

Ghana National Newborn Health Strategy and Action Plan 2014–2018

A road map to reduce neonatal deaths nationwide

Heeding the cry of Ghana's newborns

Ghana joins countries worldwide in a deep commitment to protecting mothers and infants during pregnancy, birth, and the first weeks of life.

Recognizing that neonatal mortality rates in Ghana remain too high, the Ministry of Health (MOH) and the Ghana Health Service (GHS) have developed the Ghana National Newborn Health Strategy and Action Plan. The plan is an integrated, comprehensive, and data-driven road map to measurably improve services and care for newborns by 2018. It translates urgent need into lifesaving action by galvanizing stakeholders and resources to protect Ghana's littlest and most vulnerable citizens.

Aim

The aim of the Action Plan is to decrease neonatal mortality by ensuring that national efforts place adequate focus on protecting the health of newborns.

The plan does not seek to institute a new vertical programme to achieve this goal. Rather, it guides leaders to develop and implement activities within the existing Ghana Millennium Development Goal (MDG) Acceleration Framework Action Plan and Ghana national Reproductive, Maternal, Neonatal and Child Health framework.



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Need and context

A road map to save lives

Although Ghana has reduced the national overall under-five mortality rate in the last decade, this change largely reflects improvements in the health of infants and older children. Decreases in neonatal death have not kept pace. Indeed, newborns have accounted for a disproportionate number of total under-five deaths, and the burden has grown in the past five years. Currently, among newborns who die, 50% will lose their lives on the day of their birth and 75% by the end of their first week of life.¹



Saving the lives of more of Ghana’s newborns, and meeting key 2015 health targets set forth under MDG 4: Reduce Child Mortality, requires rapid and strategic action. In June 2014, the MOH/GHS and development partners introduced the Action Plan to guide, coordinate, and accelerate national progress toward these goals.

A renewed focus

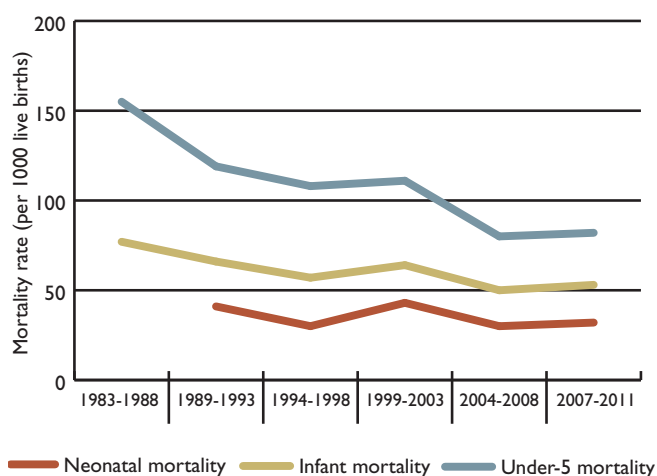
Child health has been a priority for the government of Ghana for decades. To that end, the MOH and GHS have implemented a number of initiatives and frameworks to reduce under-five mortality. Among others, this includes *Ghana’s Under 5 Child Health Policy: 2007–2105* and *Under 5 Child Health Strategy: 2007–2015*; the *Ghana MDG Acceleration Framework and Country Action Plan: Maternal Health*; the accelerated phase of the World Health Organization’s (WHO) Expanded Programme on Immunization; and projects supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Few of these interventions, however, have provided an adequate focus on newborn care. The Action Plan addresses this gap. It will be integrated with existing maternal and child health strategies and action plans in Ghana.

Early childhood mortality in Ghana

In the past decade, Ghana has made measurable but uneven progress in reducing under-five mortality rates. Improvements for Ghana’s newborns have not kept up with progress for older children (Figure 1).

FIGURE 1. TRENDS IN EARLY CHILDHOOD MORTALITY RATES IN GHANA.

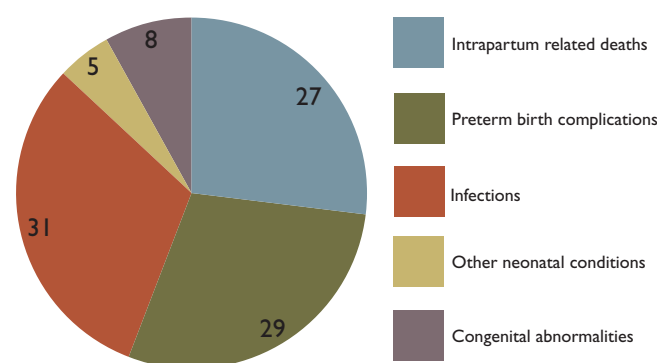


Source: Ghana Demographic and Health Surveys, 1988–2008²; Ghana Multiple Indicator Cluster Survey, 2011.³

Causes of newborn deaths

The primary causes of newborn deaths in Ghana are complications of prematurity (29%), adverse intrapartum events including birth asphyxia (27%), and infections (31%) (Figure 2). Preterm babies, the majority of which are late preterms, most often die of complications including infections, adverse intrapartum events, and respiratory problems. Prevention and treatment of these causes of newborn deaths must be a priority for national efforts.

FIGURE 2. CAUSES OF NEWBORN DEATHS IN GHANA, 2012 (%).



Source: UNICEF ChildInfo Monitoring the Situation of Children and Women website.

