

## HEADLINE MESSAGES



Pakistan has the world's **third highest number of newborn deaths** each year (194 000 deaths in 2010). Between 2000 and 2010, neonatal mortality declined by only 0.9% whilst maternal and child deaths after the first month reduced more significantly.



Prior to 2000, safe motherhood and child health programmes were high on the national health policy agenda yet newborn health was overlooked. Since 2000, **integration of newborn care** in Pakistan's health policies and programmes has been considerable. Civil society and academics have linked with government and several research studies have been highly influential.



**Devastating humanitarian disasters** and destabilizing political environment have affected progress for all health outcomes, but babies are especially vulnerable. Due to societal norms, many women are unable to access care for themselves or their children.



Accelerated progress for newborn survival is possible given the **platforms in place**. However, decentralization of health sector management to provincial level provides threats as well as opportunities. Full coverage of the interventions in place would prevent 84% of newborn deaths and 59% of stillbirths in 2015.

**0.9%**  
ANNUAL REDUCTION IN MORTALITY RATE

NEONATAL MORTALITY PER 1,000 LIVE BIRTHS

**45** IN 2000 → **41** IN 2010

NEWBORN DEATHS

**203,000** IN 2000 → **194,000** IN 2010

UNDER-FIVE DEATHS THAT WERE NEONATAL

**45%** IN 2000 → **47%** IN 2010

HEALTH EXPENDITURE THAT WAS PAID OUT-OF-POCKET

**63%** IN 2000 → **57%** IN 2009

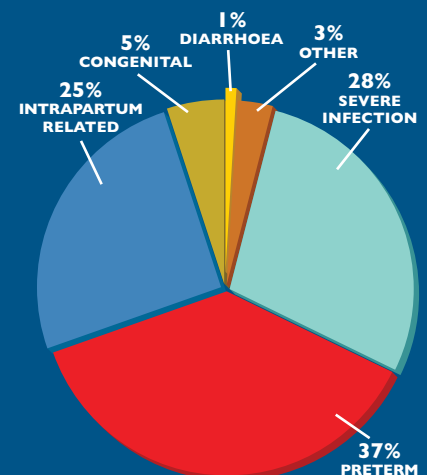
OFFICIAL DEVELOPMENT ASSISTANCE

CHILD HEALTH ODA - PER CHILD  
**\$2.89** IN 2003 → **\$5.40** IN 2008  
87% INCREASE

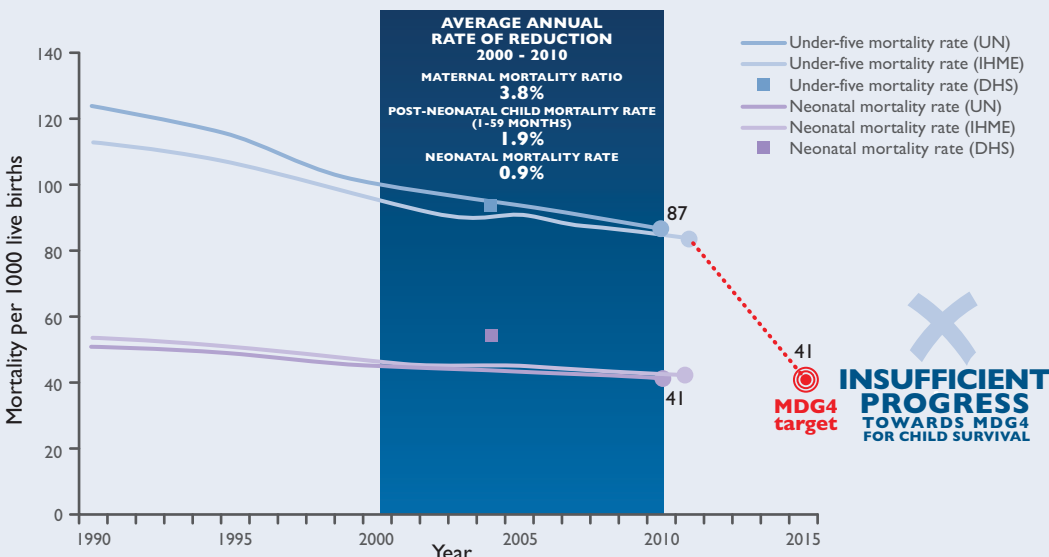
MATERNAL & NEWBORN HEALTH ODA - PER LIVE BIRTH  
**\$2.96** IN 2003 → **\$10.74** IN 2008  
263% INCREASE

