

# Changed Landscape for Newborns

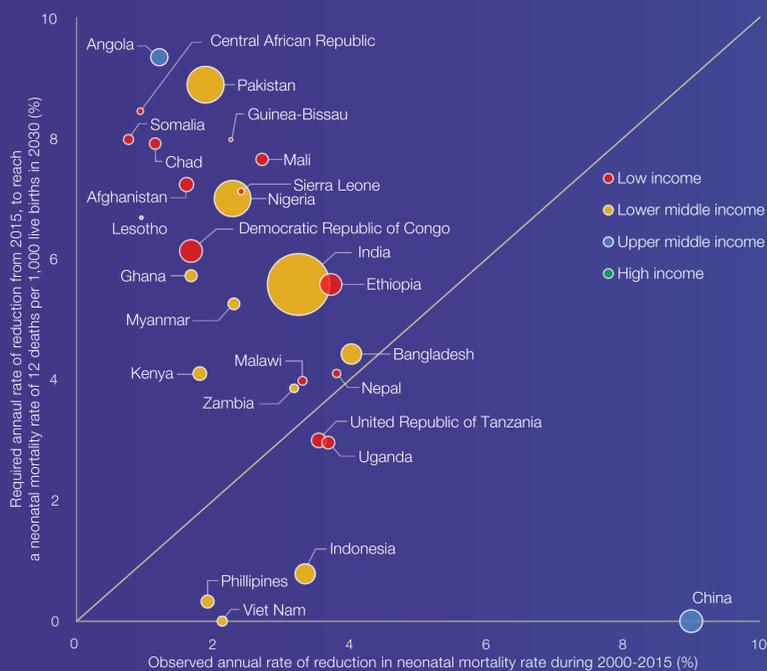
## BACKGROUND

Although remarkable progress has been made in recent decades to reduce the number of child deaths worldwide, too many newborns die each year. These deaths occur despite the availability of affordable, high-impact, evidence-based solutions. Mortality among newborns fell by 47 per cent over the period 1990 to 2015, a smaller decrease compared to the reduction in under-five mortality of 53 per cent witnessed during the same period. The global Every Newborn Action Plan was launched in 2014 with clear targets and strategies for reduction of neonatal deaths and still births.

Partners have come together to develop a simple tool to support countries with high neonatal mortality rates and high burden of neonatal deaths for assessing the status of progress of implementation of Every Newborn Action Plan (ENAP) strategies, map technical assistance needs and identify barriers to implementation in line with the ENAP recommendations.

## NEONATAL MORTALITY RATE

Source: UNICEF, Committing to Child Survival: A Promise Renewed Progress Report 2015



## ABOUT THIS CHART:

It illustrates the mortality rate reductions needed by individual countries to achieve specific targets by 2030

- Each bubble represents a country. The size of the bubble represents the number of deaths in 2015.
- The colour of the bubble represents national income level.
  - Low income
  - Lower middle income
  - Upper middle income
  - High income
- The horizontal axis shows the observed rate of reduction in the mortality rate per year over 2000–2015.
- The vertical axis shows the required rate of reduction per year from 2015 to 2030 to meet the SDG target.
- Countries above the diagonal line need faster rates of reduction (i.e., accelerated progress) to achieve the target.
- Countries below the diagonal line will be able to achieve the target at their current rates of reduction.
- Countries on the horizontal axis have already reached the target, as of 2015.

## THE ENAP PROGRESS TRACKING TOOL

The Tool has 3 main Sections:

1

### COUNTRY CONTEXT AND FACT SHEET

Background information on the key maternal and newborn indicators and national programme coordination

2

### INFORMATION ABOUT THE PLANNED EVENTS

Update on key newborn national meetings, trainings and other activities, and planned activities

3

### IMPLEMENTATION AND TECHNICAL ASSISTANCE NEEDS

Update on the coverage of high-impact interventions, commodities and technical assistance required

Twenty-eight high burden countries have been targeted for data collection. The first tracking tool was developed in 2014 and data was collected in the last quarter of the year from 10 countries. The tool was later revised by June 2015 data was collected from 16 ENAP priority countries along with other 15 countries opting for the use of the progress tracking tool: Cameroon, Djibouti, Egypt, Iraq, Iran, Jordan, Lebanon, Libya, Morocco, Namibia, State of Palestine, Sudan, Syria, Tunisia, Yemen

## KEY ACHIEVEMENTS



Newborn specific indicators have been incorporated in HMIS by Bangladesh, India and Tanzania



Antenatal corticosteroids included in National Essential Medicines List of Afghanistan, Angola, Indonesia, Kenya, Myanmar, Nepal, Pakistan, Uganda, Viet Nam, Zimbabwe



Chlorhexidine included in Essential Medicines List Afghanistan, Myanmar, Nepal, Pakistan, Uganda, Zimbabwe



Newborn resuscitation devices included in Essential Medicines List in Afghanistan, Angola, China, Ghana, India, Indonesia, Kenya, Pakistan, Uganda, Viet Nam, Zimbabwe



India and Indonesia have prioritized research on stillbirths



Ghana, Kenya, Tanzania, Uganda, Viet Nam have developed national newborn communication strategies



## SNAP SHOT OF PROGRESS IN 28 PRIORITY COUNTRIES

	Newborn Action Plan Developed	Newborn component strengthened in RMNCAH plan	Newborn Action Plan costed
2014	Indonesia, Viet Nam	-	Viet Nam
2015	Afghanistan, Bangladesh, Ghana, India, Kenya, Myanmar, Nepal, Philippines, Tanzania	Afghanistan, Angola, China, India, Kenya, Myanmar, Philippines, Tanzania, Uganda, Viet Nam, Zimbabwe	Afghanistan, China, Ghana, India, Kenya, Myanmar, Philippines, Tanzania, Uganda

## CHALLENGES

- The numbers of countries completing the tool is limited to the selected focus countries and the returns come in very slowly and are low. In 2014, 10 out of 20 countries responded while in 2015, only 16 out of 28 countries responded
- Some countries do not have newborn targets and in a number of countries the targets are not in line with the global ENAP targets
- 20 out of the 28 priority countries do not have specified a Still Birth Rate target

## AREAS REQUIRING MORE ATTENTION IN MOST COUNTRIES

- Setting NMR and SBR targets for country newborn or integrated RMNCAH action plans
- Including specific newborn indicators in the HMIS
- Prioritizing newborn implementation research
- Development or scale-up of communication strategies
- Intensify efforts to initiate progress tracking in the priority countries that did not complete the tool as these countries have some of the worst newborn indicators

## CONCLUSION

The main areas of progress in 2015 have been the development of national newborn action plans and the inclusion of life-saving maternal and newborn commodities in the essential medicines list. Areas requiring more attention in most countries are the inclusion of an SBR target in country newborn action plans, specific indicators in the HMIS, prioritizing newborn research agendas, the development or scale-up of communication strategies and community engagement.