



A Decade of Change for Newborn Survival

Changing the trajectory of our future

Overview of the supplement and Uganda analysis

Health Policy and Planning, Supplement 3, 2012

Dr Anthony K Mbonye

Ministry of Health





Outline of presentations

1. Overview of a decade of change supplement

Dr Anthony Mbonye, Ministry of Health

2. Changes in newborn health outcomes and coverage indicators

Dr Olive Sentumbwe, World Health Organization

3. Programmatic and policy changes over the past decade

Dr Hanifah Sengendo, Saving Newborn Lives, Save the Children

4. Changing the trajectory for our future

Dr Gelasius Mukasa, IBFAN; Newborn Steering Committee



Uganda Decade of Change and Future Implications Analysis Group

Allisyn Moran (Saving Newborn Lives Save the Children)
Anthony K Mbonye (Community Health Services Ministry of Health)
Christine Zirabamuzaale (Consultant)
Francine Kimanuka (UNICEF Uganda)
Gelasius K Mukasa (IBFAN)
Geoffrey Bisoborwa (WHO Uganda)
Hanifah Naamala Sengendo (Save the Children Uganda)
Imelda Namagembe (AOGU)
Jamil Mugalu (Mulago Hospital)
Janex M Kabarangira (USAID)
Jessica Nsungwa-Sabiiti (Ministry of Health)
Joy E Lawn (Saving Newborn Lives Save the Children)
Kate Kerber (Saving Newborn Lives Save the Children)
Lillian Luwaga (Ministry of Health)
Margaret Nakakeeto (Child Health Advocacy International – Uganda)
Mary Kinney (Saving Newborn Lives Save the Children)
Miriam Mutabazi [Management Sciences for Health (MSH)]
Miriam Sentongo (Reproductive Health Division Ministry of Health)
Nathalie Gamache (Saving Newborn Lives Save the Children)
Olive Sentumbwe-Mugisa (WHO Uganda)
Patrick Aliganyira (Save the Children Uganda)
Peter Waiswa (MUSPH; Karolinska Institutet)
Robinah Kaitiritimba (Uganda National Health Consumers Organization)
Romano Byaruhanga (Nsambya Hospital; AOGU)
Sabrina Kitaka (Uganda Paediatric Association)
Sakina Kiggundu (Uganda Private Midwives Association)
Sarah Kiguli (Makerere University)

**Newborn health
champions:
11 authors
on behalf of 30
person expert
working group**
Representing
government, health
professional
associations, local
academia and
research
institutions, UN,
donor partners,
and civil society





Purpose of the analysis and supplement

To conduct a multi-country evaluation of progress in reducing neonatal mortality from 2000 to 2010 examining changes in context, coverage of care, health financing, and health systems and policy, in order to identify pathways to scale and potential accelerators or constraints.

In some countries, newborns face a more certain future than 10 years ago, yet in other countries very little has changed.

– *Darmstadt et al, HPP editorial*

Overview of the papers in the supplement

Editorial – Gary Darmstadt, David Oot, Joy Lawn

1. Overview and quantitative analysis:
 - Neonatal mortality rates and causes
 - Multi-country regression modelling to understand predictors of change
 - Financial analyses
2. Benchmarking readiness for scale up of newborn care
3. Bangladesh
4. Nepal
5. Pakistan
6. Malawi
7. Uganda

Country case studies with
in-country expert teams



Over 150 contributors globally

Uganda at a glance

UGANDA



39,000 newborn deaths in 2010

- High and stagnant total fertility rate
- Most women access antenatal care and bring their children for immunisations
- Institutional births are increasing: 39% in 2001 to 57% in 2010)
- Gap in access and quality of care between the richest and poorest families
- Human resource for health crisis: health worker density of 14.3 per 10,000 population (2005) compared to WHO benchmark of 23 per 10,000 population.
- History of regional civil unrest and IDP/refugees



Quantitative data analyses conducted

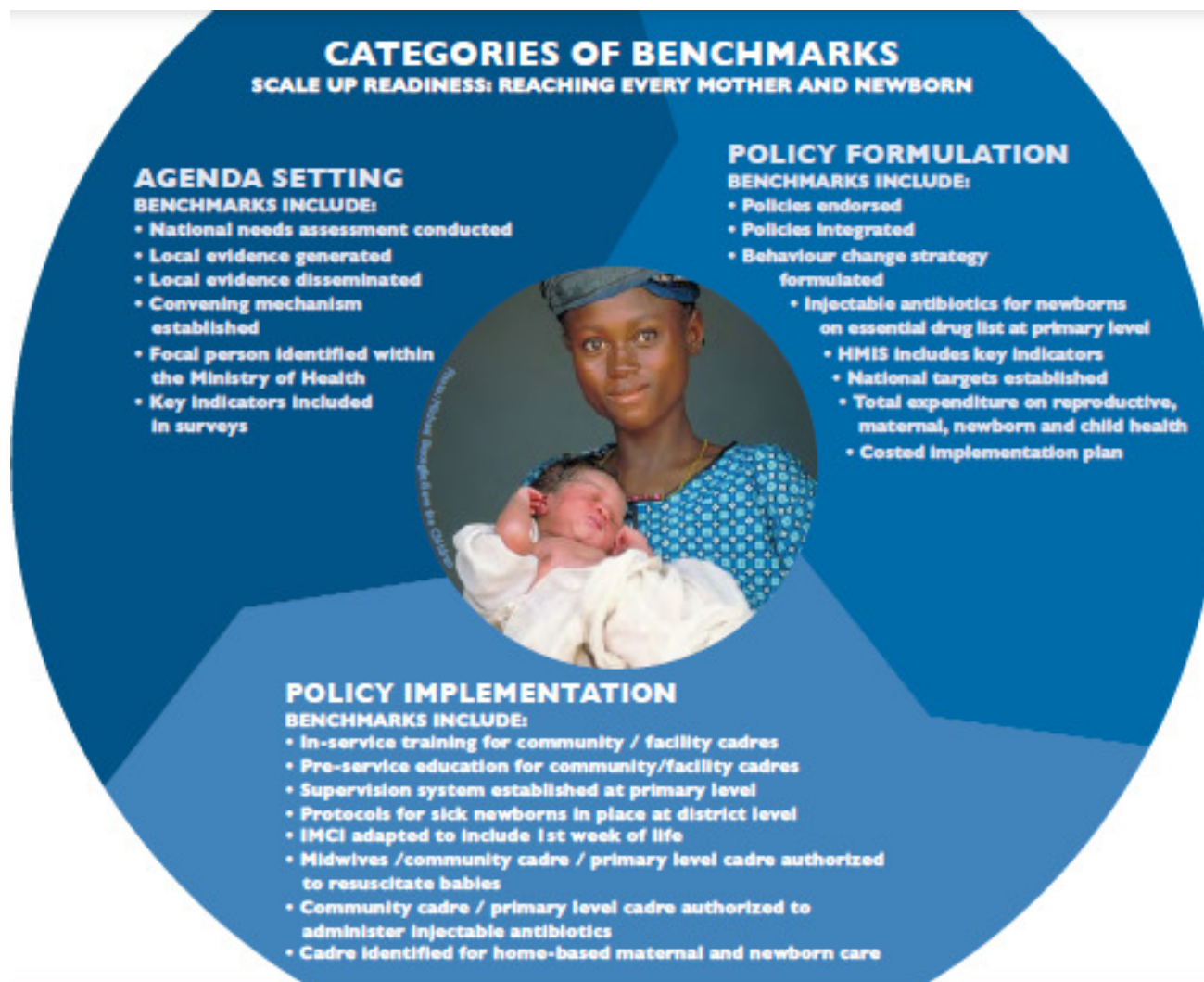
- Neonatal, under-five and 1-59 months mortality change from 1990-2010 and comparison to other countries in the region
- Changes in coverage levels from household surveys at national and sub-national levels
- Changes in quality of care from health facility assessments and HMIS data
- Changes in financial inputs from government and official development assistance and comparison to Countdown to 2015 countries



