

REACHING THE EVERY NEWBORN NATIONAL 2020 MILESTONES

COUNTRY PROGRESS, PLANS AND MOVING FORWARD



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About the *Every Newborn Action Plan*

In 2014, at the Sixty-seventh World Health Assembly, 194 Member States endorsed the **Every Newborn: an action plan to end preventable deaths** (Resolution WHA67.10), a road map of strategic actions to end preventable newborn mortality and stillbirths and contribute to reducing maternal mortality and morbidity. The Every Newborn Action Plan presents evidence-based solutions and sets out a clear path to 2020 with eight specific milestones for what needs to be done differently to greatly reduce mortality rates and improve maternal and newborn health by 2030. Member States requested that WHO's Director General monitors progress towards the achievement of the global goal and targets and reports periodically to the Health Assembly until 2030.

For the 2017 World Health Assembly, reporting on the Every Newborn Resolution is part of the progress reporting on the Global Strategy for Women's Children's and Adolescent Health. Achieving the goals and targets set out in the Sustainable Development Goals (2016-2030) and the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030) is underpinned by achieving the Every Newborn National and Global Milestones by 2020.

To complement the Global Strategy progress reporting, this report provides a detailed look at country leadership and action toward the Every Newborn National Milestones by 2020. Countries have taken the initiative to show the way forward and have demonstrated significant progress. As part of monitoring this progress, countries have adopted the *Every Newborn Tracking Tool*. This report presents a compilation of the data collated by the *Every Newborn Tracking Tool* in 2016, when 51 countries adopted the tool; it also spotlights examples of specific country activity for each National Milestone. Finally, Global Milestones for 2020 were part of the Every Newborn Action Plan to guide global and regional work in support of country efforts and this report highlights relevant progress towards those Global Milestones.

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Executive summary

The day of birth and the first 28-days of life - the neonatal period – are the most vulnerable time for a child's survival and health.

Neonatal deaths as a share of under-five deaths declined more slowly than other under-five deaths during the Millennium Development Goal period (1990 to 2015), a period that saw a great drop in under-five mortality. Newborn deaths now account for 45 percent of under-five deaths globally, up from 40 percent in 1990. Moreover, half of all stillborn babies begin labour alive but die before birth. Beyond survival, the health of each child and adolescent of the Sustainable Development Goals (SDG) period begins with a healthy mother, a healthy birth and good health in the critical first days of life.

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 (NMR) to 12 or fewer per 1,000 live births and stillbirths to 12 or fewer per 1,000 births in all countries by 2030. In doing so, we also improve the care provided to all mothers and their children. The Every Newborn targets are echoed in the Every Woman Every Child (EWEC) Global Strategy for Women's, Children's and Adolescents' Health (2015-2030). The neonatal target is SDG Goal 3.2, and is closely linked to SDG 3.1 for ending preventable maternal mortality. As the SDG era is underway, many countries are revising their relevant plans, policies and programmes.

To reach these targets to end preventable deaths^[1] and ensure available, accessible and quality care, the Every Newborn National Milestones by 2020 which track the processes of country ownership and action are fundamental. A simple Tracking Tool was developed by maternal and newborn health partners to annually measure progress or lack thereof on the eight national milestones.

The Every Newborn Tracking Tool was adopted by 51 countries in 2016, up significantly from 18 countries in 2015. This increase was enabled by preparatory work and follow-up after the UN interagency meetings with 37 countries in the Middle East and North Africa, and West and Central Africa in 2016. These forums provided the opportunity for country teams with high burdens of preventable mortality to understand the strategic objectives, milestones and recommended actions of the Every Newborn Action Plan, and learn about best practices and formulate their follow-up action plans. This exercise helped to identify

gaps and prioritize action, and along with the inclusion of the NMR target as an SDG Indicator, and the NMR and Stillbirth Reduction targets as Global Strategy Indicators, has accelerated country actions. To further support countries, a regional task force was agreed on for the West and Central Africa region, in light of high newborn mortality and stillbirths in most countries in the region and a need for concerted action by partners.

