

A Decade of Change for Newborn Survival



Launch of a supplement in Health Policy and Planning

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On behalf of the team





Overview of the supplement

Editorial – Gary Darmstadt, David Oot, Joy Lawn

- Overview and quantitative analysis:
 - Trends for neonatal mortality rates and causes
 - Multi-country modeling to understand predictors
 - Financial analyses
- 2. Benchmarking readiness for scale up of newborn care
- 3. Bangladesh
- 4. Nepal
- 5 Pakistan
- 6 Malawi
- 7. Uganda

Country case studies with in-country expert teams

Over 150 contributors

More than 60 authors and an additional 90 in-country health experts contributed over a 3 year period



Outline

1. Change around the world 2000 to 2010

- Rates of neonatal mortality change, understanding change
- Progress for reducing the main killers of newborns

2. Change in countries, focus on 5 case studies

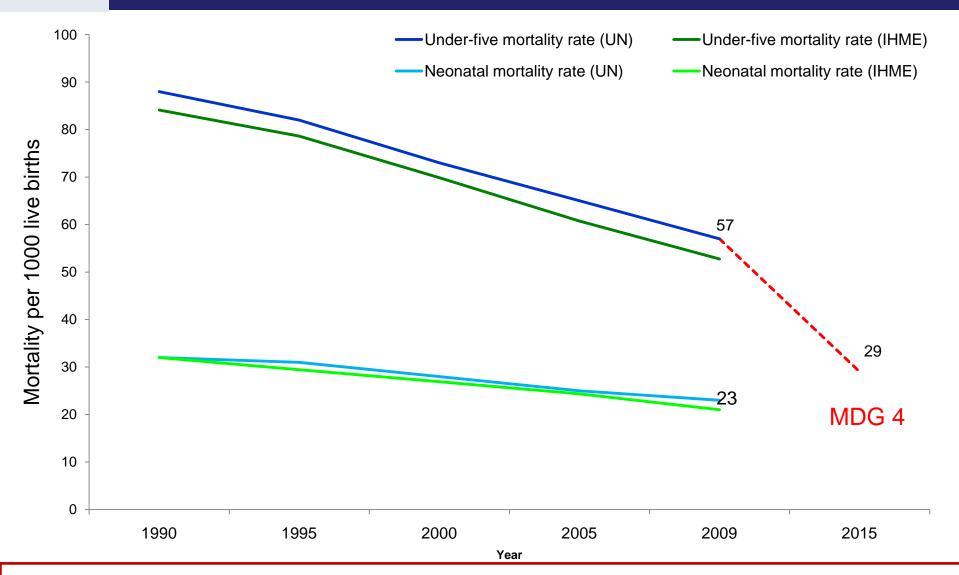
- Changes in context,
- Coverage of care,
- Health systems and policy
- Health financing

3. Changing the trajectory for our future

Focus on change in countries
Looking back to look forward,
Identifying potential accelerators for change



Global Progress to MDG 4 for child survival



3.1 million neonatal deaths, 40% of all under-five deaths



Global average annual rate reduction

Maternal mortality ratio = 4.2%

1- 59 month mortality rate = 2.5%

Neonatal mortality rate = 1.8%

All 3 measures show increased progress since 2000

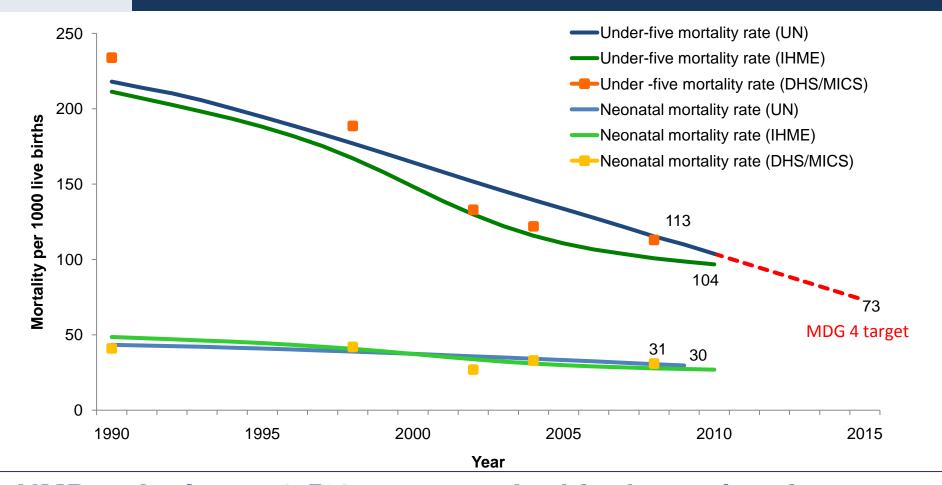
REGION	Neonata Average a	WHEN WILL ALL REGIONS REDUCE NMR TO THE CURRENT RATE OF HIGH INCOME COUNTRIES (3 per 1000)?
Africa	< 1%	2165
Eastern Mediterranean	1.5%	2115
Southeast Asia	2.2%	2085
Western Pacific	3.3%	,)
Americas	3.4%	2040
Europe	3.5%	,)

