



EVERY WOMAN  
EVERY CHILD

# EVERY NEWBORN

Progress towards ending preventable newborn deaths and stillbirths



## SPOTLIGHT ON GHANA

Ghana provides an example of how government commitment and leadership with the engagement of key stakeholders can lead to the prioritization of newborn health. The Ghana Health Service (GHS) has provided the opportunity for engagement to a multitude of stakeholders including national and international development partners, civil society, celebrities, the private sector and media. The GHS led the development of the National Newborn Health Strategy and Action Plan 2014–2018 which was based on guidance from the global Every Newborn Action Plan, adapted to suit the local context. Coordinated stakeholder efforts led by government may be paying off as national data indicate that newborn mortality could be on the decline: between 2011 and 2014, the newborn mortality rate decreased from 32 to 29 per 1,000 live births.



# National Context

**Estimated population:** 25 million

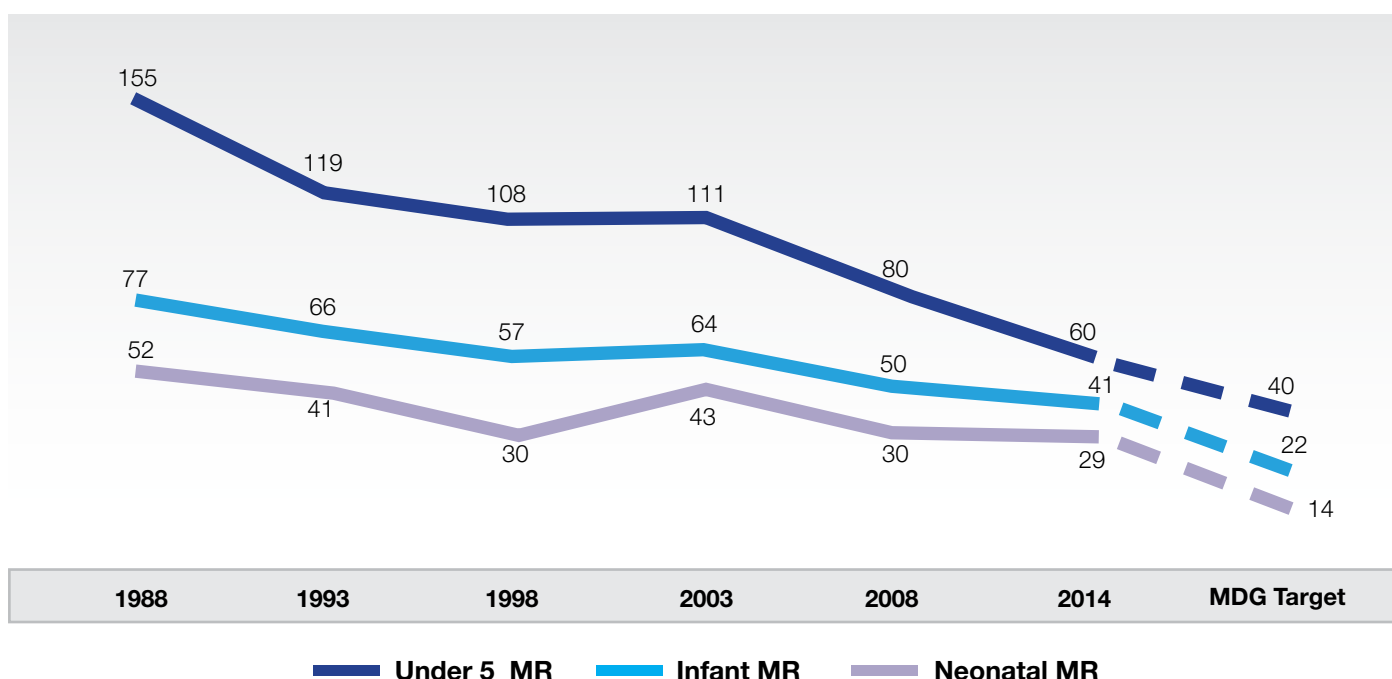
**Newborn Mortality Rate (NMR):** 28 per 1,000 live births <sup>1</sup>

**Stillbirth rate:** 22 per 1,000 total births <sup>2</sup>

**Newborn deaths as a share of under-5 mortality:** 46 per cent <sup>3</sup>

Since the early 2000s, infant and under-5 mortality rates in Ghana have been declining steadily. However, newborn mortality rates have not fallen as rapidly and as a result the proportion of newborn deaths has increased.

