Survey Findings on the Scale-Up of Helping Babies Survive in the Latin America and Caribbean Region

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Background

The Latin America and Caribbean (LAC) region has experienced substantial declines in its under-5 mortality rate. From 1990 to 2015, under-5 mortality in the region fell by 67% from 1990 to 2015, from 53.8 per 1,000 live births in 1990 to 17.9 per 1,000 live births in 2015 (PAHO, 2017). Neonatal mortality has also decreased in the region from 23 in 1990 to 10 per 1,000 live births in 2017 (UNICEF 2018). However, the reduction in the risk of dying for the age group from birth to 27 days and the group from 28 weeks of gestation to birth has been the smallest, compared with the rest of age groups (PAHO, 2017). This has led to international efforts to reduce stillbirths and neonatal mortality. Even in countries that have made great strides in reducing mortality and morbidity, national rates often conceal significant inequities among vulnerable populations within countries. For instance, in the Dominican Republic, El Salvador, and Guatemala, neonatal mortality is three times greater among the poorest newborns than the wealthiest (UNICEF 2016).

Helping Babies Survive (HBS) is a suite of evidence-based, hands-on training programs developed by the American Academy of Pediatrics with the aim of reducing neonatal mortality in resource-limited environments. HBS addresses the three most common causes of preventable neonatal deaths—complications during childbirth, complications from preterm birth, and neonatal infections—through four programs which aim to build the capacity of health providers in these areas: *Helping Babies Breathe* (HBB, basic neonatal resuscitation), *Essential Care for Every Baby* (ECEB, essential newborn care), *Essential Care for Small Babies* (ECSB, specialized care for small and preterm babies), and *Improving Care of Mothers and Babies* (ICMB, a quality improvement guide) (AAP website). Please see the Annex for training components and access to online materials.

Since 2008, the United States Agency for International Development (USAID) Bureau for Latin America and the Caribbean has supported the introduction and scale-up of HBS (specifically HBB, ECEB, and ECSB components) in the LAC region through its programming, including USAID's flagship Basic Support for Institutionalizing Child Survival (BASICS), Maternal and Child Health Integrated Program (MCHIP), and Maternal and Child Survival Program (MCSP) through the roll-out of regional and country level training of trainers in the different components of HBS.

During the same period of time, other international, regional and local organizations—including UNICEF, Pan American Health Organization, USAID Applying Science to Strengthen and Improve Systems (ASSIST), the Latter Day Saints Charities, nongovernmental organizations, LAC Neonatal Alliance, and other organizations—have also supported countries in the region to introduce and scale-up this suite of training programs and advocate for them to be integrated into national policies.

Objective and Methods

To assess the extent to which HBS programming has been scaled up in LAC countries that received USAID supported training-of-trainers, MCSP conducted an online survey that inquired about policy adoption, programming, and monitoring of the four components. The survey was sent via email in

English and Spanish to one newborn health focal point from the Ministry of Health (MOH), public/private health facilities, professional associations, or higher education institutions in 24 countries that received HBS training through USAID support from 2008 to 2018 and for which contact information for country key focal points for newborn health was available. Data collection took place from May–June 2019. The survey aimed to understand the status of HBS programs in the region, but it did not aim to attribute such status to any given factor. Sampling was purposive and not intended to be comprehensive or statistically representative of the region.

Results

Response rate for the survey was 63% (15 out of 24). Countries with a representative who responded to the survey are listed in the Table 1.

