



Quality, Equity, Dignity

A Network for Improving Quality of Care  
for Maternal, Newborn and Child Health

# Transforming Care for Small and Sick Newborns

Implementing quality care for every small and sick newborn

© UNICEF/UN076893/Sharma



World Health  
Organization

Every Newborn Action Plan





Quality, Equity, Dignity

A Network for Improving Quality of Care  
for Maternal, Newborn and Child Health

## Transforming Care for Small and Sick Newborns

Implementing quality care for every small and sick newborn

### WEBINAR SERIES OBJECTIVE

*This series will accompany the learning and experience in implementing the WHO Standards for improving the quality of care for small and sick newborns in health facilities (2020) and related guidance for their implementation.*

#### Upcoming topics:

- Human resources for clinical care of small and sick newborn care
- Data & Information Systems for transforming care for small and sick newborns
- Infection prevention and control



**World Health  
Organization**

Every Newborn Action Plan



# Transforming care for small and sick newborns: Implementing quality care for small and sick newborns in health facilities

## Part 1: New standards of care for small and sick newborns in health facilities

- Dr. Ornella Lincetto, Medical Officer, WHO HQ

## Part 2: Regional Implementation: progress and challenges

- Dr. Rajesh Mehta, Regional Adviser Newborn Child and Adolescent Health, WHO SEARO
- Dr. Assumpta Muriithi, Medical Officer, WHO AFRO

## Part 3: Upcoming Toolkit – to support implementation of small and sick newborn care and enable joint learning

- Prof. Joy Lawn, Director MARCH Centre, London School of Hygiene and Tropical Medicine

## Part 4: Questions & Answers facilitated by Dr Gagan Gupta, UNICEF



World Health  
Organization

Every Newborn Action Plan



# Part 1: The Standards for Small and Sick Newborn Care in Health Facilities

Dr. Ornella Lincetto, WHO



World Health  
Organization

# Background

**2.5 million newborns, over 2 million stillbirths, and 295,000 mothers die annually**

**45% of newborn deaths and 60% of maternal deaths occur in fragile and humanitarian settings**

**Since the beginning of 2020 COVID-19 pandemic major disruption in the availability, utilization and quality of essential services**



# Quality of health services: problem magnitude

- **30 million small and sick newborns require access to quality services** every year
- In high-income countries: **1 in 10 patients is harmed** while receiving health care
- In low- and middle-income countries:
  - Nearly **40%** health care facilities **lack running water** and nearly **20% lack sanitation**
  - Women experience **abuse, lack of respectful compassionate care, and exclusion from care decision-making** during childbirth and in relation to infant care
  - Newborns are exposed to **harmful procedures, lack of respectful care, neglect and separation** from parents in the care process

## Review

Highly accessed

Open Access

### Facilitators and barriers to facility-based delivery in low- and middle-income countries: a qualitative evidence synthesis

Meghan A Bohren<sup>1,2\*</sup>, Erin C Hunter<sup>1</sup>, Heather M Munthe-Kaas<sup>3</sup>, João Paulo Souza<sup>4</sup>, Joshua P Vogel<sup>2</sup> and A Metin Gülmezoglu<sup>2</sup>

### The Mistreatment of Women during Childbirth in Health Facilities Globally: A Mixed-Methods Systematic Review

Meghan A. Bohren<sup>1,2\*</sup>, Joshua P. Vogel<sup>2</sup>, Erin C. Hunter<sup>3</sup>, Olha Lutsiv<sup>4</sup>, Suprita K. Makh<sup>5</sup>, João Paulo Souza<sup>6</sup>, Carolina Aguiar<sup>1</sup>, Fernando Saraiva Coneglian<sup>6</sup>, Alex Luiz Araújo Diniz<sup>6</sup>, Özge Tunçalp<sup>2</sup>, Dena Javadi<sup>3</sup>, Olufemi T. Oladapo<sup>2</sup>, Rajat Khosla<sup>2</sup>, Michelle J. Hindin<sup>1,2</sup>, A. Metin Gülmezoglu<sup>2</sup>



# WHO vision

“Every woman, newborn, child and adolescent receives quality health services throughout the their life-cycle and level of care continuum”

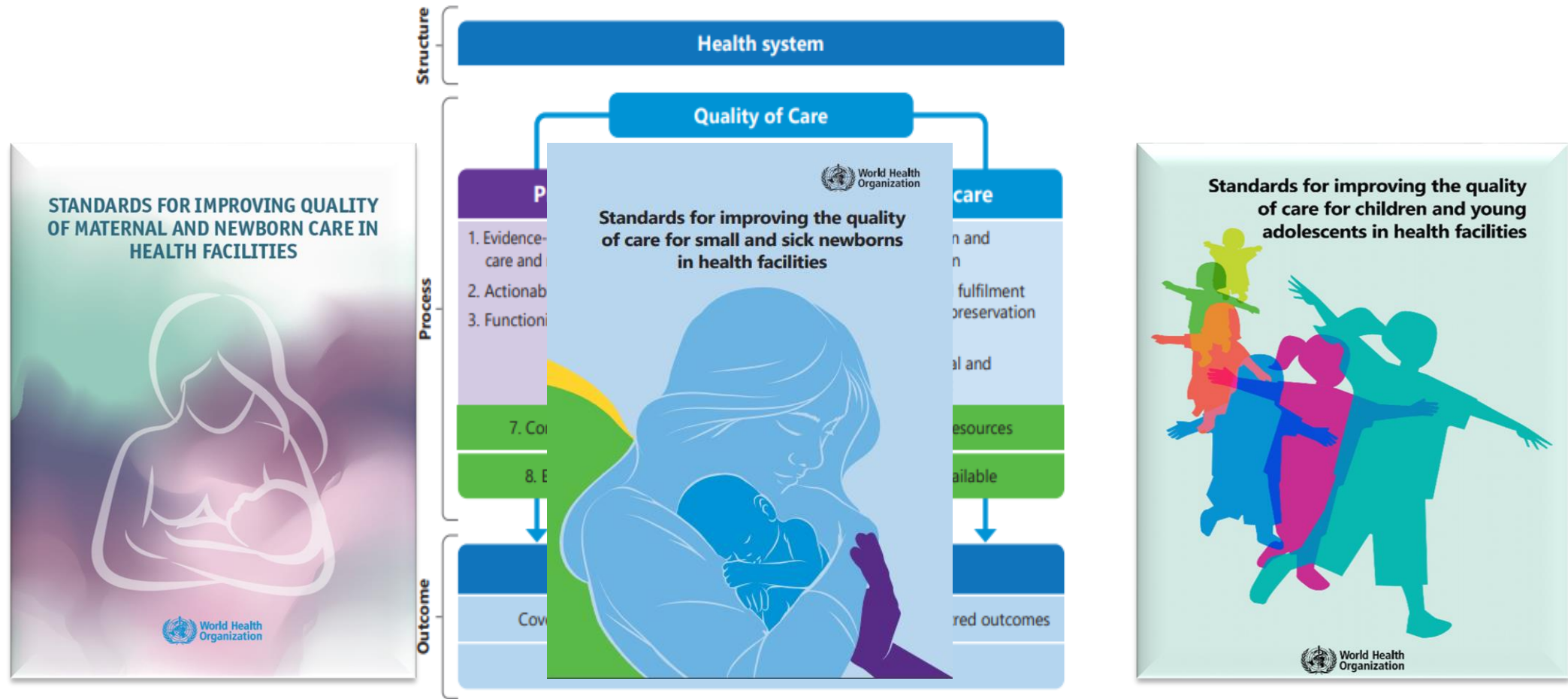
DOI: 10.1111/1471-0528.13451  
www.bjog.org

Commentary

## Quality of care for pregnant women and newborns—the WHO vision

Ö Tunçalp,<sup>a</sup> WM Were,<sup>b</sup> C MacLennan,<sup>b</sup> OT Oladapo,<sup>a</sup> AM Gülmezoglu,<sup>a</sup> R Bahl,<sup>b</sup> B Daelmans,<sup>b</sup> M Mathai,<sup>b</sup> L Say,<sup>a</sup> F Kristensen,<sup>c</sup> M Temmerman,<sup>a</sup> F Bustreo<sup>c</sup>

