

REACHING THE EVERY NEWBORN 2020 MILESTONES

COUNTRY PROGRESS, PLANS AND MOVING FORWARD

MAY 2018

To ensure every child survives and thrives to reach their full potential, we must focus on improving care around the time of birth and the first week of life. Nearly half of under-five deaths globally take place in the neonatal period. Each year over 2 million babies die during labour, childbirth or on the first day of life (1.3 million intrapartum stillbirths; 1 million newborn deaths in the first 24 hours). Another million newborns die before reaching the first week of life. Adverse birth outcomes are the biggest drain on human capital due to death and disability. Preventable death and disability matters.

Children are not dying because we don't have the tools to save them. We have the knowledge and tools to save 3 million babies and women each year through investing in universal health coverage with high-quality healthcare. Cost-effectiveness analyses suggest that funds spent on health care quality improvement are very good investments: better care results in less preventable diseases, decreased treatment costs, and a reduced number of hospital admissions. The benefits far outweigh the costs.

Every Newborn: an action plan to end preventable deaths, endorsed as a resolution by 194 member states at the 67th World Health Assembly in 2014, provides a road map and clear milestones by 2020 that are needed in order to achieve the Sustainable Development Goals relating to the Every Woman Every Child movement. Achieving these milestones will improve the health outcomes for all - firstly, because a healthy start is the foundation of a healthy life and secondly, because newborn and maternal mortality and intrapartum stillbirths are sensitive markers of a health system's response to their most vulnerable citizens.

Seventy-five countries completed the Every Newborn Tracking Tool in 2017 and these results are set out in the 2018 annual report *Reaching Every Newborn National 2020 Milestones*. Progressive uptake of the Tracking Tool (an increase from 51 countries in 2016) is helping to paint a clear picture of progress. The results show overall improvement across all national milestones demonstrating country level commitment to achieving the milestones in the Every Newborn Action Plan. Table 1 sets out a short overview of progress.

Tracking progress to the *Every Newborn 2020 Milestones*

This 2018 progress report *Reaching Every Newborn National 2020 Milestones* provides an up-to-date account of country progress reported by the 75 countries and territories who use the Every Newborn Tracking Tool. This simple tracking tool was developed by maternal and newborn health partners to measure progress or lack thereof on the eight Every Newborn Milestones. The full report provides an in-depth look at the 75 countries and territories identifying common areas of progress and challenges. For countries that have completed the tool in previous years, improvement across all milestones is reported. See the full report for details including full list of indicators and comparison of year on year progress: www.healthynewbornnetwork.org/resource/every-newborn-progress-report-2018/

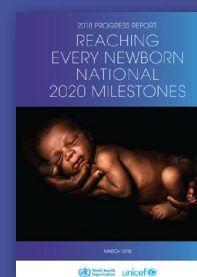


Table 1. Progress toward the Every Newborn 2020 Milestones

National milestones by 2020 with tracer indicators results

Of 75 countries that completed the Tracking Tool in 2017

1. National plans

Review and sharpen national strategies, policies and guidelines for reproductive, maternal, newborn, child and adolescent health (RMNCAH) in line with the goals, targets and indicators in the Every Newborn Action Plan, including a clear focus on care around the time of birth and small or sick newborns.

- 44 countries have developed a national Every Newborn action plan
- 47 countries have updated the newborn component of existing national RMNCH plans
- 56 countries have defined a Neonatal Mortality Reduction Target
- 17 countries have defined a Stillbirth Reduction Target
- 40 countries have a costed Every Newborn action plan

2. Quality of care

Adopt standards of quality and indicators for assessing quality of maternal and newborn care at all levels of the health system; and ensure access to essential commodities for RMNCAH.

- 40 countries have quality improvement programmes that have a specific focus on maternal and newborn health
- 41 countries have all seven newborn-related essential commodities in a national essential medicines list*
- 3 countries have all four newborn-specific indicators included in national Health Measurement Information Systems**

3. Investment in health workforce

Develop or integrate costed human resources for health strategies into RMNCAH plans and ensure sufficient financial resources are budgeted and allocated.

