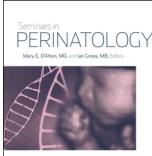




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Implementation of the Every Newborn Action Plan: Progress and lessons learned



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ABSTRACT

Progress in reducing newborn mortality has lagged behind progress in reducing maternal and child deaths. The Every Newborn Action Plan (ENAP) was launched in 2014, with the aim of achieving equitable and high-quality coverage of care for all women and newborns through links with other global and national plans and measurement and accountability frameworks. This article aims to assess country progress and the mechanisms in place to support country implementation of the ENAP. A country tracking tool was developed and piloted in October–December 2014 to collect data on the ENAP-related national milestones and implementation barriers in 18 high-burden countries. Simultaneously, a mapping exercise involving 47 semi-structured interviews with partner organizations was carried out to frame the categories of technical support available in countries to support care at and around the time of birth by health system building blocks. Existing literature and reports were assessed to further supplement analysis of country progress. A total of 15 out of 18 high-burden countries have taken concrete actions to advance newborn health; four have developed specific action plans with an additional six in process and a further three

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strengthening newborn components within existing plans. Eight high-burden countries have a newborn mortality target, but only three have a stillbirth target. The ENAP implementation in countries is well-supported by UN agencies, particularly UNICEF and WHO, as well as multilateral and bilateral agencies, especially in health workforce training. New financial commitments from development partners and the private sector are substantial but tracking of national funding remains a challenge. For interventions with strong evidence, low levels of coverage persists and health information systems require investment and support to improve quality and quantity of data to guide and track progress. Some of the highest burden countries have established newborn health action plans and are scaling up evidence based interventions. Further progress will only be made with attention to context-specific implementation challenges, especially in areas that have been neglected to date such as quality improvement, sustained investment in training and monitoring health worker skills, support to budgeting and health financing, and strengthening of health information systems.

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Background

The world is currently reducing under-five and maternal deaths faster than at any time in history; 6.4 million fewer children died in 2013 compared to 1990, and maternal deaths have been cut by half.¹ In the final year of the Millennium Development Goals (MDGs), the global community has been reviewing progress, reassessing development goals and aiming for a “grand convergence” of life expectancy and health outcomes across the world.² Ending preventable maternal and child deaths remains at the heart of this ambition with the Sustainable Development Goals maintaining specific targets for maternal, newborn, and child survival. Countries have recognized that reaching goals requires targeted investments toward issue areas that have received the least attention and therefore experienced the least progress.

Due to less attention and investments, newborn deaths now account for at least 44% of all deaths among children under the age of five years globally, and total 2.8 million deaths annually.³ From 1990 to 2013, the progress in reducing maternal mortality (3.5% reduction per year) and under-five mortality after the neonatal period (3.6% reduction per year) outpaced reductions in newborn mortality (2.2% reduction per year).^{3–5} To this burden must be added stagnant reductions of the 2.6 million babies who die in the last 3 months of pregnancy or during childbirth (stillbirths).⁶ The knowledge and tools exists to prevent at least two-thirds of newborn deaths and a third of stillbirths.⁷ Acting effectively on that knowledge, rapid progress is possible, especially when applying a systematic strategy that addresses the major causes of mortality and appropriately links to key interventions across the continuum of care for reproductive, maternal, newborn, child, and adolescent health (including nutrition) (RMNCAH). The *Lancet* Every Newborn Series published in 2014, demonstrated that the “grand convergence” can only happen with much more investment in newborn health, which is the largest group of preventable mortality in under-five children.⁸ Complications of prematurity are now the leading cause of under-five child deaths globally.³

Many countries have made substantial progress toward reducing high newborn mortality with deliberate actions,

for example Bangladesh, Nepal, India, Pakistan, Malawi, and Uganda.^{4,8,9} Recognizing the rising proportion of newborns in their under-five child deaths, other countries wanted to learn from these successes and sought guidance from partners.⁴ Thus, a group of over 60 partners, including academic institutions, health professional associations, multi-lateral and bilateral agencies, foundations, the private sector and civil society, including women's and parents' organizations, led by UNICEF and WHO, together with countries developed a global action plan for ending preventable newborn deaths and stillbirths. Based on evidence in *The Lancet Every Newborn Series* and wide consultation with countries, multiple organizations and individuals, the Every Newborn Action Plan (ENAP) presents maternal and newborn mortality and stillbirth targets to 2030 and 2035 and specific milestones at global and country level to 2020 (Panel 1).¹⁰ This action plan was discussed and endorsed at the World Health Assembly (WHA) in 2014 and supported by WHA Resolution WHA67.10.¹¹ It officially launched on June 30, 2014, and countries have led the way in spearheading efforts to address maternal and newborn mortality and stillbirth prevention.

In order to achieve the national milestones and goals set out in ENAP, strong coordination and implementation is needed at all levels, most importantly in countries with the greatest burden of maternal and newborn mortality. Darmstadt et al.⁴ noted that “the key to progress in increasing coverage of interventions and saving newborn lives lies with and within countries.” Putting policy into practice or scaling up newborn health interventions nationally requires country leadership, health system resources including workforce and funding, and technical capacity. Dickson et al.¹² found that the most common gaps and barriers to country implementation of the highest impact interventions around the time of birth and for small and sick newborns include health financing and human resources.^{13,14} Lack of coordination among partners in providing technical assistance to countries was also noted.^{4,12}

To advance the goals of the ENAP at national and subnational levels, WHO and UNICEF coordinated four cross-cutting priority streams of activities: Advocacy, Country Implementation, Metrics, and Research.¹⁵ This structure aims to support countries in achieving the goals, targets, and milestones

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