



EVERY WOMAN
EVERY CHILD

EVERY NEWBORN

Executive Summary



World Health
Organization

unicef 



COMMITTING TO CHILD SURVIVAL
A PROMISE RENEWED

Key messages

3 million babies and women could be saved each year through investing in quality care around the time of birth and special care for sick and small newborns. Cost-effective solutions are now available to protect women and children from the most dangerous day of their lives – the day of birth.

Unfinished agenda: Newborn health and stillbirths are part of the “unfinished agenda” of the Millennium Development Goals for women’s and children’s health. With newborn deaths still accounting for 44% of under-5 deaths globally, newborn mortality and stillbirths require greater visibility in the emerging post-2015 sustainable development agenda if the overall under-5 mortality is to be reduced.

We have solutions to address the main causes of newborn death: More than 80% of all newborn deaths result from three preventable and treatable conditions – complications due to prematurity, intrapartum-related deaths (including birth asphyxia) and neonatal infections. Cost-effective, proven interventions exist to prevent and treat each main cause. Improving quality of care around the time of birth will save the most lives, but this requires educated and equipped health workers, including those with midwifery skills, and availability of essential commodities.

Women’s and children’s health is a smart investment, particularly with specific attention to care at birth: High coverage of care around the time of birth and care of small and sick newborns would save nearly 3 million lives (women, newborns and stillbirths) each year at an additional running cost of only US\$ 1.15 per person in 75 high burden countries. This would have a triple impact on investments – saving women and newborns and preventing stillbirths.

Action with a plan: The *Every Newborn* action plan was developed in response to country demand. It sets out a clear vision of how to improve newborn health and prevent stillbirths by 2035. The plan builds on the United Nations Secretary General’s Global Strategy for Women’s and Children’s Health and the *Every Woman Every Child* movement by supporting government leadership and providing guidance on how to strengthen newborn health components in existing health sector plans and strategies, especially those that relate to reproductive, maternal and child health. *Every Newborn* calls upon all stakeholders to take specific actions to improve access to, and quality of, health care for women and newborns within the continuum of care. Together, we must:

1. Strengthen and invest in care during labour, birth and the first day and 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.

About *Every Newborn*

The *Every Newborn* action plan is based on the latest epidemiology, evidence and global and country learning, and supports the United Nations Secretary-General’s *Every Woman Every Child* movement. 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. Discussed at the 67th World Health Assembly, Member States endorsed the document and made firm commitments to put in practice recommended actions. 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.



The promise and potential of *Every Newborn*: *an action plan to end preventable deaths*

Although remarkable progress has been made in recent decades to reduce the number of child deaths worldwide, too many newborns continue to die each year despite the availability of feasible, evidence-based solutions. Newborn survival and health and prevention of stillbirths were not specifically addressed in the Millennium Development Goal (MDG) framework and consequently received less attention and investment. Newborn deaths and stillbirths are reducing at a slower rate than under-5 deaths and maternal deaths (1). Now is the time for the global health community to prioritize this unfinished agenda.

Today, we have unprecedented opportunities to turn the tide and address newborn health, as far more is known about effective interventions, service delivery channels and approaches to accelerate coverage and quality of care. Recently, renewed commitments to saving newborn lives and preventing stillbirths have been made by many governments and partners in response to the United Nations Secretary-General's *Global Strategy for Women's and Children's Health* and its accompanying *Every Woman Every Child* initiative, *Committing to Child Survival: A Promise Renewed*, and to recommendations made by the Commission on Information and Accountability for Women's and Children's Health and the United Nations Commission on Life-Saving Commodities for Women and Children. The much-needed attention specifically

for newborn health has triggered multiple stakeholders to propose this *Every Newborn: an action plan to end preventable deaths*.

The action plan sets out a vision of a world in which there are no preventable deaths of newborns or stillbirths, where every pregnancy is wanted, every birth celebrated, and women, babies and children survive, thrive and reach their full potential. Nearly 3 million lives could be saved each year if the actions in the plan are implemented and its goals and targets achieved. Based on evidence of what works, and developed within the framework for *Every Woman Every Child*, the plan enhances and supports coordinated, comprehensive planning and implementation of newborn-specific actions within the context of national reproductive, maternal, newborn, child and adolescent health (RMNCAH) strategies and action plans, and in collaboration with stakeholders from the private sector, civil society, professional associations and others. The goal is to achieve equitable and high-quality coverage of care for all women and newborns through links with other global and national plans, measurement and accountability. Strategic objectives and targets to achieve the goal of ending preventable maternal deaths have also been prepared (Annex 2 in full action plan). The objectives are complementary to those of the *Every Newborn* action plan and intended for coordinated implementation.

Status of newborns in the world today

Burden

In recent decades, the global under-5 mortality rate has been reduced by almost 50%, but neonatal mortality has decreased by only 37% (2). As progress has been made in addressing childhood illnesses, newborn deaths now account for 44% of all deaths among children less than 5 years of age.