Policy and programme change analyses

- Changes in national socio-political and economic context
- Progress in achieving 27 sentinel benchmarks reflecting readiness to scale up newborn care interventions
- Inclusion of newborn survival specifically and in general in national health policies, programmes, and research activities using a policy and programme timeline

Progress towards Scale-up Readiness Benchmarks for newborn care



Source: Mbonye et al. 2012. Newborn Survival in Uganda: a decade of change and future implications. *Health Policy and Planning* 27(Suppl. 3): iii104-iii117. Note: The missing benchmark relates to financial commitments and does not have data.



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Quantitative data findings for the Uganda analysis

Health Policy and Planning, Supplement 3, 2012

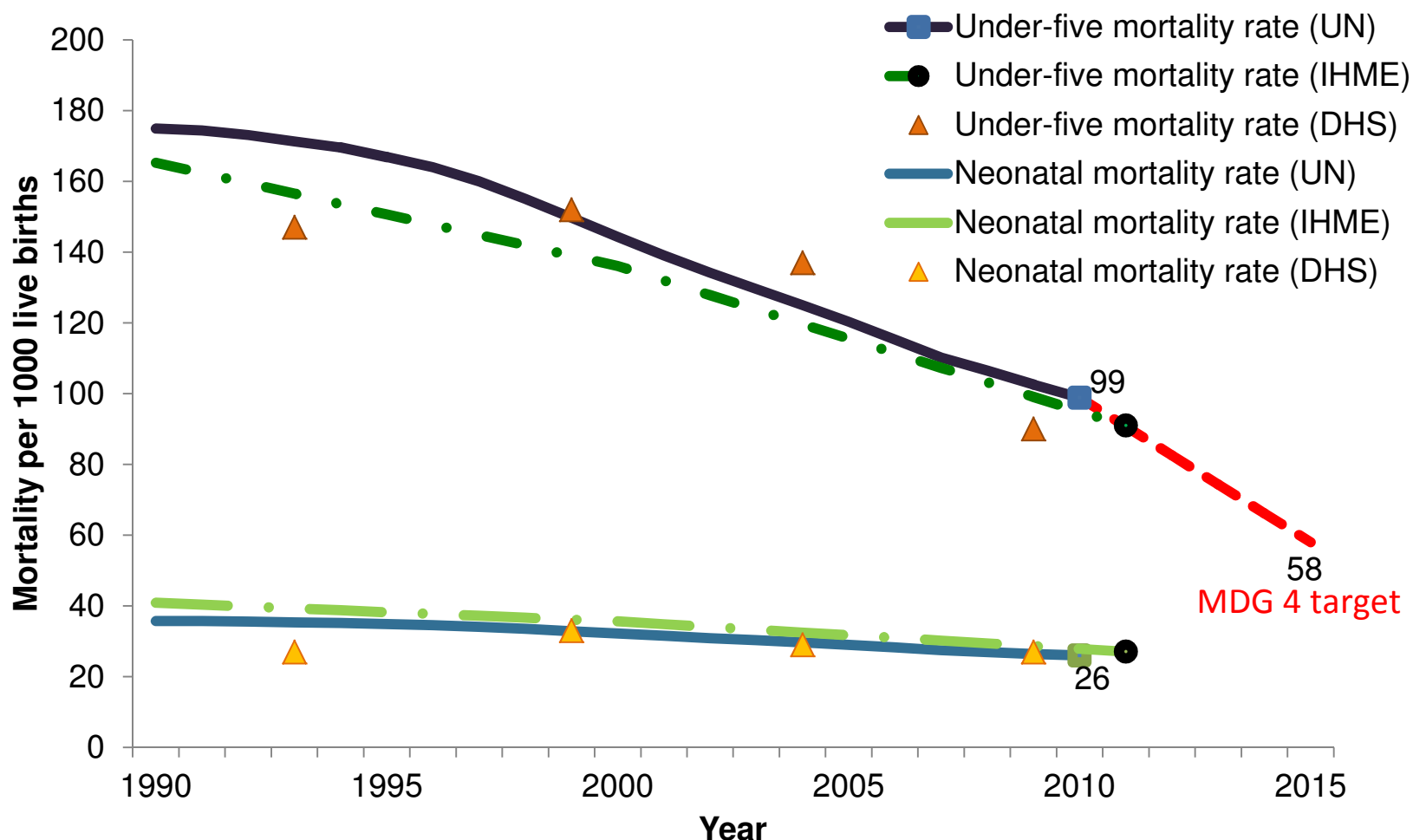
Dr Olive Sentumbwe

WHO





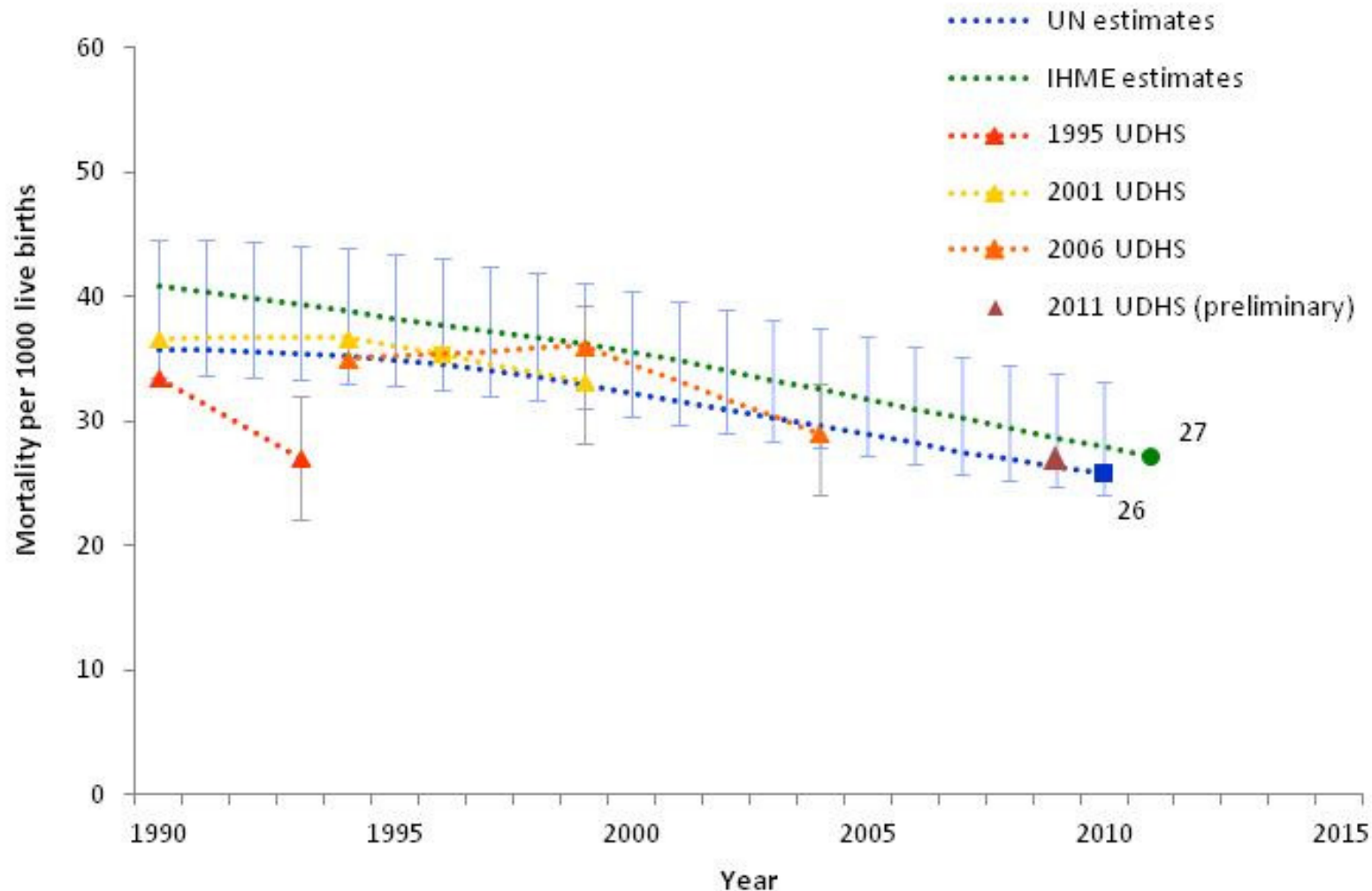
National progress towards Millennium Development Goal 4 for newborn and child survival from 1990