Figure 1: Trends in early childhood mortality rates



Data from: Ghana Demographic and Health Surveys, 1988 to 2014.

## Causes of newborn mortality in Ghana

At least 87 per cent of newborn deaths in Ghana are caused by infections (31 per cent) or premature birth (29 per cent) or complications during delivery (27 per cent).<sup>4</sup>

## Critical disparities in the opportunity for newborn survival

While the Newborn Mortality Rate (NMR) is relatively high across the country, some regions have twice as many babies dying in their first month of life as others. Figure 2 highlights that the NMR in Upper West, Brong Ahafo and Volta regions reaches 40 or more deaths per 1,000 live births, while in Greater Accra the NMR is 20 per 1,000 live-births.

<sup>1</sup> United Nations Inter-Agency Child Mortality Estimates, 2015. Levels and Trends in Child Mortality, Report 2015, UNICEF, New York

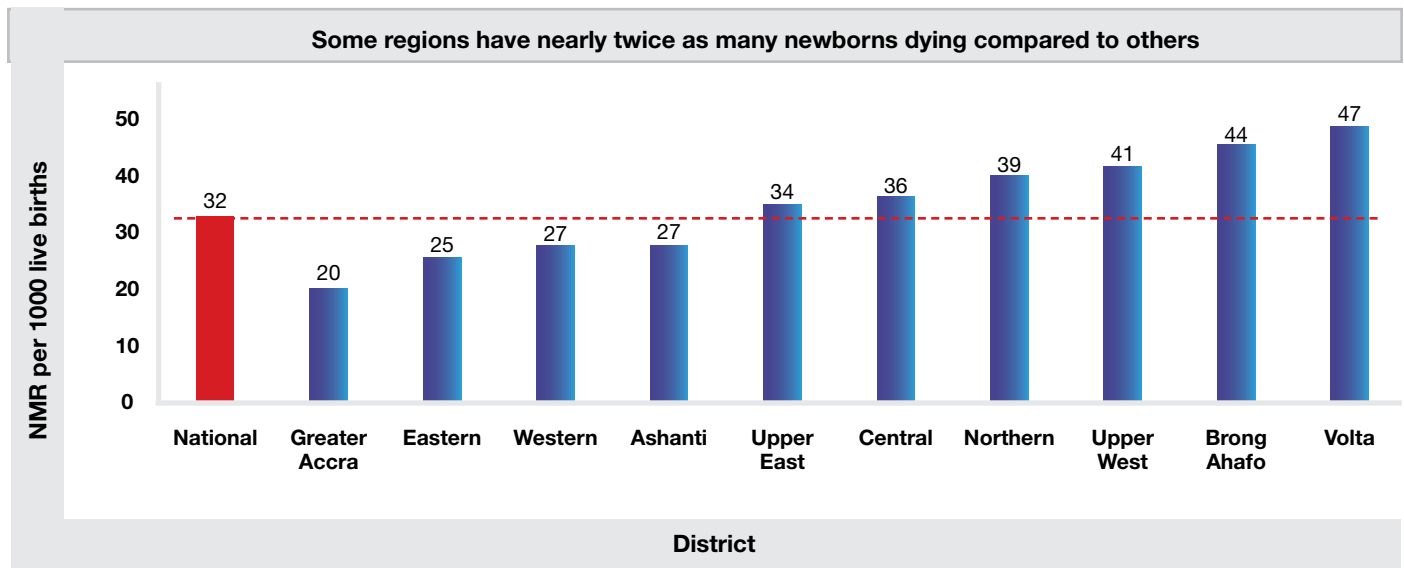
<sup>2</sup> Cousens S, Blencowe H, Stanton C, Chou D, Say L, Lawn JE et al. National, regional, and worldwide estimates of stillbirth rates in 2009 with trends since 1995: a systematic analysis. Lancet April 2011

<sup>3</sup> United Nations Inter-Agency Child Mortality Estimates, 2015. Levels and Trends in Child Mortality, Report 2015, UNICEF, New York

<sup>4</sup> Ghana Multiple Indicator Cluster Survey, UNICEF, 2011.