Globally, nearly 3 million babies die in the newborn period (during the first 28 days of life) (2), and 2.6 million babies are stillborn each year (1). Additionally, 289 000 women die from complications during pregnancy and childbirth (3).

Most newborn deaths occur in low- and middle-income countries. Two-thirds of all newborn mortality is found in 12 countries^a, six of which are in sub-Saharan Africa. Inequitable access to quality health services for women and children results in stark disparities in mortality rates and intervention coverage between and within countries. Encouragingly, 11 low- and lower-middle-income countries have nevertheless reduced their neonatal mortality rate (NMR) by more than 40% since 2000^b, showing that it is possible to make rapid progress.

Main causes

Forty-four percent of stillbirths, 73% of newborn deaths and 61% of maternal deaths occur around the time of labour and birth and in the first week after birth (1). Three causes accounted for more than 80% of neonatal mortality in 2012 (Fig. 1): complications of prematurity, intrapartum-

related neonatal deaths (including birth asphyxia) and neonatal infections (sepsis, meningitis, pneumonia, and diarrhoea) (4). Complications of prematurity are also the second leading cause of all under-5 deaths.

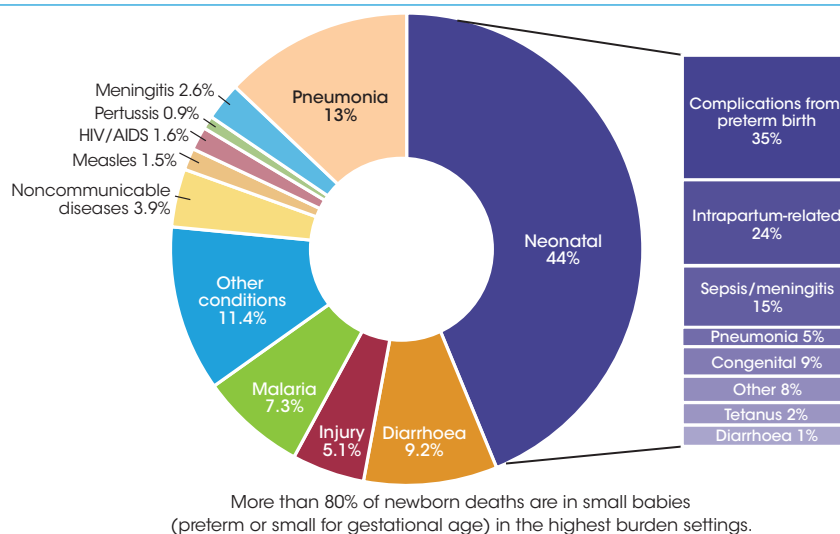
The highest risks of death in utero, in the neonatal period and throughout infancy and early childhood are for small or low-birth-weight babies, that is, those that are born preterm or small for gestational age, or both. More than 80% of all newborn deaths occur among small babies in southern Asia and sub-Saharan Africa (1).

Social determinants, including but not limited to poverty, inequality, complex humanitarian emergencies, education and gender discrimination, have an important effect on the health of women before, during and after pregnancy, and therefore the health of their newborns.

Disability

The greatest day of risk for disability is the first day of life, and 10% of the global burden of disease is related to newborn conditions (1). Many disabilities could be prevented by adequate care during labour, childbirth and in the neonatal period. Preterm babies who survive the first month of life face higher risks for post-neonatal mortality, long-term neurodevelopmental impairment, stunting and non-communicable disease. Babies who are small for gestational age face risks for stunting and adult-onset metabolic conditions. These adverse birth outcomes have a major impact on human capital and inhibit a country's economic and social development.

Fig. 1 Causes of death in children under 5 (2012)



Source: WHO Global Health Observatory, 2014. Estimates are rounded, and therefore may not sum to 100%.

^a In descending order of annual number of newborn deaths: India, Nigeria, Pakistan, China, Democratic Republic of the Congo, Ethiopia, Bangladesh, Indonesia, Angola, Kenya, United Republic of Tanzania, Afghanistan.

^b Bangladesh, Cambodia, Democratic People's Republic of Korea, Egypt, El Salvador, Malawi, Mongolia, Rwanda, Senegal, Sri Lanka and United Republic of Tanzania.

Action plan goals

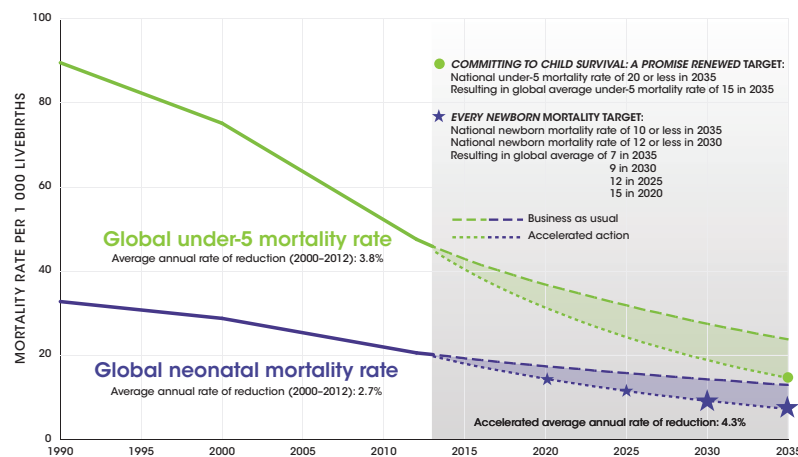
Meeting the ambitious goals proposed by the *Every Newborn* action plan will require universal, equitable and high-quality coverage of essential, referral and emergency care for every woman and newborn in every country. This demands measurement, accountability and linkages with other global and national plans.

