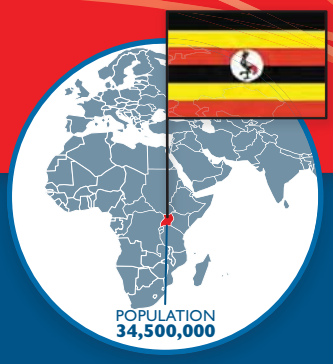
DECADE OF CHANGE

NEWBORN SURVIVAL IN UGANDA



HEADLINE MESSAGES

MDG4

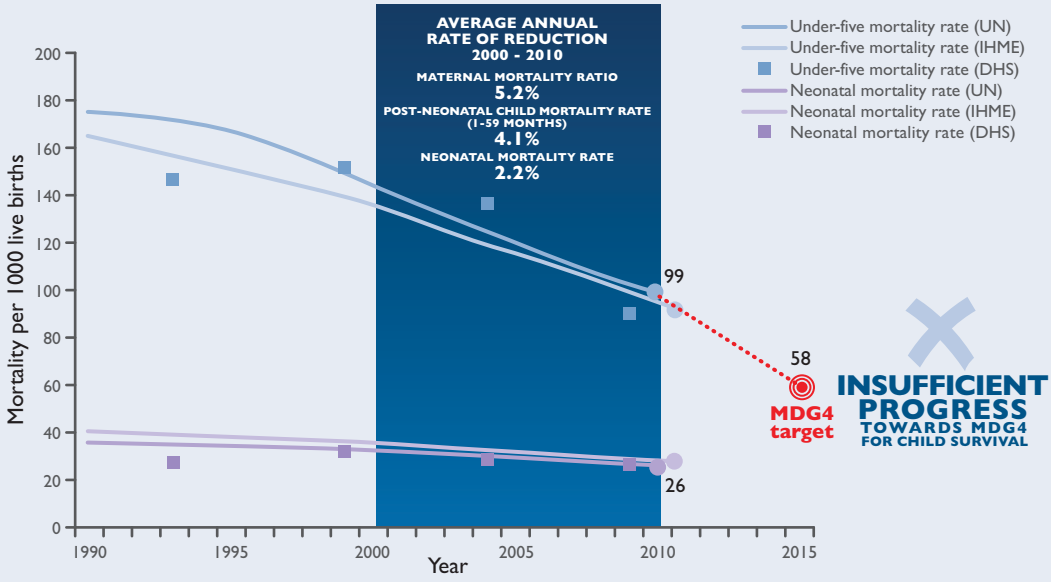
Between 2000 and 2010 **neonatal mortality reduced by 20%**. This is more than the average reduction for sub-Saharan Africa but less than the national reductions in maternal mortality and under-5 mortality after the neonatal period.

There has been an **increase in attention to newborn survival,** as well as comprehensive policy change and the start of programme change for newborn health, with a relatively short period of time.

The multi-disciplinary, inter-agency national Newborn Steering Committee, appointed by the Maternal and Child Health Cluster of the Ministry of Health, has been **instrumental in changing the evidence and policy landscape,** and has strengthened dialogue across the continuum of care for maternal, newborn and child health.

Recognition of opportunities for improved service delivery for newborn care at both health facility and community level shows promise, but improved local data, dedicated funding and a **commitment to achieving high coverage of quality services** are needed in order to save lives.

PROGRESS TOWARDS MILLENNIUM DEVELOPMENT GOAL 4 FOR CHILD SURVIVAL



43,000 NEWBORN LIVES COULD BE SAVED IN 2015 WITH UNIVERSAL COVERAGE OF HIGH-IMPACT INTERVENTIONS

2.2%

ANNUAL REDUCTION IN MORTALITY RATE

NEONATAL MORTALITY PER 1,000 LIVE BIRTHS

32 IN 2000 ▶ 26 IN 2010

NEWBORN DEATHS

38,000 IN 2000 ▶ 39,000 IN 2010

UNDER-FIVE DEATHS THAT WERE NEONATAL

22% IN 2000 ▶ 26% IN 2010

HEALTH EXPENDITURE THAT WAS PAID OUT-OF-POCKET

41% IN 2000 ▶ 53% IN 2009

OFFICIAL DEVELOPMENT ASSISTANCE

CHILD HEALTH ODA - PER CHILD

$9.38 IN 2003 ▶ $15.13 IN 2008

61% INCREASE

MATERNAL & NEWBORN HEALTH ODA - PER LIVE BIRTH

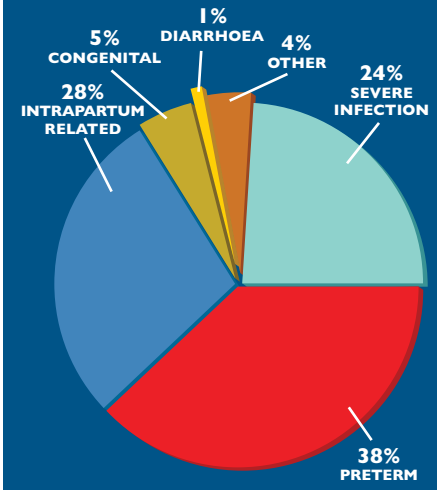
$13.78 IN 2003 ▶ $21.47 IN 2008

56% INCREASE

% OF ODA FOR MNCH MENTIONING "NEWBORN"

0% IN 2003 ▶ 1% IN 2008

CAUSES OF NEONATAL DEATH



NEWBORN SURVIVAL IN UGANDA

What happened and what was learned?