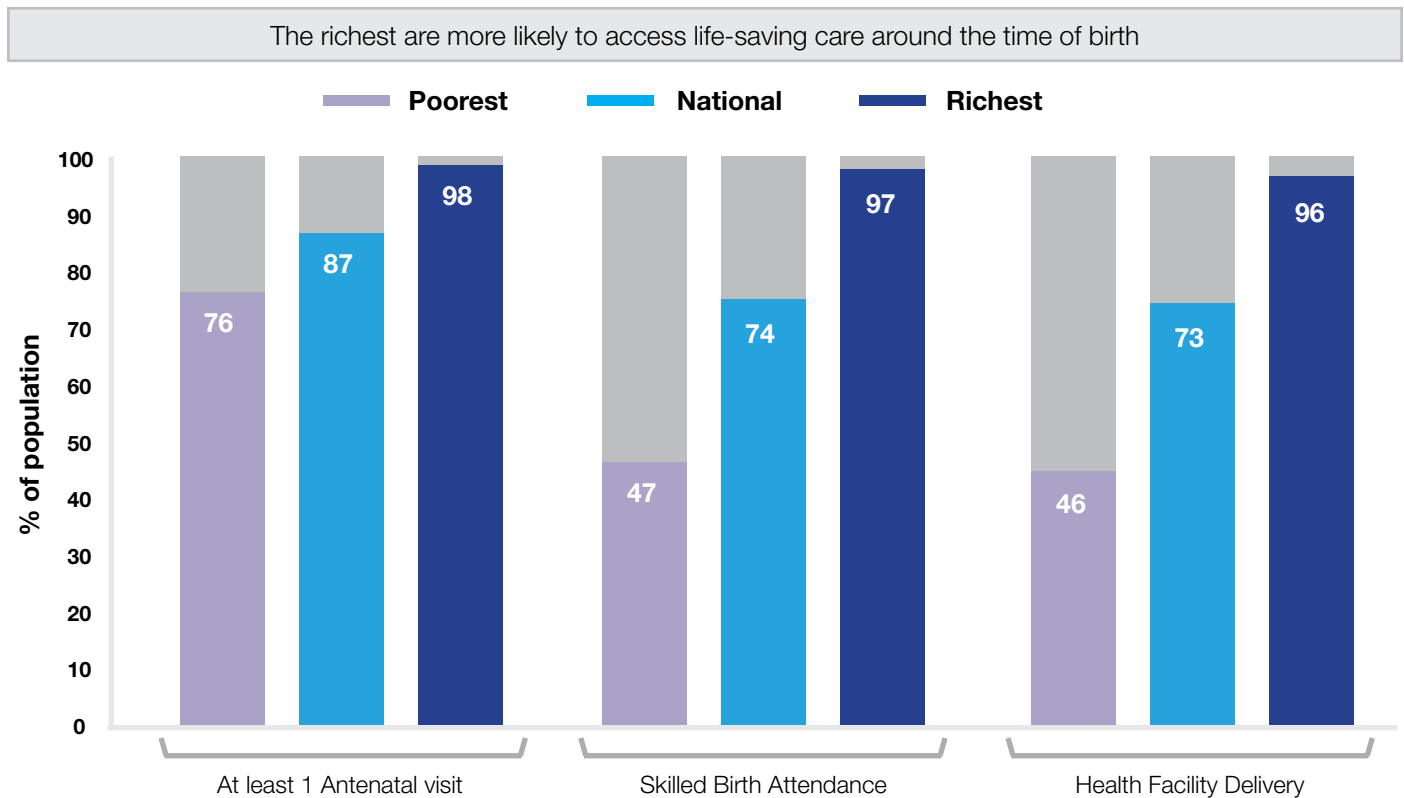
Figure 2: Regional disparities in newborn mortality rates



Data from: Ghana Multiple Indicator Cluster Survey 2011.

Skilled attendance at birth or delivery in a health facility offers the best opportunity of receiving quality care and managing complications, but low income poses a substantial barrier to receiving essential care during childbirth. Figure 3 demonstrates the extent to which wealth quintile influences access to essential maternal and newborn care around the time of birth. Income is inarguably a key determinant of newborn survival in Ghana.

Figure 3: Inequities in access to key interventions based on wealth



Data from: Demographic Health Survey, Ghana, 2014.

# Milestones in progress

Democratic reforms in Ghana led to the 1992 Republican Constitution of Ghana, which provides a legal policy and framework for maternal, newborn and child health. Since 2011, a variety of stakeholders, led by the Government, have collaborated on accelerating progress for newborn health and survival. Year-on-year efforts have led to the development of the Ghana National Health Strategy and Action Plan in 2014, and a range of multi-actor initiatives by national and international partners are supporting the implementation of the strategy.