Goal 1: End preventable newborn deaths

All countries will reach the target NMR of 10 or less newborn deaths per 1 000 live births by 2035 and continue to reduce death and disability, ensuring no newborn is left behind. This target will result in an average global NMR of seven deaths per 1 000 live births and is consistent with, and necessary to achieve,

the target set in *Committing to Child Survival: A Promise Renewed* of ending preventable child deaths. Interim mortality targets for 2030, 2025 and 2020 are provided in Fig. 2. All countries should ensure that these goals are also achieved for underserved populations.

Fig. 2 Ending preventable newborn and child deaths



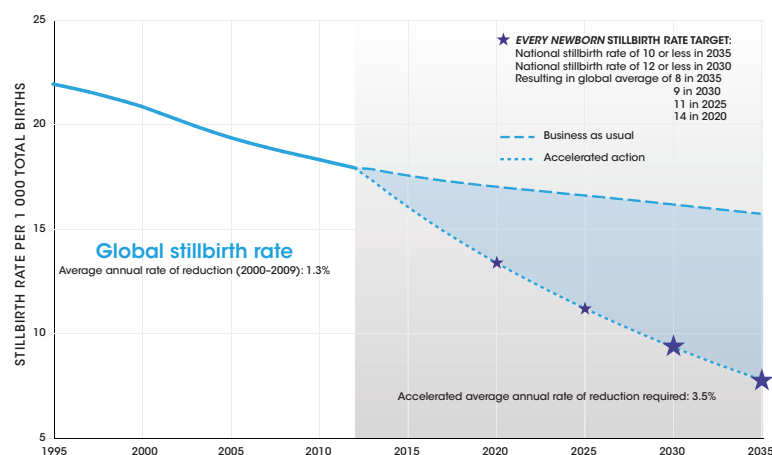
Source: *The Lancet* Every Newborn Series, Lawn JE et al. *Lancet*, 2014 (1).

Goal 2: End preventable stillbirths

All countries will reach the target stillbirth rate (SBR) of 10 or less stillbirths per 1 000 total births by 2035 and continue to close equity gaps. This will result in an average global SBR of eight per 1 000 total

births. Interim SBR targets for 2030, 2025 and 2020 are provided in Fig. 3. All countries should focus on addressing inequalities and use data to track and prevent stillbirths.

Fig. 3 Ending preventable stillbirths



Source: *The Lancet* Every Newborn Series, Lawn JE et al. *Lancet*, 2014 (1).

