

# REACHING THE EVERY NEWBORN 2020 TARGETS AND MILESTONES

DRAFT EXECUTIVE SUMMARY  
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**The health of newborns is a true barometer of progress towards universal health coverage (UHC).** Similarly, a health system's capacity to provide quality care for newborns – the smallest and most vulnerable population – is a strong measure of its effectiveness. “High-quality health systems could prevent 1 million newborn deaths and half of all maternal deaths each year,” according to *The Lancet Global Health Commission* (2018).

Delivering universal, high-quality maternal and newborn care requires many concrete actions: ensuring the availability of essential medicines and commodities; compliance with evidence-based clinical interventions and practice; an adequate hygiene infrastructure; competent, motivated and compassionate staff; as well as solid documentation and use of information. The necessary elements of this effort are well known and within most countries' capacity to implement. Taking action will have a powerful positive impact on the health and life opportunities of future generations. In summary, an intensive effort is required to transform the necessary care for babies at this critical time in their life cycle.

**Newborn deaths account for 47% of all under-5 mortality, or 7000 deaths per day.** Newborn events are by far the largest cause of early mortality (0–49 years) as estimated by the *Global Burden of Disease 2017*. The loss of life is even greater when the 1.3 million intrapartum stillbirths are added. The day of birth is undoubtedly our most dangerous day of life. Strategic adoption of policies, programmes and technologies targeting the leading causes of early death and its associated risk factors, holds the greatest promise for global health progress. They also provide opportunities where country efforts, international health aid and investment can deliver maximum impact.

**Five years ago, the Every Newborn Action Plan (ENAP) set out evidence-based solutions with a clear road map to 2020 and beyond including targets and specific milestones.** At the 2014 World Health Assembly all 194 Member States endorsed ENAP goals, committing to act on the recommendations. ENAP is aligned with the sustainable development goal (SDG) target 3.2 and the Every Woman, Every Child *Global Strategy for Women's, Children's and Adolescents' Health 2016–2030*. Implementing ENAP is fundamental to the achievement of UNICEF's *Every child alive* campaign and the “triple billion” targets of WHO's 13th General Programme of Work.

**ENAP goal 1. Ending preventable newborn deaths.** By 2030, all countries will have reached the target of 12 or fewer newborn deaths per 1000 live births and continue to reduce death and disability, ensuring that no newborn is left behind. A neonatal mortality rate (NMR) of 15 per 1000 live births was set as the interim target for 2020.

**Progress:** At the current rate of progress, 32% of the 90 countries reporting to the Every Newborn Tracking tool in 2018, will not meet this 2020 target.

**ENAP goal 2. Ending preventable stillbirths.** By 2030, all countries will have reached the target of 12 or fewer stillbirths per 1000 total births and to continue to close equity gaps. A stillbirth rate (SBR) of 14 per 1000 total births was set as the interim target by 2020.

**Progress:** It is estimated that 59% of the 90 reporting countries will not meet this target by 2020. Only 32% of countries have defined a stillbirth reduction target.



# Key findings on progress toward the Every Newborn targets and milestones

**ENAP sets milestones to 2020 that provide a road map for countries to drive progress that ensures quality universal care.** Within these milestones, maternal and newborn care services are to be provided in a comprehensive and integrated way because the care each mother receives and ensures for her baby before, during and after childbirth is essential for newborn survival and optimal development. The Every Newborn management team has consolidated national milestones into the six overarching milestones. Data collated in 2018 using the Every Newborn tracking tool were compared for two sets of countries: the total 90 countries that reported back and within that a subset of 34 countries which are those countries the highest burdens of newborn mortality and stillbirth (highest number of newborn deaths, highest newborn mortality rate and highest stillbirth rate).<sup>a</sup>

## Milestone 1: National plans

Review and sharpen national strategies, policies and guidelines for reproductive, maternal, newborn, child and adolescent health (RMNCAH) in line with the goals, targets and indicators in ENAP, including a clear focus on care around the time of birth and on small or sick newborns.

**For all 90 countries:** 87% have completed a newborn action plan or updated the maternal and newborn health (MNH) component in the RMNCAH plan. Defining a newborn mortality reduction target is now a norm but defining a stillbirth target is not.

