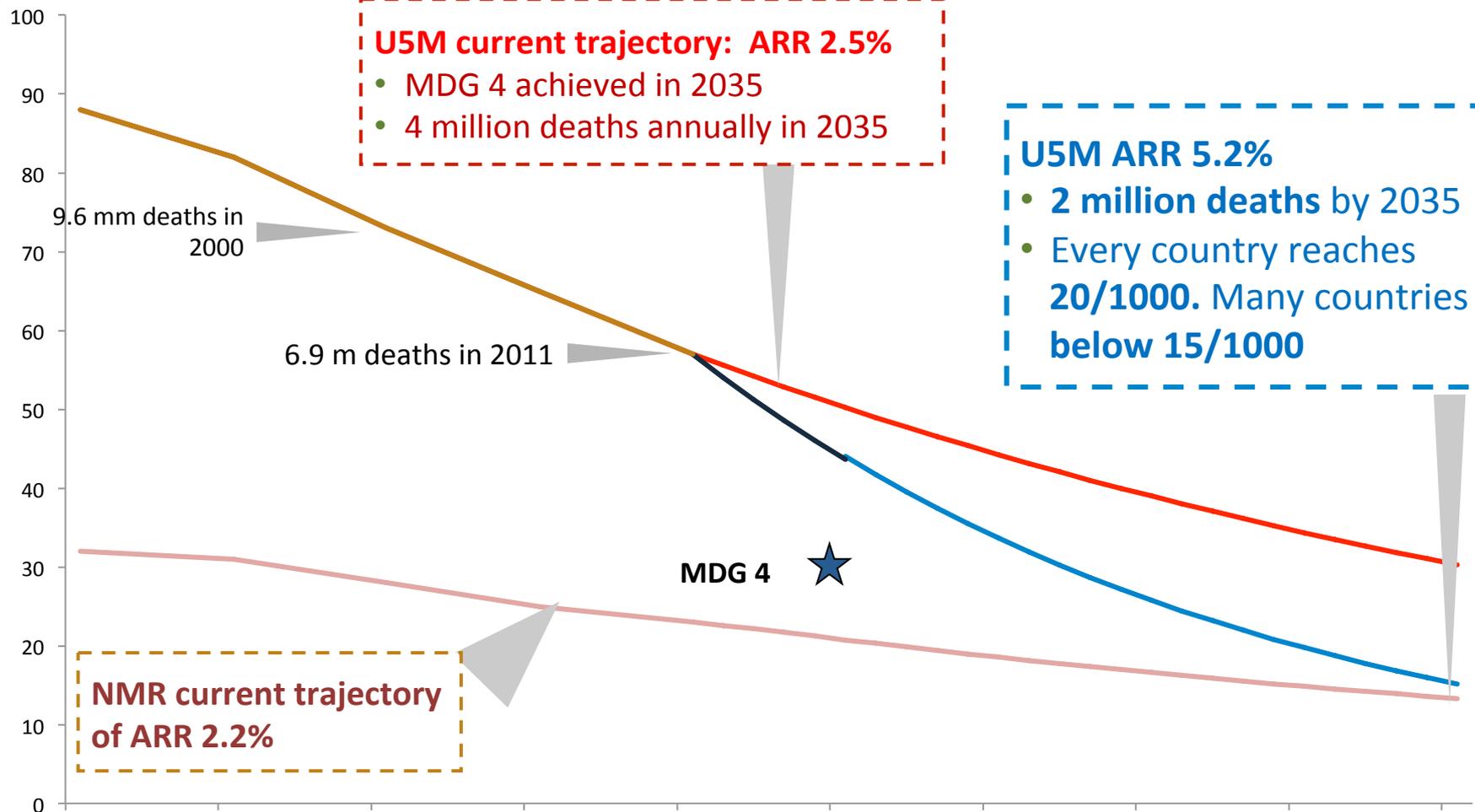
Absolute vs. relative target and level of target?