Mortality for children aged 1-59 months reduced at nearly twice the rate of newborn mortality (4.1% vs 2.2%)



Neonatal mortality trends from 1990



Newborn mortality in Uganda is reducing at 2.2% per year, slightly more than the regional average for Africa at 1.5%



Understanding neonatal mortality change, 2000-2010

144 countries, multiple regression modeling

Developed region

3% reduction per year

Consistently rapid neonatal mortality reduction across countries

Strongest predictors of NMR change

- Increased national income
- Reduced fertility



Other regions (including Southern Asia)

3.2% reduction per year

Variable change in mortality reduction across countries

Strongest predictors of NMR change

- Reduced fertility
- Baseline level of neonatal mortality

Sub-Saharan Africa

1.5% reduction per year

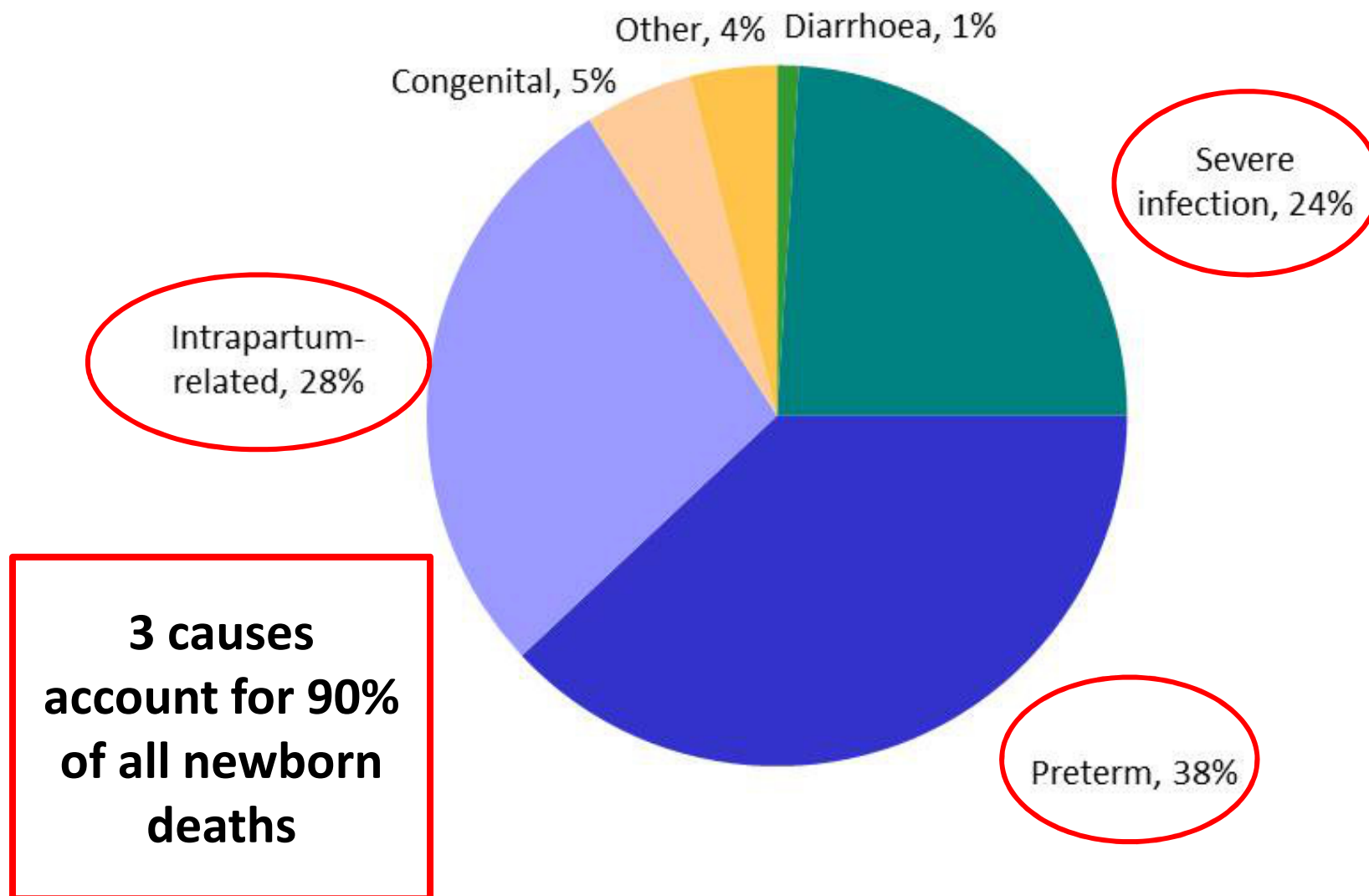
Mortality reduction is slow and therefore difficult to analyze what factors related to change.