Source: Lawn J,E. et al. 2012. Newborn survival: a multi-country analysis of a decade of change. Health Policy and Planning. 27(Suppl. 3): iii6-ii28. Data sources: Oestergaard et al 2011 PLoS, UNICEF 2011 www.childinfo.org



Not all countries are the same Malawi is on track for MDG 4





NMR reducing at 3.5% per year, double the regional average Only a handful of national paediatricians!

Source: Zimba et al. Newborn survival in Malawi: a decade of change and future implications. Health Policy and Planning 27(Suppl. 3): iii88-iii103. Data U5MR from UNICEF www.childmortality.org and Lozano et al Lancet 20101 NMR from Oestergaard et al 2011 PLoS, Malawi DHS 1999, 2000, 2004, 2010 and MICS 2006. MDG 4 target from Countdown to 2015, decade report -- 2/3 reduction from 1990 U5MR



Where?

Changes for countries with highest <u>numbers</u> of neonatal deaths

	2000	2010	
India	1	1	
Nigeria	3	2	
Pakistan	4	3	2 million
China	2	4	neonatal
DR Congo	6	5	deaths
Ethiopia	7	6	in 2010
Bangladesh	5	7	Two thirds
Indonesia	8	8	of global
Afghanistan	10	9	total
Sudan	(12)	10	
Brazil	9	(14)	

Fastest progress by addressing family planning

AND

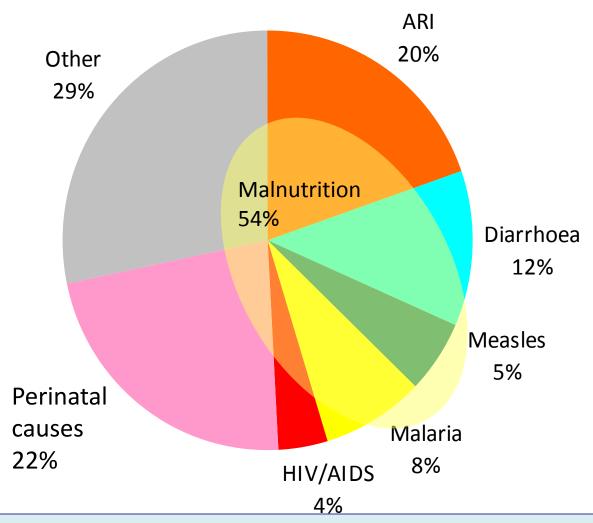
newborn

survival

Source: Lawn J,E. et al. 2012. Newborn survival: a multi-country analysis of a decade of change. Health Policy and Planning. 27(Suppl. 3): iii6-ii28. Data sources: Oestergaard et al 2011 PLoS, UNICEF 2011 www.childinfo.org



