PRIVATE SECTOR ENGAGEMENT IN THE EVERY NEWBORN ACTION PLAN

Monday 24TH February 2014
Scandinavia House | 58 Park Ave (37/38th)
New York City

SUGGESTED PRIVATE SECTOR AMENDMENTS TO THE EVERY NEWBORN ACTION PLAN

Suggested amendments in red:

15. Recognizing the importance of reaching every women and every newborn with quality care around the time of childbirth and the days immediately after birth, interventions during pregnancy and before conception also have a critical role to play. Interventions include those essential for all pregnant women who are in labour as well as essential newborn care. Additional care may be required for small and/or sick babies such as neonatal resuscitation, phototherapy and antibiotics and Kangaroo Mother Care.

22. The provision of a continuum of care throughout the life course needs seamless, functional coordination between levels of health services and the public and private sectors. In many countries, skilled care at birth is most efficiently provided in health facilities, as immediate access to emergency obstetric and newborn services when complications occur is crucial for survival. Community health workers can play an important role in supporting families to adopt good home care practices, encouraging delivery in a health care facility when quality services are accessible, and ensuring timely referral of newborns showing signs of illness.

23. Delivering health care to mothers and newborns requires coordination between technical programmes and initiatives, and collaboration among all concerned stakeholders led by governments, with professional associations, civil society, academic and research institutions, the business community, development partners and families. Partnerships between the public and private sectors to improve maternal and newborn care and reduce mortality can increase impact and are particularly important in countries where the majority of care seeking during pregnancy, childbirth and in the weeks after birth is in private sector health facilities.

27. The action plan sets out a vision, and proposes a goal and targets for neonatal mortality reduction and reduction by 2035, with intermediate mortality targets for 2020 and 2025. The mortality targets are related to targets of coverage and quality of care for mothers and babies in health care facilities, postnatal care and care of sick newborns in both the public and private sectors.

Goals for coverage by 2020

Goal 2: Coverage and quality of care for newborns at risk At least half of babies not breathing
spontaneously after birth are resuscitated with bag and mask ventilation; at least half of stable preterm newborns or babies weighing less than 2000 g receive kangaroo mother care and other supportive care; at least half of newborns with possible serious bacterial infection receive antibiotic therapy, and at least half of newborns with severe pathological jaundice or neonatal encephalopathy after birth complications receive appropriate management.

Goals for coverage by 2025

Goal 2: Coverage and quality of care for newborns at risk

At least 75% of babies not breathing spontaneously after birth are resuscitated with bag and mask ventilation; at least 75% of stable preterm newborns or babies weighing less than 2000 g receive kangaroo mother care and other supportive care; at least 75% of newborns with possible serious bacterial infection receive antibiotic therapy and at least 75% of newborns with severe pathological jaundice or neonatal encephalopathy after birth complications receive appropriate management.

33. Providing extra care to babies with low birth weight is particularly important to reduce newborn mortality, and health personnel need to be competent and equipped to support mothers and these babies, many of whom do not need advanced or intensive care and can be well managed in a lower- level health facility or possibly in the community. For those babies that need intensive care, primary referral health facilities can play a vital role by providing interventions such as pulse oximetry, oxygen therapy, continuous positive airway pressure, intravenous fluids and life-saving medicines.

38. National authorities should institute measures to increase coverage of skilled care at birth in health facilities, public and private. They should support the implementation of guidelines and policies to improve management during labour and childbirth, including the use of the partograph, and to increase the number of postnatal visits to mothers and their babies. Where necessary, more midwives, auxiliary staff and community health workers should be trained.

Summary of key actions for strategic objective 1:

In partnership with all stakeholders, develop or sharpen national plans for newborn health within the continuum of reproductive, maternal, newborn and child health in line with the principles, goal, targets and strategic objectives of the Every Newborn action plan. Allocate adequate financial resources to implement the national plan and ensure high levels of access to health services in both the public and private sectors for women and newborns.