Countries with increased contraceptive use have made more progress in reducing newborn deaths

Mortality reduction progress could not be attributed to changes in coverage due to limited coverage change and lack of coverage data.



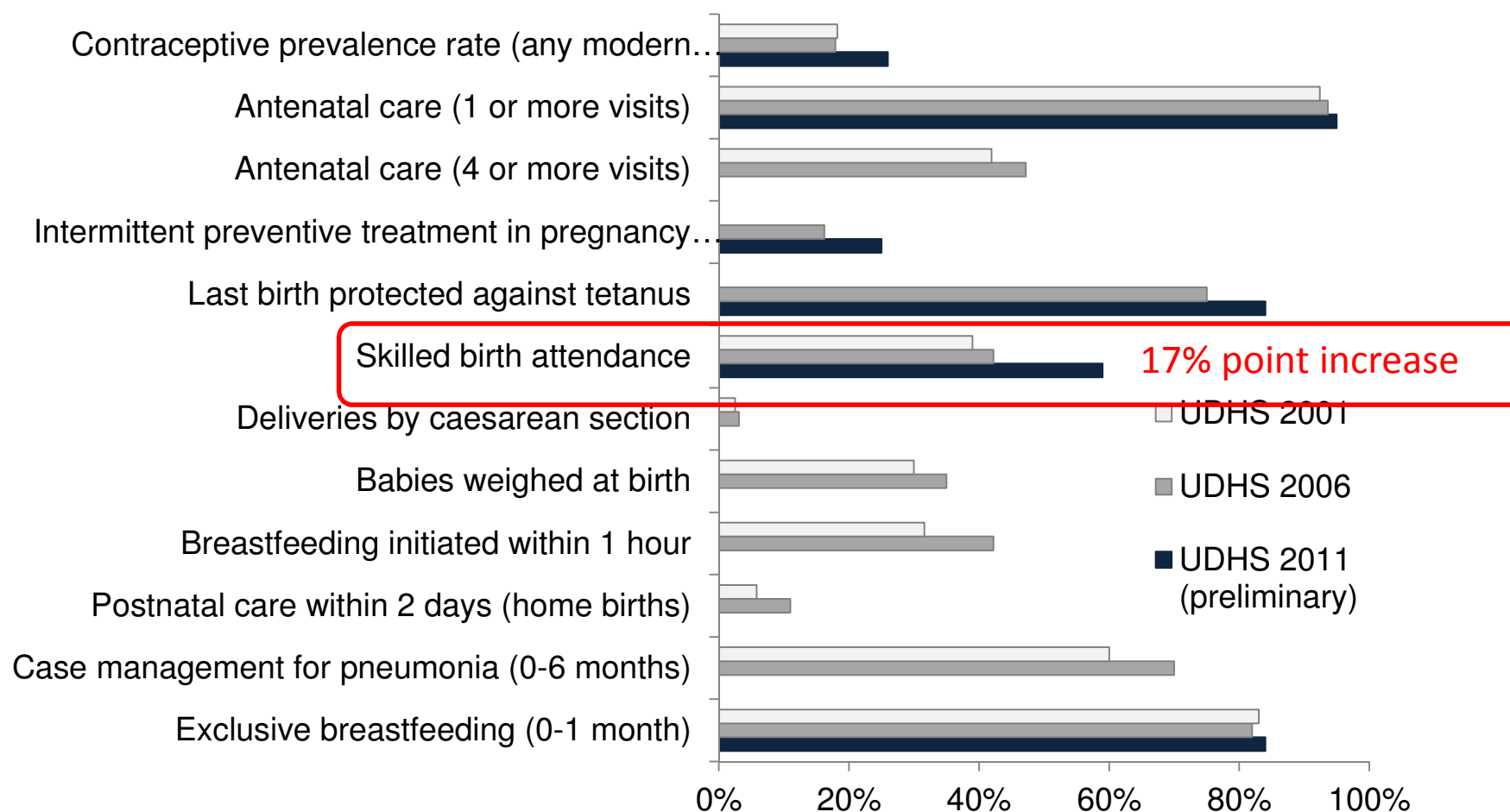
Estimated causes of mortality in 2010 for 39,000 newborn deaths



Source: Mbonye et al. 2012. Newborn Survival in Uganda: a decade of change and future implications. *Health Policy and Planning* 27(Suppl. 3): iii104-iii117.
Data source: Uganda-specific mortality estimates (Liu et al. 2012). Note: Severe infections include sepsis, meningitis, pneumonia and tetanus.



