163,000 newborn children die each year in the Western Pacific Region, 2/3 of these deaths occur during the first 3 days of life.

Reality Check

8 Priority Countries account for 96% of neonatal deaths in the Western Pacific Region

Solution

50,000 neonatal deaths can be prevented each year through Early Essential Newborn Care

The Key Interventions of EENC

- Intrapartum care
- Immediate and thorough drying
- Immediate skin-to-skin contact
- Appropriately timed clamping and cutting of the cord
- Exclusive breastfeeding
- Kangaroo Mother Care
- Treatment of infections

All mothers

All newborns: First Embrace

Preterm + low-birth-weight (LBW) newborns

Sick newborns
EARLY ESSENTIAL NEWBORN CARE (EENC) IN THE WESTERN PACIFIC REGION

ROLL-OUT IN PRIORITY COUNTRIES

Requirements for adopting EENC

**Political commitment**

- Support of key stakeholders
- Financial investment
- Strengthened legislation and regulations

**BENCHMARKS FOR EENC PREPAREDNESS IN THE 8 PRIORITY COUNTRIES:**

1. CAMBODIA, 2. CHINA, 3. LAO PDR, 4. MONGOLIA, 5. PAPUA NEW GUINEA, 6. PHILIPPINES, 7. SOLOMON ISLANDS, 8. VIET NAM

<table>
<thead>
<tr>
<th>Benchmark</th>
<th># of countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newborn health situation analysis</td>
<td>1 2 3 4 5 6 7 8</td>
</tr>
<tr>
<td>Costed 5-year action plan</td>
<td>1 2 3 4 5 6 7 8</td>
</tr>
<tr>
<td>Funded 12-month implementation plan</td>
<td>1 2 3 4 5 6 7 8</td>
</tr>
<tr>
<td>National EENC working group meets regularly</td>
<td>1 2 3 4 5 6 7 8</td>
</tr>
<tr>
<td>Full-time EENC focal person</td>
<td>1 2 3 4 5 6 7 8</td>
</tr>
<tr>
<td>EENC stakeholder group</td>
<td>1 2 3 4 5 6 7 8</td>
</tr>
<tr>
<td>Clinical Protocol adapted</td>
<td>1 2 3 4 5 6 7 8</td>
</tr>
<tr>
<td>Consensus-building workshop</td>
<td>1 2 3 4 5 6 7 8</td>
</tr>
<tr>
<td>Mechanisms for professional associations' support for EENC</td>
<td>1 2 3 4 5 6 7 8</td>
</tr>
<tr>
<td>EENC included in pre-service curricula</td>
<td>1 2 3 4 5 6 7 8</td>
</tr>
</tbody>
</table>

Scale up

In less than 2 years, EENC has been scaled widely in the Region.

**EENC introduced**

- **1 610** HEALTH FACILITIES ACROSS THE REGION

**Coached in EENC**

- **31 713** HEALTH FACILITY STAFF

**MEDIA CAMPAIGN**

Community demand for skilled attendance and EENC must be increased to improve newborn health outcomes.

- **5 COUNTRIES** launched First Embrace campaign.
- **US$ 2 MILLION+** in estimated earned media value.

Updated: June 2016
WPR/2016/DNH/018
All newborns should receive the **First Embrace**

It transfers warmth, protective bacteria and essential nutrients and immune cells to the baby. Babies should be in immediate skin-to-skin contact for at least 90 minutes after birth and complete the first breastfeed prior to separation.

**All preterm babies ≤ 2000g should receive Kangaroo Mother Care**

This includes prolonged skin-to-skin contact, feeding with breastmilk and monitoring for complications.

All newborns should be **bathed only after 24 hours of life to reduce risk of hypothermia and infection**

---

### HEALTH FACILITY PRACTICES IN PRIORITY COUNTRIES

- **Newborns receiving immediate skin-to-skin contact and completing the first breastfeed prior to separation:** 48%
- **Newborns receiving only immediate skin-to-skin contact:** 24%
- **Newborns not receiving the First Embrace:** 28%
- **Preterm babies receive Kangaroo Mother Care:** 7%
- **Newborns bathed after 24 hours:** 84%
- **Newborns bathed after 24 hours:** 16%
Under-registration and under-reporting of live births and neonatal deaths (numbers and causes).

Only 9% of EENC implementing hospitals reported hospital impact data.

Only 1 of 8 countries included indicators on immediate newborn care practices in the most recent population survey.

Skilled birth attendance in facilities has increased over the past decade.

At population level, Caesarian section rates higher than 10% are not associated with reduced mortality.

Early and exclusive breastfeeding varies considerably between countries.

Although unsafe for newborns, prelacteal feeding remains highly prevalent.

Challenges to tracking progress with Early Essential Newborn Care.

Skilled birth attendance in facilities has increased over the past decade.

At population level, Caesarian section rates higher than 10% are not associated with reduced mortality.

Early and exclusive breastfeeding varies considerably between countries.

Although unsafe for newborns, prelacteal feeding remains highly prevalent.

Breastfeeding within 1 hour of birth

Exclusively breastfeeding 0-1 month

China, Mongolia 99%
Viet Nam 94%
Cambodia 89%
Solomon Islands 86%

Lao People's Democratic Republic 42%
Papua New Guinea 53%
Philippines 73%

Cambodia 6%
Solomon Islands 6%
Philippines 9%

China 35%
Viet Nam 28%
Mongolia 23%

Mongolia 93%

Viet Nam 27%

Philippines, Solomon Islands 90%
Cambodia, Papua New Guinea 80%

Viet Nam 27%

Solomon Islands 6%

Lao People's Democratic Republic 23%
Cambodia 24%
Philippines 36%

Viet Nam 72%

(Lao People's Democratic Republic, Mongolia no data)

(China, Papua New Guinea no data)

(China, Lao People's Democratic Republic, Mongolia no data)

(China, Papua New Guinea no data)
All priority countries have developed draft country road maps to address service delivery, information and financial management challenges in the coming two years.

1 YEAR PLAN

Continue to develop and fund one-year detailed EENC implementation plans.

Action PLAN

Further scale-up the basic EENC coaching package and quality improvement for EENC using hospital teams.

Finalize and cost EENC action plans to be integrated with MCH plans.

Advocate and secure long-term financing for EENC.

Strengthen monitoring and evaluation for EENC using annual implementation reviews, periodic surveys and strengthened routine systems.

Develop communication materials and strategies for raising awareness on EENC among key stakeholders.

Develop, test and introduce new methods and guidelines in collaboration with WHO and partners.