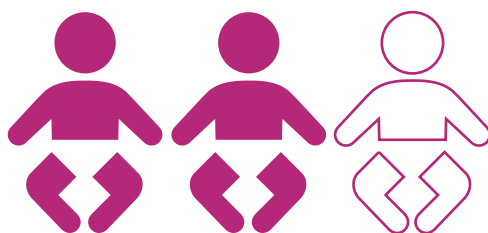


AT A GLANCE

EARLY ESSENTIAL NEWBORN CARE

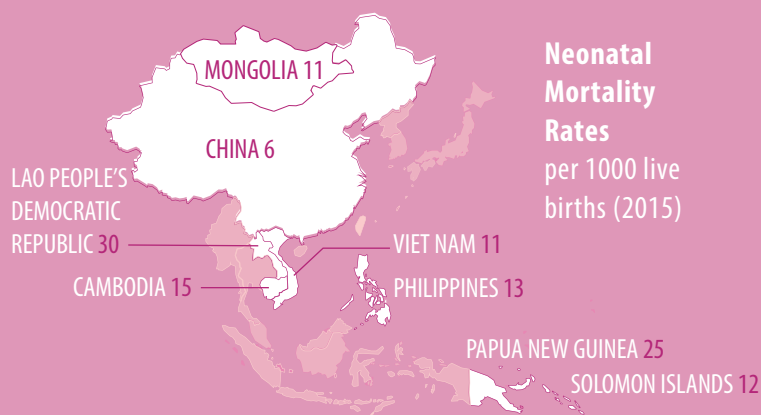
IN THE WESTERN PACIFIC REGION



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

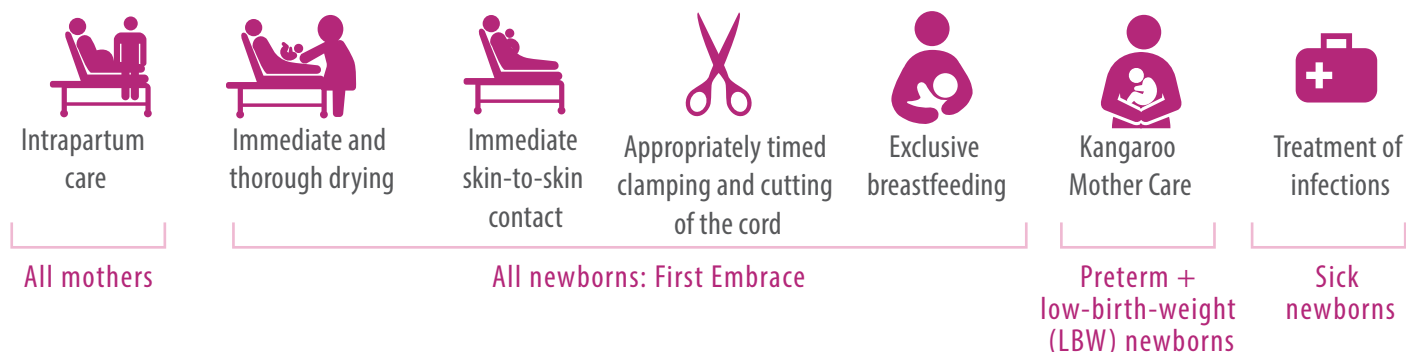
50 000 NEONATAL DEATHS
CAN BE PREVENTED EACH YEAR THROUGH
EARLY ESSENTIAL NEWBORN CARE