- No consensus but tendency towards absolute (number) versus relative (%).
- Possible option is absolute target of 7.5/1000 - which is equivalent to highest current NMR in OECD countries

Absolute target by 2035 for A Promise Renewed

Under 5 mortality = 20/1000

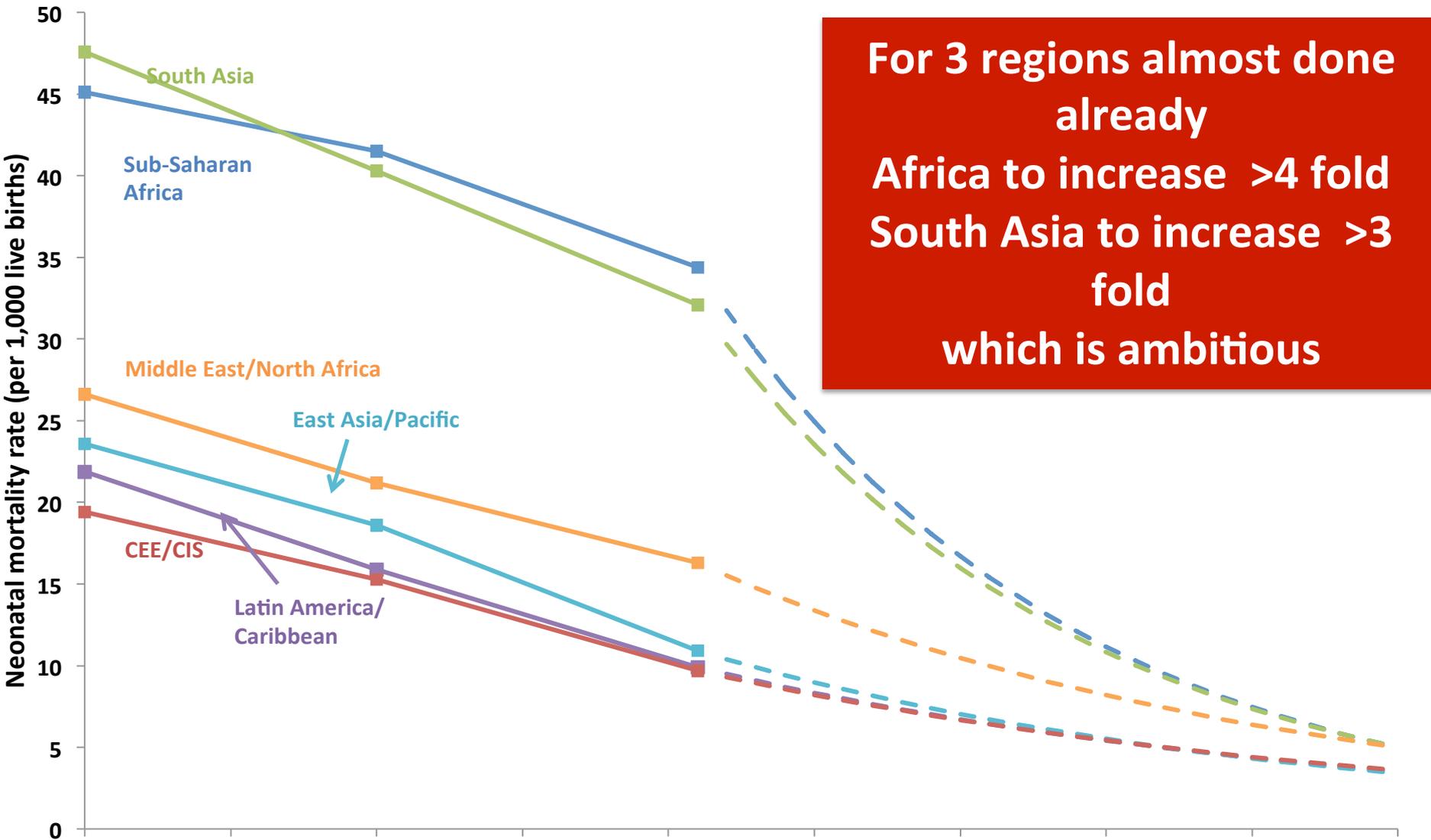
Mortality rate (per
1,000 live births)



