Aspirations for maternal, newborn & child health

- No woman should die while giving life: 275,000 die, 3.1% progress per year
- No newborn is born to die: 2.9 million die, 1.8%
- No baby stillborn: 2.6 million die, ~1%
- No child dying or stunted: 3.7 million die, 2.9%

2.3 million deaths during labor and day of birth
When will every newborn have the same survival chance as newborns in the richest countries?

Years by region to reach NMR = 3 (industrialized country average) Projecting regional average rate of reduction 2000-2011

- Sub-Saharan Africa: Year: 2124
- Southern Asia: Year: 2103
- South-East Asia: Year: 2070
- Caucasus/Central Asia: Year: 2062
- Eastern Asia: Year: 2028
- Latin America/Caribbean: Year: 2043
- North Africa/West Asia: Year: 2051

110 YEARS FOR AFRICAN NEWBORNS… Nearly 3 times longer than this change took rich countries, despite new interventions

Source: Lancet Every Newborn series, paper 2
Ending preventable child deaths

A Promise Renewed target: National U5MR of <20

Every Newborn target: National NMR of ≤10

From 2.9 to 0.8 million annual neonatal deaths
29 countries will have to more than double their rates of progress
Sub-national equity goals should also be set

Source: Lancet Every Newborn series, paper 2
Ending preventable stillbirths

From 2.6 to 1.1 million annual stillbirths
Aligned with NMR target
Sub-national equity goals should also be set

Source: Lancet Every Newborn series, paper 2
Count every newborn
5.5 million babies enter and leave the world without being recorded

- Counting births and deaths
  - One third of babies have no birth certificate (two-thirds have no birth certificate in SSA and South Asia)
  - Majority of neonatal deaths & ~all stillbirths have no death certificate
  - ~75% of births worldwide occur in facilities – missed opportunities to certify, undertake mortality audits
- Counting program coverage and quality
  - Most high impact neonatal care interventions lack coverage data (available for only 5 of 16 Lancet 2005 interventions)
  - No quality measures
Where is the burden?

Countries with highest neonatal mortality rates (NMRs)

- Sierra Leone (49.5)
- Somalia (45.7)
- Guinea Bissau (45.7)
- Angola (45.4)
- Lesotho (45.3)
- DR Congo (43.5)
- Mali (41.5)
- Cen African Rep (40.9)

Countries with highest numbers of neonatal deaths

1. India (779,000)
2. Nigeria (267,000)
3. Pakistan (202,400)
4. China (157,400)
5. DR Congo (118,100)
6. Ethiopia (87,800)
7. Bangladesh (75,900)
8. Indonesia (72,400)
9. Angola (41,200)
10. Kenya (40,000)

Source: Lancet Every Newborn series, paper 2
When are deaths occurring?
For women, stillbirths, newborns, the time of highest risk is the same

- 1.2 million intrapartum stillbirths
- >1 million neonatal deaths
- ~113,000 maternal deaths
- 75% of neonatal deaths

Birth is the time of greatest risk of death and disability
(2.3 M deaths)
Quadruple return on investment
Beyond newborn survival

The world you are born into determines your survival & risk of disability

LICs: major challenge still survival
MICs: higher risk of disability (especially preterm infants 28-32 weeks)
Minimize disability as scale-up more complex neonatal care

Lawn JE et al, http://www.nature.com/pr/journal/
Progress in addressing causes of child deaths

What causes child and newborn deaths?

Neonatal conditions account for 8.1% of worldwide disease burden. Similar to cardiovascular diseases, it exceeds cancers, 3 x HIV/AIDS.

80% of newborn deaths are in small babies, of which two-thirds are preterm. Born too small and too soon: RR 15

The three main causes of newborn deaths all have effective and feasible interventions = 3 by 2

1. **Preterm birth**
   - Antenatal corticosteroids*, preterm labor management
   - Care: *essential newborn care* + Kangaroo mother care

2. **Birth complications (and intrapartum stillbirths)**
   - Prevention by skilled birth attendance and obstetrics*
   - Care: *essential newborn care* + resuscitation

3. **Neonatal infections**
   - Prevention, *essential newborn care* especially breastfeeding, chlorhexidine cord cleansing