50. Life-saving commodities, including essential technologies, for women’s and children’s health should be included in every national essential medicines list and an uninterrupted supply chain to all facilities, public and private, and especially the most peripheral health facilities, should be ensured. The private sector's considerable expertise in developing, manufacturing and distributing medicines and medical devices and technologies must be harnessed to increase the availability of the quality, low-cost newborn commodities and technologies targeted by the Plan for use in resource-poor settings.

54. Raising public awareness and increasing community involvement can accelerate improvements in quality of care. Parliamentarians, who represent voters, legislate, scrutinize and approve budgets and oversee government actions, are therefore seminal in determining women’s and children’s well- being. Similarly, civil society and local leaders, including business leaders, can strengthen crucial political will and help to increase public awareness and community ownership of the problems and solutions. For this to happen, there needs to be a free flow of data and information, and results from annual health sector reviews should be made publicly available, in line with recommendations made by the Commission on Information and Accountability for Women’s and Children’s Health.

55. Engaging the private sector through public–private partnerships can bring multiple benefits, including high-level advocacy, technology transfer to low-income countries, lower costs and increased availability of
affordable and quality-certified essential medicines and medical devices, improved quality of care and the provision of evidence-based services by private practitioners, stewardship and regulatory function of governments, provision of transport for emergency cases, stronger employer-based health services and workplace policies and programs that support pregnant women and new mothers, and development of innovative technologies with potential to reduce maternal and newborn deaths.

Summary of recommended actions for strategic objective 2
Develop strategies for how to engage private-sector providers to increase their advocacy for action on maternal and newborn death, to assess and ensure the quality of their services, to increase the supply of affordable essential commodities and medical devices, to implement workplace policies and programs that are conducive to healthy pregnancies and safe deliveries, and to develop innovative technologies to overcome barriers.

60. Reaching every woman and every newborn requires investment in every aspect of the all health system – public and private –, including leadership and governance, the workforce, infrastructure, commodities and supplies, service delivery, information systems, and financing. There is increasing evidence of effective approaches to accelerating coverage of effective interventions and reducing inequities, through, for instance, innovative ways to removing barriers in the health system. Different contexts require tailored approaches, with specific attention to preparedness and rapid response for complex humanitarian emergencies.

Summary of recommended actions for strategic objective 3
. Track national health expenditures, including private health expenditures, for maternal and newborn health and mobilize additional resources including from domestic, external and private sector sources
. Invest in community participatory interventions in rural areas in collaboration with local leaders, including business leaders and development organizations.
. Engage in compacts of government and stakeholders, including the private sector, on the basis of a common agenda that is evidence-based and prioritizes high-impact interventions and good quality of care for women and children, to maximize the use of available resources.

79. Governments hold the final responsibility for ensuring access to good-quality health services, but civil society organizations and the private health sector are necessary partners for developing equitable health systems that respond to the needs of all families. The nature of such organizations varies greatly from country to country, but they often have a vital role in providing health services, as well as being an effective and efficient means for hearing people’s views. They can contribute significantly to social mobilization, creating political will, and policy design, and can help to hold governments and health providers to account. Strengthening partnerships with such bodies is essential.

Summary of recommended actions for strategic objective 5
. Develop strategies to engage the private sector in improving the collection and quality of birth and death registration systems and in investing, developing and executing innovative mechanisms for gathering data, especially through the use of mobile phones.

100. Putting the draft action plan in practice will need the participation of many stakeholders. These range from governments and policy makers, donor countries and global philanthropic institutions, and the United Nations and other multilateral organizations to civil society, health care workers and their professional associations, the business community, academic and research institutions. Engaging these stakeholders in public-private partnerships that target each of the strategic objectives outlined in the Every Newborn Action Plan has the potential to dramatically accelerate the achievement of its vision, goals and targets, particularly when these efforts are targeted to the countries with the greatest concentrations of maternal and newborn death.