- 41 countries have a human resource plan or strategy for skilled birth attendance
- 54 countries have national health insurance schemes or free policies for covering maternal and newborn care

4. Health workforce capacity and support

Ensure the training, deployment and support of health workers, in particular, midwifery personnel, nurses and community health workers.

- 28 countries have policies to support health worker retention for skilled birth attendance or relevant cadres
- 60 countries have competency and skill-based service training/education for MNH available

5. Community engagement

Involve communities, civil society and other stakeholders to increase demand and ensure access to and coverage of essential maternal and newborn care.

- 37 countries have a national MNH-related community engagement/mobilization strategy

6. Parents' voices and champions

Parents' Voices and Champions shift social norms so that it is no longer acceptable for newborns to die needlessly, just as it has become unacceptable for women to die when giving birth.

- 27 countries have a national communication strategy on newborn health developed

7. Data

Count every newborn by using and improving programmatic coverage data including equity and quality gap assessments. Institutionalize civil registration and vital statistics, adapt and use a minimum perinatal dataset, implement maternal and perinatal death surveillance and response.

- 38 countries have a perinatal death review system
- 67 countries have a maternal death review system

8. Research and innovation

Develop, adapt and promote access to devices and commodities to improve care for mothers and newborns around the time of birth, and agree on, disseminate and invest in a prioritized and coordinated research agenda for improving preterm and newborn health outcomes. Particular focus is required for stillbirths, who have been left out or left behind.

- 42 countries have a prioritized research agenda for newborn health

Notes: * National Essential Medicine List includes antenatal corticosteroids, injectable antibiotics, magnesium sulphate, misoprostol and oxytocin and excludes chlorhexidine as it is not a policy in all countries due to WHO recommendations, as well as resuscitation bags and masks, which may be listed under equipment/supplies rather than drugs in some countries. ** Four newborn-specific indicators include: eligible newborns treated for neonatal sepsis, eligible newborns that benefited from Kangaroo Mother Care, eligible newborns receiving resuscitation and eligible mother given antenatal corticosteroids for foetal lung maturation

Global progress with advances in access, quality improvement efforts, metrics agenda and champion development for maternal and newborn health

Advancing access to care: The global drive for Universal health coverage (UHC) provides a unique opportunity to advocate for free maternal and newborn health care services that include referral and care for mothers and newborns experiencing complications. The care of sick neonates often requires significant out-of-pocket expenditures in many low- and middle-income countries where such services may be limited. This can be a major deterrent for poor families in accessing care. Engaging the Global Financing Facility (GFF) to mobilize additional domestic resources to link national newborn action plans will be an important opportunity to leverage.

Better Data: The Every Newborn Action Plan made clear the urgent need to improve national data, particularly data to measure coverage of facility-based interventions and to understand equity and quality gaps. The year-on-year progress tracking tool has shown that countries are increasingly collecting data that will improve estimates of the burden of stillbirths and newborn deaths. In most high-burden countries, Civil Registration and Vital Statistics systems (CRVS) remain weak. Understanding the true number of deaths and their causes is essential to improve the quality of care, prevent future maternal and perinatal deaths, improve national vital statistics systems, allocate resources efficiently and track progress for reaching national, regional and global targets.

Improving the quality of care: Access to health services is not enough. Equally important is the quality of care. Since 2014, Every Newborn progress tracking has shown that countries have made steady progress in establishing appropriate policies and plans to improve the quality of maternal and newborn care at all levels of the health system and ensure access to essential commodities for RMNCAH. For example, there has been a large increase in the number of countries preparing plans that focus on including quality improvement initiatives, updating policies required for quality of care improvements, authorizing health workers at appropriate levels of care to administer life-saving interventions and commodities, adopting policies for maternal death notification, and developing policies on postnatal care for the neonates.

Continued and strengthened support to countries with great need: As more countries develop their costed newborn action plans, challenges are becoming apparent in settings that are fragile or have ongoing humanitarian crises. These include challenges in implementing maternal and newborn health programmes and in securing adequate, sustainable financing through both domestic and development partner resources. Efforts to strengthen implementation in humanitarian settings have led to a review of data and tools on maternal and newborn care in emergencies and the development of the revised guidance manual on *"Newborn care in humanitarian settings"*.