## The Ghana National Newborn Health Strategy and Action Plan

The National Newborn Health Strategy and Action Plan (2014–2018) was launched on 30 July 2014 by the Honourable Minister of Health. The National Newborn Health Strategy and Action Plan is in keeping with the global ENAP and is adapted to suit the country requirements. The strategy aims to reduce the newborn mortality rate from 32/1,000 live births in 2011 to 21/1,000 live births in 2018 (5 per cent decrease per year), increase the proportion of deliveries conducted by skilled birth attendants from 68 per cent in 2011 to 82 per cent in 2018 and decrease institutional newborn mortality by at least 35 per cent by 2018.

### The Strategy outlines priority areas of focus:

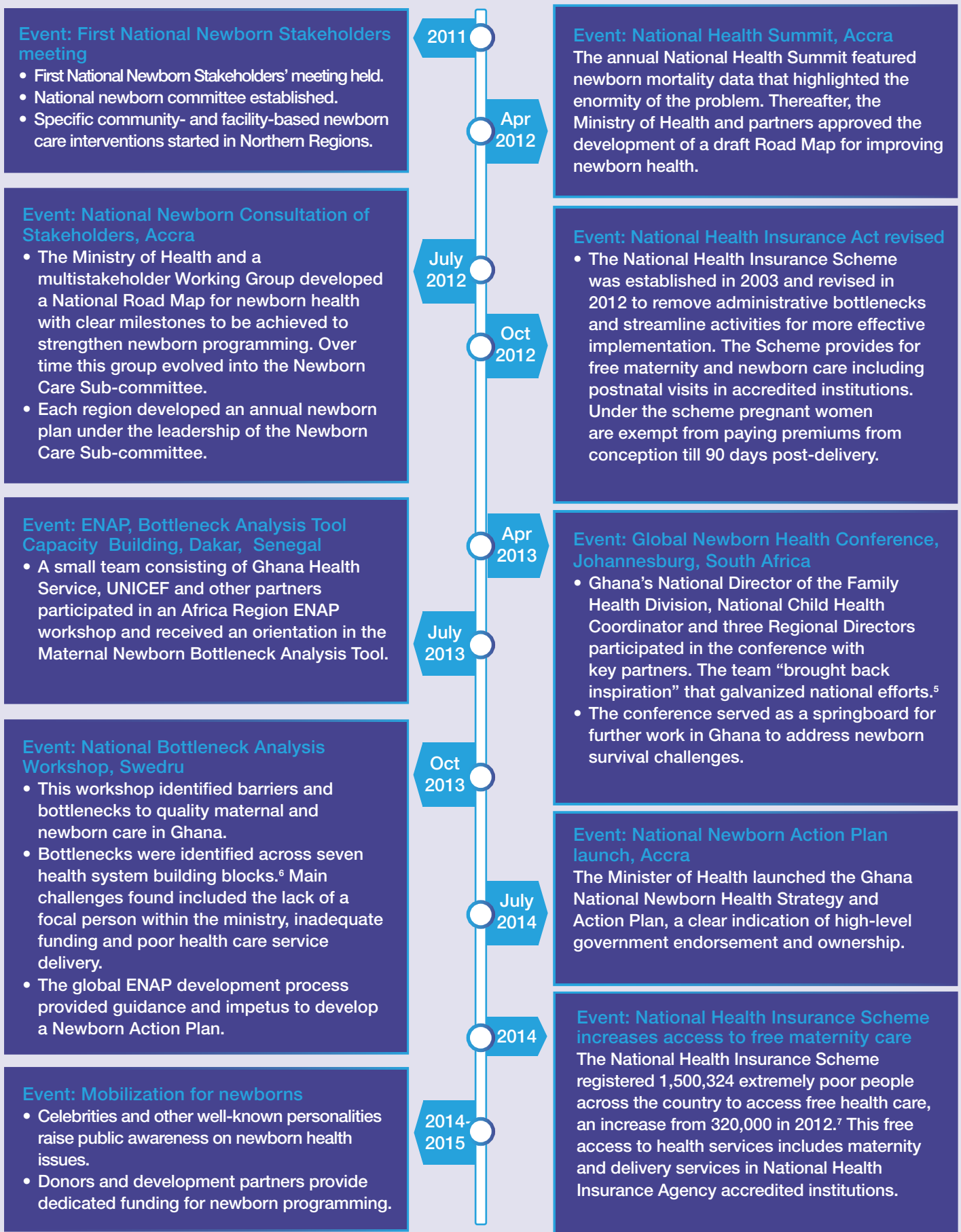
- Developing and updating policies, standards and guidelines
- Dedicated focus on quality care during labour, delivery, the first 24 hours and first postnatal week
- Improving quality of care and services at all levels using a holistic approach which includes strengthening facility and community services and reinforcing the links between them
- Addressing inequities in maternal and newborn care; promoting scale-up and sustainability and implementing a strong monitoring and evaluation strategy ('Count Every Baby').