# Quality of Care Framework and Standards



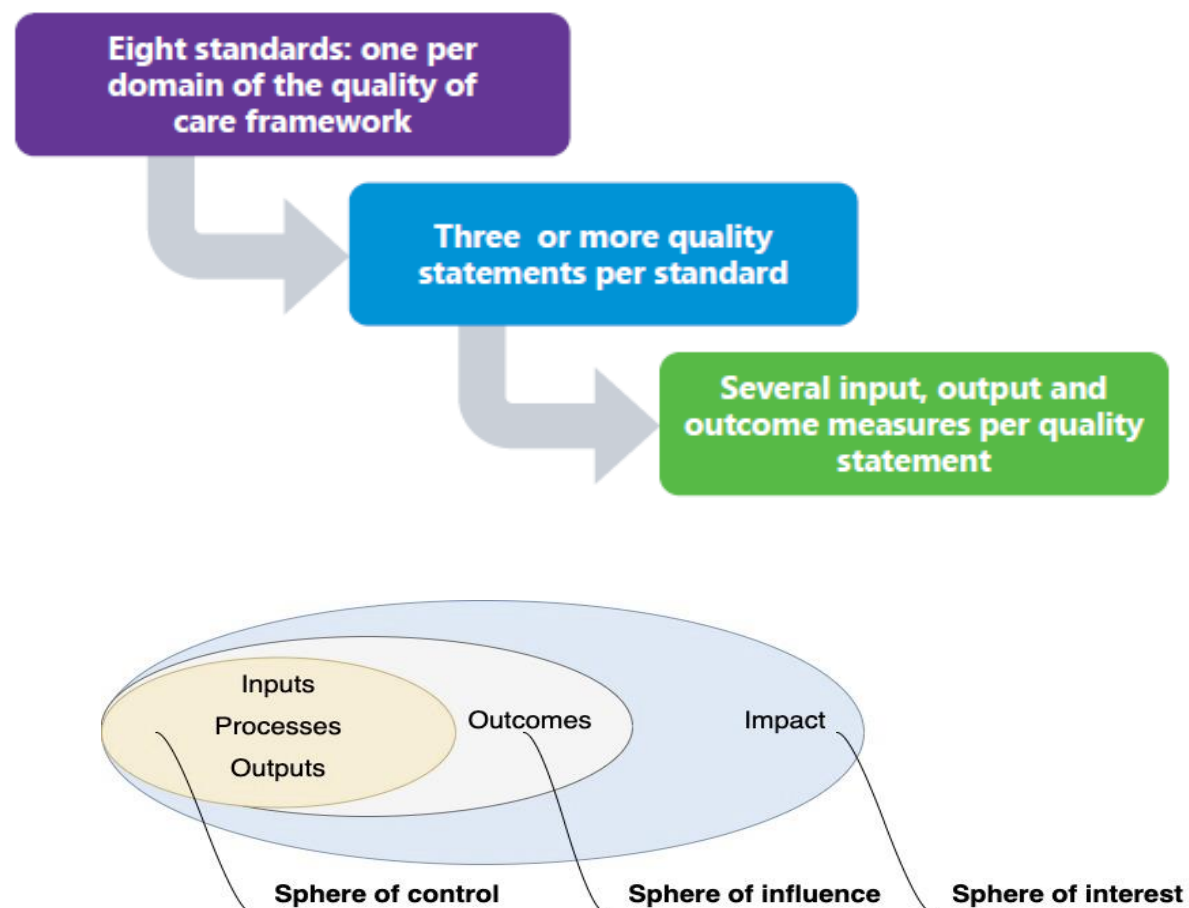
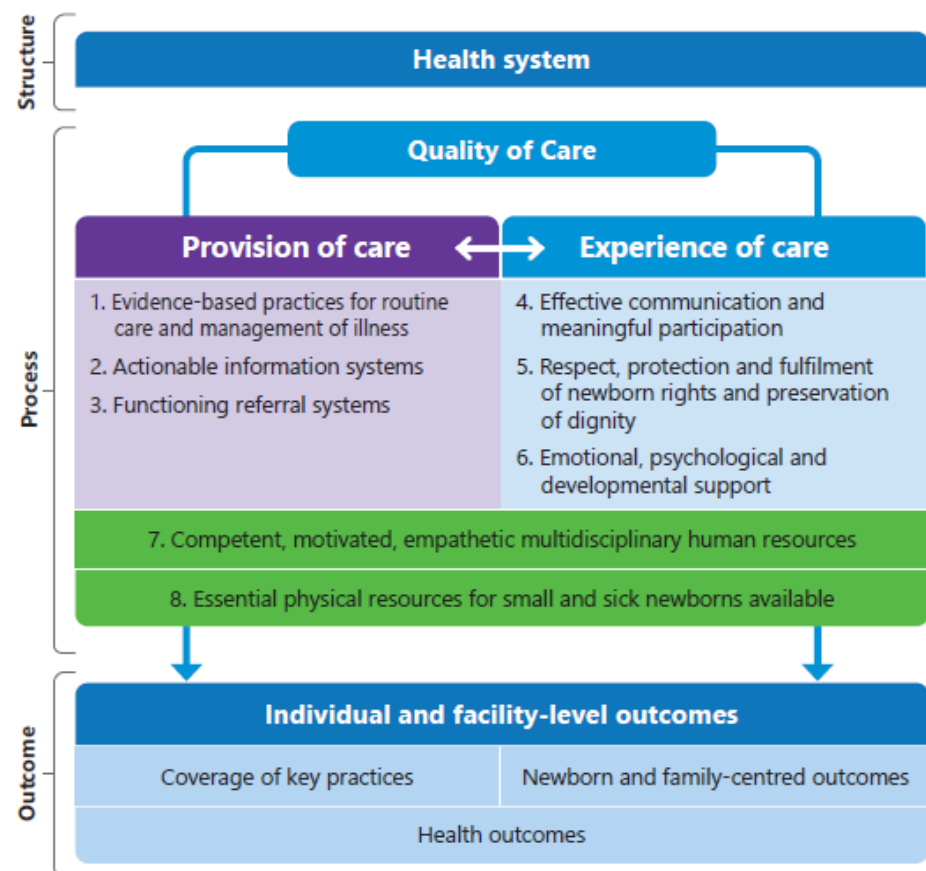
Maternal and newborn health

Small and sick newborn health

Children and young adolescents



# Taxonomy and Structure





# Standard 1: Quality statements

## Evidence based practices

### A. Care for all newborns

### B. Care for small and sick newborns

- B1. Care for respiratory conditions
- B2. Nutritional support for newborns
- B3. Care for other conditions
  - Jaundice
  - Seizures
  - Neonatal encephalopathy
  - Anaemia,
  - Necrotizing enterocolitis
  - Retinopathy of prematurity
  - Intraventricular haemorrhage
  - Surgical conditions
- B4. Clinical monitoring and supportive care
- B5. Pain management and palliative care for newborns
- B6. Care and advice at discharge

**1.1 NEW:** All newborns receive care with **standard precautions** to prevent health-care associated infections including implementing additional measures required during outbreaks and pandemic situations.

Quality measures for quality statement 1.1
<b>Input</b>
The health facility has written, up-to-date guidelines for standard infection prevention and control that include additional measures required during outbreaks and pandemics.
The health facility has written, up-to-date guidelines, protocols, standard operating procedures and mechanisms for minimising overcrowding, including one newborn for resuscitation unit, incubator or cot, and appropriate space between beds in the neonatal unit and all areas where newborns are cared for in a facility.
The health facility has standard operating procedures for disinfection of reusable neonatal equipment, including nasal prongs, self-inflating bags and face masks.
The health facility has standard operating procedures for cleaning the neonatal clinic, incubators, phototherapy units and other neonatal equipment .
<b>Process or output</b>
Proportion of staff in the labour room and neonatal unit trained in infection prevention practices including additional measures required during outbreaks and pandemics.
Proportion of staff in the neonatal unit who practice hand hygiene according to WHO standards.
Proportion of staff in the neonatal unit who wear personal protective equipment as recommended during outbreaks and pandemic situations.
Proportion of reusable neonatal equipment disinfected by standard procedures.
Number of times the neonatal clinical area and neonatal equipment are cleaned according to standard operation procedures.
<b>Outcome</b>
Proportion of newborns admitted to the health facility with infections proven to be associated to health care.

# Standard 2: Actionable information systems

2.1. Every small and sick newborn has a complete, accurate, standardized, up-to-date medical record, which is accessible throughout their care, on discharge and on follow-up.

2.2. Every health facility has a functional mechanism for collecting, analysing and using data on newborns as part of monitoring performance and quality improvement.

2.3. Every health facility has a mechanism for collecting, analysing and providing feedback on the newborn services provided and the perceptions of families of the care received.

Electronic supplementary material:  
The online version of this article contains supplementary material.

journal of  
**global**  
health

© 2020 The Author(s)  
JoGH © 2020 ISGH

Use of a participatory quality assessment and improvement tool for maternal and neonatal hospital care. Part 1: Review of implementation features and observed quality gaps in 25 countries

Giorgio Tamburlini<sup>1</sup>, Alberta Bacci<sup>2</sup>,  
Marina Daniele<sup>3</sup>, Stelian Hodorogea<sup>4</sup>,  
Dalia Jeckaitė<sup>5</sup>, Gelmius Siupsinskas<sup>6</sup>,  
Emanuelle Pessa Valente<sup>7</sup>, Paola Stillo<sup>8</sup>,  
Francesca Vezzini<sup>9</sup>, Maurice Bucagu<sup>10</sup>,  
Ornella Lincetto<sup>11</sup>

**Background** A substantial proportion of maternal and neonatal mortality and morbidity is attributable to gaps in quality of care. A systematic, standard-based tool for quality assessment and improvement for maternal and neonatal hospital care (QA/QI MN tool) was developed in 2009 by the World Health Organization (WHO). The tool guides the assessment process along the whole continuum from admission to discharge, collects the views of the recipients of care and engages hospital managers and staff in identifying gaps and drafting an action plan.

journal of  
**global**  
health

© 2020 The Author(s)  
JoGH © 2020 ISGH

Use of a participatory quality assessment and improvement tool for maternal and neonatal hospital care. Part 2: Review of the results of quality cycles and of factors influencing change

Giorgio Tamburlini<sup>1</sup>, Alberta Bacci<sup>2</sup>,  
Marina Daniele<sup>3</sup>, Stelian Hodorogea<sup>4</sup>,  
Dalia Jeckaitė<sup>5</sup>, Audrius Maciulevicius<sup>6</sup>,  
Emanuelle Pessa Valente<sup>7</sup>, Gelmius  
Siupsinskas<sup>8</sup>, Fabio Uxa<sup>9</sup>, Francesca  
Vezzini<sup>10</sup>, Ornella Lincetto<sup>11</sup>, Maurice  
Bucagu<sup>12</sup>

**Background** Information about the use of the findings of quality assessments in maternal and neonatal (MN) care is lacking and the development of tools capable to effectively address quality gaps is a key priority. Furthermore, little is known about factors that act as barriers or facilitators to change at facility level. Based on the extensive experience made with the WHO Quality Assessment and Improvement MN (QA/QI MN) tool, an overview is provided of the improvements in quality of care (QoC) which were obtained over time and of the factors influencing change.



# Standard 3: Functioning referral systems

**3.4. NEW:** Every health facility that provides care for small and sick newborns has been designated according to a standard level of care and is part of an integrated newborn network with clear referral pathways, a coordinating referral centre that provides clinical management support, protocols and guidelines

**3.5. NEW:** Newborn transfer services provide safe, efficient transfer to and from referral neonatal care by experienced, qualified personnel, preferably specialist transport teams, in specialist transport vehicles.

**3.6. NEW:** Every newborn who requires referral is transferred in the Kangaroo Mother Care position with their mother, when possible.





## Standard 4: Effective communication & meaningful participation

**4.4. NEW:** Carers of small and sick newborns and staff understand the importance of nurturing interaction with the newborn, recognize and respect the newborn's behaviour and cues and include them in care decisions.

**4.5. NEW:** All carers receive appropriate counselling and health education about the current illness of the newborn, transition to Kangaroo Mother Care follow-up, community care and continuous care, including early intervention and developmental follow-up.

**4.6. NEW:** In humanitarian and fragile settings, including pandemic situations, special consideration is given to the specific psychosocial and practical needs of small and sick newborns and their carers.



# Standard 5: Respect, protection and fulfilment of newborn rights and preservation of dignity

- 5.1. All newborns have equitable access to health care services with no discrimination of any kind.
- 5.2. The carers of the newborns are made aware of and given information about the newborn's rights to health and health care.
- 5.3. All newborns and their carers are treated with respect and dignity, and their right to privacy and confidentiality is respected.
- 5.4. All newborns are protected from any physical or mental violence, injury, abuse, neglect or any other form of maltreatment.
- 5.5. **NEW:** All newborns have their birth registered and have an identity.
- 5.6. **NEW:** All newborns who die and all stillbirths have their death registered.



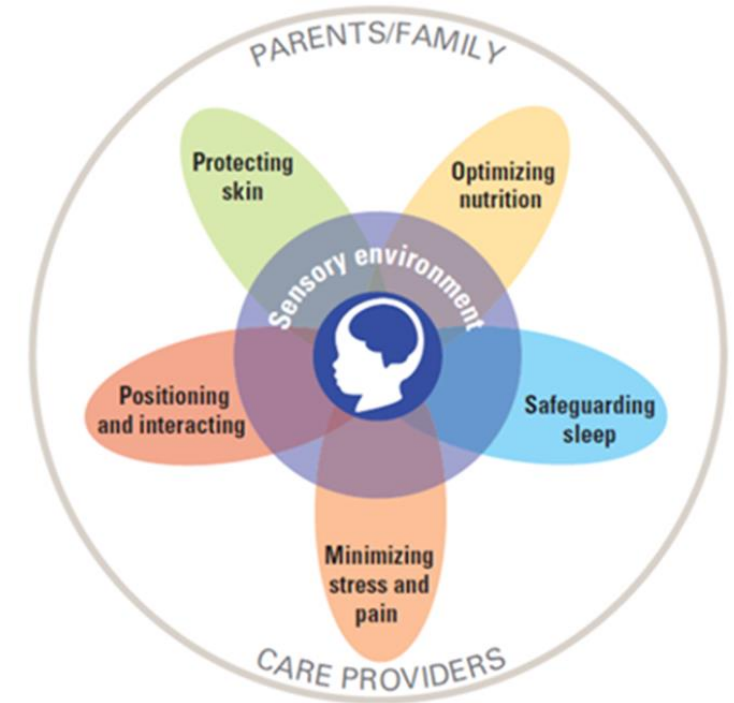
# Standard 6: Emotional, psychosocial and developmental support

6.1. All small and sick newborns stay with their carers with minimal separation, and the role of carers is recognized and supported at all times during care.