Unless we achieve major acceleration for newborn survival, we cannot reach our goal for ending preventable child deaths by 2035

But for absolute target the ambition differs by region

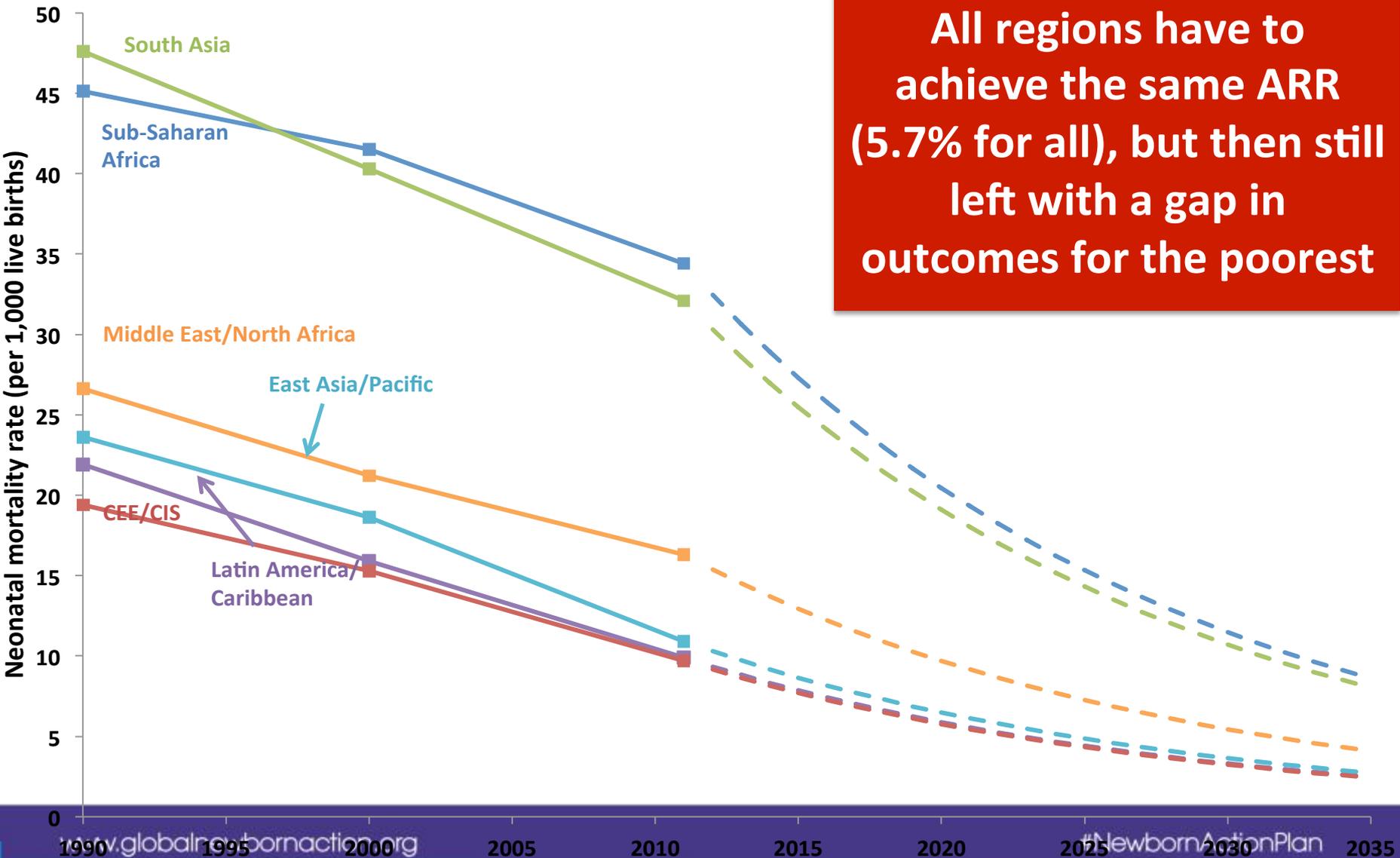
Considering regional variation to reach absolute target of NMR = 5