### Highest burden countries:

- Highest number of deaths: 95% have developed newborn plans and defined NMR reduction targets. Four countries account for 80% of global newborn mortality, all have defined NMR reduction targets.
- Highest NMR: 45% have developed newborn plans and defined newborn reduction targets.

**Newborn component in emergency preparedness planning:** 42% of all countries have included emergency preparedness for newborn care in their national plan. 50% of countries with the highest rates of newborn mortality have integrated a newborn component into national emergency planning. Few countries with protracted current humanitarian crises have done so.

## Milestone 2: Quality of care

Adopt standards of quality and indicators for assessing quality of maternal and newborn care at all levels of the health system; and ensure access to essential commodities for RMNCAH.

**For all 90 countries:** 44% have adopted guidelines and standards for quality of care improvement and 42% have developed a plan to implement these guidelines; 50% have an updated national policy/guideline on postnatal care.

### Transforming care for small and sick newborns:

- 50% have a national guideline or strategy for care of small and sick newborns.
- 58% of countries report having specialized training in place
- 32% have an updated policy or guideline on kangaroo mother care (KMC), most since 2014 and 28% report this is currently in progress.

### Highest burden countries:

- Highest number of newborn deaths: 90% have adopted quality of care guidelines, or are developing guidelines but have still to make progress in ensuring the essential inputs are available.
- Highest NMR: 35% have adopted quality of care guidelines, or are developing them but supporting inputs are often absent.

## Milestone 3: Investment in health workforce

Develop or integrate costed human resources (HR) for health strategy into RMNCAH plans and ensure sufficient financial resources are budgeted and allocated. Ensure training, deployment and support of health workers, in particular midwifery personnel, nurses and community health workers.

**For all 90 countries:** 43% reported having an HR plan or strategy for skilled birth attendants; 62% reported having an educational pathway or on-the-job capacity-building for health providers to gain neonatal nursing competencies.

**Highest burden countries:** Across five variables (Human Resource Strategy, retention policy, competency training, continuing education and development of neonatal nursing competencies), there is evidence of progress in those countries with the highest number of deaths but not in countries with the highest mortality rates.

## Milestone 4. Parents and community engagement

Involve communities, civil society and other stakeholders to increase demand and ensure access to, and coverage of, essential maternal and newborn care. Shift social norms so that it is no longer acceptable for newborns to die needlessly, just as it has become unacceptable for women to die when giving birth.

**For all 90 countries:** 10% increase of countries reporting to have developed national advocacy and communications strategies since 2017; 46% included civil society in their MNH technical working group membership and 60% included civil society in developing their national plan; 38% had parent and community advocacy groups for MNH.

**Highest burden countries:** 50% have prepared one or both of these strategies, whereas only 33% had done so in 2017. Moreover, 53% reported having parent and community advocacy groups and this is in progress in a further 12%.

<sup>a</sup> Afghanistan, Angola, Bangladesh, Benin, Central African Republic, Chad, China, Comoros, Côte D'Ivoire, Democratic Republic of the Congo, Djibouti, Egypt, Equatorial Guinea, Ethiopia, Guinea-Bissau, India, Indonesia, Kenya, Lesotho, Mali, Mauritania, Mozambique, Niger, Nigeria, Pakistan, Philippines, Sierra Leone, Somalia, South Sudan, Sudan, Togo, Uganda, United Republic of Tanzania and Yemen.

## Milestone 5: Data

Count every newborn by using and improving programmatic coverage data including equity and quality gap assessments. Institutionalize civil registration and vital statistics (CRVS), adapt and use a minimum perinatal data set, implement maternal and perinatal death surveillance and response.

### For all 90 countries:

- 53% of countries report having a perinatal death review policy; 22% reporting to monitor this as an indicator within the health management information stems (HMIS).
- 41% have an indicator for Birth Registration in HMIS, and this is in progress in 14% of countries.
- Four high-impact coverage indicators included in HMIS for 7% of countries, compared to 4% last year. Newborn resuscitation and sepsis treatment indicators are more commonly reported than Kangaroo Mother Care and antenatal corticosteroids.

### Highest burden countries:

- Perinatal Death review and response developed in 47%.

## Milestone 6: Research

Develop, adapt and promote access to devices and commodities to improve care for mothers and newborns 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 required for stillbirths, which are often left out of the research agenda or left behind.