IMPROVES
QUALITY OF CARE
DURING AND
AFTER BIRTH

PACKAGE
OF SIMPLE,
COST-EFFECTIVE
INTERVENTIONS

FOR ALL
HEALTHY, PRETERM,
LOW-BIRTH-WEIGHT
AND SICK
NEWBORNS

THE KEY INTERVENTIONS OF EENC



ROLL-OUT IN PRIORITY COUNTRIES

Requirements for adopting EENC



POLITICAL COMMITMENT



FINANCIAL INVESTMENT



SUPPORT OF
KEY STAKEHOLDERS

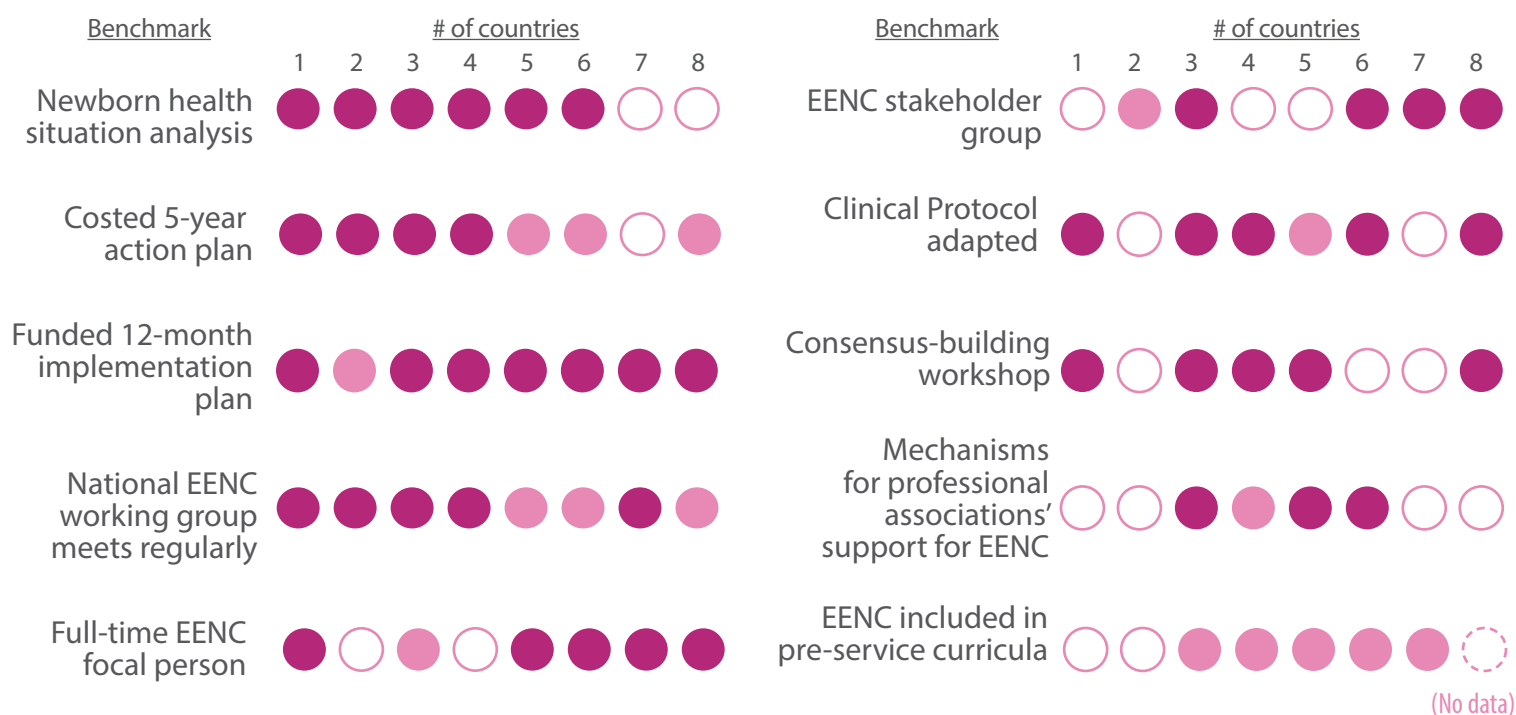


STRENGTHENED
LEGISLATION AND REGULATIONS

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

● Achieved ● Partially achieved ○ Not achieved



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.



social media



visual brand



website



short film



printed materials

5 COUNTRIES launched
First Embrace campaign.

US\$ 2 MILLION+
in estimated earned media value.

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

IMPROVING CLINICAL PRACTICES IN PRIORITY COUNTRIES



Simple clinical practices
improve the quality of newborn care.



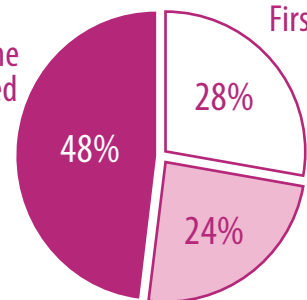
All newborns should receive the First Embrace

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.