Global causes of child death for 2000

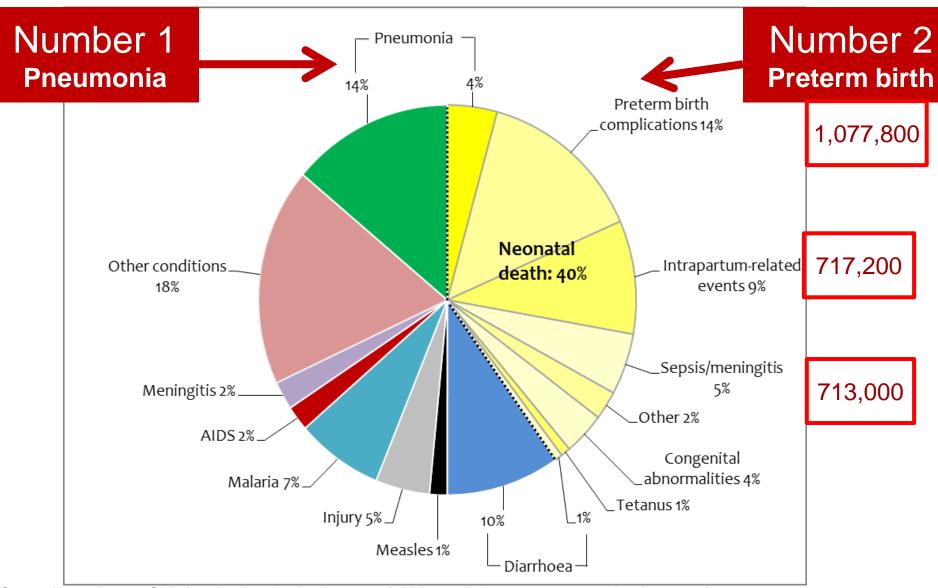


Newborn deaths invisible in 2000

Estimates did not include specific neonatal causes, and were placed within the categories of perinatal causes and other causes



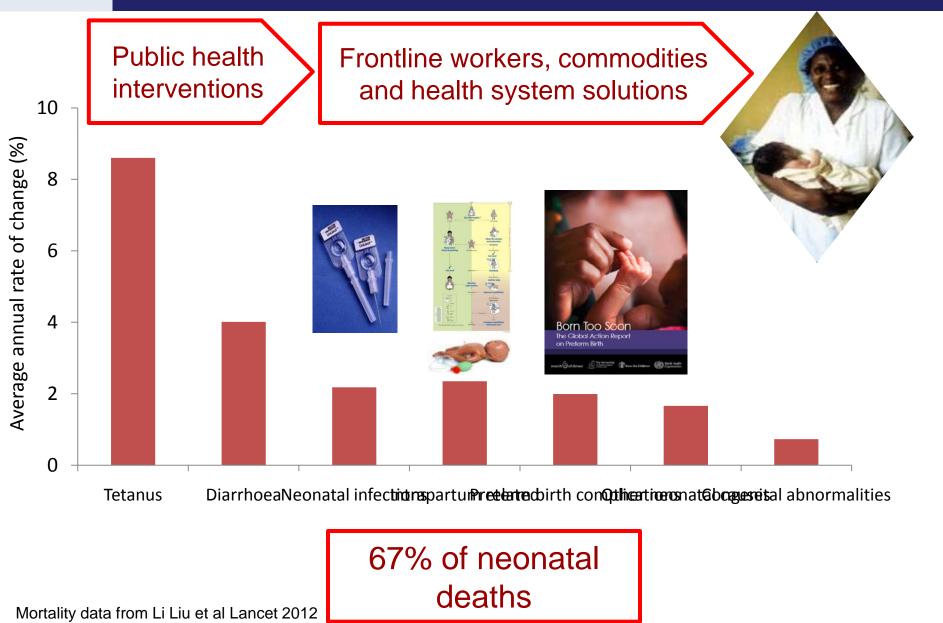
Global causes of child death for 2010



Source: Liu et al. 2012. Global, regional and national causes of child mortality in 2000-2010: an updated systematic analysis. The Lancet. DOI:10.1016/SO140-60560-1.



Average annual rate of change for causes of neonatal deaths 2000-2010



Change around the world



Change in countries



Understanding neonatal mortality change, 2000-2010 144 countries, multiple regression modeling

Developed region

3% reduction per year

Consistently rapid neonatal mortality reduction across countries

Strongest predictors of NMR change

- Increased national income
- Reduced fertility



Sub-Saharan Africa

1.5% reduction per year

Mortality reduction so slow, it is difficult to analyze what factors related to change.

Other regions

3.2% reduction per year

Variable change in mortality reduction across countries

Strongest predictors of NMR change

- Reduced fertility
- Baseline level of neonatal mortality

Countries with increased contraceptive use have progressed more in reducing newborn deaths

Mortality reduction progress cannot be attributed to changes in coverage of care due to slow changes in coverage and lack of coverage data.

