

REACHING THE EVERY NEWBORN NATIONAL 2020 MILESTONES

COUNTRY PROGRESS, PLANS AND MOVING FORWARD

Executive Summary

Newborn health plays an increasingly important role in the Sustainable Development Goal (SDG) period; the day of birth and the first 28 days of life are the most vulnerable time for a child's survival and health. Newborn deaths account for 45 percent of under-five deaths globally, up from 40 percent in 1990.

Each day, an estimated 830 women¹ and 7,300 newborns die. In addition, over 7,000 women experience a stillbirth and half of these occur after labour has begun.² Three-quarters of newborn deaths result from three preventable and treatable conditions – complications due to prematurity, events during childbirth and neonatal infections. Nearly all maternal deaths and all those stillbirths that occur during labour are preventable with quality care during childbirth. Beyond survival, the health of each child and adolescent of the SDG period begins with a healthy mother, a healthy birth and good health in the critical first days of life.

Every Newborn: an action plan to end preventable deaths is a road map of strategic actions that harness evidence-based solutions to end preventable newborn mortality and stillbirths, and contribute to reducing maternal mortality and morbidity. Endorsed by 194 member states at the 67th World Health Assembly, the plan identifies eight specific milestones that guide immediate actions needed by 2020 to best impact the ambitions of the SDG and the Global Strategy for Women's, Children's and Adolescents Health by their close in 2030 (See Table 4).

Country leadership has been critical to strengthen engagement, action and partner harmonization efforts toward the implementation of the Every Newborn Action Plan, which targets the reduction of the neonatal mortality rate to 12 or fewer per 1,000 live births and stillbirths to 12 or fewer per 1,000 births in all countries by 2030. The neonatal target is SDG 3.2, and is closely linked to SDG 3.1 for ending preventable maternal mortality. Both the neonatal and stillbirth reduction targets are included as core indicators in the Every Woman Every Child Global Strategy for Women's, Children's and Adolescents' Health (2015-2030).

Every Newborn Action Plan integrated into national health strategies

Good progress has been made in those countries with the highest number of newborn deaths.

- In total, 48 countries and territories with high burdens of newborn mortality and stillbirth had finalized national newborn plans or strengthened the relevant components within national health strategies (See Table 1).
- 19/20 countries with the highest number of newborn deaths have done so. This is in progress in Mozambique, the 20th country (See Table 2)

Slower progress has been achieved in those 20 countries with the highest rates of newborn mortality (See Table 2).

¹ WHO, UNICEF, UNFPA, The World Bank, United Nations Population Division. Trends in maternal mortality: 1990 to 2015. Geneva: WHO, 2015

² UN Inter-agency Group for Child Mortality Estimation (IGME). Levels and trends in child mortality: Report 2015. New York, USA: UNICEF, 2015.(www.childmortality.org)



Table 1. Status of integration of Every Newborn Action Plan into national health strategies

| | |
|--------------------|---|
| Completed | Afghanistan, Angola, Bangladesh, Benin, Bhutan, Burkina Faso, Cameroon, China, Côte d'Ivoire, Democratic Republic of Congo, Djibouti, Egypt, Eritrea*, Ethiopia, Ghana, Guinea, India, Indonesia, Iraq, Jordan, Kenya, Lao People's Democratic Republic*, Lebanon, Liberia, Malawi*, Mali, Mauritania, Mongolia*, Morocco, Myanmar, Namibia*, Nepal, Niger, Nigeria, Pakistan, Palestine, Papua New Guinea*, the Philippines, Rwanda*, Senegal, Sri Lanka, Solomon Islands*, Sudan, Thailand*, Timor-Leste*, Uganda, United Republic of Tanzania, Viet Nam (48) |
| In Progress | Azerbaijan*, Central African Republic, Chad, Guinea, Guinea Bissau, Islamic Republic of Iran, Lesotho, Mozambique, Republic of Moldova*, Pakistan, Sierra Leone, South Sudan, Somalia, Syrian Arab Republic, Zambia*, Zimbabwe (16) |

Source: Data for the countries marked with an asterisk are from WPRO Progress Report 2016 and WHO Regional Offices. All other data is from the Every Newborn Tracking Tool in 2016.