Newborn health at heart of continuum of care

Effective interventions

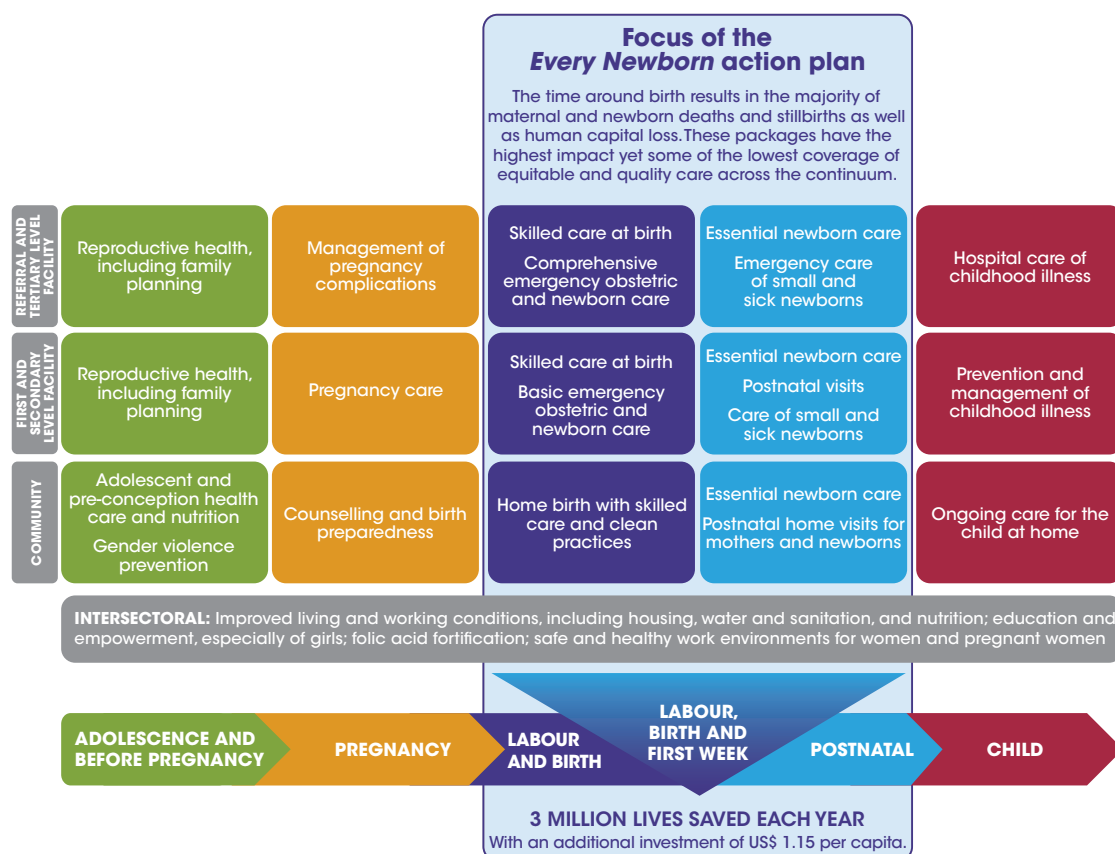
We now have unprecedented opportunities for improving newborn health after decades of research that have generated solid evidence on the burden and causes of neonatal mortality, demonstrated effective interventions and service delivery channels, and identified ways to accelerate progress and scale up interventions to save lives. High-impact, cost-effective interventions for newborn health, like breastfeeding support and kangaroo mother care, form one component of integrated health services for RMNCAH (Fig. 4).

Interventions for both woman and baby delivered at the same time in the same place by the same health care provider/team will have the highest impact on saving lives and improving health outcomes. High coverage of interventions before, during and after pregnancy could save nearly 3 million women, stillbirths and newborns by 2025 in 75 high-burden countries at an additional cost of only US\$ 1.15

per capita (5). The packages of care with greatest impact on ending preventable neonatal deaths and stillbirths include: care during labour, around birth and the first week of life; and care for the small and sick newborn (Fig. 5). These packages are the focus of the *Every Newborn* action plan as they would not only save the most newborn lives but also prevent maternal deaths and stillbirths.

Family planning services are also important to address, and can contribute to around a halving in births and therefore deaths. Other interventions across the continuum of care are also vital for the survival and health of women and their babies including components of care before and between pregnancy that affect newborn health (i.e. life-skills education, nutrition, prevention and management of harmful practices), as well as antenatal care (i.e. preventing, detecting and treating malaria and syphilis in pregnancy, caring for women with tuberculosis and HIV infection, preventing

Fig. 4 Packages in the continuum of care



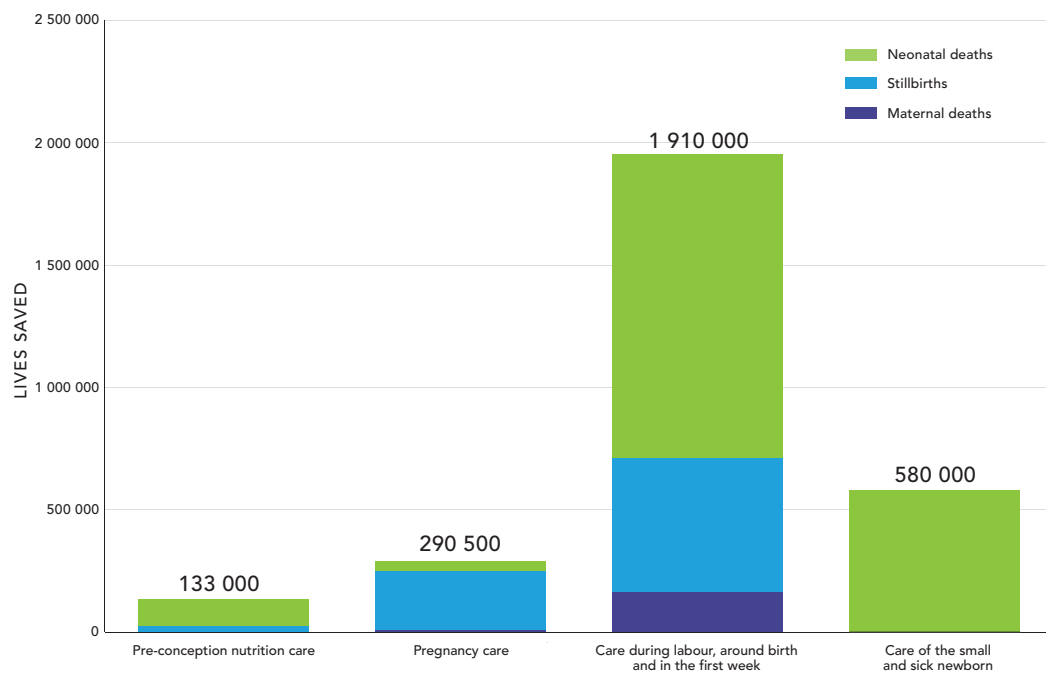
Source: *The Lancet Every Newborn Series*, Mason E et al. *Lancet*, 2014 (6).

mother-to-child transmission of HIV) and reducing harmful lifestyle practices such as smoking and alcohol use. Evidence has shown the power of engaged families, community leaders, women's groups and community workers in turning the tide for better health outcomes for women and newborns.

