SURVIVE and THRIVE
Transforming care for every small and sick newborn

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

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

- 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.
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Visionary strategies and frameworks

Millennium Development Goals (MDGs)

Sustainable Development Goals (SDGs)

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

Every Newborn Action Plan

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

**SDG 17: Partnerships for the Goals**

**SDG 16: Peace, Justice and Strong Institutions**

*The births of about 25% of children under 5 globally have never been registered.*

**SDG 15: Life on Land**

**SDG 14: Life Below Water**

**SDG 13: Climate Action**

**SDG 12: Responsible Consumption and Production**

**SDG 11: Sustainable Cities and Communities**

**SDG 10: Reduced Inequalities**

**SDG 9: Industry, Innovation and Infrastructure**

*Innovation is key to improving care for small and sick newborns because it delivers new lifesaving technologies and more effective care.*

**SDG 8: Decent Work and Economic Growth**

**SDG 7: Affordable and Clean Energy**

**SDG 6: Clean Water and Sanitation**

*Infections, including sepsis, meningitis, pneumonia, diarrhoea and tetanus, cause 23% of newborn deaths.*

**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 4: Quality Education**

*Every year, 30 million newborns require hospital care to thrive and survive.*

**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 2: Zero Hunger**

*151 million children under 5 years are stunted and 273 million are anaemic, robbing these children of cognitive potential.*

**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.*

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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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Integrated people-centred health services
WHO Framework adopted at 69th World Health Assembly (2016)

5 interdependent strategies

- Empower and engage people and communities
- Strengthen governance and accountability
- Reorient model of care
- Coordinate services within and across sectors
- Create an enabling environment
Family-centred care for newborn health

• Family-centred care principles: Dignity and respect, Information sharing, Participation, Collaboration
• Mothers, fathers and caregivers are active partners in the child’s care → Parent and newborn = unit of care
• Demonstrated benefits for newborn’s weight gain and neurodevelopmental progress

**MYTH:**
Allowing parents & family members to visit a child in the NICU will introduce infections.

**FACT:**
• Family-centred care does *not* increase infections
• Prevent infections with hand hygiene practice and access to human milk
### The power of parent voices

- Historically, parents have played an important role to improve small and sick newborn care
- As parents consistently care for newborns, they become “patient experts”
- Parents are a great asset advising inpatient newborn care units seeking to improve quality, safety and family-centred care

#### Examples:

<table>
<thead>
<tr>
<th>Location</th>
<th>Group</th>
<th>Description</th>
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<tbody>
<tr>
<td>Colombia</td>
<td>La Liga de Los Múltiples (The League of Multiples)</td>
<td>Founded by parents of triplets, for parents of multiple births</td>
</tr>
<tr>
<td>France</td>
<td>SOS Préma</td>
<td>Established National Assembly working group, developed policy recommendation: small &amp; sick newborns should receive family-centred care in hospital</td>
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Parents’ Stories

“When my children were born too soon, I experienced an emotional rollercoaster and was struggling with the challenges of preterm birth. A strong partnership between healthcare professionals and parents is the best way to face the challenges of having a small and sick newborn and to overcome the obstacles.

– Silke Mader, parent, advocate and founder European Foundation for the Care of Newborn Infants and The Global Alliance for Newborn Care
The power of parent representatives

• Learn from each other and provide professional trainings and information in several languages
• Develop strategies to get a voice, e.g. World Prematurity Day, the European Standards of Care for Newborn Health
• Founding GLANCE - a global network for parents
Parents’ Stories
Ghanaian mother channels trauma to build African advocacy organization

“Now I’m a walking advocacy machine. I find so much fulfilment by channelling my pain positively through finding new avenues to save more [premature] babies. We need to let the public know that these babies can survive so that the next generation will have a better story to tell regarding prematurity.”

– Selina Bentoom, founder and executive director African Foundation for Premature Babies & Neonatal Care

Pictured: King Luther at birth (L) and with his mother Selina at age 3 (R)
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Lessons from the past

Countries that have substantially reduced newborn deaths can provide guidance for other countries.
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Historical and current mortality reductions by phases of care

**Lessons from the past**

1900s-1940s:
- Increased handwashing in health facilities
- Decline in homebirths w/out skilled attendants

1940s-1970s:
- Shift towards individualized special care of sick newborns
- ↑ available lifesaving interventions, but overuse of technology
- Parents and newborns separated

1980s-present:
- High-quality, individualized, advanced clinical care & strong health systems
- Family-centred care as a best practice
- Focus on disability-free survival

*SDG 3.2 target: all countries to reduce neonatal mortality to at least as low as 12 per 1000 live births by 2030.*

Sources: UN IGME 2017 estimates, March of Dimes, PMNCH, Save the Children, WHO. Born too soon: the global action report on preterm birth.
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Lessons from the past

• Routine separation puts mothers and newborns at risk for medical and developmental complications regardless of setting or level of care

• There is an urgent need to adapt and scale up:
  o Family-centred care
  o Special and intensive newborn care
  o Competent and equipped health providers
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Future webinars will present:

• What the numbers say
• How to deliver care they are entitled to
• Ensuring they survive
• How to use data for action
• Immediate actions needed
• New standards of care

Action must be taken now to save more than 1.7 million newborns each year.
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