Table 2. Progress towards national newborn health plans in the 33 countries with the highest newborn mortality rates and/or burden of neonatal deaths

| Countries and territories | Neonatal deaths 2015 | Neonatal mortality rate 2015 | Top 20 Global Ranking for stillbirth rates | National Newborn plan | Newborn component strengthened in RMNCH plan | National plan costed | Neonatal mortality rate target | Stillbirth rate target |
|----------------------------------|----------------------|------------------------------|--|-----------------------|--|----------------------|--------------------------------|------------------------|
| India | 695,850 | 28 | | | | | | |
| Pakistan | 244,750 | 46 | * | | | | | |
| Nigeria | 240,110 | 34 | * | | | | | |
| Democratic Republic of the Congo | 94,250 | 30 | | | | | | |
| China | 93,440 | 6 | | | | | | |
| Ethiopia | 87,410 | 28 | * | | | | | |
| Bangladesh | 74,380 | 23 | | | | | | |
| Indonesia | 73,920 | 14 | | | | | | |
| Angola | 53,160 | 49 | * | | | | | |
| United Republic of Tanzania | 38,580 | 19 | | | | | | |
| Sudan | 38,570 | 30 | | | | | | |
| Afghanistan | 36,240 | 36 | * | | | | | |
| Egypt | 35,820 | 13 | | | | | | |
| Kenya | 33,740 | 22 | | | | | | |
| Côte d'Ivoire | 31,470 | 38 | * | | | | | |
| Uganda | 29,740 | 19 | | | | | | |
| Philippines | 29,600 | 13 | | | | | | |
| Mozambique | 28,800 | 27 | | | | | | |
| Brazil | 28,600 | 9 | | | | | | |
| Mali | 27,440 | 38 | * | | | | | |
| Chad | 23,790 | 39 | * | | | | | |
| Somalia | 17,690 | 40 | * | | | | | |
| South Sudan | 17,030 | 39 | * | | | | | |
| Guinea | 14,290 | 31 | | | | | | |
| Benin | 11,960 | 32 | * | | | | | |
| Sierra Leone | 7,620 | 35 | | | | | | |
| Central African Republic | 6,990 | 43 | * | | | | | |
| Mauritania | 4,700 | 36 | * | | | | | |
| Guinea-Bissau | 2,590 | 40 | * | | | | | |
| Lesotho | 2,050 | 33 | | | | | | |
| Equatorial Guinea | 940 | 33 | | | | | | |
| Comoros | 890 | 34 | * | | | | | |
| Djibouti | 740 | 33 | * | | | | | |

KEY:
20 countries with the highest number of newborn deaths
20 countries with the highest newborn mortality rate
In both categories
Complete
In process
Not in process
No response provided
Did not complete the tool

Source: UN Inter-agency Group for Child Mortality Estimation (IGME). Levels and trends in child mortality: Report 2015. New York, USA: UNICEF, 2015 and Blencowe H et al. 2016. Group National, regional, and worldwide estimates of stillbirth rates in 2015 with trends from 2000. The Lancet Global Health Group. All our data sourced from the Every Newborn Tracking Tool in 2016

Setting newborn and stillbirth reduction targets in national plans

- 43 countries and territories have defined a Newborn Mortality Reduction target (See Table 3)
- 10 countries have reported that they have defined a Stillbirth Reduction target (See Table 3)
- Only 2 of the countries in the Top 20 for stillbirth rates have included a Stillbirth Reduction target in their country plans (Ethiopia and Nigeria).

