

Let's get there: we can reach the 2015 goals




*The Latin America and the Caribbean region are on the right path to reach the Millennium Development Goals for maternal and child health by 2015. For individual newborns, however, the time frame is shorter: it is reduced to twenty-eight days. Latin America has the building blocks to reduce newborn mortality and achieve the Millennium Development Goals for maternal and child health: **a regional strategy; a Newborn Health Alliance; and a regional plan with indicators in place.***

Each year twelve million mothers eagerly await the first cries of their newborns in Latin America and the Caribbean (LAC), but more than 180,000 of these newborn lives end within 28 days of their first breath.

If one side of the coin is represented by the levels of infant mortality which have been falling in the region in recent years, the pitiless side is represented by **the persistent tendency, almost unaltered over the last 10 years** with reference to the mortality of newborns.

While the cries of newborns are heard, they are not being addressed. Common direct causes of newborn death including neonatal sepsis, birth asphyxia and complications of prematurity could in large part be prevented or treated. Most causes of newborn death are related to low birth weight and premature birth; and many are also related to health conditions of the mother – age, malnutrition, too many births at short intervals, as well as sexually transmitted infections. Other factors include the lack of regular quality prenatal care visits, lack of a skilled attendant during childbirth, and lack of care after birth.

Social and economic conditions, an abysmal imbalance in access to health services, lack of access to education and a lack of decision making power among women contribute to newborn death rates in the region. Indigenous women and women of African descent who live in conditions of poverty in both rural and urban zones are the most likely to experience the loss of their newborns within 28 days of delivery.



An imbalance is evident within the region with stark differences between Haiti, Bolivia and Guatemala, with the highest indices of newborn mortality, and Chile, Costa Rica and Uruguay, where death rates for newborns are the lowest. There are also vast differences within countries, with conditions for newborns being least adequate in rural and poor urban areas.

If the necessary steps and solutions of an integral nature are not taken, neonatal mortality will remain a continued obstacle and it will prevent the region from meeting two of the Millennium Development Objectives (MDGs) which the States promised to fulfill at the United Nations Millennium Summit, seven years ago.

WHAT IS BEING DONE

Among the important steps that have been taken over the last two years is the development of the strategy: ***Reduction of Neonatal Mortality and Morbidity in Latin America and the Caribbean: an inter-agency strategic consensus.*** The strategy was born out of a collaborative effort that began on World Health Day in 2005 and was followed by a regional workshop that brought together health ministers from 16 countries of the LAC region. The fact that a consensus was achieved bodes well for the implementation of next steps.

An Interagency Working Group composed of the Pan-American Health Organization (PAHO/WHO), the United Nations Children's Fund (UNICEF), the United States Agency for International Development (USAID) and the organizations ACCESS, BASICS, CORE, the Quality Assurance Project and Save the Children/Saving Newborn Lives (SNL) supported the development of the strategy. This group is now known as the Latin American and Caribbean Newborn Health Alliance (LAC NHA).

“The Latin American and Caribbean Newborn Health Alliance is an interagency group which promotes newborn health within a Reproductive, Maternal and Child Health continuum. The group promotes evidence-based policy and program interventions at the facility and community levels, with a specific focus on the most vulnerable and marginalized population groups.”

The regional strategy promotes actions based on evidence of what works best to save newborn lives in communities and health facilities with an emphasis on the most vulnerable and marginal groups. The strategy proposes integrated interventions which seek to improve the health of both the newborn and of the mother.

The strategy directs decision makers and stakeholders to improve standards for health authorities and to establish priorities, mobilize resources and coordinate efforts to improve the health of newborns. It promotes the active involvement of community organizations, non-governmental organizations, scientific societies and donors who wish to contribute to the regional efforts. The strategy synthesizes the lessons learned in the LAC region and includes a comprehensive summary of effective interventions based on evidence for improving newborn health in the different contexts within the region.

Among them is the focus on continued attention on the nexus between the mother, the newborn, and children, and the paths which people follow from care in their homes to health posts and centers and/or hospitals. The strategy highlights important events when care and referral are critical for the mother and the newborn.

The strategy proposes four important focus areas that are necessary to provide comprehensive care for mothers and their newborns.

- **Create a favorable environment** - Plans, programs, policies, standards and protocols for neonatal health must be publicly visible and understood by society and by national leaders and stakeholders.
- **Strengthen health systems and improve access to health services for the mother, the newborn and the child** – Focus on providing universal access to health care for newborns, mothers, and boys and girls and on improving attitudes and competence of health service providers, and improving the quality of care for newborns.
- **Promote community interventions** - Appropriately strengthen the capacity of community health workers and traditional birth attendants to aid in communicating more effectively for the promotion of healthy practices for newborns and mothers.
- **Develop and strengthen surveillance, monitoring and evaluation systems to assess progress** – Strengthen health information systems in order to effectively monitor progress toward program goals.



WHAT REMAINS TO BE DONE

Through Resolution CD47.R19, the 47th Council of Directors of the PAHO/WHO made a political commitment to newborn health at the 58th Session of the Regional Committee in September 2006. The resolution requires that PAHO Member States assess the state of newborn health and carry out advocacy to place the health of newborns as a public policy priority in the continuum of maternal and child health care.

The Resolution also requires that health authorities and PAHO director participate in the development of a regional strategy and a plan of action for newborn health that addresses inequalities and focuses on the most vulnerable groups. In addition, intermediate goals for the years 2010 and 2015 must be established and communicated and country reports must be produced to monitor progress toward the goals every three years.

A **Plan of Action for the Region** was developed with participation of the Newborn Health Alliance members and Ministry of Health officials from countries in the region to establish operational lines for action in each of the four areas outlined in the strategy. The next step is for the countries of the region to each formulate a national plan based on the agreed upon strategic lines of action.

The support of the international community is now critical for the region to carry out the task of reaching MDGs 4 and 5 by 2015. The institutions that have taken part in this initiative and the countries themselves have the opportunity to see their goals in maternal and child health realized if the necessary steps, which have begun to take shape, are taken, and to help 180,000 newborns survive each year in the region.