Table 1. Countries that responded to the electronic survey

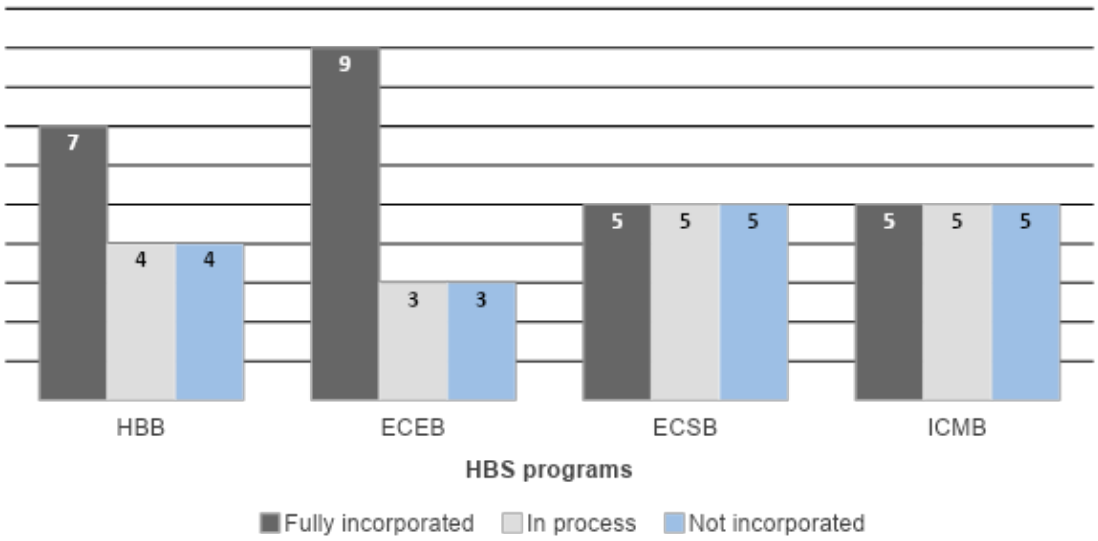
1. Antigua and Barbuda
2. Bahamas
3. Barbados
4. Colombia
5. Dominica
6. El Salvador
7. Grenada
8. Guatemala
9. Haiti
10. Paraguay
11. Peru
12. St. Kitts and Nevis
13. St. Lucia
14. St. Vincent and the Grenadines
15. Trinidad and Tobago

Results from the survey are presented below, organized by topic of inquiry.

Inclusion of HBS Programs in National Newborn Health Policies

As shown in Figure 1, HBB and ECEB have been fully incorporated into the national newborn health policies of 47% and 60% of countries that responded to the survey, respectively. ECSB and ICMB have been incorporated into 30% of the countries. Only two countries of those that responded to the survey have fully incorporated all four components into their national newborn health policies. Several other countries (between 20–30% depending on the component) are in the process of incorporating the four components into their newborn health policies.

Figure 1. Number of countries reporting that they included HBS programs in national newborn health policies (n = 15)

