

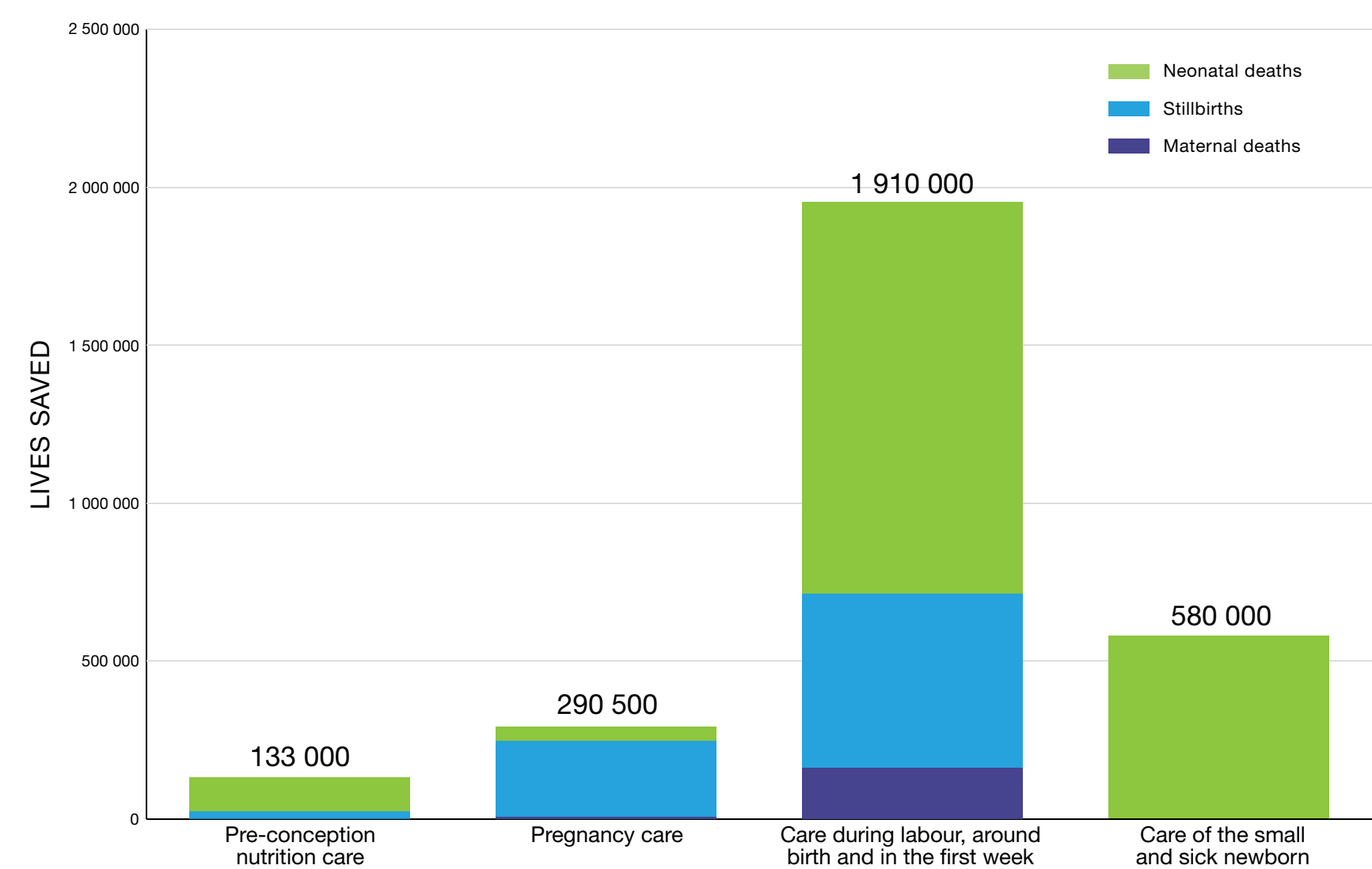
EVERY NEWBORN IN ACTION: COUNTRY PROGRESS, PLANS AND MOVING FORWARD

WHY IT MATTERS:

To end preventable death, morbidity and disability

- Each day, an estimated 830 women and 7,300 newborns die from complications during pregnancy, childbirth and further neonatal causes.
- In addition, over 7,000 women experience a stillbirth and half of these occur after labour has begun.
- Three-quarters of all newborn deaths result from three preventable and treatable conditions – complications due to prematurity, intrapartum-related deaths (including birth asphyxia) and neonatal infections
- Additionally, nearly all maternal deaths and the estimated 1.3 million stillbirths that occur during labour are preventable with quality care during childbirth¹.
- Beyond survival, the health of each child begins with a healthy mother, a healthy birth and good health in the critical first days of life.
- Achieving the goals and targets set out in the SDGs and the EWEC Global Strategy for Women's, Children's and Adolescents' Health is underpinned by achieving the Every Newborn 2020 Milestones.