For 3 regions almost done already
Africa to increase >4 fold
South Asia to increase >3 fold
which is ambitious

Relative targets set the same pace for every country

Considering a relative target of reducing NMR by 75% from 2011

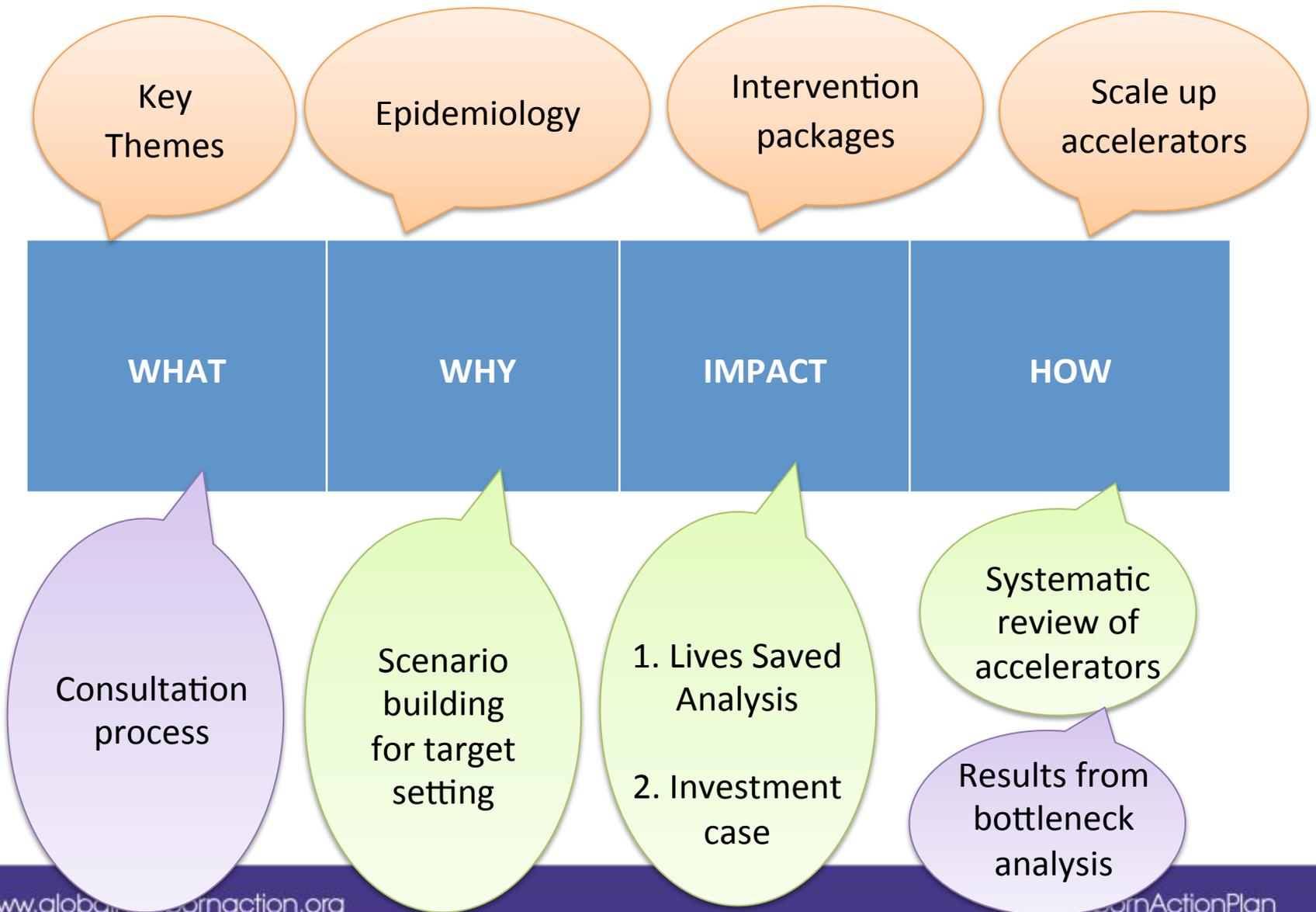


Proposed targets

For discussion

- **Absolute versus relative target?**
- **What additional targets?**
 - Interim targets every five years
 - Equity target for sub-national level
 - Coverage targets for key interventions
 - Other

Analysis plan



Key Themes

Focus on the time of birth and high-impact cost-effective interventions

Action: Prioritize high impact interventions and packages

SPOTLIGHT ON:

- Management of pre-term birth
- Skilled care at birth
- Basic Emergency Obstetric Care
- Comprehensive Emergency Obstetric Care
- Basic Newborn Care (including postnatal care at 24 hrs, day 3 and 7)
- Neonatal resuscitation
- Kangaroo mother care and feeding support for premature and small babies
- Treatment of severe infections
- Inpatient supportive care for sick and small newborns

Spotlight PLUS

REPRODUCTIVE
CARE

TREATMENT FOR
PREGNANCY
COMPLICATIONS

PRE-CONCEPTION
CARE

CARE DURING
PREGNANCY

LABOUR AND CHILDBIRTH CARE

- Labour monitoring, preventive interventions
- Childbirth care

Obstruction/Fetal distress: *CS, vacuum*

PT labour:
*corticosteroids,
antibiotics for PPROM*

Not breathing at birth:
Resuscitation

ESSENTIAL NEWBORN CARE

- Birth: drying, skin-to-skin
- First week: early/excl. BF, warmth, cord care, hygiene

Suspected sepsis: *Early antibiotic treatment*

Preterm/LBW:
*Kangaroo Mother Care,
BF support, immediate treatment of suspected infection*

Key Themes – for discussion

Quality of care matters

- **Action:** Develop clear norms and standards for newborn services and embed these in standard curricula through regulatory bodies
