Since advocacy is a key component of Saving Newborn Lives, Save the Children has established the Advocacy & Advisory Network for Newborns (AANN) to bring together leaders in the field of newborn health and create a platform for promoting the newborn agenda. The AANN will be chaired by a representative from the Ministry of Health, whereas secretarial and logistical support will be provided by Save the Children's Saving Newborn Lives Program. The agenda and activities will be driven by inputs from all members.

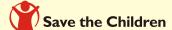
## The objectives of AANN are as follows:

- 1. Advocate and promote newborn health agenda at all levels.
- Raise national awareness on state of newborn health in Pakistan and the available opportunities to reduce neonatal mortality.
- Support of all national health programs related to maternal, newborn and child health in development and implementation of MNCH strategy and national advocacy at various levels.
- Help strengthen and support implementation of community-based newborn health programs using evidencebased interventions.
- Provide a platform for sharing information, tools, and guidelines on newborn health including evidence-based best practices nationally and internationally.
- Map on-going research in newborn health and provide a forum for researchers to share research process and results at the national level.

Credits: Michael Bisceglie, Thomas Kelly, Lancet, NCI Communications, PATH, SEARCH, Spirals Inc.

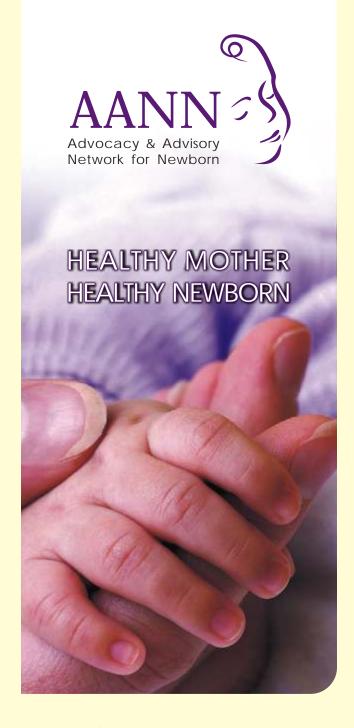
## References

<sup>1</sup>Pakistan Demographic and Health Survey 2006-07. <sup>2</sup> WHO. *Core Health Indicators.* http://www.who.int/whosis/whostat2007/en/index.html. 20 March, 2008 If you would like to obtain more information about Advocacy and Advisory Network for Newborn (AANN), Saving Newborn Lives (SNL 2), Newborn health strategies, or Save the Children's work in Pakistan, please do not hesitate to call our office.



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Save the Children (USA) is a member of the International Save the Children Alliance, a global network of 28 independent Save the Children organizations working to ensure the well-being and protection of children in more than 120 countries.

We ensure that children can survive and thrive, and that their families and communities have the resources and skills to enable them to do so.

Save the Children's Saving Newborn Lives program is a global initiative working in 18 countries to reduce newborn mortality and improve newborn health with the generous support of the Bill & Melinda Gates Foundation.

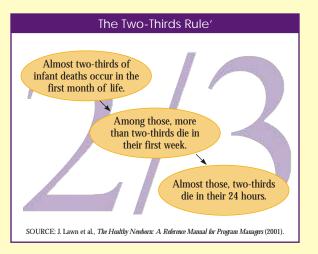
The fourth Millennium Development Goal commits Pakistan to reducing under-five mortality by two-thirds from 1990-2015. This goal is unlikely to be achieved without substantially reducing newborn mortality.

## WHY NEWBORNS ARE IMPORTANT

- The United Nations' goal to achieve a 2/3
  reduction in child mortality by 2015 will not be
  reached unless newborn mortality is cut by at
  least half.
- It's not just about newborn: 70 percent of the money needed to provide newborn care in high-mortality countries would also help save mothers' lives.
- Women with healthy babies have fewer pregnancies, smaller families and more money to invest in their children's futures.

Over the past 25 years, there has been a noticeable decline in infant deaths in Pakistan. However, progress in decreasing the newborn deaths rate has lagged behind. In recent years, some progress has been made but more work is needed to protect the health of mothers and newborns in Pakistan. Recent studies confirmed that improvements in maternal and child health make good social and economic sense.

The annual number of neonatal deaths in Pakistan is estimated at 298,000, thus ranking it third behind India and China. For every 1,000 babies born in Pakistan, 54 die in the first 28 days of life and 94 die before their fifth birthday¹. Of the ten countries with highest neonatal mortality rates², Pakistan is eighth after Liberia, Ivory Coast, Iraq, Afghanistan, Sierra Leone, Angola and Mali.





Nearly 4 million newborns die each year; 75 percent of these deaths occur in South Asia and sub-Saharan Africa.

2.5 million newborn deaths could be prevented annually by improving access to low-cost, low-tech interventions currently beyond the reach of families most in need.

Most newborn and maternal deaths occur during childbirth or in the days thereafter, when skilled care is usually absent.

Major causes of newborn death include infection (36%), prematurely (27%) and birth asphyxia (23%)

Newborn deaths account for 40 percent of all deaths among children under age 5.

Since 2001, Save the Children has been implementing the Saving Newborn Lives (SNL) initiative in Pakistan to promote affordable and sustainable interventions to reduce newborn mortality in the areas of highest need. Through research and advocacy, Save the Children has ensured Pakistan's major reproductive, maternal and child health programs include newborn care. SNL worked with government and other partners to vaccinate 11.1 million pregnant women against tetanus - halving deaths from this leading cause of neonatal mortality from an estimated 28,000 prior to 2000 to 14,000 by 2004.

Saving Newborn Lives has improved essential maternal and newborn care capacity at all levels of the public health system by directly training 3,100 health care providers and 4,000 lady health workers. In partnership with PAIMAN and UNICEF, over 5,000 more have been trained.

SNL is also focusing on identifying and promoting low-cost and low-tech health interventions for newborns. With Save the Children's support, Aga Khan University tested the feasibility of lady health workers and traditional birth attendants providing perinatal care and found a 23% decrease in stillbirths and 16% decrease in neonatal mortality rates. Currently, SNL is testing simplified antibiotic regiments for neonatal sepsis and packages of interventions for management of low birth weight, birth asphyxia and neonatal sepsis at the community level. These results will allow SNL to promote the national scale-up of evidence based interventions and save the lives of newborns in Pakistan.