Table 3. Setting Newborn Mortality Reduction and Stillbirth Reduction targets

| Defined a Newborn Mortality Reduction target | Defined Stillbirth Reduction target |
|--|--|
| Afghanistan, Angola, Bangladesh, Bhutan, Burkina Faso, Cambodia, Cameroon, China, Côte d'Ivoire, Democratic Republic of Congo, Egypt, Ethiopia, Ghana, Guinea, India, Indonesia, Kenya, Lao People's Democratic Republic, Liberia, Malawi, Mali, Mauritania, Mongolia, Morocco, Myanmar, Nepal, Niger, Nigeria, Pakistan, Palestine, Papua New Guinea, the Philippines, Rwanda, Senegal, Sri Lanka, Solomon Islands, Sudan, Syrian Arab Republic, Timor Leste, Uganda, United Republic of Tanzania, Vietnam, Zimbabwe (43) | Bangladesh, Bhutan, Ethiopia, India, Indonesia, Nepal, Nigeria, Sri Lanka, Sudan, United Republic of Tanzania (10) |
| <ul style="list-style-type: none"> • Iraq reports that this is in progress | <ul style="list-style-type: none"> • Cameroon and Iraq report that this is in progress |

Tracking progress

The 2017 report **Reaching the Every Newborn National Milestones by 2020** provide an up to date account of country progress. The report is informed by the participating countries use of the Every Newborn Tracking Tool, which captures the process of country ownership and action. This simple tracking tool was developed by maternal and newborn health partners to measure progress or lack thereof on the eight Every Newborn Milestones (See Table 4). Fifty-one countries adopted with tool in 2016.

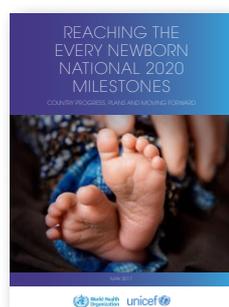
Table 4. Every Newborn National Milestones by 2020

| | |
|--|---|
| 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. |
| 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. |
| Investment in Health Workforce | Develop or integrate costed human resources for health strategy into RMNCAH plans and ensure sufficient financial resources are budgeted and allocated. |
| Health Workforce Capacity and Support | Ensure the training, deployment and support of health workers, in particular midwifery personnel, nurses and community health workers. |
| Community Engagement | Involve communities, civil society and other stakeholders to increase demand and ensure access to and coverage of essential maternal and newborn care. |
| 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. |
| 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. |
| 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. |

Source: Every Newborn Action Plan 2014

Our in-depth look at the 51 countries and territories that used the Every Newborn Tracking Tool in 2016 found considerable progress for all milestones, including;

- Forty-one countries report having a national quality improvement programme, and 30 of these have a specific focus on maternal and newborn care.
- Thirty-four countries have adopted legislation or policies on the notification of maternal death within 24 hours.
- Twenty-three countries have started perinatal death reviews.
- Forty-five countries report having health workers at appropriate levels of care authorized to administer life-saving interventions and commodities.
- Thirty countries have a human resource strategy for skilled attendance at birth, and 18 countries have a strategy for retention of these cadres.
- Twenty-three countries have included all the seven essential medical products and technologies in their National Essential Medicines List.
- Thirty-four countries have a national health insurance scheme/policy for free maternal and newborn services including care for sick newborns.
- Eighteen countries have developed a national communication strategy on newborn survival, and 28 countries have a community engagement or social mobilization strategy for maternal and newborn health.
- Thirty-two countries report to be fully implementing their post natal care policy.



Report: See the full report **Reaching the Every newborn National Milestones by 2020** at http://www.who.int/maternal_child_adolescent/topics/newborn/en/

Every Newborn Global Milestones and Results Framework (2017-2018)

Since the endorsement of the Every Newborn Action Plan, regional and global support for its implementation has been led by WHO and UNICEF, who chair the Every Newborn Management Team. Support is coordinated in accordance with the identified needs and technical assistance requests from countries and aligned to the Every Newborn Global Milestones that were endorsed at the World Health Assembly in 2014 (See Table 5).

The Every Newborn Results Framework 2017-2018 was endorsed by the Every Newborn Management Team in December 2016 to articulate work at the global level to support countries to accelerate their progress toward the National Milestones for 2020. It sets out activities to be undertaken in 2017 and 2018 to reach specific outputs by December 2018. Working groups have been formed for activities or groups of activities and report every month to the Every Newborn Management Team.