The Strategy is in the process of early implementation under the leadership of the Ministry of Health and Ghana Health Service, guided by the oversight and coordination of the Newborn Care Sub-committee.





Table 1: Key activities to accelerate progress in newborn health from 2011 to 2015



<sup>5</sup> Personal communication from D. Isabella Sagoe-Moses, Child Health Coordinator, Ghana Health Service, June 2015.

<sup>6</sup> Bottleneck Analysis Tool, Every Newborn, [www.everynewborn.org](http://www.everynewborn.org).

<sup>7</sup> National Health Insurance Ghana, <http://www.nhis.gov.gh/News/NHIS-registered-1.5-million-poor-people-for-free%234060#>, accessed July 2015.

# Multi-actor collaboration for newborn health

*“Identifying your stakeholders and involving them at each stage from conceptualization, planning, implementation and monitoring are very important. Taking time to build consensus before moving ahead is critical. This creates ownership and long-lasting partnerships. Equally important is opening your mind to new stakeholders and embracing them.”*

– Dr. Isabella Sagoe-Moses, Child Health Coordinator, Ghana Health Service

## Partner coordination

The Ghana Health Service has been actively involved in convening all partners involved in newborn care to collaborate on addressing newborn survival challenges. Champions within Ghana’s Ministry of Health drive newborn health progress through their systematic engagement of a broad range of stakeholders. The Newborn Care Sub-committee provides a platform for engagement for a multitude of stakeholders across the public and private sectors, national and international partners, civil society and the media. These innovative partnerships have raised public awareness of newborn survival issues and generated increased funding and support. The Sub-committee organizes an annual meeting of a wide range of key development stakeholders, Ghana Health Service staff from all regions, teaching hospital staff and other Ministry of Health agencies.

The Newborn Care Sub-committee coordinates the efforts of partners, ensuring their various activities are delivered in areas with high need. Currently, all regions are being supported to some extent by international partners; specific regions with high mortality have a greater density of partner activity.

### Professional societies

All relevant professional medical societies participate in the quarterly Newborn Care Sub-committee meetings. The Paediatric Society was actively involved in the newborn health strategy development and champions prioritizing the newborn care agenda. Its annual general meetings in 2014 and 2015 started with day-long capacity-building workshops on newborn competencies. Helping Babies Breathe

training for 100 midwives took place in 2014. The Paediatric Society also established a standby team of newborn care ‘facilitators’ to support the capacity-building needs of facilities across the regions.

### Faith-based leaders

Several religious leaders participated in the 2014 National Newborn Strategy launch including Ghana’s Chief Imam and former Minister of State, Reverend Joyce Aryee. The Chief Imam made a statement of commitment for newborn health and continues to encourage expecting mothers to seek care. Reverend Joyce Aryee made a similar statement of commitment and led a funding appeal for the programme. In her religious radio programme she discusses the importance of newborn care.

### Media

The media played a significant role in the launch of the National Newborn Strategy through their concerted media campaign for newborn health. During the week of the strategy launch several popular radio stations, including Joy FM, Unique FM and Peace FM hosted chat shows on newborn issues that featured national and international newborn health experts. Gifty Anti, a seasoned journalist and media personality, is a particularly remarkable advocate in the newborn media campaign. In September 2014, she devoted one of her weekly television shows to Ghana’s newborn care issues. She acted as master of ceremonies for the newborn stakeholders’ meeting in July 2015 and continues to provide media support to the cause.





## Celebrities

Sarkodie, an internationally acclaimed hip hop artist and a role model for Ghanaian youth, champions newborn health by participating in newborn events and publicly speaking about newborn issues. Sarkodie participated in the launch of the Newborn Strategy. When named the 2014 Ambassador for National Breastfeeding Week, committed to "... let my followers know about the importance of exclusive breastfeeding for six months of age. I will do everything I can to promote the issue [and] use my social media platforms to educate the public on the need to breastfeed babies."