**6.2. NEW:** All newborns born preterm or with a low birth weight receive Kangaroo Mother Care as soon as possible after birth, and the parents are supported in its provision.

**6.3. NEW:** All small and sick newborns receive appropriate developmental supportive care, and their families are recognized as partners in care.

**6.5. NEW:** All small and sick newborns receive appropriate, coordinated developmental follow-up with minimal disruption to family life and routines.



*Adapted from: Altimie L, Phillips R. Newborn & Infant Nsg Rev 2016; 16:230.*



## Standard 7: Competent, motivated, empathetic multi-disciplinary human resources

**7.3. NEW:** All staff working in neonatal units of a health facility have the necessary knowledge, skills and attitudes to provide infection prevention and control, basic resuscitation, Kangaroo Mother Care, safe feeding and medications and positive interaction with newborns and communication with carers.

*Small & sick newborn survival in facilities linked to numbers of qualified nurses working per shift*

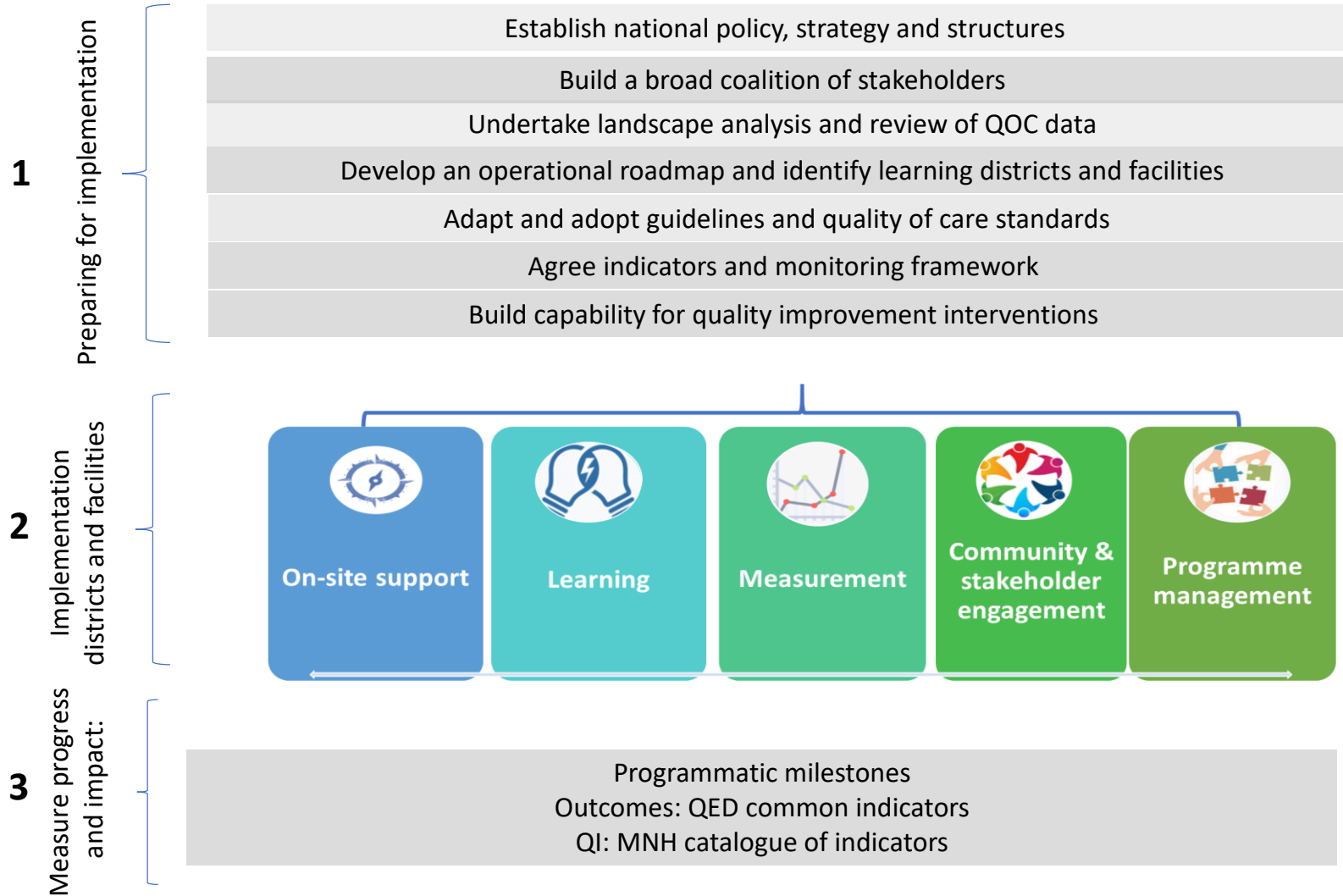


## Standard 8: Essential physical resources for small and sick newborns available

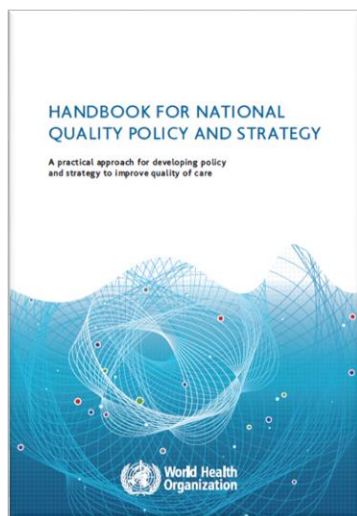
- **8.5. NEW:** All carers of small and sick newborns have a dedicated area with supportive elements, including adequate space for Kangaroo Mother Care, family-centred care, privacy for mothers to express breast milk and facilities for hygiene, cooking and laundry.
- **8.6. NEW:** In humanitarian and fragile settings including pandemic situations, provision of a safe, secure environment for the care of small and sick newborns is included in preparedness, response and recovery plans .



# Country implementation approach in QED countries

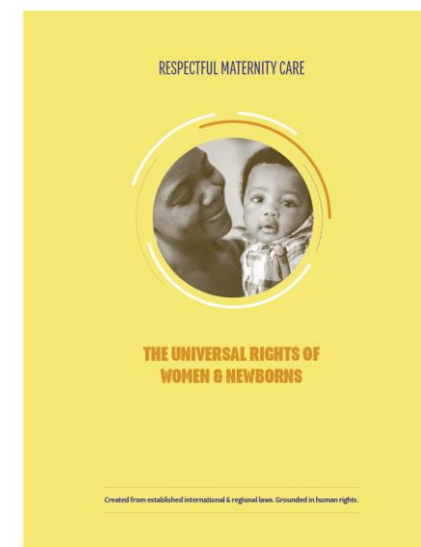


<http://www.qualityofcarenetwork.org/>



**INTEGRATING STAKEHOLDER AND COMMUNITY ENGAGEMENT IN QUALITY OF CARE INITIATIVES FOR MATERNAL, NEWBORN AND CHILD HEALTH**

A module of the "Improving the quality of care for maternal, newborn and child health - Implementation guide for facility, district and national levels"



# Support for Implementation

<http://www.qualityofcarenetwork.org/>

- **MNCH QoC Implementation Guide for facility, district and national levels**
- **Technical support:**
  - Policy dialogue and needs assessment
  - Adaptation process and developing the QoC implementation package
  - Capacity building on use of the standards
- **MNCH QoC measurement handbook**
- **Engaging with the community in implementation of the standards**
- **Human resource strategies**
- **A community of practice for MNCH Quality of Care. Join: [bit.ly/JoinCoP](https://bit.ly/JoinCoP) & Website**
- **Development of a national quality policy and strategy:**  
[http://www.who.int/servicedeliverysafety/areas/qhc/nqps\\_handbook/en/](http://www.who.int/servicedeliverysafety/areas/qhc/nqps_handbook/en/)
- **Newborn health in humanitarian settings and specific guidance for outbreaks**



# Conclusions

- The standards for improving the quality of care for small and sick newborns define and standardize inpatient care for newborns
- They are tools to organize, plan and deliver quality newborn care in the context of universal health coverage both in stable and humanitarian situations, including outbreaks
- By progressively strengthening all the eight domains of the QoC framework it will be possible to expand access to quality neonatal care services and improve neonatal outcomes







