

EVERY NEWBORN PROGRESS REPORT

EXECUTIVE SUMMARY | 2019

The past 30 years have seen remarkable progress in child survival and newborn health in all regions of the world. The global Newborn Mortality Rate declined by more than half between 1990 and 2018, from 37 deaths per 1000 live births to 18 deaths per 1000 live births (1).

Yet, the fact remains, the risk of dying is highest in the time around birth and the first month of life. Newborn deaths represent 47% of all under-5 child mortality, accounting for 2.5 million deaths in 2018 (2). This is 7000 newborn deaths each day. Ninety-eight per cent of newborn mortality occurs in low- and middle-income countries (LMICs) and 78% occur in sub-Saharan Africa and Asia. In addition, 2 million stillbirths are estimated to have occurred in 2017; 50% of these were intrapartum stillbirths (3) where death occurs after the onset of labour and before delivery, with the infant born without signs of life. An estimated 98% of stillbirth occur in LMICs and the third semester stillbirth rate in south Asia and Sub-Saharan Africa is approximately 10 times that of developed countries (4).

The Every Newborn Action Plan (ENAP) estimated that 3 million lives – mothers, newborns and stillbirths – could be saved each year with universal coverage of quality maternal and newborn care (5). Furthermore, 1.3 million newborns survive each year with major disabilities. Most disabilities are preventable and disability is a sensitive marker of the quality of maternal and newborn care (6).

The unfinished business of ending preventable newborn deaths and stillbirth looms large. It is estimated that about 140 million births will occur per year by 2030. At the current rate of progress, and 26 million newborns will die by 2030 (7). Based on current trends, an equal number of families will experience a stillbirth. Through strategic priority setting, we can change this.

Strengthening health systems to deliver the best outcomes for the 140 million births per year with the strategic adoption and effective implementation of policies, programmes and technologies that can target the leading causes death and disability holds great promise for global health progress.

^a A newborn or neonatal death is defined as a death during the first 28 days of life.
^b The definition recommended by WHO for international comparison is a baby born with no signs of life after 28 weeks' gestation.

“High-quality health systems could prevent 1 million newborn deaths and half of all maternal deaths each year” (8).

Delivering universal, high-quality maternal and newborn care requires many concrete actions that are well known and within most countries' capacity to implement. The necessary elements include ensuring the availability of essential medicines and commodities; compliance with evidenced-based clinical interventions and practice; an adequate hygiene infrastructure; competent and motivated staff; as well as solid documentation and use of information. In summary, it requires an intensive effort that will transform care at a critical time in the life-cycle. Taking action will have a powerful positive impact on the health and life opportunities of future generations.

ENAP set out evidence-based solutions and a clear road map to 2030 with newborn mortality and stillbirth reduction targets, health intervention coverage targets as well as specific milestones to meet by 2020 (9).

Goal 1. Ending preventable newborn deaths: By 2030, all countries will have reached the target of 12 or fewer newborn deaths per 1000 live births and will continue to reduce death and disability, ensuring that no newborn is left behind. An NMR of 15 is required by 2020 to be on track for this goal.

Goal 2. Ending preventable stillbirth: By 2030, all countries will have reached the target of 12 or fewer stillbirths per 1000 total births and to continue to close equity gaps. An SBR of 14 is required by 2020 to be on track for this goal.

At the World Health Assembly in 2014, all 194 Member States endorsed ENAP goals and recommendations and committed to put them into action (10). ENAP aligns with the Sustainable Development Goals (SDG) target 3.2 and the Every Woman, Every Child *Global Strategy for Women's, Children's and Adolescents' Health 2016-2030* (EWEC Global Strategy) (11). Implementing ENAP is fundamental to the achievement of the SDGs and the Global Strategy and in doing so can achieve the objectives of UNICEF's *Every Child Alive* campaign and the “triple billion” targets of WHO's 13th General Programme of Work (12, 13).



Progress towards the Every Newborn 2020 Goals and Milestones

Goal 1: At the current rate of progress, 32% of countries will not meet the NMR of 15 by 2020. By 2018, 87% of countries have defined a newborn mortality reduction target.