% OF ODA FOR MNCH MENTIONING "NEWBORN"  
**1%** IN 2003 → **19%** IN 2008

## CAUSES OF NEONATAL DEATH



## PROGRESS TOWARDS MILLENNIUM DEVELOPMENT GOAL 4 FOR CHILD SURVIVAL



**84%** OF NEWBORN DEATHS COULD BE PREVENTED IN 2015 WITH UNIVERSAL COVERAGE OF HIGH-IMPACT INTERVENTIONS

## What happened and what was learned?

Prior to 2000, newborns in Pakistan were invisible and now they are clearly visible in policies, priorities and programmes. Considerable policy change occurred in the last decade including integration of newborn care into existing community-based maternal and child packages delivered by the Lady Health Worker Program. The National Maternal, Newborn and Child Health Program catalyzed newborn services at both facility and community levels. National Maternal, Newborn and Child Health Communication Strategy Framework was developed under the MNCH Program. Despite these advances and success at attracting donor funding, neonatal mortality has not declined at the same pace as other countries in the region. A combination of challenges has prevented progress, such as humanitarian disaster and political instability, policy to programme gaps and demand/supply barriers like geographic and socio-cultural obstacles that prevent care seeking.

## Going forward

Recent policy advances and delivery platforms, offer the potential to substantially accelerate progress in reducing neonatal deaths. Yet, civil society will have an important role in ensuring focus on newborn survival in the post devolution scenario. With handing over responsibilities to the provinces, local leadership and innovative models of financing and effective action will be required to maintain and increase systematic efforts for scale up of interventions. If newborn-related health interventions were universally available in Pakistan assuming political and environmental stability, 84% of newborn deaths could be averted in the year 2015 at scale.

## CONTEXT

Severe earthquake in 2005

Internally displaced persons crisis in 2008

Massive floods in 2010

## HEALTH CONTEXT

13.7

HEALTH WORKERS PER 1,000 POPULATION (2004)

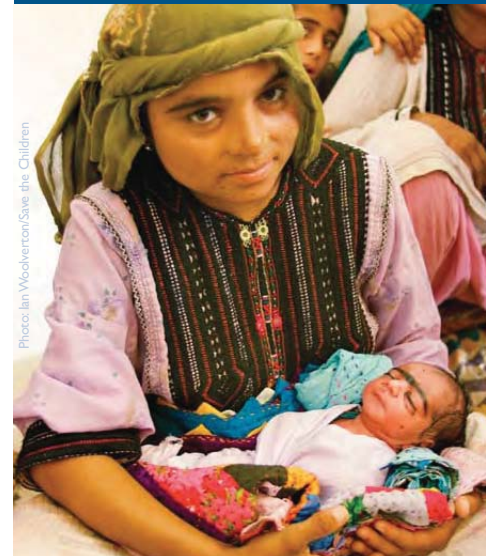
BIRTHS THAT TOOK PLACE IN A FACILITY

21% IN 2000

34% IN 2010

## Lady Health Worker (LHW) Programme

LHWs are paid community-based outreach workers responsible for essential primary health care services and linking communities to health facilities. With initial focus on maternal and child health, the LHW programme has gradually added newborn health to their services throughout the decade due to evidence based advocacy efforts. Currently, around 93 000 LHWs are working across Pakistan providing maternal and child health services, e.g. antenatal care, birth preparedness, postnatal care and family planning methods to the population. Expansion of the programme may include other newborn interventions, such as neonatal resuscitation; however, more research is needed before these should be considered for inclusion.



## Key moments for newborn survival in policies and programmes