World Health  
Organization

THANK YOU

<http://www.qualityofcarenetwork.org/>





## Part 2:

# Regional Implementation; progress and challenges

## South East Asia Region

Dr. Rajesh Mehta

Regional Adviser Newborn Child and Adolescent  
Health, WHO SEARO

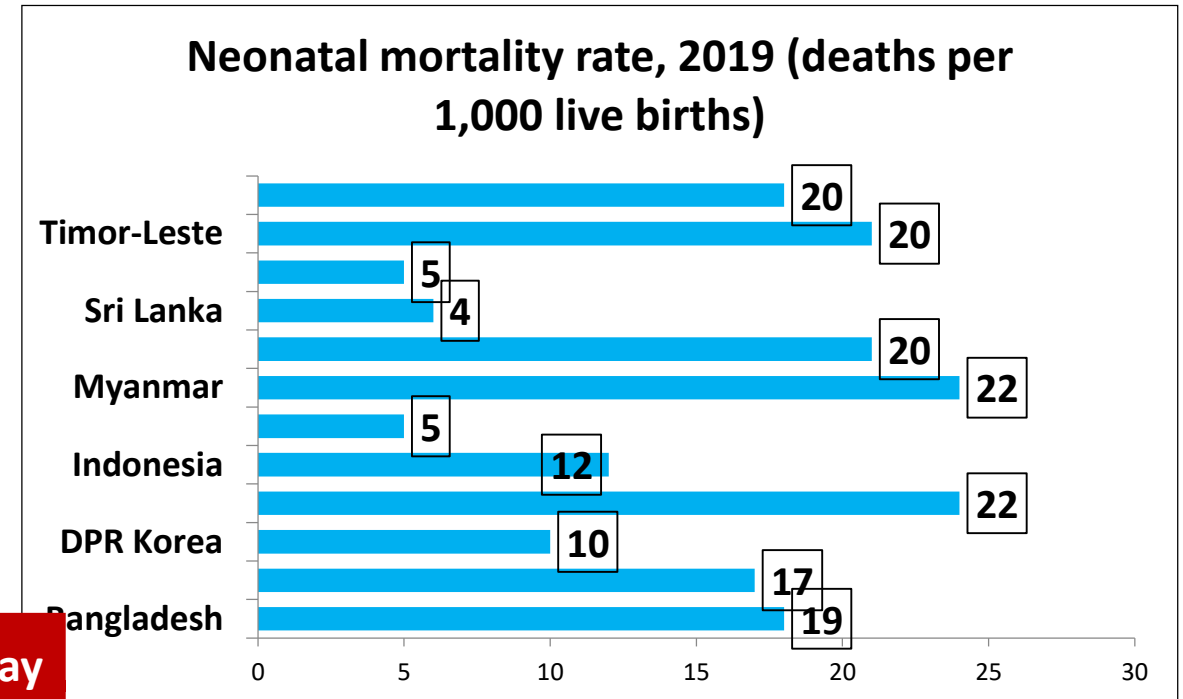
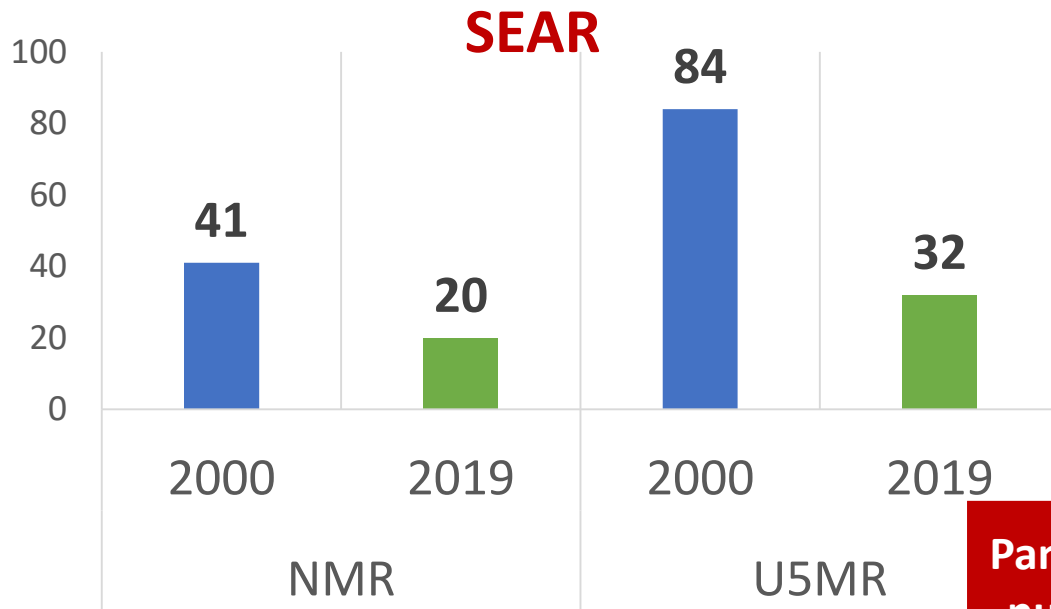
## Africa Region

Dr. Assumpta Muriithi, Medical Officer, WHO AFRO

# Significant reduction in Neonatal and child mortality

**51% Vs 43%  
reduction**

**63% Vs 50%  
reduction**



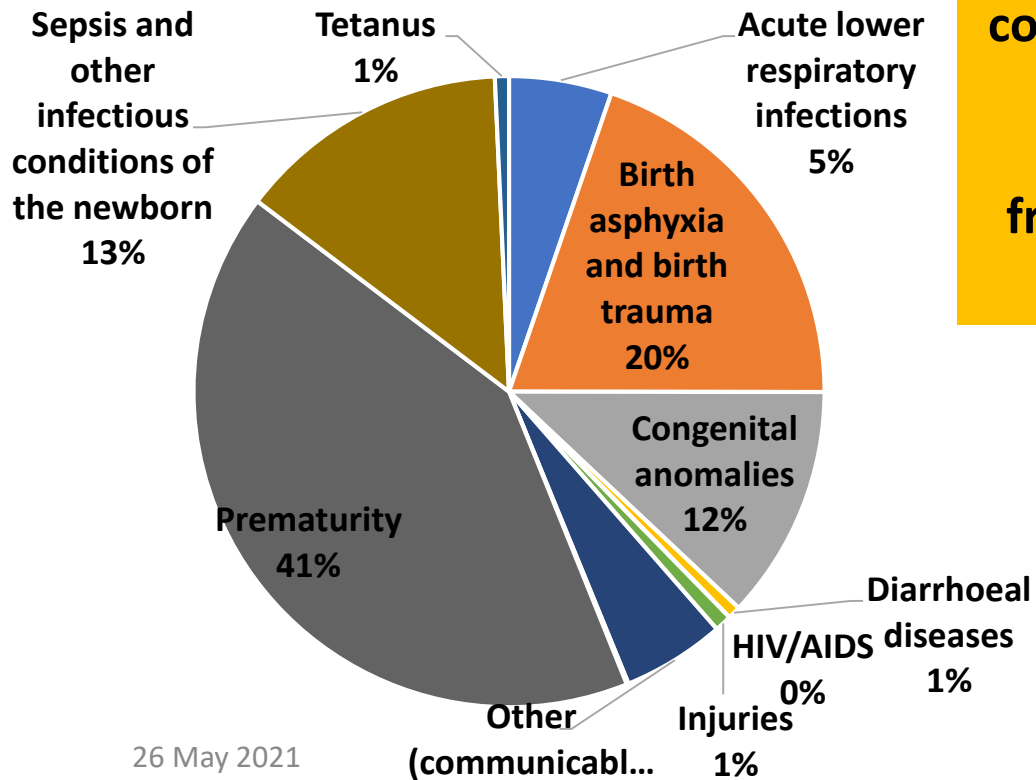
**Pandemic may  
push us back**

**by 50% between 2000-2019  
Compared to 33% global**

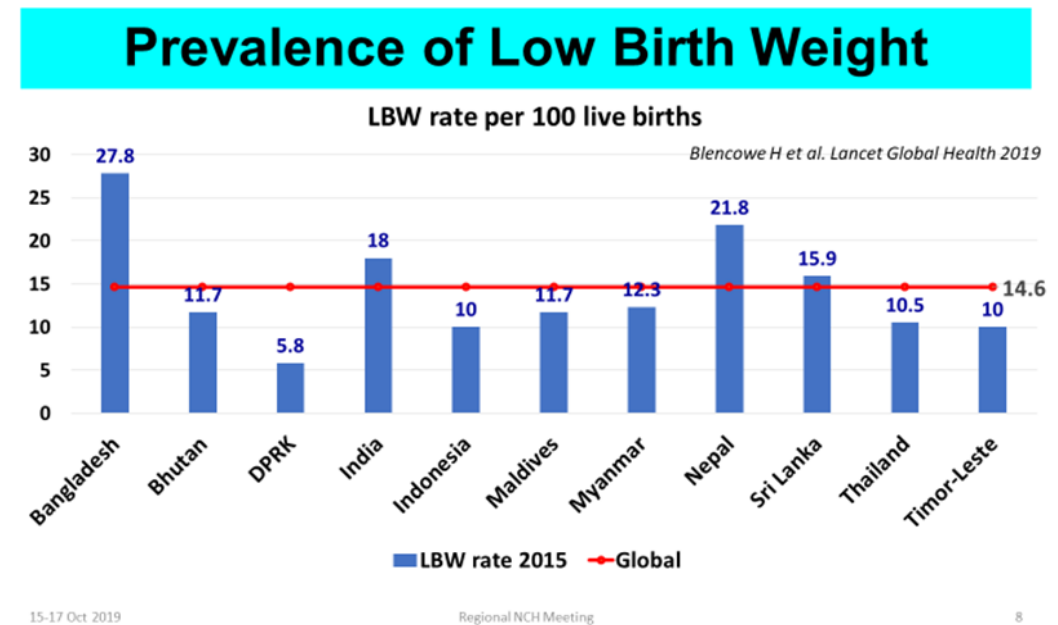
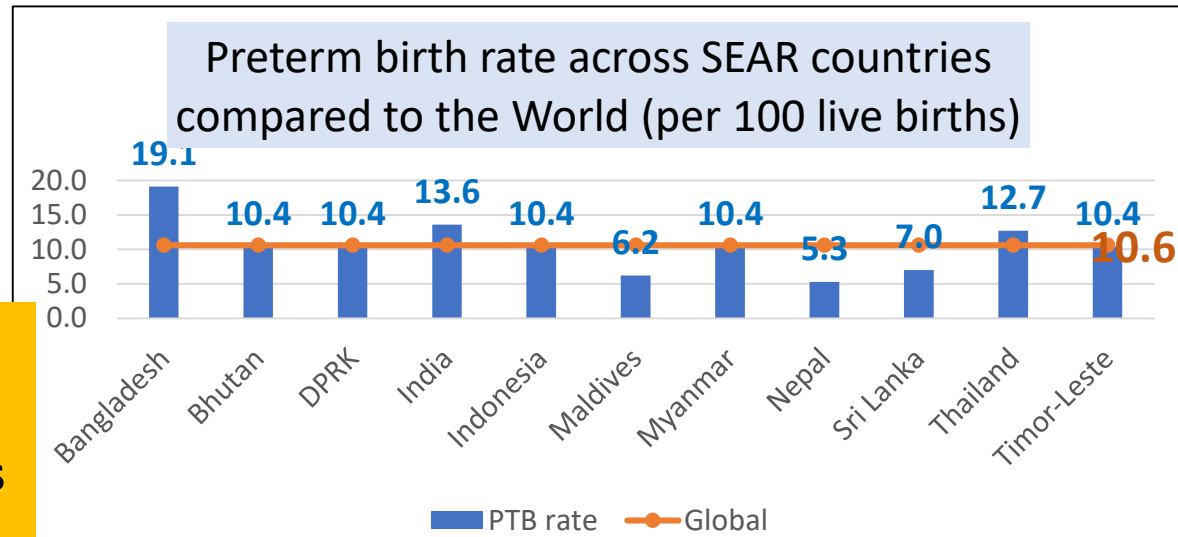
**SEAR likely to achieve SDG 2030 target of  
12/1000**

# SEAR: Top causes of newborn deaths – Small babies is special for us

- Prematurity: 41.5%
  - Complications during birth: 20%
  - Severe infections: 13%
  - Birth Defects: 12%
- 75%**



**Since 2000:  
Preterm complications as COD increased from 32% to 42%**



# Priority actions for newborn survival

## Consensus with Governments and partners

- **Care at birth**: Institutional deliveries - coverage and quality
- **Care of small and sick babies**: Coverage and Quality
  - **Facility-based newborn care**
    - Preterm care including KMC
    - Care of newborns with complications
  - **Home-based newborn care**: Supportive care and early identification of illness and referral
    - Essential care and Nurturing Care for all babies
    - Additional care for small babies



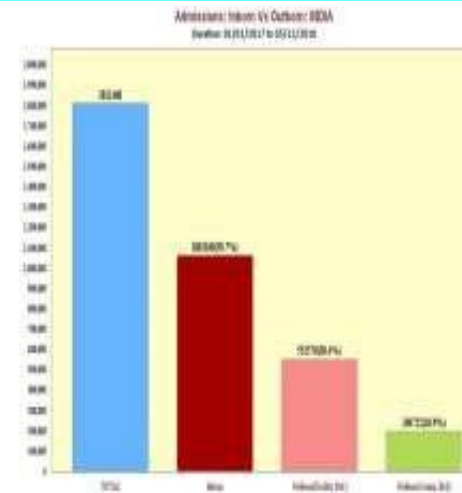
# Readiness for care of small and sick newborns

