SURVIVE and THRIVE
Transforming care for every small and sick newborn
WHY THIS REPORT?

- Global target to achieve health for all is not possible unless the world transforms care for every newborn
- Without rapid progress, some countries will not meet this target for another 11 decades

Chapter 1: Now is the time to transform care for newborns
Chapter 2: What the numbers say
Chapter 3: Deliver the care they are entitled to
Chapter 4: Ensure they thrive
Chapter 5: Use data for action
Chapter 6: Immediate action is needed

CHAPTER 1

Now is the time to transform care for newborns

Speakers:

10 am CEST  Mary Kinney, Save the Children.
Dr. Ajay Khera, Commissioner MCAH in the Ministry of Health

1 pm CEST  Dr. Lily Kak, USAID.
Silke Mader, European Foundation for the Care of Newborn Infants
CHAPTER 1. Now is the time to transform care for newborns

KEY MESSAGES

• Meeting global targets for the survival of newborns and children aged under 5 years requires adding special and intensive levels of care to well-established obstetric and essential newborn health services.

• Every newborn has the right to survive and thrive.

• Family-centred care offers proven benefits for newborns, as well as for parents, families and health workers.

• Lessons from the past inform priorities for our future.
CHAPTER 1. Now is the time to transform care for newborns

Projected year that each region will reach SDG national target and equal the average neonatal mortality rate for high-income countries

**FACT**
Extensive extra measures needed to achieve the target in all settings:
- Effective high coverage of antenatal care, essential childbirth/newborn care, postnatal care, inpatient care for small and sick newborns

**MYTH**
Roll-out of essential newborn care at current rate will achieve the 2030 SDG target of ≤12 newborn deaths per 1000 live births.

Newborn deaths are declining too slowly to meet agreed global targets.

SURVIVE and THRIVE: Transforming care for every small and sick newborn

#EveryNewborn #EveryChildAlive
Definitions: Who are the most vulnerable newborns?

<table>
<thead>
<tr>
<th>Clinical perspective</th>
<th>Public health perspective</th>
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<tbody>
<tr>
<td>Newborns who are born:</td>
<td>Newborns who are born small and sick in:</td>
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<tr>
<td>• too soon (&lt; 37 weeks’ gestation)</td>
<td>• the most marginalized groups</td>
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<td>• too small (&lt; 2500 g birth weight)</td>
<td>• rural areas</td>
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<td>• acutely ill</td>
<td>• urban slum environments</td>
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<td></td>
<td>• humanitarian settings</td>
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- Vulnerability is most acute in low- and middle-income countries

**MYTH**: Focus is needed at the community level, not the hospital level.

**FACT**: Globally, 80% of births now take place in facilities; community care is more effective when linked to care in health facilities.
CHAPTER 1. Now is the time to transform care for newborns

Visionary strategies and frameworks

Millennium Development Goals (MDGs)

Sustainable Development Goals (SDGs)

Every Newborn Action Plan

Global Strategy for Women’s, Children’s and Adolescents’ Health

WHO Framework on Integrated People-Centred Health Services

Convention on the Rights of the Child (CRC)

Safe Motherhood Initiative

Every Newborn Action Plan

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CHAPTER 1. Now is the time to transform care for newborns

Every newborn’s rights

The Convention of the Rights of the Child (CRC) ensures newborn health is a human rights issue:

• All children have a right to the highest attainable standard of health and health care
• WHO Member States are obliged to reduce infant and child mortality – CRC Article 24

Other declarations from professional associations/expert bodies:

• Parma Charter of the rights of the newborn (2011)
• Abu Dhabi Declaration for Every Woman Every Child Everywhere (2015)
CHAPTER 1. Now is the time to transform care for newborns

The SDGs:
- Unlocking human potential and well-being for small and sick newborns

SDG 17: Partnerships for the Goals

- SDG 1: No Poverty
  - 250 million children under the age of 5 in LMICs are at greater risk of not reaching their development potential due to poverty and neglect.

- SDG 2: Zero Hunger
  - 151 million children under 5 years are stunted and 273 million are anaemic, robbing these children of cognitive potential.

- SDG 3: Good Health and Well-Being
  - 47% of under-5 deaths are newborns, and an estimated 80% of these deaths in Southern Asia and sub-Saharan Africa are among small newborns.

- SDG 4: Quality Education
  - Every year, 30 million newborns require hospital care to thrive and survive.

- SDG 5: Gender Equality
  - Newborn boys have greater biological risk of death, whereas newborn girls have greater social risk of death due to cultural norms affecting access to quality care.

- SDG 6: Clean Water and Sanitation
  - Infections, including sepsis, meningitis, pneumonia, diarrhoea and tetanus, cause 23% of newborn deaths.

- SDG 8: Decent Work and Economic Growth

- SDG 9: Industry, Innovation and Infrastructure
  - Innovation is key to improving care for small and sick newborns because it delivers new life-saving technologies and more effective care.

- SDG 10: Reduced Inequalities

- SDG 11: Sustainable Cities and Communities

- SDG 12: Responsible Consumption and Production

- SDG 13: Climate Action

- SDG 14: Life Below Water

- SDG 15: Life on Land

- SDG 16: Peace, Justice and Strong Institutions
  - The births of about 25% of children under 5 globally have never been registered.

- SDG 7: Affordable and Clean Energy

- SDG 8: Decent Work and Economic Growth

Source: Nurturing Care Framework (2018, p. 9)
CHAPTER 1. Now is the time to transform care for newborns

How inpatient care for small and sick newborns fits within the continuum of care for women’s and children’s health

Adapted from: Every Newborn Action Plan.

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