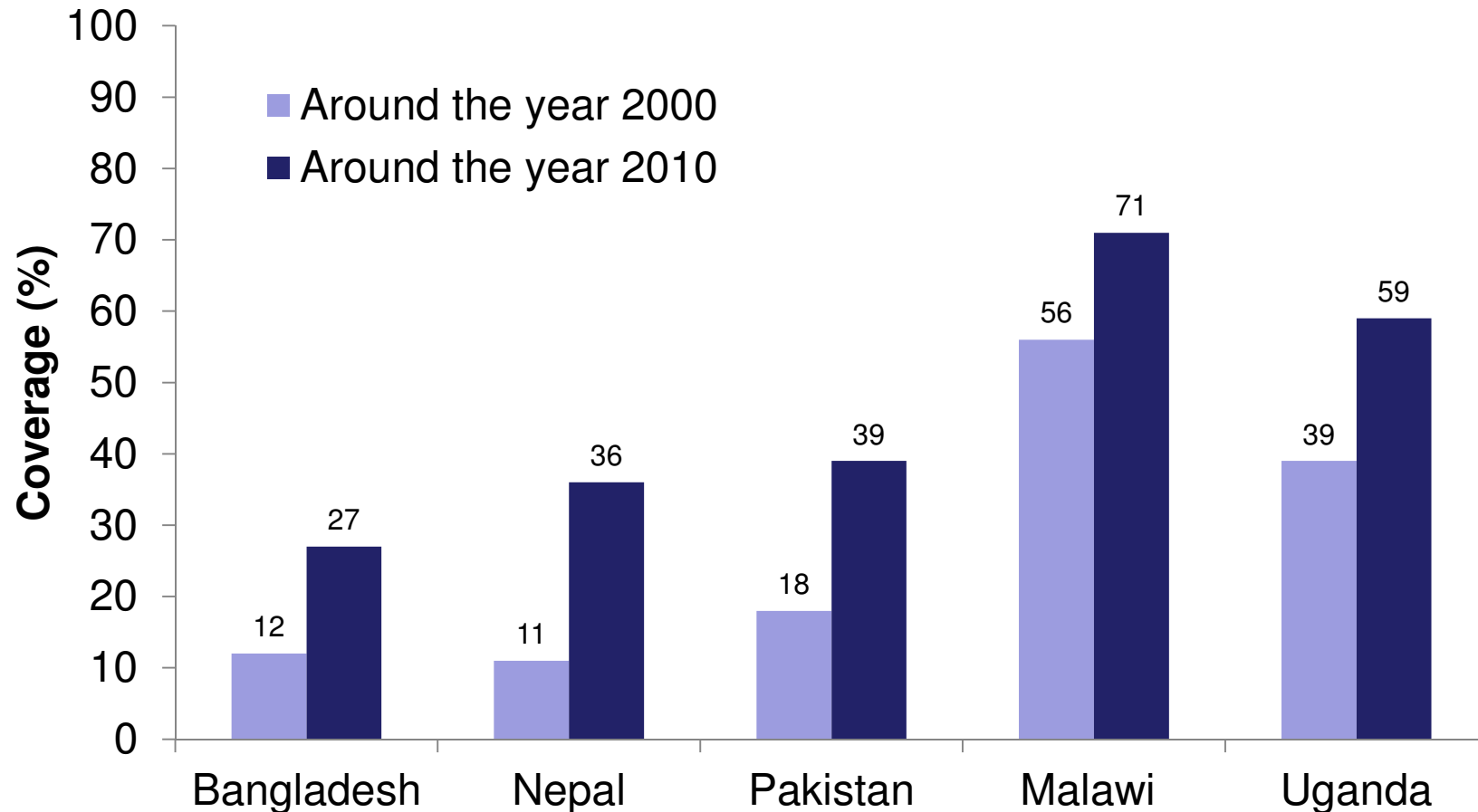
Trends in coverage data for newborn-related interventions and packages



Despite increases in coverage of some interventions many indicators remain low, eg contraceptive use, PNC



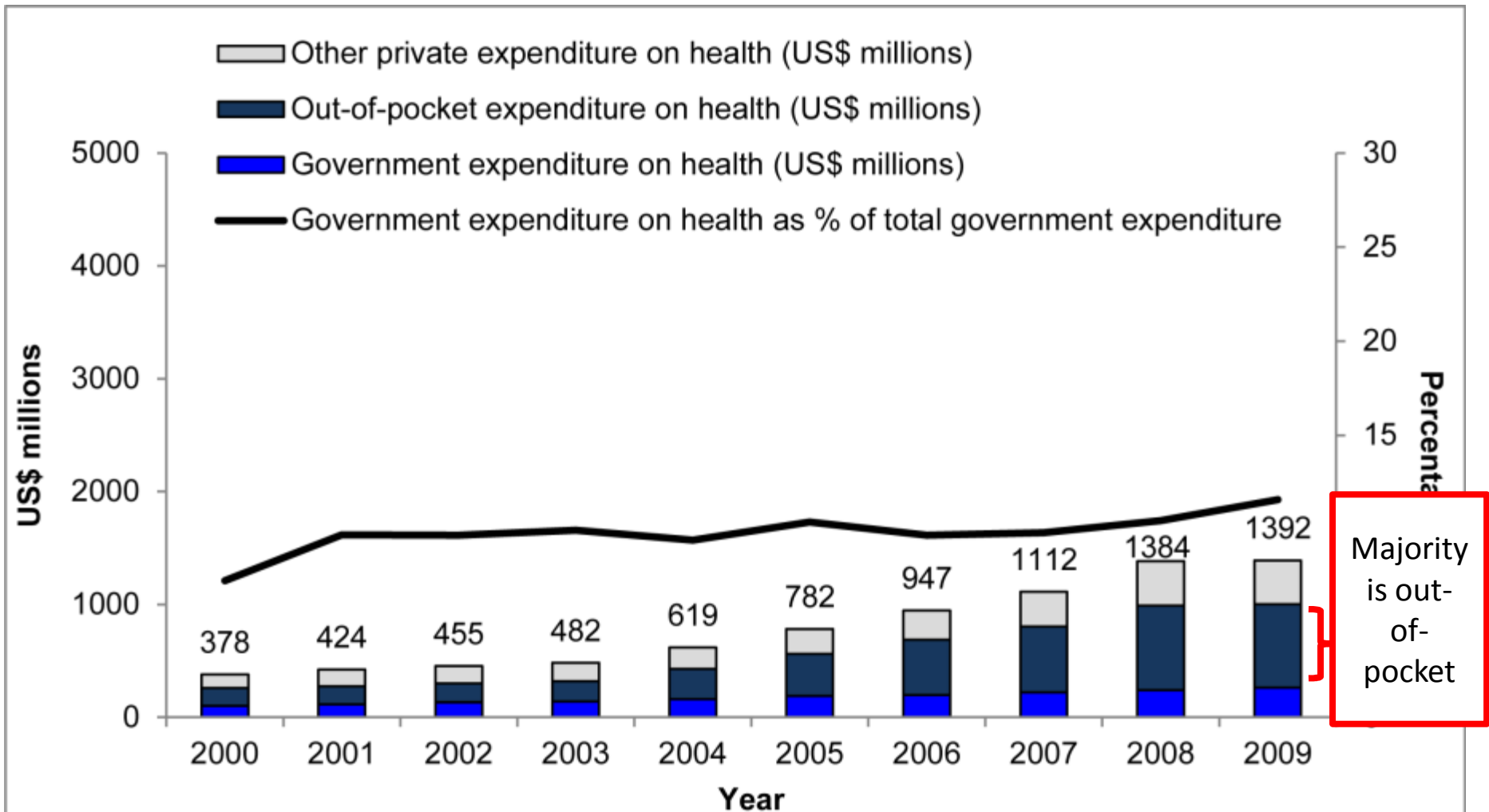
Increases in coverage of skilled attendant at birth



