



# EVERY NEWBORN BRIEF

## INTRODUCTION

As countries make their final push towards the Millennium Development Goals (MDGs) and look ahead to the post 2015 era, progress in reducing neonatal mortality is an important frontier in all countries. In the past two decades, there has been progress in the reduction of maternal mortality (2.6% reduction per year) and under-5 mortality (2.9% reduction per year). However, newborn survival has lagged behind (2.0% reduction per year) due to less attention and investment. Newborn deaths now account for at least 44% of all deaths among children under age five globally, resulting in 2.9 million deaths annually. To this

burden must be added the 2.6 million babies who die in the last 3 months of pregnancy or during childbirth (stillbirths).

We have the knowledge and tools to prevent at least two thirds of these deaths. Acting effectively on that knowledge, rapid progress is possible, especially when applying a systematic strategy that appropriately links key interventions across the continuum of care, from pre-pregnancy care through to the postnatal period, underlining the inherent connections between reproductive, maternal, newborn and child health.

## WHAT IS EVERY NEWBORN AND WHO IS IT FOR?

*Every Newborn: an action plan to end preventable deaths* is a roadmap to save 3 million lives of newborns, women and stillbirths each year by improving quality care at the time of birth, and support for small and sick babies. It takes forward the *Global Strategy for Women's and Children's Health* by focusing specific attention on maternal and newborn health and identifying actions for improving their survival, health and development. The process started with consultations in multiple high-burden countries to gain better understanding of context and specific bottlenecks for scale up. *Every Newborn* brings together this country learning with the latest global available knowledge on effective interventions and delivery approaches, enabling policymakers and program managers to take action to accelerate progress. It will set out a clear vision, supported by mortality and coverage targets, strategic actions, innovations and opportunities, evidence on costs and impact of interventions, and clear roles for all actors.

*Every Newborn* builds on the recommendations of *Committing to Child Survival: A Promise Renewed for Child Survival (APR)*, and supports the achievement of the target,

20 or less under-five deaths per 1000 live births in each country by 2035. The plan also builds from the recommendations of the *United Nations Commission on Lifesaving Commodities for Women's and Children's Health*, the goals of the Family Planning 2020 initiative, the *United Nations Commission on Information and Accountability for Women's and Children's Health*, and other global action plans such as those on nutrition, vaccines, malaria, pneumonia, diarrhoea, water and sanitation, and elimination of mother-to-child transmission of HIV, syphilis and tetanus.

*Every Newborn* involves all stakeholders who can make a difference for maternal and newborn health. Foremost, it aims to support government leadership and the actions of policymakers and program managers and provides technical guidance to inform the sharpening of existing health sector plans and reproductive, maternal, newborn and child health (RMNCH) strategies, if required. Key partners also include health professional associations, academic institutions, multi-lateral and bilateral agencies, foundations, the private sector and civil society, including women's and parent's organizations, to ensure broad ownership.

## HOW HAS EVERY NEWBORN BEEN DEVELOPED?

Addressing newborn survival requires clear consensus on evidence, strategies and actions by a broad community of partners. *Every Newborn* brings together everyone who has a part to play. The preparation was guided by the advice of experts and partners, led by WHO and UNICEF, and by the outcome of several multi-stakeholder consultations and

a web-based consultation with more than 300 comments. The plan takes into account all inputs as well as findings from The Lancet Every Newborn Series published in May 2014. Discussed at the 67th World Health Assembly, Member States endorsed the document and made firm commitments to put in practice recommended actions. The Director



EVERY WOMAN  
EVERY CHILD

General has been requested to monitor progress towards the achievement of the global goal and targets and report periodically to the Health Assembly until 2030.

By the time *Every Newborn* is launched in June 2014, dialogues around the plan and actions to support implementation will have been initiated in many countries and among all relevant constituencies. In reality, *Every Newborn* is about ACTION with a plan.

## KEY THEMES OF THE EVERY NEWBORN ACTION PLAN

*Every Newborn* strengthens the continuum of care for women and children by promoting effective interventions along the life course and call for evidence based actions at all levels of health service delivery, from the community to referral level hospitals. It also recognizes the importance of addressing social determinants of health, promoting inter-sectoral actions, and stimulating innovation and research. Within the broad menu of all that is possible and needed to improve maternal and newborn health, the plan emphasizes the need to reach every woman and newborn baby when they are most vulnerable – in labour, during birth and in the first day and week after birth. Investment

in this critical time period provides the greatest potential for ending preventable newborn deaths, stillbirths and maternal deaths, and would result in a triple return on investment. Special care of small and sick newborns is also critical as more than 80% of newborn deaths are in small babies (preterm or small for gestational age).

Improving the survival of women and their babies requires each death to be counted, community empowerment to demand quality care, community and health worker awareness that deaths are preventable and an equipped and staffed health system that delivers quality care.

## STRATEGIC OBJECTIVES OF THE ACTION PLAN TO END PREVENTABLE DEATHS

### **1. Strengthen and invest in care during labour, birth and the first day and week of life:**

A large proportion of maternal and newborn deaths and stillbirths occur within this but, many deaths and complications can be prevented by ensuring high-quality essential care to every woman and baby during this critical time.

### **2. Improve the quality of maternal and newborn care:**

Substantial gaps in the quality of care exist across the continuum of care for women's and children's health. Many women and newborns do not receive quality care even when they have contact with a health system before, during and after pregnancy and childbirth. Introducing high-quality care with high-impact, cost-effective interventions for mother and baby together – delivered, in most cases, by the same health providers with midwifery skills at the same time – is key to improvement.

### **3. Reach every woman and newborn to reduce inequities:**

Having access to high-quality health care based on need without suffering financial hardship is a human right. Robust evidence for approaches to

ending preventable newborn deaths is available and, if applied, can effectively accelerate the coverage of essential interventions through innovations and in accordance with the principles of universal health coverage.

### **4. Harness the power of parents, families and communities:**

Engaged community leaders and workers and women's groups are critical for better health outcomes for women and newborns. Education and empowerment of parents, families and communities to demand quality care and improve home care practices are crucial.

### **5. Count every newborn through measurement, programme-tracking and accountability:**

Measurement enables managers to improve performance and adapt actions as needed. Assessing outcomes and financial flows with standardized indicators improves accountability. There is an urgent need to improve metrics globally and nationally, especially for birth outcomes and quality of care around the time of birth. Every newborn needs to be registered, and newborn and maternal deaths and stillbirths need to be counted.

Be part of the action and learn more at:

[www.everynewborn.org](http://www.everynewborn.org)

Together, we aim to bring our collective knowledge and experience to bear in this joint effort to reduce newborn deaths and improve the health of every woman, every baby and every child.