Overall, by January 2017:

- Forty-eight countries and territories have strengthened maternal and newborn components of their reproductive, maternal, newborn, child and adolescent health (RMNCAH) plans, and 40 countries have set NMR targets. In addition, 16 countries have developed subnational plans and 21 countries have completed the costing of their national plans.
- Nineteen of the 20 countries with the highest burden of newborn mortality have completed a newborn action plan or strengthened the newborn component in their RMNCAH plan.
- Fifteen of the 20 countries with the highest rates of newborn mortality have similarly strengthened their plans.

Our in-depth look at those 51 countries and territories that completed the Every Newborn Tracking Tool found:

- 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.
- Thirty-four countries have adopted legislation or policies on the notification of maternal death within 24 hours.
- Thirty countries have a human resource strategy for skilled attendants 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.
- A Maternal Death Surveillance and Review mechanism is in place for 44 countries.
- Twenty-three countries have started perinatal death reviews.
- Thirty-four countries have a national health insurance scheme/policy for free maternal and

[1] 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)

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.
- Only ten countries have established a stillbirth reduction target.
- Small and sick newborns remain a critical focus for action, in terms of addressing both the causes of preterm birth and ensure quality of care for mothers and newborns in the time around birth and postnatal period.
- National Health Monitoring Information Systems and data collection need improvement.

Of the global efforts to support country work, it is particularly worth mentioning two: quality of care, and data collection. Greater momentum was achieved toward improving the 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 planning with 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.

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 understand the equity and quality gaps. 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” and partners are supporting countries with implementation. The ENAP Measurement Improvement Plan, developed in 2015, provides an

ambitious, multi-country, multi-partner approach to improving data gathering by 2020 and progress has been made, notably the following: (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 is a major measurement gap and a situation analysis on who cares for the small and sick newborn as well as a survey of practitioners around the world will help to define levels of care and support the development of new WHO guidance in 2018 to improve the quality of care for small and sick newborns. The INDEPTH network, with leadership from Makerere University, Uganda, are working with 5 country sites to compare different survey methods for pregnancy outcomes in a study of 70,000 births. The Demographic Health Survey, UNICEF (Multiple Indicator Cluster Surveys), and the Centre for Disease Control are working together closely on this. Moreover, 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. To accelerate progress, countries need additional support with updating their Health Management Information Systems (HMIS) with key indicators, including quality of care indicators, as well as exposure to innovations in data collection and use.

The ambitious goals for maternal and newborn survival and well being can only be met with the consistent and harmonized support of partners. A joint Results Framework was endorsed by partners that sets forth key activities for 2017 and 2018 and partners are rallying behind this one work plan (Every Newborn Results Framework 2017-2018^[2]). Available, accessible, acceptable and quality maternal and newborn care is the foundation for good health at all life stages for everyone, everywhere. 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.

[2] Every Newborn Results Framework (2017-2018) at Healthy Newborn Network <http://www.healthynewbornnetwork.org/>



Newborn health in the Sustainable Development Goals era

Sustainable Development Goal framework and the Global Strategy for Women's, Children's and Adolescents Health (2015-2030)

The SDG^[3] framework has set the global agenda on social, economic and environmental development for the next 15 years. The updated Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)^[4] was developed in 2015 to improve women's and children's health and accelerate progress towards the SDGs. It aligns with the targets and indicators developed for the SDG framework and outlines opportunities for implementation.

The Global Strategy sets out to ensure every woman, child and adolescent, in any setting, anywhere in the world, is able to survive and thrive by 2030. This Strategy was adopted as a World Health Assembly resolution in 2016 (A69/A/CONF./2) and places a strong emphasis on country leadership. It aligns with the targets and indicators developed for the SDG framework and outlines opportunities for implementation.

The Every Woman Every Child partnership (EWEC) puts the Global Strategy into action.