**All Member States have included care of small and sick newborns (FBNC and HBNC) in the national newborn health/RMNCAH programmes**

National policy/guideline	Bangl adesh	Bhut an	DPR Korea	India	Indone sia	Maldiv es	Myan mar	Nepal	Sri Lanka	Thailand	Timor leste
Childbirth											
Postnatal care for mothers and newborns and HBNC											
Management of low birth weight and preterm newborns											
First level Facility: IMNCI											
Referral care for severe illness											
Level 2: E.g. SNCU											
Level 3: NICU											

**Challenges are related to implementation  
Coverage gap; Quality gap; Measurement gap**

# India: Facility-Based Newborn Care



**>840 units  
across 600  
districts**

**>16000  
Neonatal  
beds**

**>10,000  
Providers,  
>3000  
support staff**

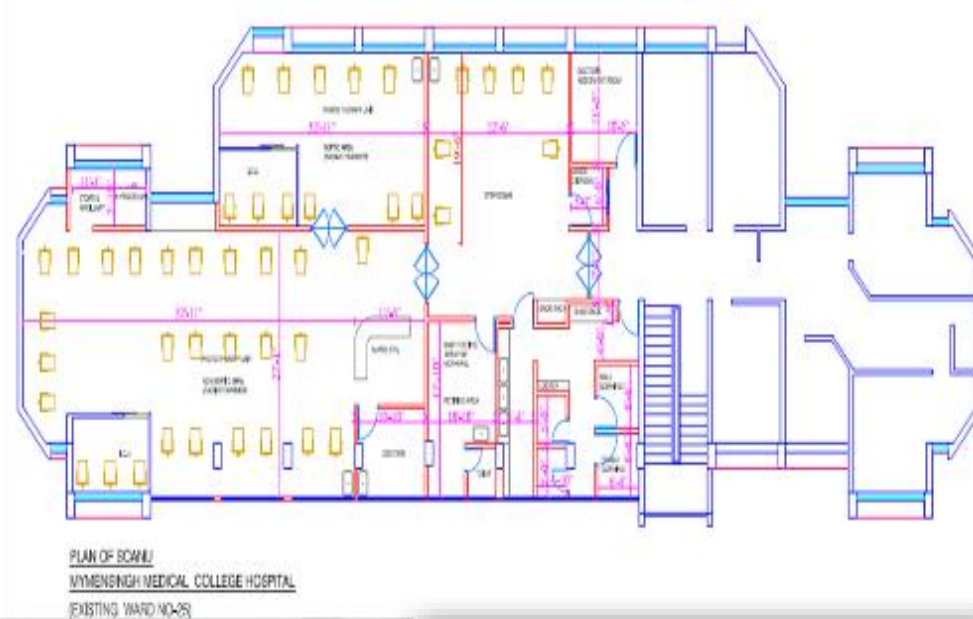
**90% units  
reporting  
online**

**>1M newborns  
treated  
annually**



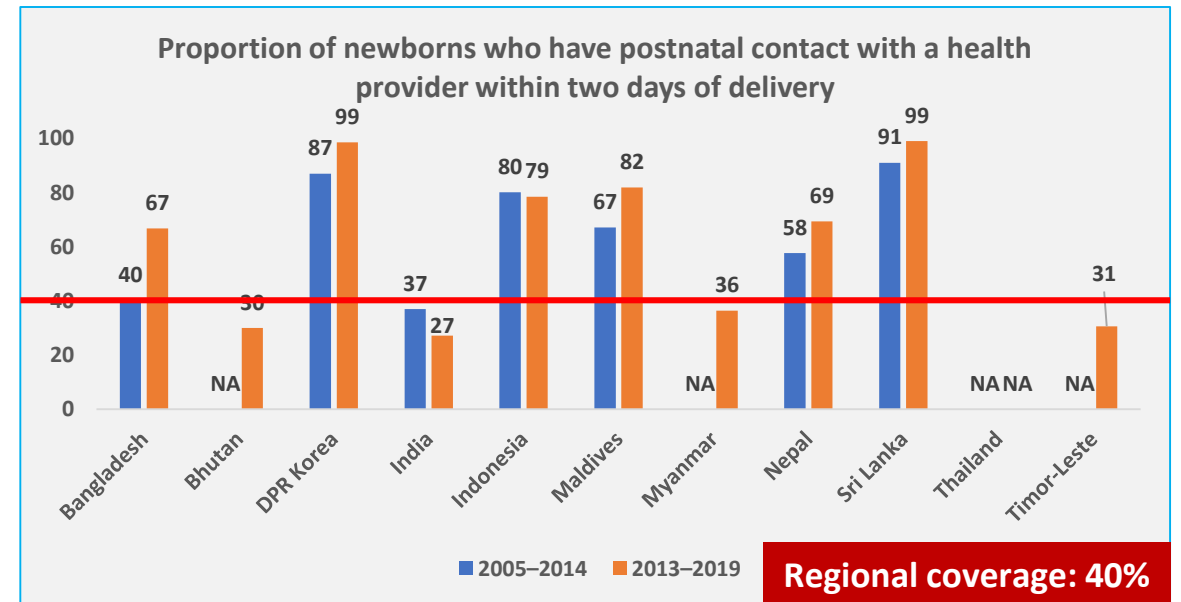
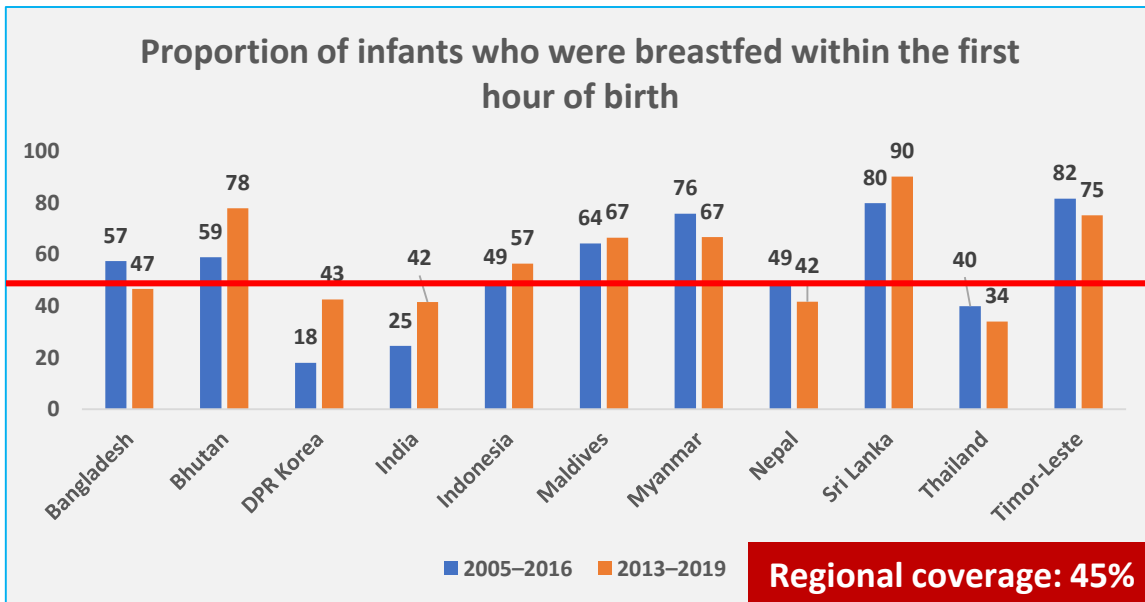
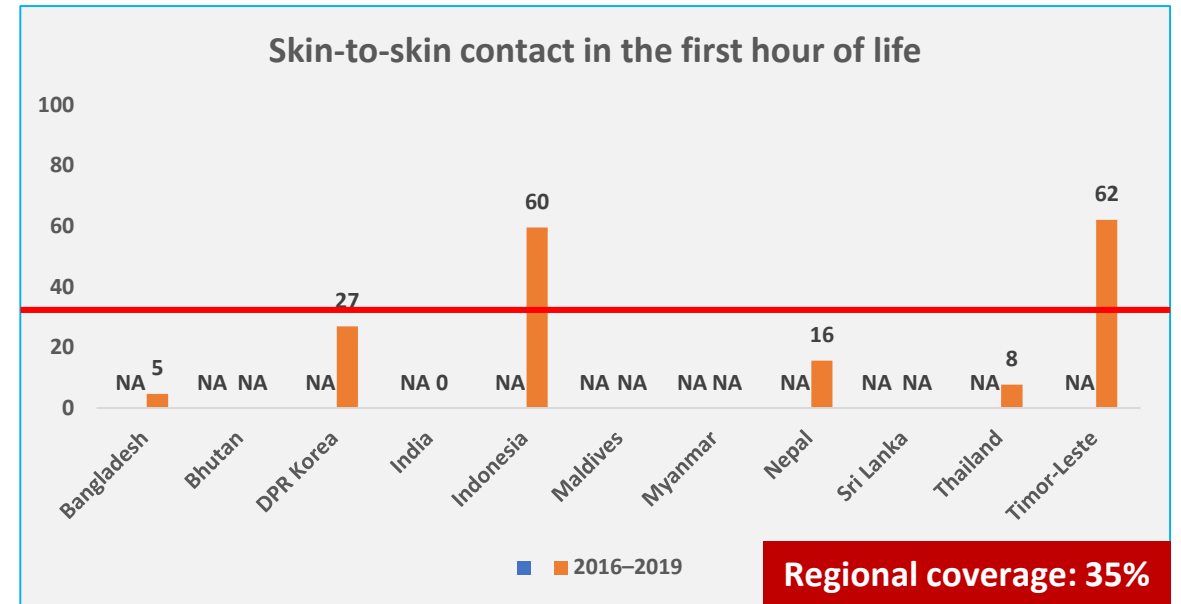
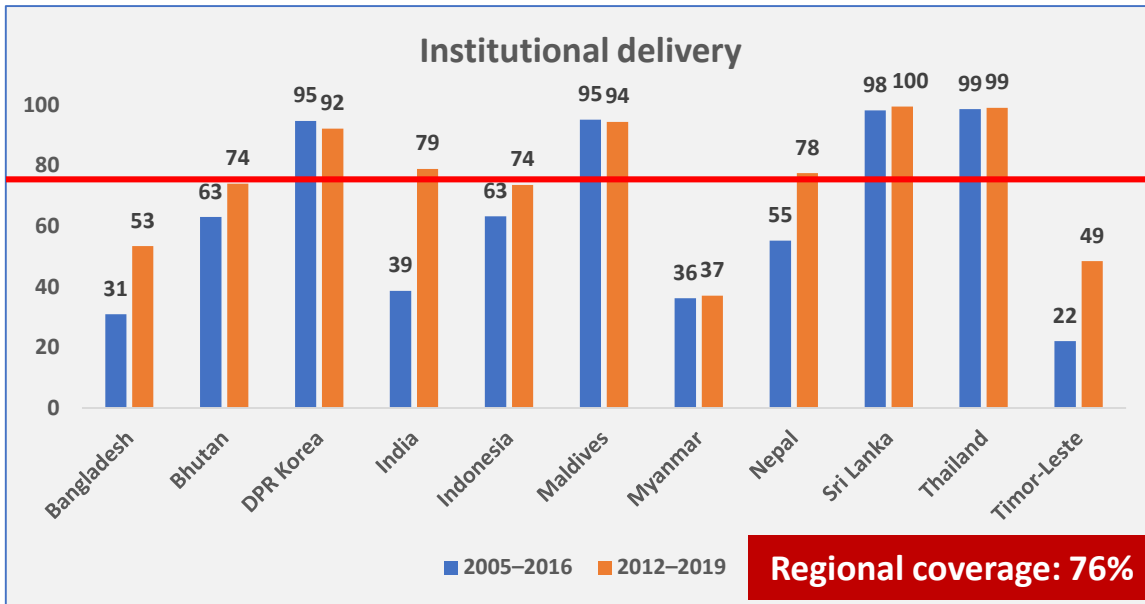
**NBSU  
5400 beds , 340,000 admissions**