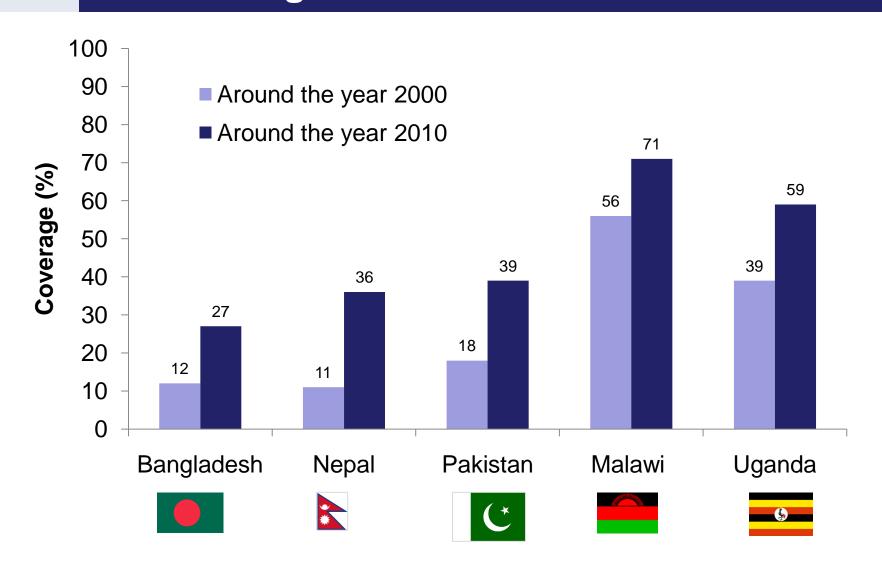


Some countries are "bending the curve" for newborn survival against the odds

	MDG 4	MDG 5	Neonatal mortality rate Av annual change 2000-2010
Bangladesh	✓	✓	4.0%
Nepal	✓	✓	3.6%
Malawi	√	Progressing	3.5%
Uganda	Progressing	Progressing	2.2%
Pakistan	Progressing	Progressing	0.9%



All 5 countries have recently increased coverage of skilled attendant at birth



Facility births – coverage progress but quality gap



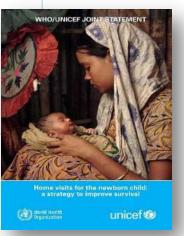
Over half of the world's births are in facilities Increasing rapidly in some countries HOW TO CLOSE THE QUALITY GAP?

Eg. only 1 in 5 babies born in African hospitals meet an attendant with skills and equipment for neonatal resuscitation



Community based maternal and newborn care is moving in these countries

	Number of districts
Bangladesh	33 / 64
Nepal	25 / 75
Malawi	17 / 28
Uganda	65 / 111
Pakistan	LHWs reach >60% of rural population





27 Benchmarks to assess readiness to scale up care for newborns

CATEGORIES OF BENCHMARKS

SCALE UP READINESS: REACHING EVERY MOTHER AND NEWBORN

AGENDA SETTING

BENCHMARKS INCLUDE:

- National needs assessment conducted
- · Local evidence generated
- Local evidence disseminated
- Convening mechanism established
- Focal person identified within the Ministry of Health
- Key indicators included in surveys

POLICY FORMULATION

BENCHMARKS INCLUDE:

- Policies endorsed
- Policies integrated
- Behaviour change strategy formulated
 - Injectable antibiotics for newborns on essential drug list at primary level
 - HMIS includes key indicators
 - National targets established
 - Total expenditure on reproductive, maternal, newborn and child health
 - · Costed implementation plan

POLICY IMPLEMENTATION

BENCHMARKS INCLUDE:

- In-service training for community / facility cadres
- Pre-service education for community/facility cadres
- · Supervision system established at primary level
- · Protocols for sick newborns in place at district level
- . IMCI adapted to include 1st week of life
- Midwives /community cadre / primary level cadre authorized to resuscitate babies
- Community cadre / primary level cadre authorized to administer injectable antibiotics
- Cadre identified for home-based maternal and newborn care

Source: Moran AC et al. 2012. Benchmarks to measure readiness to integrate and scale up newborn survival interventions. Health Policy and Planning. 27(Suppl. 3): iii29-ii39.