Women and their babies require care by educated and equipped health workers, particularly those with midwifery skills, and essential commodities, e.g. antenatal corticosteroids, resuscitation devices, injectable antibiotics and chlorhexidine for clean cord care.

Reaching all women and newborns requires investment in every aspect of the health system, including leadership and governance, the workforce, infrastructure, commodities and supplies, service delivery, information systems, financing, and community ownership and partnership. Different contexts require tailored approaches for addressing barriers to provision of good quality care of proven intervention packages, with specific attention to preparedness for, and rapid response to, complex humanitarian emergencies.

Fig. 5 Lives that could be saved by 2025 with universal coverage of care



Source: *The Lancet* Every Newborn Series, Bhutta Z et al. *Lancet*, 2014 (5).



Strategic objectives

To achieve the vision and goals, the *Every Newborn* action plan proposes five strategic objectives.

Strategic objective 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.



Strategic objective 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.



Strategic objective 3

Reach every woman and newborn to reduce inequities. Having access to high-quality health care 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.



Strategic objective 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.



Strategic objective 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 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.



Principles

The action plan is based on six guiding principles.

Country leadership

Countries have primary ownership and responsibility for establishing good governance and providing effective and good-quality reproductive, maternal and newborn health services. Communities' participation in the planning, implementation and monitoring of policies and programmes that affect them is a central feature of such leadership and one of the most effective transformational mechanisms for action and accountability for newborn health. Development partners should align their contributions and harmonize actions.

Human rights

Principles and standards derived from international human rights treaties should guide all planning and programming for reproductive, maternal and newborn health and all phases of the programming process. Evidence and practice show the vital importance to health and development of many human rights outcomes.

Integration

Providing every woman and newborn with good-quality care that is available without discrimination and is accessible and acceptable requires integrated service delivery. Coordinated health system approaches involving multiple programmes, stakeholders and initiatives across the continuum of RMNCAH and nutrition are therefore essential, without losing visibility for newborn-specific content.

Equity

Equitable and universal coverage of high-impact interventions and a focus on reaching excluded, vulnerable and poorest population groups are central to realizing the rights of every woman and newborn to life, survival, health and development.

Accountability

Effective, accessible, inclusive and transparent programme-coverage and impact-monitoring mechanisms, independent review and action by all relevant actors are prerequisites for equitable coverage, quality of care and optimal use of resources. Accountability also includes access to processes and mechanisms for remedies, whether legal, administrative or other.

Innovation

Best practice evidence of strategies that broaden the coverage of interventions for newborns and reduce mortality has been accumulating over recent decades. Innovative thinking about ways to increase the participation of all stakeholders and reach the poorest and most underserved populations is nevertheless needed. More research and development is required to optimize the application of knowledge of which interventions and strategies are most effective.

Every Newborn core indicators

A set of core and additional indicators for tracking coverage of effective interventions for women and newborns and the quality of care in health services need to be agreed for use in varying contexts. The *Every Newborn* action plan proposes the 10 core indicators, along with an agenda for countries and partners to increase the frequency and quality of relevant data and link this to programmatic action.