Figure 1: Projection for 2025 of the lives that could be saved each year with universal coverage of care of maternal and neonatal services



Source: Every Newborn Action Plan, 2014.

WHERE DO WE NEED TO GO?

Every Newborn 2020 National Milestones

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.

Coverage and quality of care around birth:

- 90% of women giving birth and babies born in facilities will receive effective high-quality and respectful care that includes essential care during pregnancy, labour and following birth, with preventive care and appropriate management of complications for the mother and newborn.
- Maternal and perinatal death surveillance, timely response and regular monitoring of quality of care will be an integral part of maternal and newborn health services.

Coverage and quality of care for small and sick newborns:

- At least half of babies who do not breathe spontaneously at birth after thorough drying and stimulation will be resuscitated with bag and mask ventilation;
- At least half of stable preterm newborns or babies weighing less than 2000g will receive kangaroo mother care and other supportive care;
- At least half of newborns with possible serious bacterial infection will receive antibiotic therapy.
- Country-specific targets for comprehensive neonatal intensive care will be set, including tracking of disability.

Home visits and participatory group support for women and newborns:

- Each country will achieve at least a 20% increase (or an increase to 90% if their baseline is above 70%) of early postnatal care for women and newborns within two days of birth to promote breastfeeding, counselling and screening for maternal and newborn complications, and postnatal family planning.
- Linking to community participatory approaches and parent groups is an important component of this strategy

WHERE WE ARE

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.
- 19/20 countries with the highest number of newborn deaths have done so. This is in progress in Mozambique, the 20th country.

Slower progress has been achieved in those 20 countries with the highest rates of newborn mortality.

Our in-depth look at those 51 countries and territories that completed the Every Newborn Tracking Tool found considerable progress for all milestones.

- Forty-one countries report having a national quality improvement programme and 30 of these have a specific focus on maternal and newborn care.
- Forty-five countries report having health workers at appropriate levels of care authorized to administer life-saving interventions and commodities.
- The Maternal Death Surveillance and Review mechanism is in place for 44 countries.
- Twenty-three countries have started perinatal death reviews.
- 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.
- 32 report to be implementing their postnatal care policy.

Table 1. 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 RMNCAH plan	National plan costed	Neonatal mortality rate target	Stillbirth rate target
India	698,850	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	28,800	9	*					
Mali	27,440	38	*					
Chad	23,790	39	*					
Somalia	17,690	40	*					
South Sudan	17,030	39	*					
Guinea	14,290	31	*					
Benin	11,990	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; Complete in process; Not in process; No response provided; Did not complete the tool

Source: UN High-level Group of Experts (HLGE) 2014; 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.

KEY ACTIONS TO ACCELERATE PROGRESS

- 1. Stillbirth reduction target included in National Plans**
- 2. Improve the quality of maternal and newborn care and expand the coverage of maternal and neonatal services**
 - A. Implement the WHO 2016 standards - improve quality of care while expanding coverage
 - B. Implement WHO ANC guidelines
 - Increased number of visits, with quality care
 - C. Support to countries to improve the care to small and sick newborn care
 - Situation analysis on the care of small and sick newborns.
 - Understanding who provides the care, and how those providers feel prepared to provide that care: Survey
 - D. Improve guidance and support to improving post-natal care - both in facilities and communities.
 - Issues: When policy exists, national and district level implementation varies and there are large coverage gaps.
 - New guidelines in 2018 on the content, timing and provision of PNC for the mother and the newborn
- 3. Invest in our Health workforce: Midwifery is essential to this effort:**
 - A. Critical to ensure the continuum of care – caring for mothers and babies from pregnancy through to post-natal
 - B. Central to deliver quality care to women and children
 - C. Powerful to advocate for quality of care for all
 - D. Fundamental to engage communities to demand better health for women, children and their families

EVERY NEWBORN MILESTONE: INVESTMENT IN THE HEALTH WORKFORCE

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

Thirty countries reported that they have developed a human resources plan or strategy for skilled attendance at birth.