**Over half of women deliver with a skilled attendant in Uganda
– an increase from 2000**



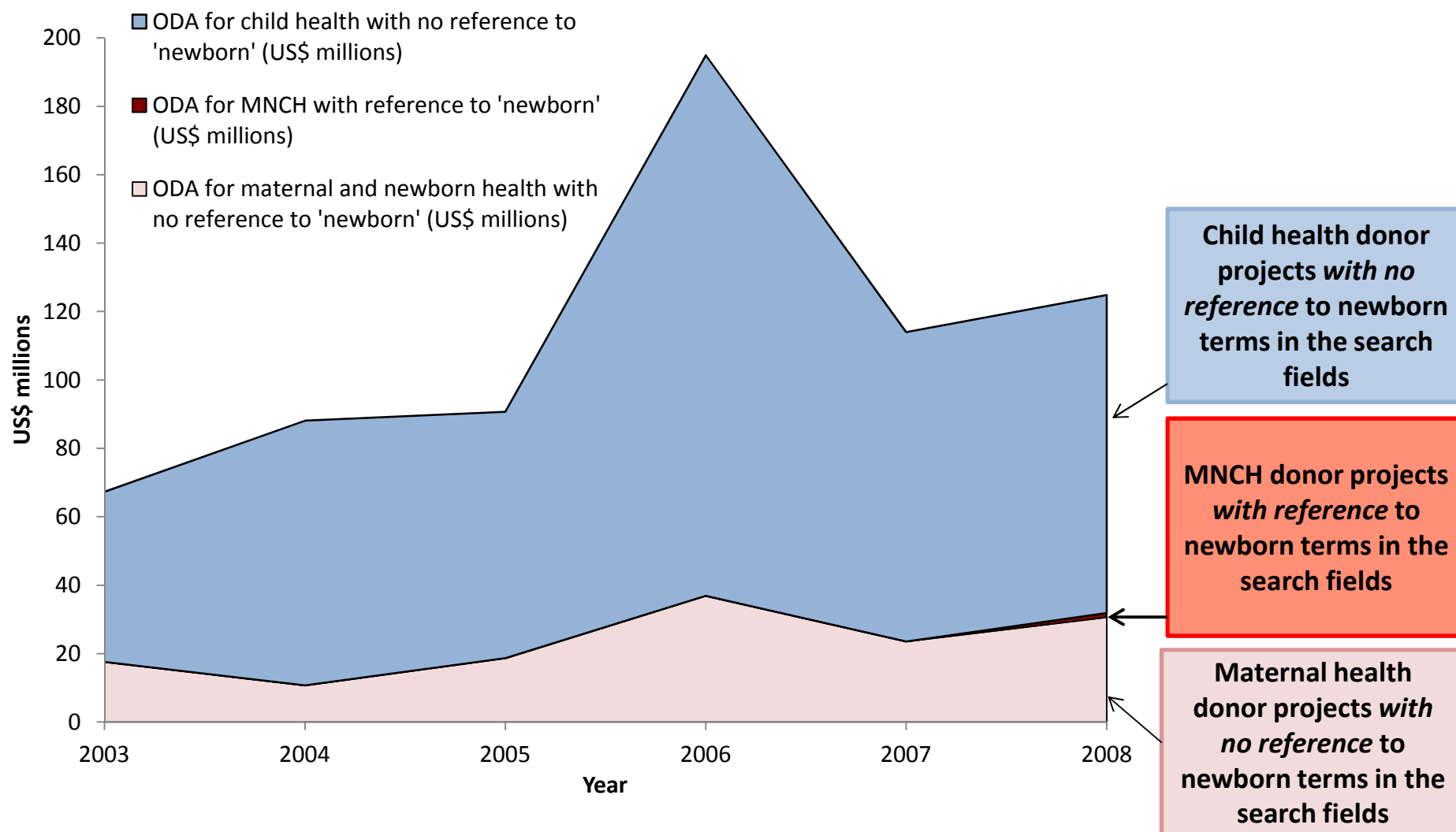
Total health expenditure by government, out-of-pocket, and other private expenditure



Funding for health and MNCH has increased but direct spending by families remains the bulk of health financing



Changes in official development assistance for MNCH



Source: Mboye et al. 2012. Newborn Survival in Uganda: a decade of change and future implications. *Health Policy and Planning* 27(Suppl. 3): iii104-iii117. Data source: (Pitt et al. 2010) with special analysis done by C. PittNote: All values are in constant 2008 USD.