Impact

1. Maternal mortality ratio
2. Stillbirth rate
3. Neonatal mortality rate

Coverage: Care for all mothers & newborns

4. Skilled attendant at birth
5. Exclusive breastfeeding for 6 months
6. Early postnatal care for mothers and babies

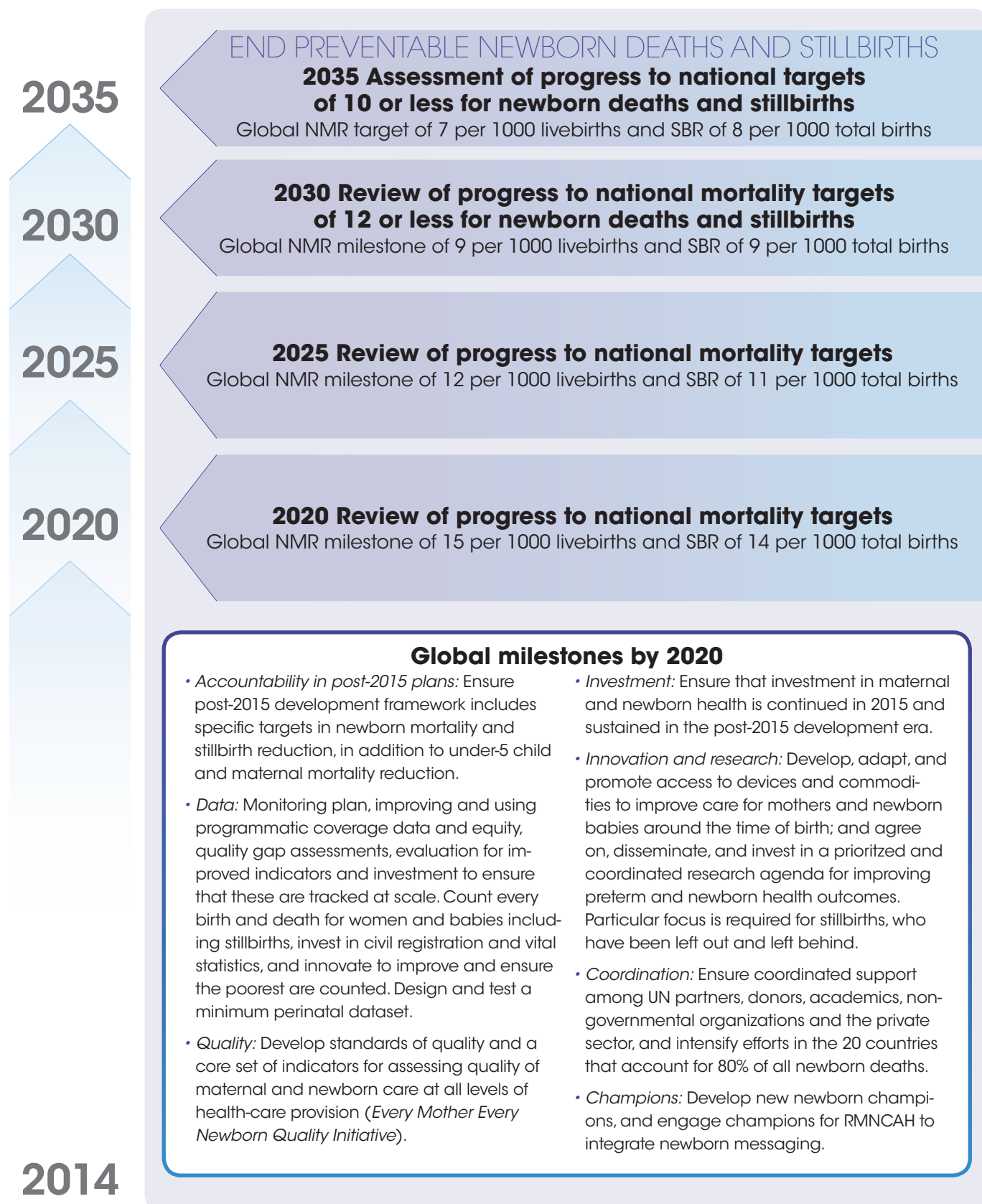
Coverage: Complications & extra care

7. Antenatal corticosteroid use
8. Newborn resuscitation
9. Kangaroo mother care, feeding support
10. Treatment of neonatal sepsis

Every Newborn milestones and targets

Fig. 6 Global and national goals, targets and milestones 2014–2035

GLOBAL LEVEL



The *Every Newborn* action plan establishes specific global and national targets and milestones (Fig. 6) for quality of care, newborn mortality and stillbirth rate, monitoring, investments and the implementation of national plans to support RMNCAH. Achieving these milestones will help ensure that the vision and goals for 2035 are achieved.

NATIONAL LEVEL

2035 coverage targets assessment:

Universal coverage for all packages

2030 coverage targets assessment:

Achieve Sustainable Development Goals

2025 coverage targets assessment:

1. Care at birth:
95% of births
receive quality
care

2. Care of small and sick newborn:
>75% kangaroo mother care; >75% sepsis
management; comprehensive neonatal
intensive care: country-specific targets

3. Community care:
90% coverage for postnatal care;
50% exclusive breastfeeding at 6
months

2020 coverage targets assessment:

1. Care at birth:
90% of facility
births receive
high-quality care

2. Care of small and sick newborns:
>50% kangaroo mother care; >50% sepsis
management; Comprehensive neonatal
intensive care: country-specific targets

3. Community care:
20% increase in postnatal care

National milestones by 2020

- *National plans:* Review and sharpen national strategies, policies, and guidelines for RMNCAH in line with the goals, targets, and indicators in *Every Newborn* action plan, including clear focus on care around the time of birth and small or sick newborn care.
- *Data:* Count every newborn by improving and using programmatic coverage data and equity, quality gap assessments. Institutionalise civil registration and vital statistics, adapt and use a minimum perinatal dataset, implement maternal/perinatal death surveillance and response.
- *Quality:* Adopt *Every Mother Every Newborn Quality Initiative* standards of quality and indicators for assessing quality of maternal/newborn care at all levels of health system; and ensure access to essential commodities for RMNCAH.
- *Investment:* Develop or integrate costed human resources for health strategy into RMNCAH plans, ensure sufficient financial resources are allocated.
- *Health workers:* Ensure the training, deployment, and support of health workers, in particular midwifery personnel, nurses, and community health workers.
- *Innovation and research:* Develop, adapt, and promote access to devices and commodities to improve care for mothers and newborn babies 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 needed for stillbirths, who have been left out and left behind.
- *Engagement:* Involve communities, civil society representatives, and other stakeholders to harness the power of individuals, families, and communities ensuring access and coverage of essential maternal and newborn care.
- *Parent voices, champions:* Shift social norms so that it is no longer acceptable for babies to die needlessly, just as it has become unacceptable for women to die giving birth.