Goal 2: At the current rate of progress, 59% of countries will not meet the SBR of 14 by 2020; 32% of countries have defined a stillbirth reduction target.

Milestones

ENAP set national milestones to 2020 that provide a road map for countries to drive progress to ensure quality universal care for all mothers and their children. The Every Newborn management team has consolidated these into six overarching milestones. Data collated in 2018 using the Every Newborn Tracking Tool have been compared for two sets of countries: firstly, for 90 countries that completed the tool and secondly, for a subset of 34 countries which are those countries with the highest burden (that is to say those 20 countries with the highest number of newborn deaths, 20 countries with the highest newborn mortality rate and 20 countries with the highest stillbirth rate).^c

Every Newborn Milestone 1: National plans

Review and sharpen national strategies, policies and guidelines for reproductive, maternal, newborn, child and adolescent health (RMNCAH) in line with the goals, targets and indicators in ENAP, including a clear focus on care around the time of birth and on small or sick newborns.

For all 90 countries:

- 87% have completed a newborn action plan or updated the maternal and newborn health (MNH) component in the RMNCAH plan.
- 87% have defined a newborn mortality reduction target, and 32% have defined a stillbirth reduction target; defining a newborn mortality reduction target is now a norm but defining a stillbirth target is not.

Highest burden countries:

- Of the 20 countries with the highest number of deaths: 95% have developed newborn plans and defined NMR reduction targets.
- Of the 20 countries with the highest NMR: 45% have developed newborn plans and defined newborn reduction targets.

Humanitarian and Fragile contexts:

- 42% of all countries have included newborn care in emergency preparedness plans.
- 80% of the 20 countries with the highest NMR are experiencing acute or protracted current humanitarian crises; half of these countries have integrated a newborn component into national emergency planning.

Every Newborn Milestone 2: Quality of care

Adopt standards of quality and indicators for assessing quality of maternal and newborn care at all levels of the health system; and ensure access to essential commodities for RMNCAH.

For all 90 countries:

- 44% have adopted guidelines and standards for quality of care improvement and 42% have developed a plan to implement these guidelines.
- 50% have an updated national policy or guideline on postnatal care.
- 50% have a national guideline or strategy for the care of small and sick newborns. This is less likely in countries with the highest burdens of newborn mortality.
- 58% of countries report having specialized training in place to ensure care for those born too soon, too small or who have become sick.
- 32% have an updated policy or guideline on kangaroo mother care (KMC), most since 2014. 28% report this is currently in progress.

Highest burden countries

- Of the 20 countries with the highest number of newborn deaths: 90% have adopted or are currently developing guidelines for quality of care improvement.
- Of the 20 countries with the highest NMR: 35% have adopted or are developing guidelines for quality of care improvement.

^c The 34 highest burden countries are Afghanistan, Angola, Bangladesh, Central African Republic, Chad, China, Comoros, Côte d'Ivoire, Democratic Republic of the Congo, Djibouti, Egypt, Equatorial Guinea, Ethiopia, Guinea-Bissau, India, Indonesia, Kenya, Lesotho, Mali, Mauritania, Mozambique, Nepal, Niger, Nigeria, Pakistan, Philippines, Sierra Leone, Somalia, South Sudan, Sudan, Togo, Uganda, United Republic of Tanzania, Yemen

Every Newborn Milestone 3: Investment in health workforce

Develop or integrate costed human resources for health strategy into RMNCAH plans and ensure sufficient financial resources are budgeted and allocated. Ensure training, deployment and support of health workers, in particular midwifery personnel, nurses and community health workers.

For all 90 countries:

- 43% reported having an Human Resources plan or strategy for births to be attended by skilled health personnel; 62% reported having an educational pathway or on-the-job capacity-building for health providers to gain neonatal nursing competencies.

Highest burden countries:

- Across five aspects of maternal and newborn health workforce strengthening (developing a Human Resource strategy, a retention policy, competency training, continuing education and neonatal nursing competencies), there is progress in those countries with the highest number of deaths but not in countries with the highest NMRs.

Every Newborn Milestone 4: Community engagement, parent's voices and champions

Involve communities, civil society and other stakeholders to increase demand and ensure access to, and coverage of, essential maternal and newborn care. Parents' voices and champions shift social norms so that it is no longer acceptable for newborns to die needlessly, just as it has become unacceptable for women to die when giving birth.