- **Action:** Strengthen the competencies of existing personnel, in particular midwifery personnel
- **Action:** Define essential, life-saving commodities and supplies by level of service provision, assess bottlenecks to uninterrupted supplies and improve availability

Key Themes – for discussion

Quality of care matters

- **Action:** Monitor quality of care including through maternal and perinatal deaths reviews and respond
- **Action:** Consider performance based incentives for quality of care by skilled personnel

Key Themes – for discussion

Coverage and Equity

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

Key Themes – for discussion

Coverage and Equity

- **Action:** Reduce out-of-pocket payments for maternal and newborn health services and institute financial protection mechanisms
- **Action:** Give special attention to hard-to-reach and vulnerable populations and reduce inequities in coverage of effective interventions
- **Action:** Give special attention to adolescent girls and implement approaches to help prevent early and unwanted pregnancies

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 birth registration
- **Action:** Implement maternal and perinatal death surveillance and response
- **Action:** Conduct periodic household surveys in order to obtain objective and verifiable data on mortality and intervention coverage

Key Themes - for discussion

Harness power of parents, families and communities

- **Action:** Foster community leadership and develop local champions
- **Action:** Consider incentives, such as conditional cash transfers, to increase demand for services
- **Action:** Create awareness and increase optimal home care practices including care seeking
- **Action:** Empower communities to solve practical problems such as transport

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



Thank you