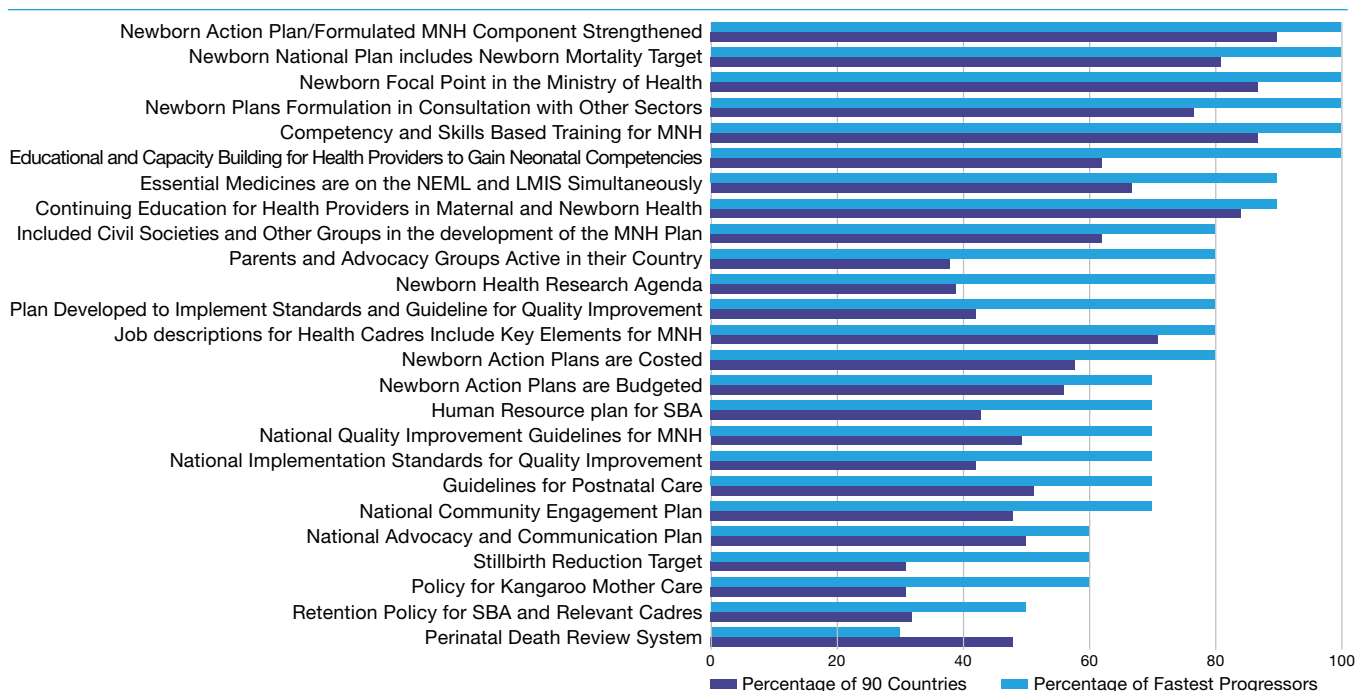
- 39% of countries have a prioritized research agenda.
- 44% of highest burden countries report having a research agenda that includes stillbirth research and social, behavioural and community-engagement research.

## Fast-progressor countries are more likely to have the recommended ENAP policies and programmes in place:

Within the 90 reporting countries completing the Every Newborn tracking tool, 10 with the highest newborn mortality reductions have been termed “fast progressors”; Afghanistan, Bangladesh, Ethiopia, Ghana, Guinea-Bissau, India, Nepal, Pakistan, Sierra Leone and Zimbabwe had a reduction of between 3.7 and 4.8 newborn deaths per 1000 live births in the past 5 years (2013-2018). Using the tracking tool data to identify common policy and programmatic priorities that fast-progressor countries have adopted, it is evident that they have moved faster than others in achieving a broad range of priorities across Every Newborn milestones.