For all 90 countries:

- 10% increase in the development of national advocacy and communications strategies between 2017 & 2018
- 46% included civil society in their maternal and newborn health technical working group membership and 60% included civil society in developing their national plan.
- A low level of national activities to ensure community engagement in national policy processes was reported and the reported coverage of community engagement activities is low.
- 38% had parent and community advocacy groups for maternal and newborn health.

Highest burden countries.

- 50% of all highest burden countries have prepared one or both of these strategies, whereas 33% had in 2017.
- 53% reported having parent and community advocacy groups; this is in progress in a further 12%.

Every Newborn Milestone 5: Data

Count every newborn by using and improving programmatic coverage data including equity and quality gap assessments. Institutionalize civil registration and vital statistics (CRVS), adapt and use a minimum perinatal data set, implement maternal and perinatal death surveillance and response.

For all 90 countries:

- 83% reported having a maternal death surveillance and review policy and 53% have a perinatal death review policy. Only 22% of countries have a perinatal death review indicator in their health management information system (HMIS).
- 41% reported having an HMIS indicator birth registration and 14% say this is in progress.
- 7% have included all four high-impact interventions in the national HMIS, compared to only 4% last year.

Highest burden countries:

- Between 2016 and 2018, 47% of countries developed a perinatal death review and response system but 44% do not have such a system.

Every Newborn Milestone 6: Research and innovation

Develop, adapt and promote access to devices and commodities to improve care for mothers and newborns around the time of birth, and agree on, disseminate and invest in a prioritized and coordinated research agenda for improving preterm and newborn health outcomes. Particular focus is required for stillbirths, which are often left out of the research agenda or left behind.

- 39% of countries have a prioritized research agenda.
- 44% of highest burden countries report having a research agenda that includes stillbirth research and social, behavioural and community engagement research.

Next steps to reach global goals for newborn mortality and stillbirth reduction

Efforts must be intensified to address the causes of stillbirth, newborn death and disability, improving the quality of maternal and newborn care and scaling-up coverage of all proven interventions along the continuum of care. Without increased planning and investment, the SDG target for newborn mortality reduction is in jeopardy of not being reached. National leadership, domestic financing and donor support for increased sustained investment is particularly urgent in the following areas:

- In all high-burden countries, an urgent need exists for maternal and newborn health quality of care improvement planning and investments.
 - Policies to deliver quality people centred care, inclusive of antenatal and postnatal care, logistic management information systems, perinatal death audits and community engagement are being well implemented with full population coverage.
 - Costing and budgeting of national plans and directing investment to a complex response system that cuts across sectors including water, sanitation and hygiene (WASH), strategic education and human resourcing for health, particularly for quality midwifery and neonatal nursing competencies that are in high demand and short supply.
 - A well trained, mentored and supported workforce, and building the neonatal care competencies to ensure quality care for those babies born too soon, too small or who become ill.
 - The full integration of stillbirth into the quality of care improvement agenda with the recognition that most stillbirth, and without question, intrapartum stillbirth is a marker of quality of maternal care
- In technological innovations that can provide cost-effective springboards for progress: including better logistics' management to ensure that the essential commodities to save lives and prevent life-disability are at the point of service delivery; and improved digital health for health monitoring and outreach.
- In community engagement, which is nascent in most countries and yet fast-progressor countries demonstrate valuing and power of parents and communities in driving change for MNH.
- For research on newborn health, stillbirth and social and behavioural change education, investing in cadres of researchers, building expertise, disseminating and using the findings to inform policy development and implementation improvement.
- To improve data collection and use to ensure all deaths are reported and reviewed, and that a birth and death certificate is produced for every child, including stillbirths, key indicators are captured in health information management systems and programmatic coverage of health interventions is monitored to ensure universal access to and coverage of quality care.

For those countries with the highest rates of newborn mortality, 80% of which have experienced recent or continuing humanitarian crises, action is most urgently needed. First, to ensure that pregnant women and newborns are adequately included in emergency preparedness, recovery planning and investment; and second, to build responsive health systems for overall sustained development.

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