Ending preventable maternal and newborn mortality and stillbirths is a high priority within this movement. The Every Newborn Action Plan^[5] and WHO's Ending Preventable Maternal Mortality (EPMM)^[6], which was released in 2015, were developed to support EWEC, and the goal and targets of both have been incorporated into the SDGs and Global Strategy (2016-2030).

Newborn Health is an increasingly important issue in the SDG period

The day of birth and the first 28-days of life - the neonatal period – are the most vulnerable time for a child's survival and health. Neonatal deaths as a share of under-five deaths declined far more slowly than other under-five deaths during the MDG period (1990 to 2015), a period that saw a great drop in under-five mortality. Newborn deaths now account for 45 percent of under-five deaths globally, up from 40 percent in 1990^[7] and half of all stillborn babies began labour alive but died before birth.^[8]

Each day, an estimated 830 women^[9] and 7,300 newborns die from complications during pregnancy, childbirth and further neonatal causes. In addition, 7,000 women experience a stillbirth and half of these occur after labour has begun.^[10] 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, maternal deaths and the estimated 1.3 million stillbirths that occur during labour can be prevented with quality care during childbirth.^[11]

Ensuring newborn survival and health as well as preventing stillbirths are intrinsically linked to maternal health. Interventions that address the major causes of neonatal death generally differ from those needed to address other under-five deaths and are closely linked to those necessary to protect maternal health.^[12] This starts with the survival and health of women before conception, during pregnancy and after delivery, along the continuum of care. The synergies between the Every Newborn Action Plan will further advance efforts to end preventable deaths and improve health outcomes.

[3] Sustainable Development Goals New York: United Nations, 2015. <https://sustainabledevelopment.un.org>

[4] Ban K. Global Strategy for Women's and Children's Health. New York, NY, USA: United Nations, 2015. (http://everywomaneverychild.org/images/content/files/global_strategy/full/20100914_gswch_en.pdf)

[5] UNICEF, WHO. Every Newborn: An action plan to end preventable deaths. Geneva: World Health Organization, 2014. (<http://www.everynewborn.org/every-newborn-action-plan/>)

[6] WHO (2015). Strategies toward ending preventable maternal mortality (EPMM). Geneva: World Health Organization, 2015. (http://who.int/reproductivehealth/topics/maternal_perinatal/epmm/en/)

[7] 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)

[8] Lawn et al (2016), Lancet Preventable Stillbirth Series. ([http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(15\)00954-X/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)00954-X/fulltext))

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

[10] 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)

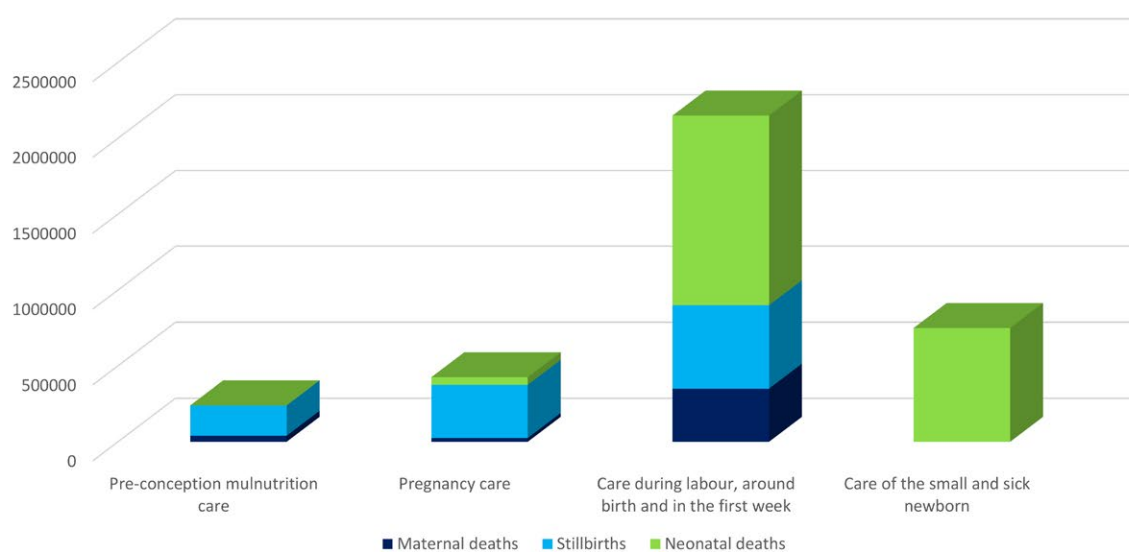
[11] Lawn et al (2016), Lancet Preventable Stillbirth Series. ([http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(15\)00954-X/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)00954-X/fulltext))