Action Plan goals, objectives, and priorities

Goals

The Action Plan seeks to:

- Dramatically reduce the number of babies who die in the neonatal period from 32 per 1000 live births in 2011 to 21 per 1000 live births in 2018 (a 5% decrease per year).
- Reduce institutional neonatal mortality by at least 35% by 2018.

Objectives

The plan takes an integrated approach to saving lives and improving health for Ghana’s newborns and their mothers. This includes a wide spectrum of activities, from implementing policies that support care, to building the capacity of health workers and facilities and strengthening monitoring and evaluation. The plan outlines objectives, targets, and activities to achieve these goals. For example, by 2018, it seeks to:

- Increase the proportion of deliveries conducted by skilled birth attendants from 68% in 2011 to 82%.

- Increase the proportion of babies receiving the first postnatal visit within 48 hours from 56% in 2011 to 90%.
- Increase early initiation of breastfeeding (within one hour of birth) from 45.9% in 2011 to 80%.

Priorities

- Develop or update policies, standards, and guidelines with overall implementation under the oversight and coordination of the Ghana Subcommittee on Newborn Care.
- Place extra focus on the dangerous time between labour and delivery and the first week after birth, during which 75% of neonatal deaths occur.
- Improve the quality of services at all levels.
- Emphasize a holistic approach that integrates facility services and community interventions and establishes and strengthens links between them.
- Address equity issues.
- Promote scale and sustainability.
- Implement a strong monitoring and evaluation strategy ('Count every baby').

Strategies

The Action Plan is guided by 14 key strategies, each of which is supported by target activities. These are:

1. Developing or updating necessary policies, standards, and coordinating mechanisms to support newborn care activities.
2. Updating the national Health Information Management System/District Health Information Management System (DHIMS2) to include key newborn indicators.
3. Increasing health financing for newborn care.
4. Ensuring procurement, equitable distribution, and maintenance of quality essential medicines, medical devices, and commodities for newborn care.
5. Ensuring availability and equitable distribution of key competent health workers.
6. Improving the capacity of facility-level health workers to address newborn care.
7. Building the capacity of community health workers to promote newborn health.
8. Promoting and institutionalizing quality improvement, including supportive supervision and mentoring.

9. Scaling up a strengthened and expanded Mother/Baby-Friendly Facility Initiative.
10. Strengthening advocacy, communication, and social mobilisation and other community-based interventions.
11. Strengthening links between health facilities and communities.
12. Strengthening public-private partnerships.
13. Operationalising an effective plan for monitoring and evaluation.
14. Managing the Newborn Health Strategy and Action Plan.

These strategies are adapted from, and aligned with, key global initiatives and guidelines for improving child health, including 'Every Woman, Every Child'; 'A Promise Renewed'; and the work of the United Nations Commission for Life-Saving Commodities. In particular, they are informed by guiding principles and objectives set forth under 'Every Newborn: An action plan to end preventable deaths', a collaborative effort currently being undertaken by global partners under the leadership of the WHO and the United Nations Children's Fund.

The newborn health intervention package

Newborn care is somewhat different from the care of the older infant and child, as the newborn baby has a different set of health risks, needs, and treatments. A newborn's health is also more closely linked with its mother's than at any other time in childhood.

The newborn health intervention package, a key element of the Action Plan, is designed to focus efforts on these specific needs. The package outlines activities that will be integrated with existing maternal and child health initiatives in Ghana. Although integration with maternal health can take place at several points, special focus will be placed on the dangerous period from labour and delivery through the first week of life.

The package will focus on the following key areas:

1. Basic essential newborn care.
2. Management of adverse intrapartum events (including birth asphyxia).
3. Care of the preterm, low-birthweight, or growth-restricted baby.

4. Management of neonatal infections and care of the sick newborn.

Particular priority will be given to breastfeeding and the care of the sick baby through Ghana's existing Integrated Management of Neonatal and Childhood Illness strategy. These will also constitute the key areas linking with child health components.

Cost

In developing the Action Plan, experts throughout Ghana collaborated to determine the cost of activities and create timelines for implementation. This will facilitate resource mobilisation, monitoring and evaluation, and expansion of the proposed newborn interventions.

The estimated total cost of the Action Plan (strategies 1–14) is US\$81 million. It is expected that all stakeholders working towards improving the health of children in Ghana will buy into and support the strategy and collaborate to attain its goals and objectives.

Implementation arrangement

The Family Health Division (FHD) of GHS will form the secretariat of the Subcommittee on Newborn Care and report through the Director General of GHS to

the Minister of Health. The Child Health Coordinator of FHD will be the overall coordinator of the Action Plan. However, various departments and divisions of the MOH/GHS will oversee the different aspects of the Action Plan. Regions and districts will implement the Action Plan in the spirit of integration without losing focus on newborn care. Focal persons will be appointed at the regional and district levels to oversee activities related to newborn care on behalf of the respective Regional Health Management Teams and District Health Management Teams.

References

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3. Ghana Statistical Service. Ghana Multiple Indicator Cluster Survey with an Enhanced Malaria Module and Biomarker, Final Report. Accra, Ghana: Ghana Statistical Service; 2011. Available at: <https://www.measuredhs.com/what-we-do/survey/survey-display-398.cfm>. Accessed February 2014.

For more information

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