Table 2. National Health workforce strategies

	Yes	In process	No
A human resource plan/strategy for skilled attendance at birth is in place	Afghanistan, Angola, Bhutan, Burkina Faso, Cameroon, Chad, Côte d'Ivoire, Djibouti, Democratic Republic of Congo, Egypt, Ethiopia, Ghana, Guinea, Guinea-Bissau, India, Indonesia, Iran, Islamic Republic of, Kenya, Liberia, Morocco, Myanmar, Nepal, Niger, Pakistan, Palestine, Sri Lanka, Sudan, United Republic of Tanzania, Viet Nam, Zimbabwe (30)	Jordan, Libya, Nigeria, Senegal, Syrian Arab Republic (5)	Benin, China, Gambia, Iraq, Lebanon, Lesotho, Mali, Mauritania, Namibia, the Philippines, Sierra Leone, Togo, Tunisia, Yemen (14)

EVERY NEWBORN MILESTONE: HEALTH WORKFORCE CAPACITY AND SUPPORT

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

Table 3. Countries reporting the status of policies to support health workers' retention and competencies

Indicator	2016 (n=51)		
	Yes	In process	No
A retention policy/strategy for skilled attendance at birth or relevant cadres is in place	Afghanistan, Burkina Faso, Cameroon, Egypt, Ethiopia, Gambia, India, Iran, Islamic Republic of, Nepal, Niger, Palestine, Senegal, Sudan, Syrian Arab Republic, Uganda, United Republic of Tanzania, Viet Nam, Zimbabwe (18)	Liberia, Nigeria (2)	Angola, Benin, Bhutan, China, Côte d'Ivoire, Djibouti, Democratic Republic of Congo, Ghana, Guinea, Guinea-Bissau, Indonesia, Iraq, Jordan, Kenya, Lebanon, Lesotho, Libya, Mali, Mauritania, Myanmar, Namibia, Pakistan, the Philippines, Sierra Leone, Sri Lanka, Togo, Tunisia, Yemen (28)
Competency- and skill-based service/training/education for maternal and newborn health	Afghanistan, Angola, Benin, Bhutan, Burkina Faso, Cameroon, Chad, China, Côte d'Ivoire, Djibouti, Democratic Republic of Congo, Egypt, Ethiopia, Gambia, Ghana, Guinea, Guinea-Bissau, India, Indonesia, Iran, Islamic Republic of, Iraq, Kenya, Lesotho, Liberia, Libya, Mali, Myanmar, Nepal, Niger, Nigeria, Pakistan, Palestine, Senegal, Sierra Leone, Sri Lanka, Sudan, Syrian Arab Republic, Togo, Tunisia, Uganda, United Republic of Tanzania, Viet Nam, Yemen, Zimbabwe (44)	Lebanon (1)	Jordan, Mauritania, the Philippines (3)

EXAMPLE OF POSTNATAL CARE

Status of Post-natal home visits

- Among the 75 countries included in the Countdown 2015 report, 59 reported having a policy for post-natal home visits during the first week after childbirth. However, implementation of this policy is in varying stages of progress.
- Thirty-two of the 51 countries using the Every Newborn Tracking Tool reported that the home-based post-natal care policy was being implemented.

Table 4. Status of reported implementation of policies on home-based postnatal care

Yes	In process	No
Benin, Bhutan, Burkina Faso, Cameroon, China, Côte d'Ivoire, Djibouti, Democratic Republic of Congo, Egypt, Ethiopia, Gambia, Ghana, Guinea-Bissau, India, Indonesia, Iran, Islamic Republic of, Kenya, Liberia, Mali, Namibia, Niger, Nigeria, Pakistan, Palestine, Senegal, Sierra Leone, Sri Lanka, Sudan, Uganda, United Republic of Tanzania, Viet Nam, Zimbabwe (32)	Afghanistan (1)	Angola, Chad, Guinea, Iraq, Jordan, Lebanon, Lesotho, Libya, Mauritania, Morocco, Myanmar, Nepal, the Philippines, Syrian Arab Republic, Togo, Tunisia, Yemen (17)

Source: Every Newborn Tracking Tool 2016