[12] 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)

We have the solutions to address the main causes of newborn death and stillbirths. Cost-effective, proven interventions exist. Improving the quality and accessibility of care around the time of birth and special care for sick and small newborns will save the most lives. This requires educated and equipped health workers, including those with midwifery skills, and the availability of essential commodities.

Women's and children's health is a smart investment, particularly care at birth. Nearly 3 million lives could be saved each year with universal coverage of the evidence-based solutions presented in ENAP (See Figure 1). Focussing on high coverage of care around the time of birth and the care of the small and sick newborn could save nearly 3 million lives each year at an additional cost of only US\$ 1.15 per person in 75 high burden countries.^[13] This is a triple impact on the return from investments: saving women, saving newborns and preventing stillbirths.

Figure 1. Projection for 2025 of the lives that could be saved each year with universal coverage of care



[13] Bhutta ZA, et al. What will it take to avert preventable newborn deaths and stillbirths and at what cost? Lancet 2014; doi:10.1016/S0140-6736(14)60792-3.



The Every Newborn Action Plan was developed in response to country demand and sets out a clear roadmap for how to improve newborn health and prevent stillbirths by 2030. It presents evidence-

based solutions to prevent deaths and improve health and sets out a clear path to 2020 with eight specific milestones for what needs to be done differently to greatly reduce mortality rates and improve health by 2030. It is based on the latest epidemiology, evidence of essential interventions and global and country learning about effective programme implementation.

The Every Newborn Action Plan builds on the EWEK Global Strategy for Women's and Children's Health by supporting government leadership and providing guidance on how to strengthen newborn health components in existing health sector plans and strategies within the context of reproductive, maternal, child and adolescent health. Its goal is to achieve equitable coverage and high-quality care for women and newborns. The Every Newborn Action Plan calls upon all stakeholders to take specific actions to improve access to, and quality of, health care for women and newborns within the continuum of care.

Every Newborn Vision: Goals, guiding principles and strategic objectives

The preparation and implementation of the Every Newborn Action Plan has been led by WHO and UNICEF guided by the advice of experts and partners and by the outcomes of numerous multi-stakeholder consultations.

Vision

A world in which there are no preventable deaths of newborns or stillbirths, where every pregnancy is wanted, every birth celebrated, and women, babies and children survive, thrive and reach their full potential.

Goals

Goal 1: Ending preventable newborn deaths

By 2030, all countries will have reached the target of 12 or less newborn deaths per 1,000 live births and continue to reduce death and disability, ensuring that no newborn is left behind.

Goal 2: Ending preventable stillbirths

By 2030, all countries will have reached the target of 12 or less stillbirths per 1,000 total births and to continue to close equity gaps.

Guiding principles

- | | |
|-----------------------|-----------------|
| 1. Country leadership | 2. Human rights |
| 3. Integration | 4. Equity |
| 5. Accountability | 6. Innovation |

Strategic objectives for Every Newborn and Ending Preventable Maternal Mortality^[14]

1. Strengthen and invest in care around the time of birth, with a focus on improving quality and experience of care, while ensuring full integration of services for mothers and babies across the continuum of care.
2. Strengthen health systems to optimize the organization and delivery of care through the workforce, commodities and innovation.
3. Reach every woman and newborn by minimizing inequities in access to and coverage of care.
4. Harness the power of parents, families and communities, and engage with society.
5. Improve data for decision-making and accountability.

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