Before 2006, almost no policy or programmatic attention in Uganda was given to newborn survival. Rapid and comprehensive policy change including a specific framework for newborn health programming and national standards for establishing and monitoring newborn care services have set the stage for implementation. The multi-disciplinary Newborn Steering Committee has provided a platform within the Ministry of Health for technical leadership and broad stakeholder consensus. However, policy change and national consensus on technical needs cannot guarantee progress for newborn survival without adequate funding for implementation and commitment from district level actors.

Going forward

As more women access facility-based care during pregnancy and childbirth, strengthening district-level planning and budgeting for newborn services and connecting communities and facilities is needed within an integrated continuum of care approach. New research is expected to continue to inform implementation, especially at district level. While some progress has been made, there is still a need to accelerate progress to reduce newborn deaths and improve care for the 1.5 million babies who are born each year in Uganda. Newborn health is not promoted and protected within a vacuum; the same interventions will also improve care for mothers and older children and strengthen the overall health system.

Village Health Team (VHT) Strategy

VHTs are designed to extend basic health care services to the entire population, especially to those in rural areas but a 2009 assessment found newborn care to be lacking within VHT activities. In July 2010, new VHT materials incorporating lessons learned from the Uganda Newborn Study (UNEST) were launched with newborn health interventions and messages, including a schedule of antenatal and postnatal care visits. A 2011 assessment of newborn care within integrated Community Case Management revealed that health facility staff are knowledgeable and supportive of the role VHTs play in conducting home visits. While roll-out of VHT training has been rapid, implementation is primarily led by a few partners. Further commitment to scaling up VHTs in all districts together with evaluation of the impact of VHTs on newborn outcomes is needed.

CONTEXT

History of regional **civil unrest**

High total fertility rate

Growing **gap between rich and poor**

HEALTH CONTEXT

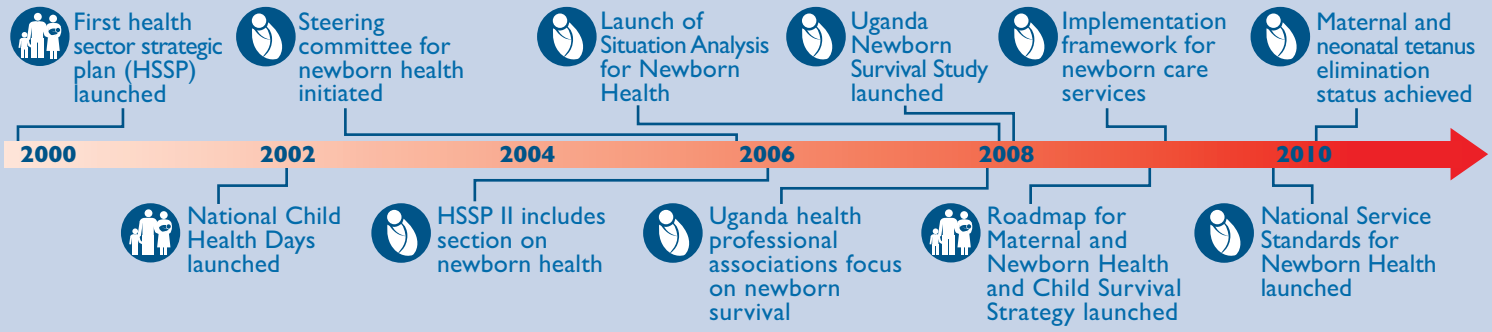
14.3
HEALTH WORKERS
PER 10,000 POPULATION (2005)

BIRTHS THAT TOOK PLACE IN A FACILITY

39% IN 2000 ▶ **57%** IN 2010

Photo: Anne-Sofie Helms/Save the Children

Key moments for newborn survival in policies and programmes



For more information see Mbonye AK, Sentongo M, Mukasa GK, Byaruhanga R, Sentumbwe-Mugisa O, Waiswa P, Sengendo H, Aliganyira P, Nakakeeto M, Lawn J.E., Kerber K. 2012. Newborn survival in Uganda: a decade of change and future implications. Health Policy and Planning 27(Suppl. 3):iii104–iii117.

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