# Bangladesh: Facility-Based Newborn Care



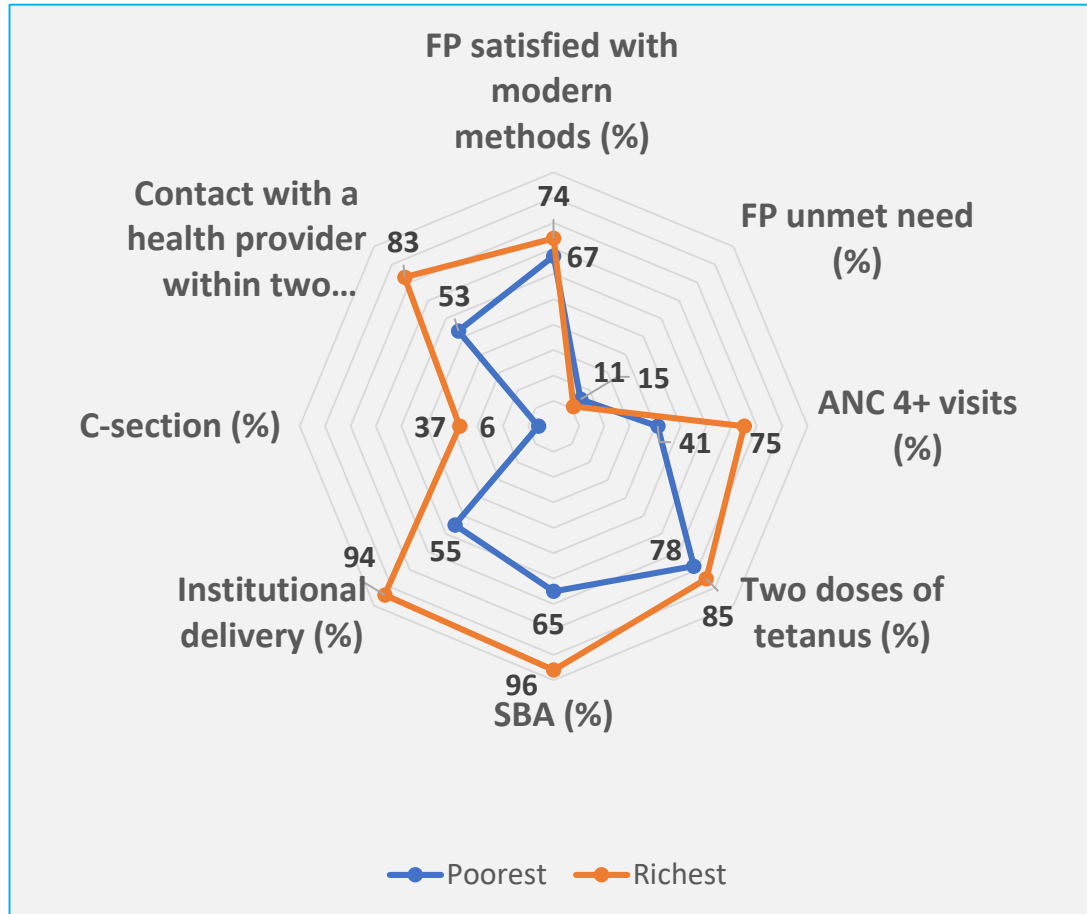


# Coverage of Newborn interventions: Low and uneven

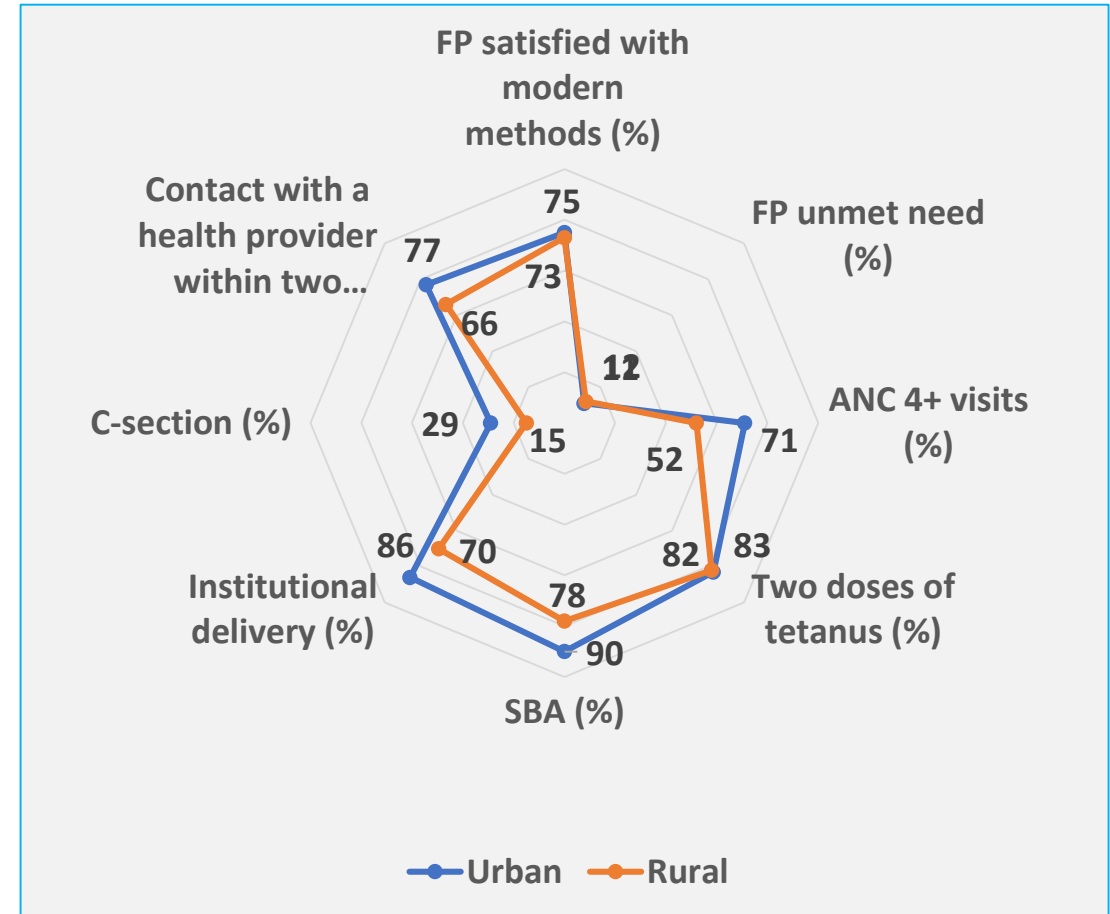


# Inequities in coverage

## Wealth Inequity



## Geographic Inequity



# Regional actions for reduction in newborn mortality

## Improving coverage, quality and measurement

- **Facility-based newborn care: Utilization and QI**

- Assessment of policies, guidelines and adoption of WHO recommendations
- Health Facility survey: Labour Rooms, NN units and pediatric wards
- Strengthen HR and trainings: Digital resources
- Assessment of Quality of care: Integrated QOC assessment tool
- Continuous Quality Improvement: POCQI

- **Family participation and Community engagement**

- **Home-based newborn Care:**

- Review of service delivery platform and strengthen
- Continuous Quality Improvement: POCQI

- **Improve measurement:** Use data for action

- NBBD Database
- Analysis of coverage data: Time trends, missing and new indicators
- M&E Framework for SRMNCAH

- **Strengthen Programme Management:** RMNCAH course for district managers

### Adoption of SSN

#### Standards:

- Review the national standards
- Fill the gaps
- Measure performance: Coverage and Quality



# Regional QI Framework

## SEARO is supporting countries for the 2 tracks

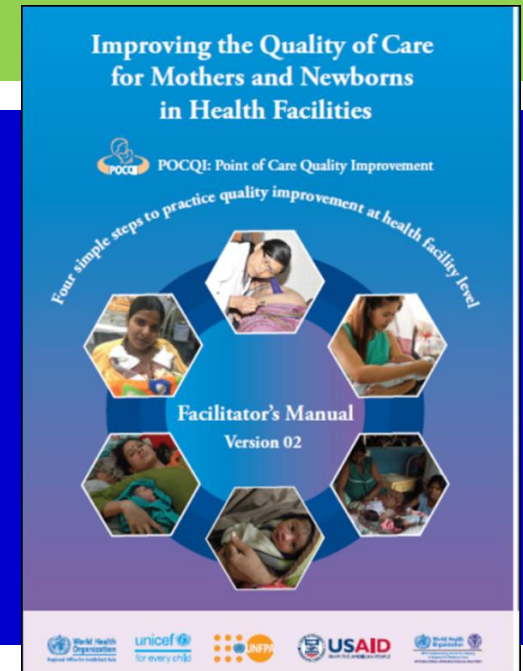
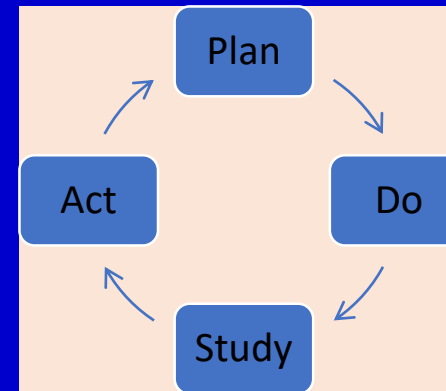
### Track -1

1. **National / Sub-national actions:** Identify leadership and champions and define roles at various levels
2. **Develop / adapt national standards of care**
3. **Assessment of current quality of care and identify gaps in quality**

**Adoption of  
SSN Standards**

### Track -2

4. **Quality improvement**
5. **Reassessment:** To find out if implementation of the solution has addressed the quality gap
6. **Success: Documentation and dissemination**
7. **Scaling-up**



# THANK YOU





World Health  
Organization  
REGIONAL OFFICE FOR **Africa**

**TRANSFORMING CARE FOR SMALL AND SICK NEWBORNS:  
IMPLEMENTING THE STANDARDS OF CARE FOR SMALL AND SICK NEWBORNS IN HEALTH  
FACILITIES**

.....  
**Assumpta Muriithi**

Medical Officer/Newborn Health/Reproductive Maternal Health/UHC/LC  
WHO Regional Office for Africa.