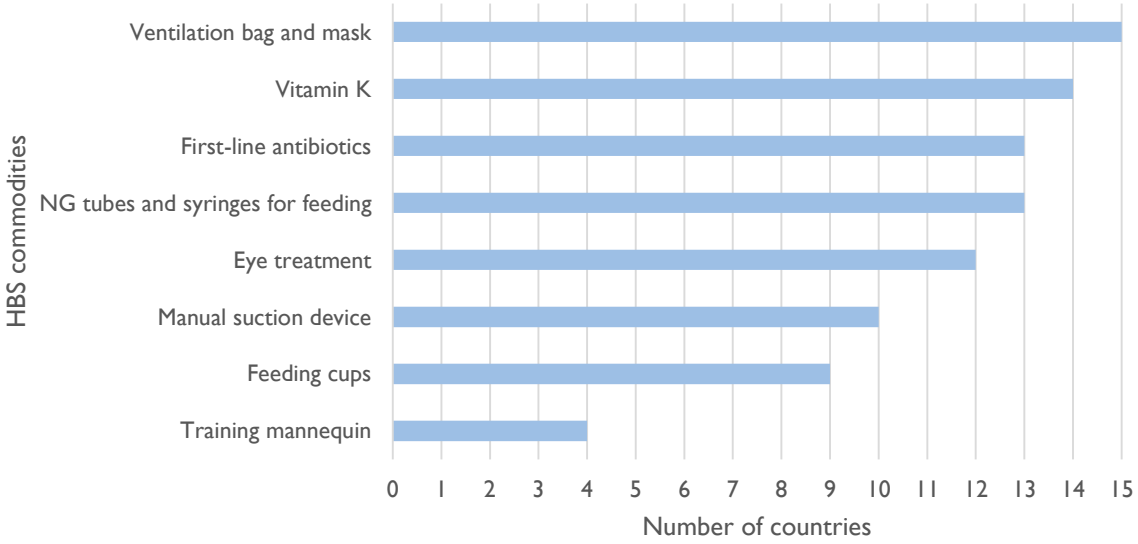


Commodities Required for HBS Implementation

Participants were asked if the commodities listed in the HBS curricula, which are necessary for the implementation of the components, were included in the MOH budget. As shown in Figure 2, most

countries included the majority of commodities in the MOH budget. Through survey responses, it was found that training mannequins, which are needed for hands-on skills building within the trainings are not being prioritized in most national budgets (only four of the 15 countries included them in their MOH budgets).

Figure 2. Number of countries reporting that HBS commodities are included in the MOH budget (n = 15)



Cascade Training of HBS Components

Cascade training refers to the process through which national, regional, and local trainers in the HBS components train facilitators, who in turn train the facility-based health service providers. It is recommended that refresher trainings, which are in-service trainings to maintain the skills of health providers who have already been trained, be routinely conducted. Table 2 presents the number of countries reporting cascade and refresher trainings on the four HBS components. The majority of countries that introduced (received training in) each of the HBS components—which might not necessarily have incorporated the HBS component into their national guidelines— reported conducting cascade training in the past 5 years, but only about one-third or more explicitly indicated they had plans to deliver cascade training in 2019. Additionally, health facilities that provide care to newborns are required to provide refresher trainings on the different HBS components in 64–75% of countries.

Table 2. Number of countries reporting conducting and planning HBS cascade training and requiring refresher trainings

	Number of countries that reported conducting cascade training in the past 5 years	Number of countries that are planning to deliver cascade training in 2019	Number of countries where health facilities that provide care to newborns are required to provide refresher trainings on the HBS component
HBB (n = 13*)	12 (92%)	4 (30%)	9 (69%)
ECEB (n = 12*)	11 (92%)	4 (33%)	9 (75%)
ECSB (n = 11*)	9 (82%)	4 (36%)	7 (64%)
ICMB (n = 10*)	8 (80%)	3 (30%)	Not applicable

*Number of countries that introduced (received training in) the specific HBS component; this number does not necessarily reflect the number of countries that have incorporated the component into national guidelines.

Overall, cascade training appears to have taken place in the past five years for all four HBS components in the countries they were introduced, but results suggest that plans are not well established for future cascade training in the immediate term.

Supportive Supervision for HBS

As shown in Table 3, of those countries that incorporated the different components of HBS into their national newborn health policies, more than half are currently including questions about the component into their regularly scheduled supportive supervision tools (monthly, quarterly, or annually).

Table 3. Number of countries reporting that they include questions related to HBS components in routine supportive supervision tools

HBB (n = 13*)	ECEB (n = 12*)	ECSB (n = 11*)	ICMB (n = 10*)
8 (62%)	6 (50%)	8 (72%)	6 (60%)

*Number of countries that introduced the specific HBS component.

Quality Improvement

More than one-third of countries (six out of 15) stated that health facility norms in their country require that units caring for newborns establish a quality improvement team. Almost 50% (seven out of 15) of countries are in the process of incorporating this requirement.

Every Newborn Action Plan Indicators in Health Management Information Systems

Every Newborn Action Plan (ENAP) indicators track progress toward quality of care at birth through ten core indicators. The eight indicators shown in Table 4 are those relevant to HBS programs. More than 65% of countries that responded to the survey have already incorporated five of eight ENAP indicators that are relevant to HBS into their health management information system (HMIS). For the other three indicators (neonatal resuscitation, treatment of serious bacterial neonatal infections and Kangaroo Mother Care), more than one-third of the countries have incorporated them, and about one-fifth of countries are in progress of incorporating them into their HMIS.