Actions by constituency

Governments and policy-makers at national, regional and global levels

- **National plans:** review and revise national strategies, policies and guidelines for RMNCAH in line with the goals, targets, principles and indicators defined in the *Every Newborn* action plan, including a clear focus on care around the time of birth.
- **Budgets:** allocate sufficient financial resources to maternal and newborn health, and ensure adequate investment to improve quality and equitable coverage of care.
- **Legislation:** adopt appropriate legislation on birth registration, maternal deaths notification, maternity protection and the International Code of Marketing of Breast-Milk Substitutes.
- **Health workers:** develop or integrate a costed strategy on human resources for health into RMNCAH plans to ensure the training, deployment and support of health workers, particularly midwifery personnel, skilled birth attendants, nurses and community health workers.
- **Quality:** adopt standards of quality and core set of indicators for assessing the quality of maternal and newborn care at all levels of health care provision.
- **Commodities:** include essential commodities for maternal and newborn health in national essential medicines lists and ensure an uninterrupted supply at all levels of the health system.
- **Engage:** engage with communities, civil society representatives, professional associations, the private sector and other stakeholders to harness the power of individuals, families and communities to ensure access and quality coverage of essential maternal and newborn care.
- **Accountability:** count every newborn by institutionalizing civil registration and vital statistics maternal, perinatal and neonatal death surveillance and response.

Organizations in the United Nations system and other multilateral agencies

- **Policy:** ensure that post-2015 development framework includes specific targets in newborn mortality reduction and stillbirth reduction, in addition to under-5 year old child mortality and maternal mortality reduction.
- **Technical assistance:** provide technical assistance and support to government planning, implementation and accountability efforts.
- **Coordination:** ensure coordinated support among United Nations partners and intensify efforts in the 20 countries that account for 80% of all newborn deaths.
- **Quality:** develop standards of quality and a core set of indicators for assessing quality of maternal and newborn care at all levels of health care provision.
- **Investment:** ensure that multilateral investment in maternal and newborn health is continued in 2015 and sustained in the post-2015 development era.
- **Champions:** engage champions for RMNCAH in order to provide coherent, coordinated and evidence-based messages about newborn health.

Donors and foundations

- **Funding:** mobilize funds to fill gaps and support the implementation of costed, evidence-based, country-owned RMNCAH plans that include a focus on birth.
- **Health worker training:** support the training and deployment of health workers, including investing in midwifery personnel, skilled birth attendants, nurses and community health workers that can deliver quality essential interventions focused on birth.
- **Commodities:** support access to quality commodities by investing in innovative financing, creating incentives for producers and purchasers, supporting quality assurance and regulation, and research and development efforts to improve products.
- **Accountability:** engage in country compacts and enhance accountability around financial flows.

Private business

- **Innovation:** invest in developing and adapting devices and commodities to care for mothers and newborns around the time of birth; invest in social and behavioural change campaigns, including those that reach the poorest and most vulnerable.
- **Implement:** scale-up best practices and partner with the public sector to improve and expand health worker training and quality service delivery.



Nongovernmental organizations, communities and/or parent groups

- **Community health workers:** support preventive care before and after the period around birth and referrals to basic and comprehensive facilities as appropriate.
- **Community leadership and accountability:** foster community leadership and accountability to remove barriers (in relation to, for instance, transport), hold health providers accountable for providing quality services and strengthen links between communities and facilities.
- **Champions:** identify and support local champions, including parliamentarians, parent groups, professionals, community health workers and community leaders; engage and link champions for RMNCAH in order to integrate coordinated and evidence-based messages about newborn health.
- **Demand:** generate and sustain demand for services using community-owned actions (for instance, incentives such as conditional cash transfers, insurance, transport, social mobilization, savings credit schemes and cooperatives).
- **Adolescents:** give special attention to adolescent girls and implement approaches to help to prevent early and unintended pregnancies.
- **Seek care:** use families, communities and community health workers, skilled birth attendants and midwives in order to obtain essential maternal and newborn care that saves the lives of babies and women.
- **Quality and accountability:** be a voice for change; demand quality, affordable, accessible services; report poor services through government and nongovernment mechanisms.