**26 May, 2021**

# Outline



---

Status of the reduction of neonatal mortality and still births

---

Coverage of interventions including the Health Workforce

---

Challenges

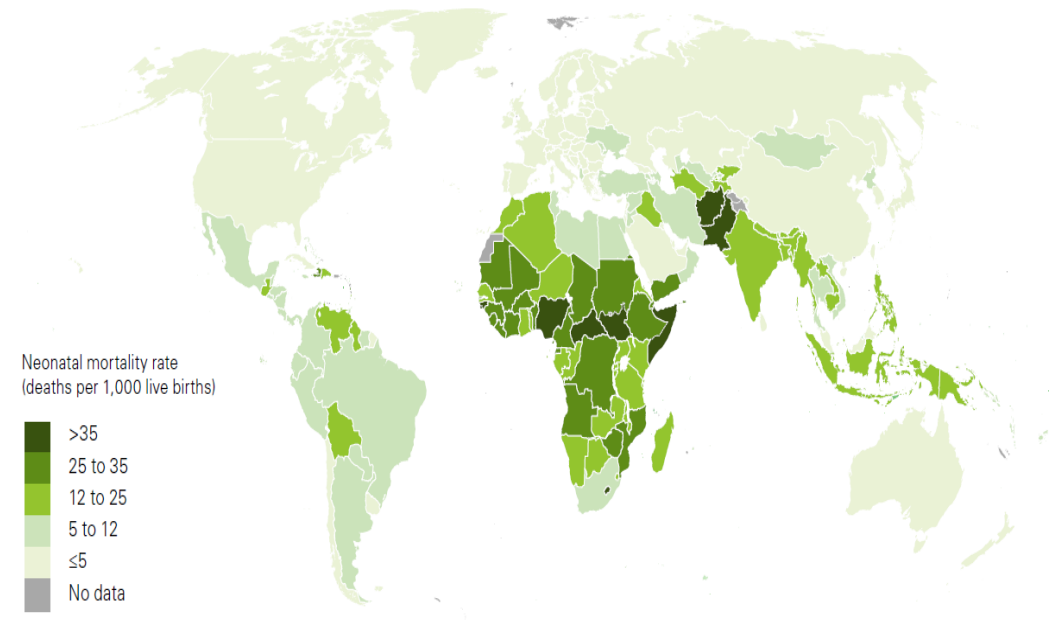
---

Next steps



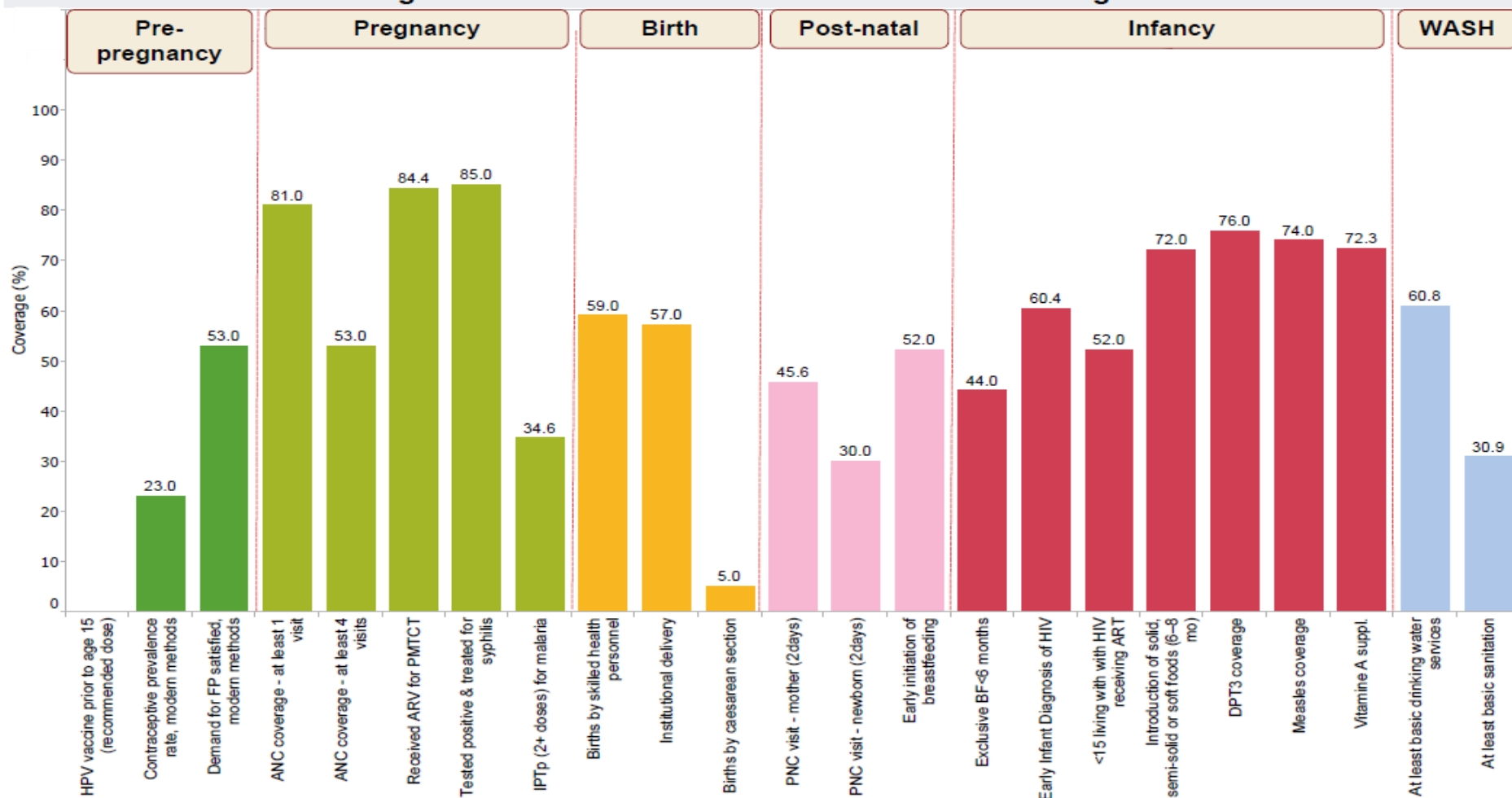
# Neonatal mortality rate (deaths per 1000 live births) by countries

- 21 of the 47 countries of the Sub-Saharan Region have had no progress in the reduction of neonatal deaths
- 42 of the 47 countries are projected to miss their SDG target of <12 deaths per 1000 live births if the current progress remains the same



Note: The classification is based on unrounded numbers. This map does not reflect a position by UN IGME agencies on the legal status of any country or territory or the delimitation of any frontiers.

## Coverage of RMNCAH interventions across the African region 2019



### Acronyms:

ANC - antenatal care | ART - Antiretroviral treatment | FP - family planning | HPV - Human Papillomavirus | IPTp - intermittent preventive treatment of malaria in pregnancy | PMTCT - prevention of mother to child transmission of HIV | PNC - postnatal care | WASH - Water, Sanitation, & Hygiene

### Data Source (regional estimates given here refer to Sub-Saharan Africa):

DHS (2013-2019) and UNAIDS 2019 estimates compiled in UNICEF State of the World Children 2019 except HPV vaccination coverage - WHO/UNICEF Joint Reporting Form

Demand for FP satisfied/Contraceptive prevalence rate, modern methods (in union women) - DHS/MICS/Other nationally representative household surveys

### For further information:

Reproductive, Maternal Health and ageing (RMH) Programme  
(afrgofrhw@who.int), Universal Health Coverage/Life Course (ULC) Cluster



**World Health Organization**

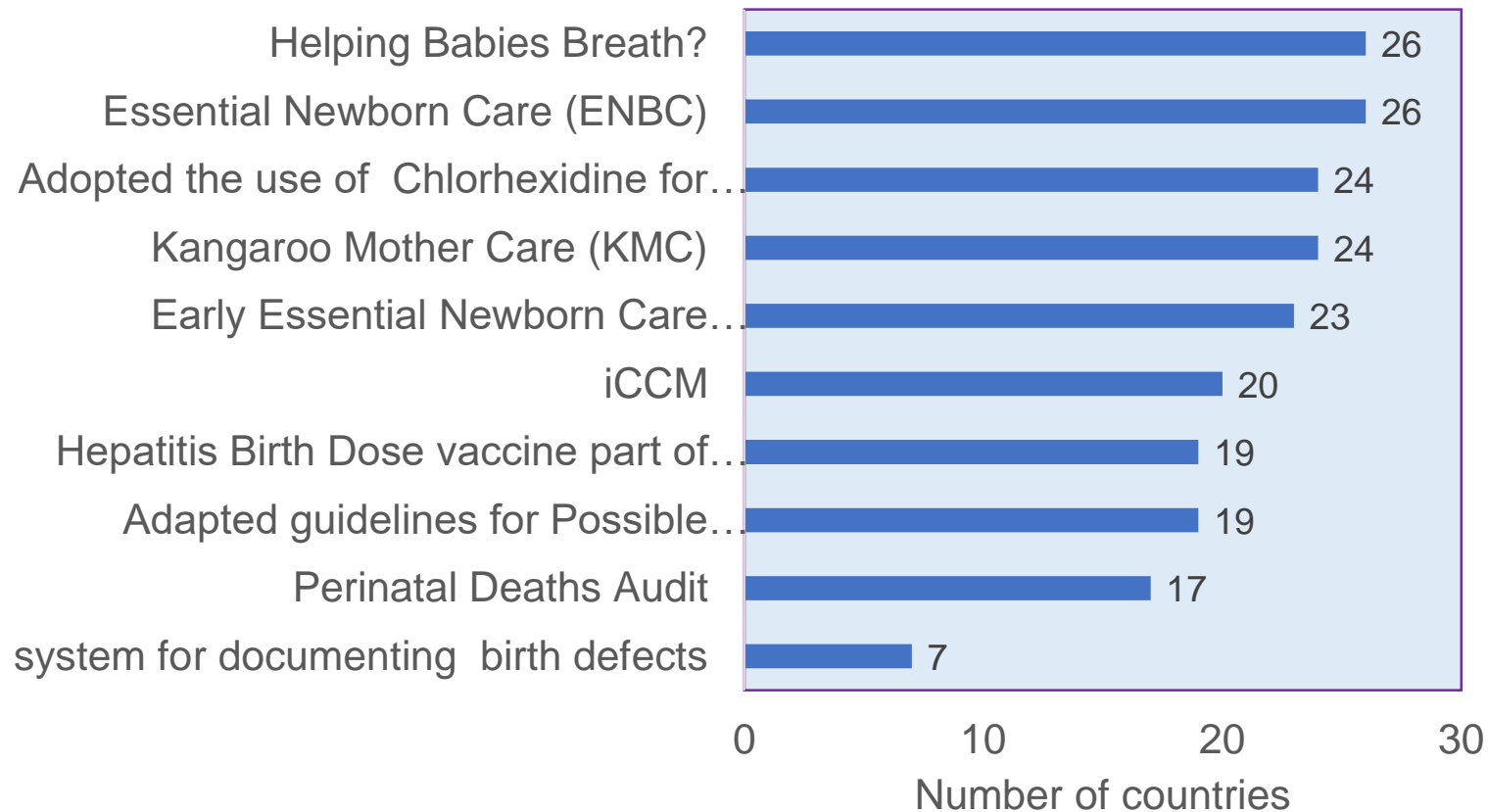
REGIONAL OFFICE FOR **Africa**

# Policies, Plans, Standards, and Assessments for Maternal and Newborn Health

Country	Has Newborn Health policy (standalone or incorporated in other policies)	Conducted National assessment on NBH in the last 3 years	Has Newborn Health Plan (standalone or incorporated in other MNCAH plans)	Adapted WHO Standards for Maternal Health	Adapted WHO Standards for Newborn Health	Adapted WHO Standards for Paediatrics QoC
Mauritania	✓	✗	✓	✓	✓	✓
Mauritius	✓	✗	✓	✗	✗	✗
Mozambique	✗	✗	✓	✓	✓	✗
Namibia	✗	✗	✓	✗	✗	✗
Niger	✓	✗	✓	✓	✓	✓
Nigeria	✓	✓	✓	✓	✓	✗
Senegal	✓	✗	✓	✓	✓	✓
Sierra Leone	✓	✓	✓	✗	✗	✓
South Sudan	✗	✗	✓	✗	✗	✗
Togo	✓	✗	✓	✓	✓	✓
Uganda	✓	✗	✓	✓	✓	✓
UR of Tanzania	✓	✓	✓	✓	✓	✓
Zambia	✓	✓	✓	✓	✓	✗
Zimbabwe	✓	✗	✓	✓	✓	✗