Continued and strengthened support to all countries: In 2017, more countries requested assistance in developing operational plans for improving newborn survival and reducing stillbirths than in previous years. In 2017, UN and global partners also responded to an increased number of requests for technical assistance to build capacity and scale up newborn-specific interventions, such as Kangaroo Mother Care and Maternal and Perinatal Death Surveillance and Response (MPDSR). Also, an increase in demand from countries for guidance on improving the availability and quality of inpatient care for newborns led to the development of tools for a multi-country situation assessment of care for small and sick newborns. Subsequently, WHO and partners have conducted assessments of hospital maternal and newborn health services in several countries and these are used for developing local and national plans and quality improvement activities. Regional efforts, led by UNICEF and WHO, were sustained in South and East Asia, the Middle East and North Africa, and West and Central Africa, while new multi-country events were organized for the Eastern and Southern Africa region as well as the European and Central Asia regions.



Lessons learned

Year-on-year progress tracking has revealed some key lessons at national, regional and global level:

- Countries that conducted a bottleneck analysis for maternal and newborn health interventions in 2013 were early adopters of the recommendations set out in the Every Newborn Action Plan. The bottleneck exercise helped to build consensus amongst key partners on required actions in the initial years of implementation.
- Knowledge management through the Healthy Newborn Network, opportunities for south to south learning, and regional workshops have proved very useful in sharing knowledge and building capacity in countries.
- Technical assistance requests from countries have allowed global partners to align their support to actual country needs. Availability of some catalytic funding proved useful in responding swiftly to country requests.
- Routine progress tracking on an annual basis has meant that areas with the least progress, for example, target setting for stillbirth rates, newborn indicators in health management information systems and the inclusion of newborn health in emergency preparedness plans could be identified promptly, and this information can be used to advocate for change in countries.
- UN support, especially through UNICEF and WHO, at headquarters, regional and country levels for the compilation of information from country progress tracking has stimulated organizational ownership and accountability.
- The Every Newborn Tracking Tool requires some modification since many Every Newborn milestones have already been achieved in countries. In addition, the tool should align with other UN-led tracking efforts related to maternal and newborn health including those that capture coverage and quality indicators to monitor progress.

Going forward, for each and every stillborn and newborn, and their family, stakeholders must:

- ▶ Remove financial barriers to institutional childbirth and management of obstetric and newborn complications, including improving the availability of and access to quality inpatient care for all.
- ▶ Increase investment in quality inpatient care for small and sick newborns to end the insufficient availability, poor quality, and disparities in access to care and promote innovative approaches to accelerate progress.
- ▶ Scale-up neonatal resuscitation, infection prevention and management, and Kangaroo Mother Care.
- ▶ Address the low coverage of interventions across the continuum of care especially postnatal care for mother and baby.
- ▶ Strengthen the response to the findings of maternal and perinatal death reviews and improve links to facility and district level quality improvement plans with broad health system support.
- ▶ Increase advocacy and implementation capacity to ensure a strong newborn component is included in emergency preparedness and response plans.
- ▶ Support country target setting, particularly for stillbirth rates reduction.
- ▶ Improve the availability and quality of data as information is needed on maternal and perinatal death audits including on quality of audits being conducted to promote links with counting maternal, perinatal and neonatal deaths and improving quality of care.
- ▶ Bolster global- and national-level advocacy and community engagement strategies, including greater parental involvement, critical for achieving an enabling environment for Every Newborn implementation.
- ▶ Emphasize that high-burden countries and fragile settings are in need of more attention.
- ▶ Promote research to explore effective models for reducing preterm mortality.
- ▶ Sustain long-term and continued donor and national investments for newborn health in countries so that we can continue to build on the momentum in improving newborn health worldwide.
- ▶ Leverage the increasing contribution of the private sector to sick newborn care to ensure that populations have access to affordable, equitable and high-quality newborn care services in future.
- ▶ Accelerate the implementation of key interventions aiming at neonatal mortality and stillbirth rate reduction so that we achieve the 2030 SDG and Every Newborn Targets.

Access more information at www.healthynewbornnetwork.org/issue/every-newborn/