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Policy and Programme Change

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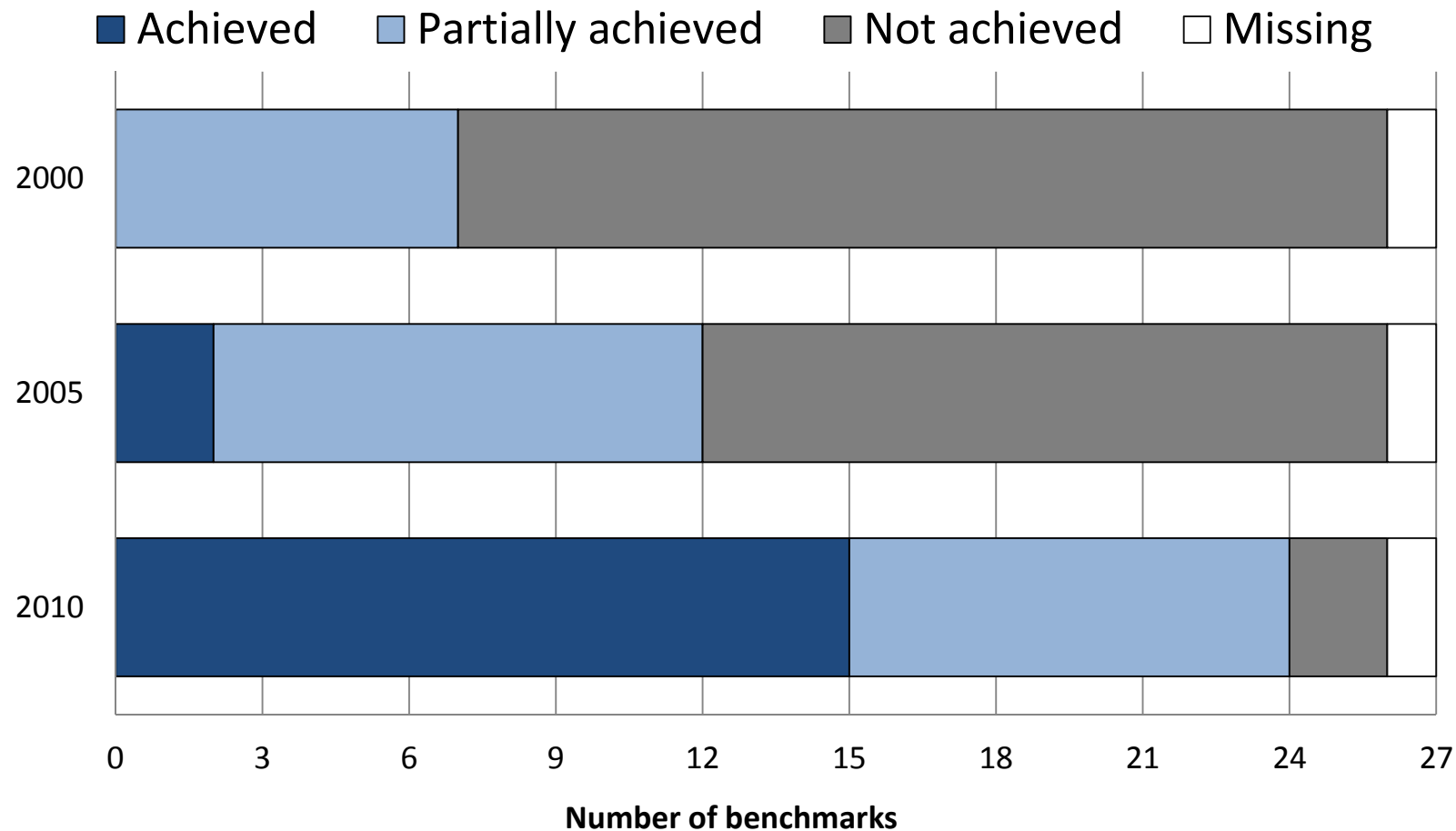
Dr Hanifah Naamala Sengendo

Saving Newborn Lives, Save the Children





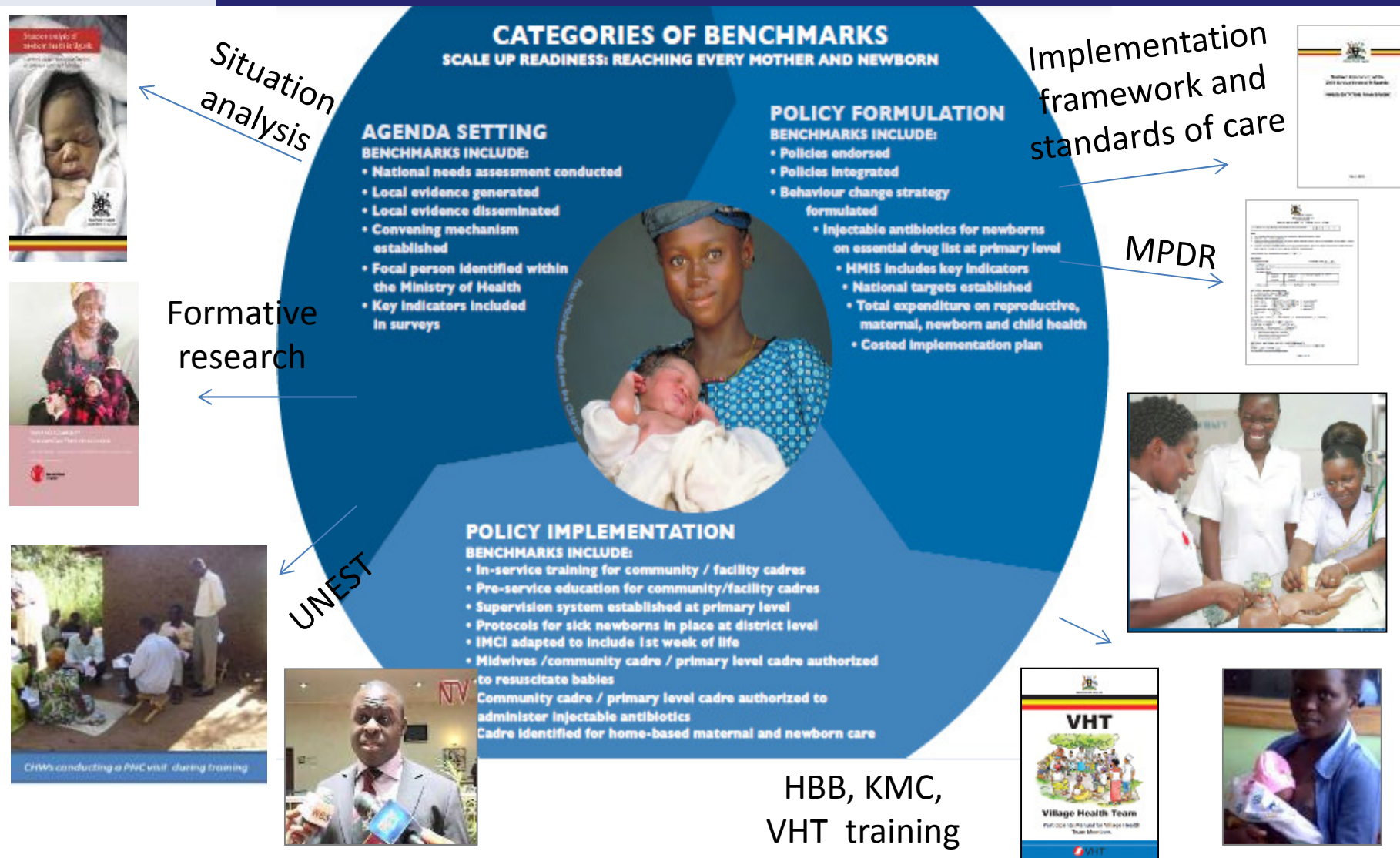
Progress towards Scale-up Readiness Benchmarks for newborn care



Source: Mbonye et al. 2012. Newborn Survival in Uganda: a decade of change and future implications. *Health Policy and Planning* 27(Suppl. 3): iii104-iii117. Note: The missing benchmark relates to financial commitments and does not have data.