Table 5: Every Newborn Global Milestones for 2020

| A | Milestones | B | Milestones |
|-------------------------|---|----------------|--|
| Data | 1. Design and test a minimum perinatal dataset | Accountability | Ensure SDG development framework includes specific targets in newborn mortality and stillbirth reduction. |
| | 2. Create a monitoring plan, improve programmatic coverage data including equity and quality gap assessments and improve indicators and investment to ensure that these are being tracked at scale. | | |
| | 3. Count every birth and death for women and babies including stillbirths - invest in civil registration and vital statistics, and innovate to improve and ensure the poorest are counted. | Investment | Ensure that investment in maternal and newborn health is continued in 2015 and sustained in the SDG period. |
| Quality | Develop standards of quality and a core set of indicators to access quality of maternal and newborn care at all levels of the health system. | Coordination | Ensure coordinated support among UN partners, donors, academic, non-governmental organizations and the private sector, and intensify efforts in the 20 countries that account for 80 per cent of all newborn deaths. |
| Research and innovation | Develop, adapt and promote access to devices and commodities to improve care for mothers and newborn babies around the time of birth, and agree on, disseminate and invest in a prioritized and coordinated research agenda to improve preterm and newborn health outcomes. Particular focus is required for stillbirths, who have been left out and left behind. | | |
| Champions | Develop newborn champions and engage champions in RMNCAH to integrate newborn messaging. | | |

Source: Every Newborn Action Plan 2014

Progress towards the Global Milestones is included in Table 5 as a scorecard, with green for those milestones that are achieved and orange for those that are in progress. Progress is advancing toward all milestones in close coordination with the Every Woman Every Child Global Strategy for Women's, Children's and Adolescents' Health, and related initiatives including the Network to Improve Quality of Care for Maternal, Newborn and Child Health, Ending Preventable Maternal Mortality, and partners activity to support Universal Health Coverage and healthworkers. The ambitious goals for maternal and newborn survival and wellbeing can only be met with the consistent and harmonized support of partners to increase coverage and quality of maternal and newborn health services.

Two milestones are of particular note:

Quality: Momentum was achieved on quality of care with the launch in Malawi in February 2017 of a Network for Improving Quality of Care for Maternal, Newborn and Child Health which fosters cross-country exchange and plans for nine first-wave countries. Additionally, large-scale quality improvement learning activities are progressing through regional leadership in South and Southeast Asia and the Pacific region, including a regional quality improvement learning hub and extensive coaching and mentoring in facilities.

Data: The urgent need for improved national data was one of the main messages during the development of the Every Newborn Action Plan, specifically the need for programmatically relevant data to drive coverage, and also understanding of the equity and quality gaps. To accelerate progress, country-led national programmes need additional exposure to quality of care indicators and innovations in data collection.

- Guidance and tools for audit and response for perinatal mortality were released and piloted by WHO in 2016; "Making Every Baby Count: Audit and Review of Stillbirths and Neonatal Deaths".
- The Every Newborn Measurement Improvement Plan, developed in 2015, provides a multi-country, multi-partner approach to improving data gathering by 2020 and progress includes (a) coverage of care indicators have been defined for selected interventions and are being validated through a three-country study to observe 20,000 births; (b) service readiness for the small and sick newborn, a major measurement gap is being investigated as well as a multi-country situation analysis on who cares for the small and sick aim to support updated guidance on the care of small and sick newborns including defining the levels of care.
- The INDEPTH network led by Makerere University, Uganda, is working with 5 country sites to compare different survey methods for pregnancy outcomes in a study of 70,000 births in close coordination with the Demographic Health Survey, UNICEF Multiple Indicator Cluster Surveys, and the Centre for Disease Control.
- The harmonization of newborn and maternal metrics has been improved through the establishment of MoNITOR (Maternal and Newborn Information for Tracking Outcomes and Results), with six-monthly meetings hosted by WHO.