## Private sector

In recent years, mobilization for newborns has actively engaged the private sector to support newborn care. The telecommunications company, MTN, has supported health infrastructure development beginning with the establishment of sick newborn care units. MTN is now constructing a modern 40-bed Neonatal Intensive Care Unit for the Tamale

Teaching Hospital, with two incubator rooms, a milk room, crib room, Kangaroo Mother Care room, a tutorial/conference room, and nurses' and doctors' stations. The facility is expected to care for 1,200 neonates annually. ENI is a private oil company drilling in the Western Region that has been supporting regional newborn care activities. A company spokesperson explained that they started by refurbishing health facilities and purchasing ambulances but, inspired by the newborn health page on the Ghana Health Services website, now also provide support for improved data capture and utilization to improve newborn care.

## Spotlight on South-South cooperation

The Government of Colombia has pledged to equip one health facility in Ghana as a national Kangaroo Mother Care training site. The programme started in September 2014 with Ghanaian health workers touring Colombia's internationally acclaimed Kangaroo Mother Care Centre in Bogota.

## Box 2: Examples of partner support to newborn care

Partners and donors support newborn care through a range of initiatives at the national level and/regional level. Some examples:

- UNICEF supports the implementation of newborn survival interventions in 20 districts of the Northern and Upper East regions, with funding support from the Governments of Japan and Korea.
- USAID has projects in strengthening health systems and behaviour change communication in Greater Accra, Western, Central, Volta and Northern regions.
- PATH and Kybele, as part of the Making Every Baby Count Initiative (MEBCI), with funding from the Children's Investment Fund Foundation (CIFF) is strengthening newborn care in 6 regional and 107 district hospitals.
- Jhpiego supports health care providers to manage newborn care in all regions.
- Liverpool School of Tropical Medicine 'Making It Happen' programme is being implemented in the Western, Northern and Central regions to increase availability and improve the quality of Skilled Birth Attendance (SBA) and Emergency Obstetric and Newborn Care (EmONC).
- The Israeli Government supports quality improvement initiatives in health facilities in the Ashanti region.
- 'Project Fives Alive', implemented by the Institute of Healthcare Improvement with funding from the Bill and Melinda Gates Foundation, is improving quality of care in all regions.
- UNICEF supports the Ghana Health Service in implementing the 'Mother Baby Friendly Facility Initiative' which includes collaboration with the National Health Insurance Agency to establish quality standards for maternal and newborn care.
- Evidence for Action works with the Ghana Journalists Association and the Journalists for Maternal Health to build the capacity of media and journalists in evidence-based reporting and investigative journalism.
- The World Health Organization Country Office provides training on newborn care and disseminates best practice guidelines and standards for newborn health.



## ABOUT EVERY NEWBORN

The global Every Newborn Action Plan (ENAP) was endorsed by the 194 Member States of the World Health Organization at the World Health Assembly (WHA) in 2014. It is supported by a WHA resolution that requests the regular monitoring of progress of the ENAP goals and targets and for the WHO Director General to report periodically to the WHA on progress until 2030. It aims to support countries to reach the target of fewer than 12 newborn deaths per 1,000 live births and 12 stillbirths per 1,000 births by 2030. ENAP was developed based on evidence published in the 2014 Lancet Every Newborn Series and consultations with many Member States, organizations and individuals. ENAP provides guidance to policy makers and programme managers on refining national newborn policy and programmes within the context of wider reproductive, maternal, newborn and child health strategies. ENAP is closely linked to Strategies Towards Ending Preventable Maternal Mortality.

### Strategic objectives

- 1 Strengthen and invest in maternal and newborn care during labour, birth and the first day and first week of life 
- 2 Improve the quality of maternal and newborn care 
- 3 Reach every woman and newborn to reduce inequities 
- 4 Harness the power of parents, families and communities 
- 5 Count every newborn through measurement, programme-tracking and accountability 

## Acknowledgements

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## More in this Series

- Progress towards ending preventable newborn deaths and stillbirths: Spotlight on Pakistan
- Progress towards ending preventable newborn deaths and stillbirths: Spotlight on Myanmar
- Progress towards ending preventable newborn deaths and stillbirths: Spotlight on the Philippines

## For more information

See the Every Newborn website: [www.everynewborn.org](http://www.everynewborn.org).