Table 4. ENAP indicators reported by countries as included in the HMIS

ENAP Indicator	Included in HMIS (n = 15)	In process of being included in HMIS (n = 15)
1. Neonatal mortality rate	14 (93%)	1 (7%)
2. Stillbirth rate	13 (87%)	1 (7%)
3. Skilled birth attendant at birth (live births assisted by skilled provider)	13 (87%)	0
4. Early postnatal care for infants (live births with a postnatal health check in the first 2 days after birth)	13 (87%)	1 (7%)
5. Essential newborn care (live births who are breastfed within 1 hour of birth)	10 (67%)	3 (20%)
6. Neonatal resuscitation (newborns not breathing at birth for whom resuscitation was initiated)	9 (60%)	4 (27%)
7. Treatment of serious bacterial neonatal infections (newborns who received at least one injection of antibiotic for possible serious bacterial infection in the facility)	9 (60%)	3 (20%)
8. Kangaroo mother care (newborns initiated on facility-based kangaroo mother care)	5 (33%)	6 (40%)

Limitations

There are limitations to the conclusions drawn from this survey, as findings were dependent on respondent's knowledge, some entries were not filled completely by them, and their answers were not crossed-checked or verified in-country. Respondents had been asked about their perception of availability

of commodities in facilities that provide care to newborns, but there were many missing answers that prevented reporting results for most commodities across all countries. Additionally, the survey does not provide information about reasons behind the identified gaps or which countries received greater local, national, or international support for HBS implementation.

Conclusions

Since the introduction of HBS in the LAC region, several countries have made progress in incorporating one or more of the four components of HBS into their national newborn health policies, but gaps remain in some countries. Most countries have included the majority of commodities needed to implement these four components into their MOH's budget, but priority is not being given to the procurement of training mannequins, which are crucial for hands-on skills building of health service providers through these trainings. The majority of countries have been implementing cascade trainings for the different HBS components, but most do not have current plans in place for further cascading. Countries are also making progress in including the four HBS components into supportive supervision tools and requiring quality improvement activities in facilities, but several countries still need to address this. Most countries already have or are on track to include the eight ENAP indicators relevant to HBS into their HMIS, but some countries are still behind for some indicators.

These survey results provide an understanding of the status thus far in the 15 respondent LAC countries in regard to scale-up of HBS. Countries need support to strengthen their own capability to collect, analyze and use data to make informed decisions to implement and improve their neonatal health programs. Further advocacy and technical support from global, regional, and in-country partners is needed to help LAC countries prioritize the explicit inclusion of all the policy, programmatic, and monitoring aspects of these evidence-based interventions into their health system to contribute to reduction of neonatal mortality. Neonatal health alliances in countries where they exist can confirm in their own countries the gaps identified in this survey, prioritize the type of support needed to address gaps, and develop a plan to deliver such support.

Annex

HBS Training Components and Training Materials

The full package of HBS educational materials can be downloaded at no cost by visiting the below links.

	Helping Babies Breathe (HBS)	Essential Care for Every Baby (ECEB)	Essential Care for Small Babies (ECSB)	Improving Care for Mothers and Babies (ICMB)
Training components	Basic neonatal resuscitation	Essential newborn care practices	Special care needed for small or premature babies born in low-resource areas	A tool for both newborn and maternal healthcare providers to improve the quality of care at the facility-level.
Online training materials	https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/helping-babies-survive/Pages/Helping-Babies-Breathe.aspx	https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/helping-babies-survive/Pages/Essential-Care-Every-Baby.aspx	https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/helping-babies-survive/Pages/Essential-Care-Small-Babies.aspx	https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/helping-babies-survive/Pages/Quality-Improvement.aspx

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