Source: Lancet Every Newborn series, paper 3

71% of newborn deaths are preventable
Actionable now without intensive care
$1.15 per person
Adoption curves for global health innovations

% coverage of health intervention in low and middle income countries

Coverage (%)

Years from availability of intervention

- Typical drug launch: (Time to peak sales)
- ARV's – measured starting from NNRTI approval in 1997
- Skilled birth attendance: measured starting from Safe Motherhood Initiative in 1992
- HepB Vaccine: measured starting from approval in 1981
- ORS: measured starting from Bangladesh rollout in 1980
- Exclusive breastfeeding: measured starting from Baby-Friendly Hospital Initiative in 1992
- Antenatal corticosteroids: (illustrative) - Originally introduced in New Zealand in 1973
- KMC (illustrative): - Originally introduced in Colombia in 1978

Source: Lancet Every Newborn series, paper 1
Lives that could be saved annually with universal coverage

Source: The Lancet Every Newborn series, paper 3
Care at birth, and care of small and sick newborns
First opportunity is the QUALITY gap for facility births

Could save 2 million lives a year by closing this quality gap
Particular focus on health workers especially midwives
“Every Mother Every Newborn” quality initiative

Source: Lancet Every Newborn series, paper 3
Health systems bottleneck assessment

8 countries with >50% of newborn and maternal deaths were assessed: Afghanistan, Bangladesh, DRC, India, Kenya, Nigeria, Pakistan and Uganda

Common constraints are found in all these high burden countries
- Workforce—Lack of competent healthcare workers, especially skilled midwives and nurses
- Financing—limited funding specifically focused on newborns

Intervention specific findings – those with the most bottlenecks
- Preventing/managing preterm births
- Providing quality in-patient care for small/sick babies
- Management of severe infections

Quality and Equity Gaps .... for care around birth
Increase investment, medicines and health workers, with the skills and autonomy to provide the right care for every woman and every newborn baby

Source: Lancet Every Newborn series, paper 2
Who has been caring for the baby?
Score card for newborn survival progress in the last decade

Source: Lancet Every Newborn series, paper 1
Official development assistance for MNCH (as tracked by Countdown to 2015)

“Stillbirth” or “fetal” missing in donor funding databases (2 mentions of stillbirth among 4,584 grant/loan disbursements)

Value of ODA for child health mentioning newborn: 4%
Value of ODA for MNCH mentioning newborn search terms: 10%

Success factors in countries achieving impact in saving newborn lives at scale

1) Strong national leadership and convening of partners around newborn health

2) Effective use of global and local evidence to design and implement policies and programs
   • Participatory design of solutions, addressing bottlenecks, integration of interventions into local systems

3) Linking community and facility-based care

4) Balancing demand (e.g., behavior change) and supply-side interventions (e.g., commodities)

5) Measurement and accountability for results

Faster progress is possible with:

1) **Communication** of priority interventions and solutions to overcome bottlenecks for scale up

2) **Leadership** and technical capacity in countries

3) **Coordination** of global partners in countries

4) **Investment** in newborn health, particularly for equipping and training health workers with specific knowledge, skills, commodities, and links to quality facility care

5) **Better data** to monitor progress (e.g., intervention coverage) and improve programs

6) **Accountability** for results at all levels, including demand from communities and mortality targets in the post-2015 framework

Source: Lancet Every Newborn series, paper 1
Vision for Every Newborn Action Plan

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 thrive and reach their full potential

http://www.everynewborn.org
What must we do differently?

• Improve care at birth and for small and sick newborns, prevent stillbirth
• Improve equity and quality of maternal and newborn care (areas of conflict/political instability, women’s and girls’ empowerment, family planning, preconception and pregnancy nutrition, early child development)
• Reach every woman and every newborn and achieve impact at scale (improve data)
• Ensure national-level political priority for newborn health and survival and stillbirths
  • Harness the power of families, communities

Finish the unfinished agenda for newborn health

Ensure national-level political priority for newborn health and survival and stillbirths, and implementation of ENAP

- Emergence of effective national-level political champions and cohesive national-level policy communities;
- Evidence-based consensus on interventions and policies needed to make progress;
- Generation and dissemination of credible data on levels of burden and intervention uptake;
- Global agreements (e.g., MDGs) that place pressure on countries to act;
- Availability of resources from international donors to augment funds national governments provide.