Progress towards Scale-up Readiness Benchmarks for newborn care



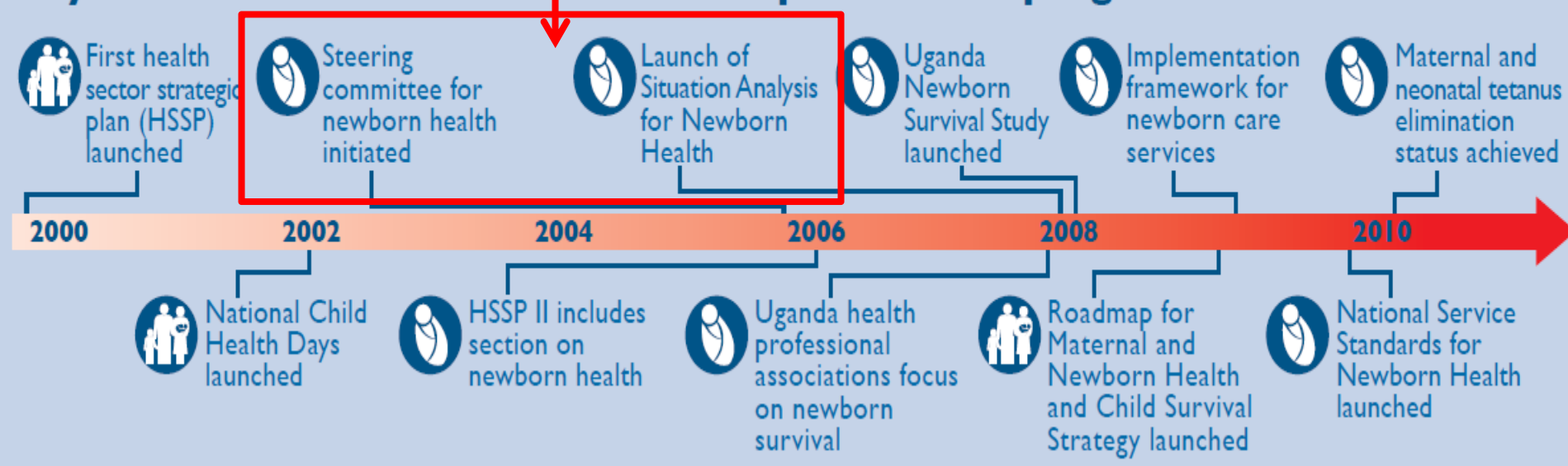
Source: Mbonye et al. 2012. Newborn Survival in Uganda: a decade of change and future implications. *Health Policy and Planning* 27(Suppl. 3): iii104-iii117. Note: The missing benchmark relates to financial commitments and does not have data.

Timeline of progress

When was policy and programme change achieved?

Two pivotal milestones for newborn survival involving multiple champions, partners and wide ownership

Key moments for newborn survival in policies and programmes





Advocacy, partnerships and convening mechanisms

How was policy and programme change achieved?

Bangladesh



Informal partnerships

led by MoH with collaboration from high profile newborn health champions

Pakistan



Informal advocacy by civil society, academia, and donors

became formal in 2008 with Advocacy and Advisory Network for Newborns (AANN)

Uganda



Formal convening mechanism

through the Newborn Steering Committee within MoH Maternal & Child Health cluster



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Current gaps and future plans for newborn health and survival

Health Policy and Planning, Supplement 3, 2012

Dr Gelasius Mukasa

Executive Director, IBFAN Uganda

Chairman, National Newborn Steering Committee





Key messages from the Uganda analysis

- Neonatal mortality reduced by 20% in the past decade, more than the regional average but not enough to help meet MDG 4 for child survival
- Recent attention for newborn survival has lead to rapid change in policies and programmes but coverage increases arising from these changes have yet to be seen



Key messages from the Uganda analysis

- **Local evidence and experience has been invaluable towards ensuring newborn health is prioritised across the health sector**
- **The Newborn Steering Committee has led in change and strengthened dialogue among the MNCH community – is it sustainable and what are the next steps?**

Together we have the tools, funding and opportunity to transform maternal, neonatal and child survival in Uganda– will we deliver?



Outstanding gaps in programme integration

- Link family planning programmes to maternal and newborn survival
- Integration with HIV/AIDS messages and programmes especially around PMTCT delivery
- Continued partnership with health professionals: AOGU, UPA, UPMA, etc
- Finding and developing multi- sectoral champions: education, finance, planning, parliamentarians



Outstanding gaps in programme integration

- **Strategically include the private health sector as many people access the health services from it i.e. about 40% of health services in Uganda are offered by the private sector**
- **Business community not yet incorporated yet it can play a vital role, especially through corporate social responsibility**
- **Attention of social marketing groups / marketers not yet drawn**



Outstanding gaps in evidence

- Methods for further increasing facility delivery and quality of care at health facilities
- Capacity of VHTs to identify and refer sick newborns in the context of iCCM
- Length and content of newborn care training package
 - How to cover LSS, HBB, KMC, IMNCI, MPDR, etc
- H/Ws are very knowledgeable, however, their practical skills are limited (seen from the pretests conducted).
There is urgent need to equip them with practical skills so as to match their level of knowledge



Plans for the National Steering Committee

Through an external evaluation, it was realized that:

The Steering Committee is operating at the central / national level

As a way forward:

1. Incorporate representatives from various districts onto the central committee
2. Establish newborn district teams to enhance ownership at district level and communication through district representatives

Accessing and using the information

DOWNLOAD AND USE THE SUPPLEMENT

Full Report FREE ACCESS at *Health Policy and Planning* Website

http://heapol.oxfordjournals.org/content/27/suppl_3.toc?etoc

Summary Fact cards and additional information at the
Healthy Newborn Network:

<http://www.healthynewbornnetwork.org/resource/decade-change-newborn-survival-summary-cards>

Additional materials, resources, powerpoints:

<http://www.healthynewbornnetwork.org/page/decade-change-newborn-survival>

SOCIAL MEDIA

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