HEALTH FACILITY PRACTICES IN PRIORITY COUNTRIES

Newborns receiving
immediate skin-to-skin
contact and
completing the
first breastfeed
prior to
separation



Newborns not
receiving the
First Embrace

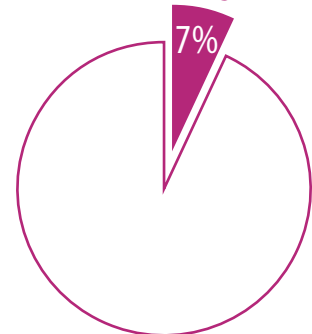
Newborns receiving only
immediate skin-to-skin contact



All preterm babies \leq 2000g should receive Kangaroo Mother Care

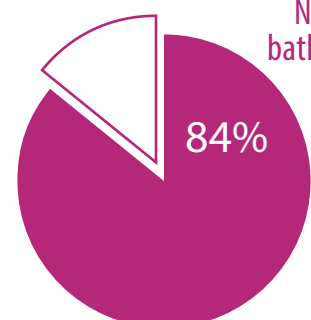
This includes prolonged skin-to-skin contact, feeding with breastmilk and monitoring for complications.

Preterm babies receive
Kangaroo Mother Care



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

Newborns
bathed after
24 hours



TRACKING COVERAGE AND IMPACT IN PRIORITY COUNTRIES

INCOMPLETE AND INCONSISTENT DATA ARE

Challenges

to tracking progress with Early Essential Newborn Care.



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.



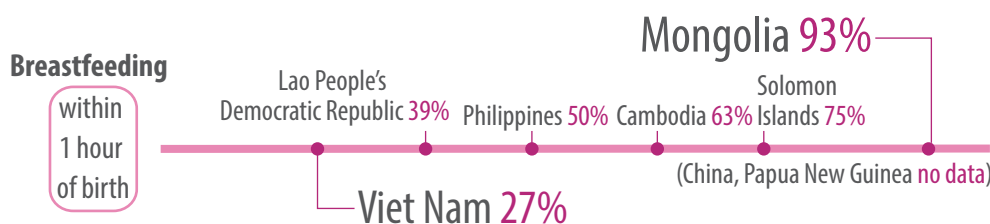
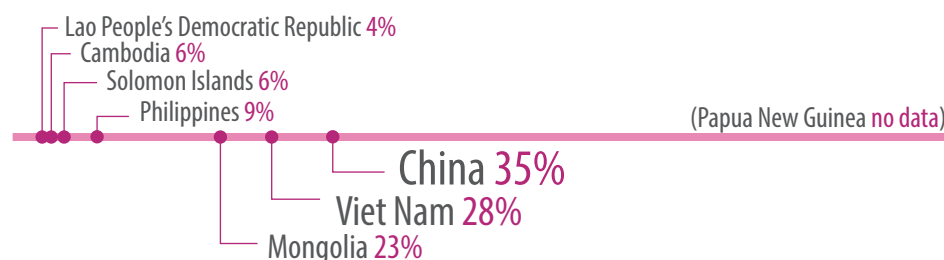
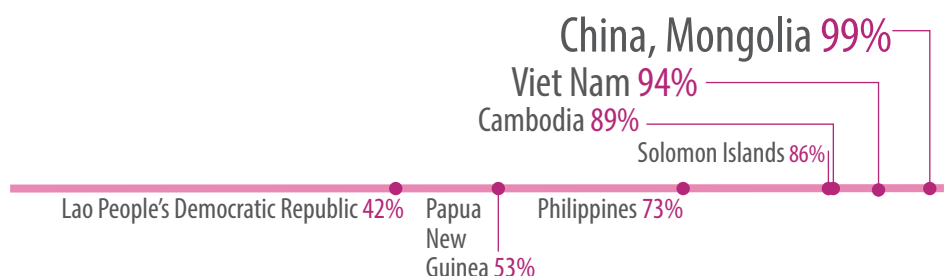
At population level, **Caesarian section** rates higher than 10% are not associated with reduced mortality.



Early and exclusive breastfeeding varies considerably between countries.



Although unsafe for newborns, **prelacteal feeding** remains highly prevalent.



CONSOLIDATE GAINS & SCALE UP

EENC COUNTRY ROADMAPS 2016-2017

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.