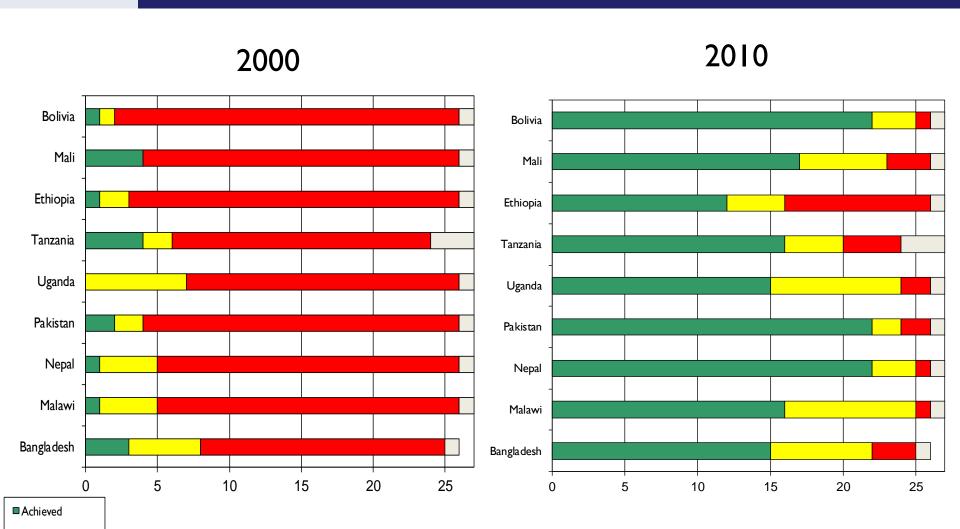


□ Partially achieved

■ Not achieved

■ Missing

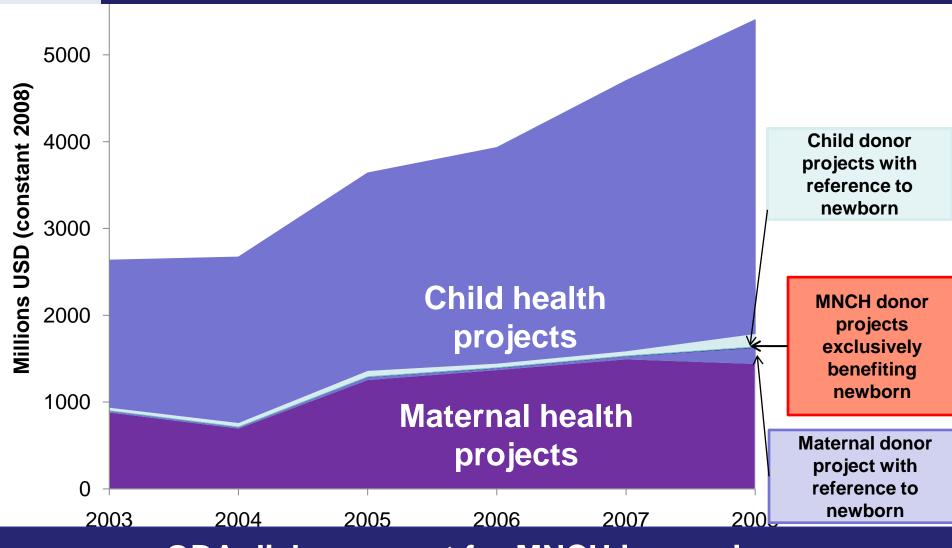
27 Scale up Readiness Benchmarks Change in countries over time



Source: Moran AC et al. 2012. Benchmarks to measure readiness to integrate and scale up newborn survival interventions. Health Policy and Planning. 27(Suppl. 3): iii29-ii39.



Donor aid for MNCH for 68 Countdown priority countries 2003-2008 (constant 2008 US\$)



ODA disbursement for MNCH increasing but by 2008 just 6% of MNCH funding mentioning newborns



Stories behind the change in countries Advocacy, partnerships and convening mechanisms

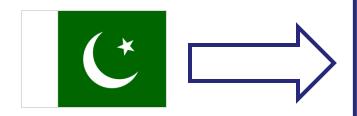
Bangladesh





Informal partnerships led by MoH with collaboration from high profile newborn health champions

Pakistan



Informal advocacy by civil society, academia, and donors **became formal** in 2008 with Advocacy and Advisory Network for Newborns

Uganda





Formal convening mechanism

Newborn Steering Committee within MoH

Maternal and Child Health cluster



Newborn survival Changing the trajectory



- Some countries "bending the curve" for newborn survival against the odds BUT slower than for children aged 1-59 months and for MMR
- The 3 main causes of newborn death are starting to reduce and we now have solutions, products poised to move
- Facility birth coverage gains BUT quality gap needs urgent attention and crucial newborn care coverage data gaps
- Community care, home visit packages are mainly small scale, apart from a few countries, but great potential

Together we have the tools, funding and opportunity to transform maternal, neonatal and child survival globally – will we deliver?



Accessing and using the information

DOWNLOAD AND USE THE SUPPLEMENT

Full Report FREE ACCESS at *Health Policy and Planning* Website http://heapol.oxfordjournals.org/content/27/suppl_3.toc?etoc

Summary Fact cards and additional information at the

Healthy Newborn Network:

http://www.healthynewbornnetwork.org/resource/decade-change-newborn-survival-summary-cards

Additional materials, resources, powerpoints:

http://www.healthynewbornnetwork.org/page/decade-change-newborn-survival

SOCIAL MEDIA

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