

EVERY NEWBORN

FREQUENTLY ASKED QUESTIONS



WHAT IS EVERY NEWBORN?

Every Newborn 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. The plan unites all stakeholders and drives the development and implementation of coordinated action, advocacy and accountability to improve maternal and newborn health outcomes. The plan takes forward the UN Secretary-General's *Global Strategy for Women's and Children's Health* by focusing specific attention and identifying actions for improving maternal and newborn survival, health and development. *Every Newborn* is based on a clear understanding of existing bottlenecks to progress in high-burden countries, and brings together this knowledge with the latest global available knowledge on effective interventions and delivery approaches, enabling policymakers and program managers to take action to accelerate progress. It sets out a clear vision, supported by mortality targets for 2035 – to

support the *Committing to Child survival: A Promise Renewed* target – and 2030 – the new target date for emerging post-2015 development goals – by outlining strategic actions, innovations and opportunities, sharing evidence on costs and impact of interventions, and setting out roles for all actors.

Every Newborn strengthens and builds upon the implementation of existing commitments to *Every Woman, Every Child*, supports the recommendations of the United Nations Commission on Lifesaving Commodities for Women's and Children's Health and the United Nations Commission on Information and Accountability for Women's and Children's Health, links to the goals of *A Promise Renewed*, the Family Planning 2020 initiative, 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.

WHY HAS EVERY NEWBORN BEEN CREATED?

Newborn deaths now account for at least 44% of all deaths among children under age five globally, resulting in 2.9 million deaths annually. In addition, 2.6 million babies die in the last 3 months of pregnancy or during childbirth (stillbirths) and 289 000 women die from complications of pregnancy and childbirth.. The average annual rate of decline of newborn mortality is less than 2%, and much slower than progress for under-5 and maternal mortality. Improving the quality of care at the time of birth for women and children is an essential part of accelerating progress.

We have the knowledge and tools to prevent at least two-thirds of newborn 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.

Every Newborn envisions a world in which there are no preventable newborn deaths or stillbirths, where every pregnancy is wanted, every birth is celebrated, and women, babies and children survive, thrive and reach their full potential.

WHO IS THE EVERY NEWBORN ACTION PLAN FOR?

Every Newborn involves all stakeholders who can make a difference for newborn health and the health of women and children more broadly. 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.



EVERY WOMAN
EVERY CHILD

WHAT ARE THE STRATEGIC OBJECTIVES?

The action plan is built on the overarching principles of country leadership, human rights, integration, equity, accountability and innovation. There are five strategic objectives that shape the current thinking of the action plan:

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 period, 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 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 - 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 a 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.

WHAT ARE THE TARGETS AND COVERAGE GOALS?

The mortality proposed is that all countries have less than 10 neonatal deaths per 1000 live births by 2035, with a resultant average global neonatal mortality rate of 7 per 1000 live births. To achieve a global average NMR of 7, all countries will reduce neonatal mortality by at least two-thirds from a baseline in 2012, which may be considered a continuation of MDG 4 applied to the unfinished business for newborn deaths. For stillbirths, the goal is that all countries have less than 10 stillbirths per 1000 total births by 2035, with a resultant average

global stillbirth rate of 9 per 1000 live births for stillbirths. The target date of 2035 aligns with the timeframe for Committing to *Child Survival: A Promise Renewed* and the interim goal proposed for 2030 links to forthcoming post-2015 goals.

Interim coverage targets are proposed for quality care at birth, quality care for small and sick newborns, and home visits for women and newborns for 2020 and 2025 with the aim for universal coverage of quality care for all packages by 2030.

WHAT IS THE DEVELOPMENT PROCESS FOR THE EVERY NEWBORN ACTION PLAN?

Addressing newborn survival requires clear consensus on evidence, strategies and actions by a broad community of partners. *Every Newborn* will bring 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.

WHAT WILL HAPPEN AFTER THE LAUNCH?

Within 12 months of the launch of the *Every Newborn Action Plan*, an operational strategy and monitoring framework will be developed for defining and measuring coverage and quality. This will be developed, in association with the organizations and institutions with a global mandate for improving such metrics, so as to link with other global plans and accountability frameworks. This monitoring and evaluation plan will support countries in sharpening plans for maternal and newborn health and survival in the post-2015 development era. The Director 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.

Areas of focus for *Every Newborn* advocacy will be at national, regional and global levels, and will include greater engagement in national level advocacy and with parent groups, including through World Prematurity Day activities in November, as well as support for greater visibility for newborns and stillbirths within the post 2015 framework.

WHO IS RESPONSIBLE FOR IMPLEMENTING THE *EVERY NEWBORN ACTION PLAN*?

To put the *Every Newborn Action Plan* in practice, many stakeholders have a role to play. These include governments and policy makers, donor countries and global philanthropic institutions, the United Nations and other multilateral organizations, civil society, health care workers and their

professional associations, the business community, academic and research institutions. Specific recommendations will be presented in the *Every Newborn Action Plan* for actions each constituency can undertake.

WHAT RESOURCES ARE AVAILABLE?

The Every Newborn web site, www.everynewborn.org, is a resource hub for both knowledge and advocacy tools linked to the Every Newborn effort. Website content includes [news](#) about national, regional and global Every Newborn-related events; a [calendar](#) of upcoming events, the *Every Newborn Toolkit*, including [advocacy resources](#), information about the

latest analytical tools including a new maternal-newborn bottleneck analysis tool, and a library of newborn health resources. The toolkit is continuously updated to reflect the inputs from the *Every Newborn* national, regional and global consultation process.



More information about the process and plan forward for the *Every Newborn Action Plan* is available at www.everynewborn.org