Academics and research institutions

- **Prioritize research needs:** agree upon and disseminate a prioritized and coordinated research agenda for improving preterm and newborn health outcomes.
- **Invest in research:** encourage increased budget allocations for research into innovative interventions.
- **Build research capacity:** build capacity at research institutions, especially in low- and middle-income countries, and train professionals.
- **Disseminate findings:** disseminate research findings and best practices.
- **Build partnerships:** strengthen global networks of academic providers, researchers and trainers.

Health professionals

- **Essential interventions:** prioritize essential interventions around the time of birth and care of small and sick newborns as part of an integrated package of RMNCAH services.
- **Health workers:** provide quality and respectful integrated services to babies and women through accelerated training, retention and motivation approaches.
- **Commodities:** work with local and national bodies to ensure consistent availability of commodities and supplies essential for key interventions around the period of birth.
- **Quality:** monitor quality of care, including through use of maternal and perinatal death surveillance and response.

Framework for success

Call to action

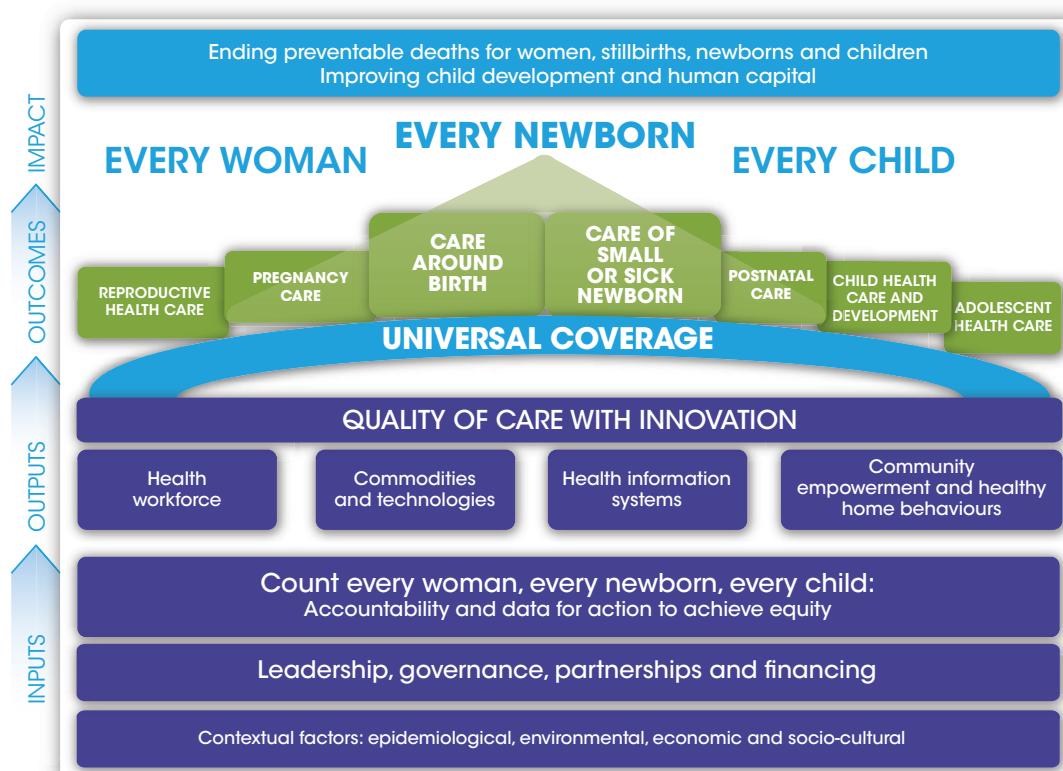
The intrinsic link between the survival and health of newborns, stillbirths and the survival, health and nutrition of all women of reproductive age, including before, during, between and after pregnancy is clear (Fig. 7). The action plan emphasizes the need to reach every woman and newborn baby when they are most vulnerable – during labour, birth and in the first days of life. Investment in this critical time period provides the greatest potential for ending preventable neonatal deaths, stillbirths and maternal deaths, and would result in a triple return on investment.

Health research in the delivery, development and discovery of appropriate interventions must be at the forefront of efforts to reduce newborn mortality and stillbirths. Research and innovation can help improve delivery of health services and discover new solutions to prevent preterm birth and other causes of maternal and newborn death. Improving delivery of known interventions is a top priority.

We must act now. We know the main causes of newborn deaths, and we have the knowledge and tools to prevent them. It is not too late to accelerate progress towards the MDGs. We must also prioritize quality care at the time of birth for women and newborns in the post-2015 sustainable development agenda and include indicators for newborn mortality and stillbirths. A healthy society is one in which women and adolescent girls, newborns and children survive and thrive.

If we commit to working together as a global community to take the specific actions outlined in the *Every Newborn* action plan, we can achieve our vision of a world in which there are no preventable deaths of newborns or stillbirths, where every pregnancy is wanted, every birth celebrated, and women, babies and children survive, thrive and reach their full potential – and in doing so create equitable societies and transform human development.

Fig. 7 *Every Newborn* impact framework



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More information

Every Newborn www.everynewborn.org

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