All fast progressors have national leadership and coordination with a focal point for newborns; have prepared national newborn plans; defined newborn reduction targets and formulated plans with other sectors. Eighty per cent have included civil society in the development of a plan, and fast progressors are more likely to have costed and budgeted their plans. Fast progressors are twice as likely to have active parents and advocacy groups, a research agenda for newborn health and the necessary supporting policies to ensure a strong health workforce. Eighty per cent of fast progressors have a quality improvement plan compared to 43% overall; 70% have a Human Resources plan for skilled birth attendants compared to 43.8% overall. All fast progressors have put education and competency development in place for neonatal nursing compared to 62% overall. Sixty per cent have a stillbirth reduction target compared to 32% overall. Table 1 gives a comparison between all 90 countries and the group of fast progressors.

Table 1: Performance of fast progressors compared to all 90 reporting countries



## Next steps to reach global goals for newborn mortality and stillbirth reduction

With only 1 year remaining before 2020, efforts must be intensified to address the causes of newborn death and disability, to improve the quality of care and scale-up coverage of all proven interventions along the continuum of care. Without increased planning and investment, the SDG targets for newborn mortality reduction will be in jeopardy. National leadership, financing and donor support for increased sustained funding is particularly urgent in the following areas.

- In all high-burden countries, to transform the health system to ensure that quality improves for all women and newborns, an urgent need remains for quality care improvement plans and investment, as well as supporting policies in postnatal care, including care for small and sick newborns, perinatal death audits and human resource planning.
  - This requires costing and budgeting of national plans and directing investment to a complex response system that cuts across sectors including water, sanitation and hygiene (WASH), strategic education and human resourcing for health, especially for quality midwifery and neonatal nursing competencies that are in high demand and short supply. Addressing the low coverage of lifesaving interventions is an essential first step to progress: antenatal care, skilled birth attendance and postnatal care including breastfeeding.
  - It is essential to ensure the provision of quality maternal and newborn care through a well-trained, mentored and supported workforce. Building the neonatal care competencies of existing providers and creating or expanding neonatal nursing cadres is a crucial step to improving the quality of care for those babies born too soon, too small or who become ill.
  - Greater acknowledgement that intrapartum stillbirth is a marker of quality of care is essential, and thus stillbirth needs to be integrated appropriately into the quality of care improvement agenda.
- In technological innovations that can provide cost-effective springboards for progress: including better logistics' management to ensure that the essential commodities to save lives and prevent life-disability are at the point of service delivery; investing in digital innovations and use for health promotion and monitoring.
- In community engagement, which is nascent in most reporting countries and yet fast-progressor countries realize the value and power of parents and communities in driving change for MNH.
- For research on newborn health, including stillbirth and social and behavioural change education, which requires investing in cadres of researchers, building expertise, disseminating and using the findings to inform policy development and implementation improvement.
- To improve data collection and use to end preventable mortality and improve health outcomes; at a minimum to ensure all deaths are reported and reviewed, and that a birth and death certificate is produced for every child, including stillbirths, to ensure key indicators are captured in health information management systems and programmatic coverage of health interventions is monitored to ensure universal access to and coverage of quality care.

For those countries with the highest rates of newborn mortality, 80% of which have experienced recent or continuing humanitarian crises, action is most urgently needed. First, to ensure that pregnant women and newborns are adequately included in emergency preparedness, response, recovery planning and investment; and second, to build responsive health systems for overall sustained development.

Fast progressor countries provide a good example of how progress can be realized and sustained, by ensuring leadership for newborn health at the national level; undertaking essential planning and investment; and through focused implementation of a broad range of inputs to improve the quality of care. In sum, this requires leadership, costing and budgeting national plans, and consistently directing investment to improving access to and the provision of quality health care.

### Data Source:

The Every Newborn Tracking Tool 2018-2019. UNICEF Country Offices share the Every Newborn Tracking Tool with Ministries of Health. Ministries confirm the status of MNH policies and programmes. Qualitative data is also collected to increase understanding for key milestones. 90 countries completed the tool in 2018. See list of 90 countries at: <https://www.healthynewbornnetwork.org/resource/every-newborn-progress-report-2019/>

### References:

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Cover photo credit: © UNICEF/UN0188863/Njiokiktjen Mother Jannatul Ferdousi, 22, holds her 29-day-old baby daughter Ayedatujannah Tahiat at the Special Care Newborn Units (SCANU) of the Institute of Child and Mother Health in Dhaka, Bangladesh.