Country	Has Newborn Health policy (standalone or incorporated in other policies)	Conducted National assessment on NBH in the last 3 years	Has Newborn Health Plan (standalone or incorporated in other plans)	Adapted WHO Standards for Maternal Health	Adapted WHO Standards for Newborn Health	Adapted WHO Standards for Paediatrics QoC
Algeria	✗	✗	✓	✓	✓	✗
Benin	✓	✗	✓	✗	✗	✗
Burkina Faso	✓	✗	✓	✓	✓	✓
Burundi	✓	✗	✓	✓	✓	✓
Cameroon	✓	✓	✓	✓	✓	✓
Comoros	✗	✓	✓	✓	✓	✗
Congo	✗	✓	✓	✗	✗	✗
Cote d'Ivoire	✓	✗	✓	✓	✓	✓
DRC	✓	✓	✓	✓	✓	✓
Ethiopia	✓	✗	✓	✓	✓	✗
Gabon	✗	✗	✓	✓	✓	✓
Ghana	✓	✓	✓	✓	✓	✗
Guinea	✓	✗	✓	✓	✓	✓
Liberia	✓	✗	✓	✓	✓	✗
Mali	✓	✗	✓	✓	✓	✓

# Newborn interventions embedded in the National Newborn Strategies

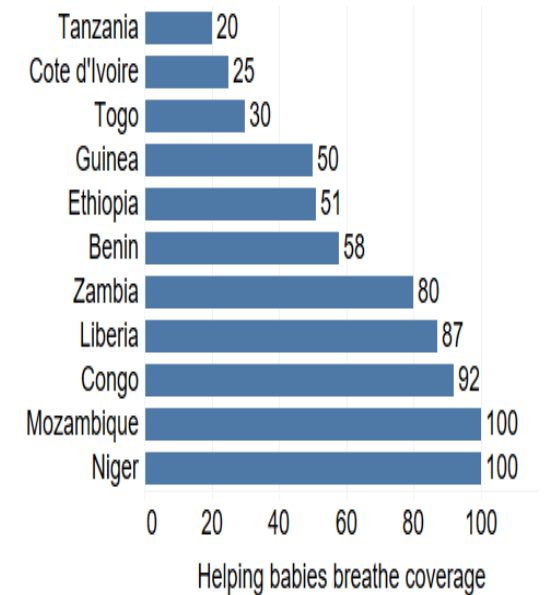
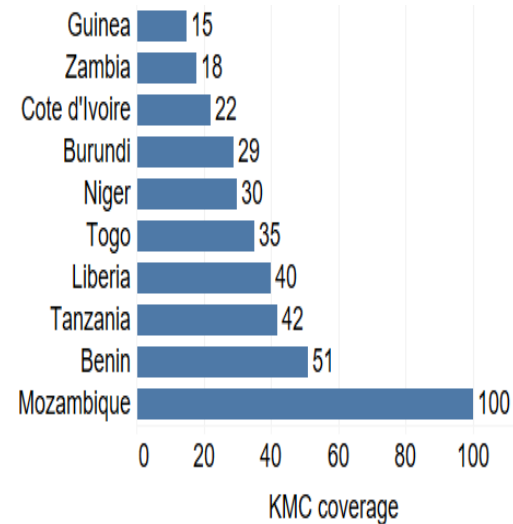
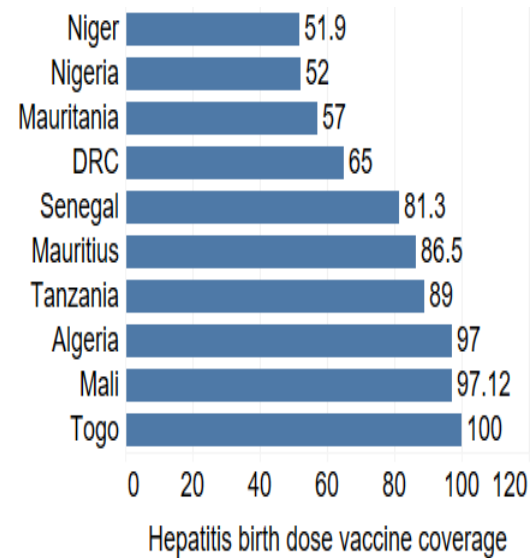
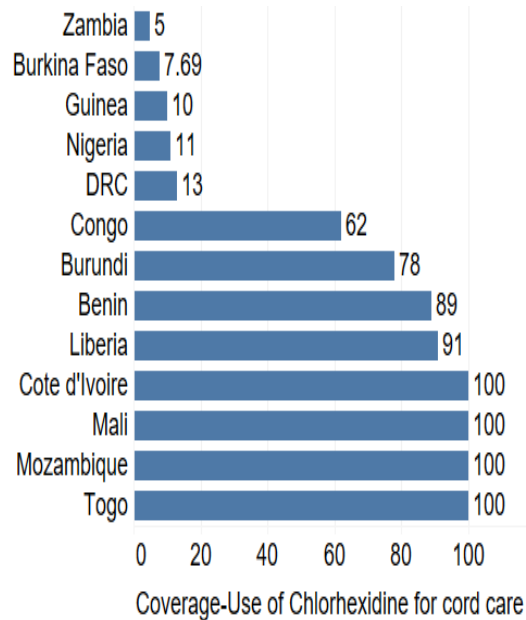


## Home visits

Country	Day 1	Day 3	Day 7	Others
Benin				once a week or more in case of problems
Burkina Faso	✓	✓		For LBW: 2 supplementary visits made from day 5 to day 14
Burundi	✓			
Cameroon			✓	
DRC				
Ethiopia	✓	✓	✓	
Ghana	✓	✓	✓	
Guinea		✓		
Liberia	✓	✓	✓	Days 2 and 14 for small babies
Mali				from day 1 to day 45
Mauritius			✓	
Mozambique	✓	✓	✓	
Niger			✓	
Senegal		✓		5days after birth
Sierra Leone	✓	✓	✓	
Uganda	✓	✓	✓	
UR of Tanzania	✓	✓	✓	
Zambia	✓	✓	✓	

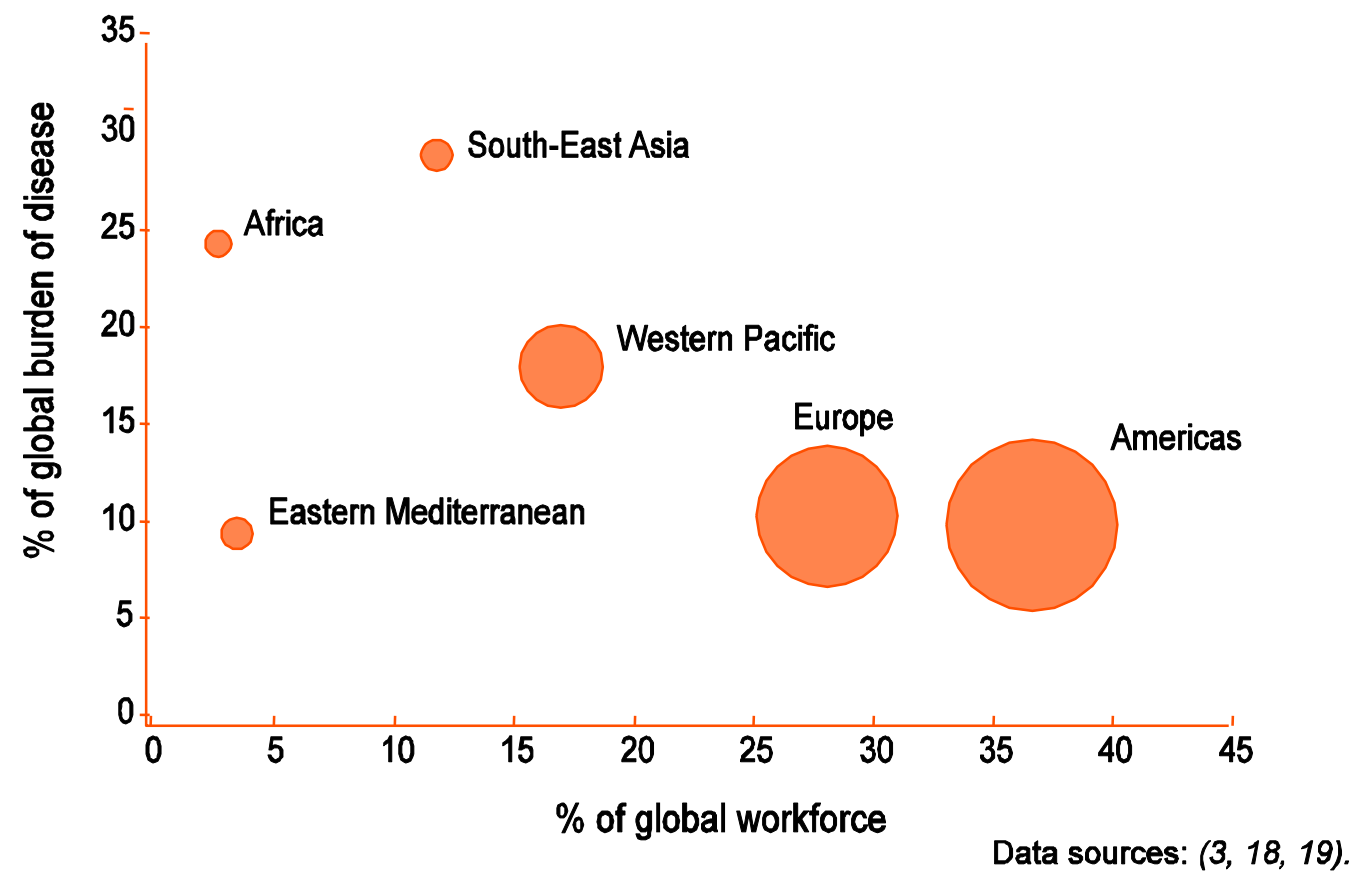


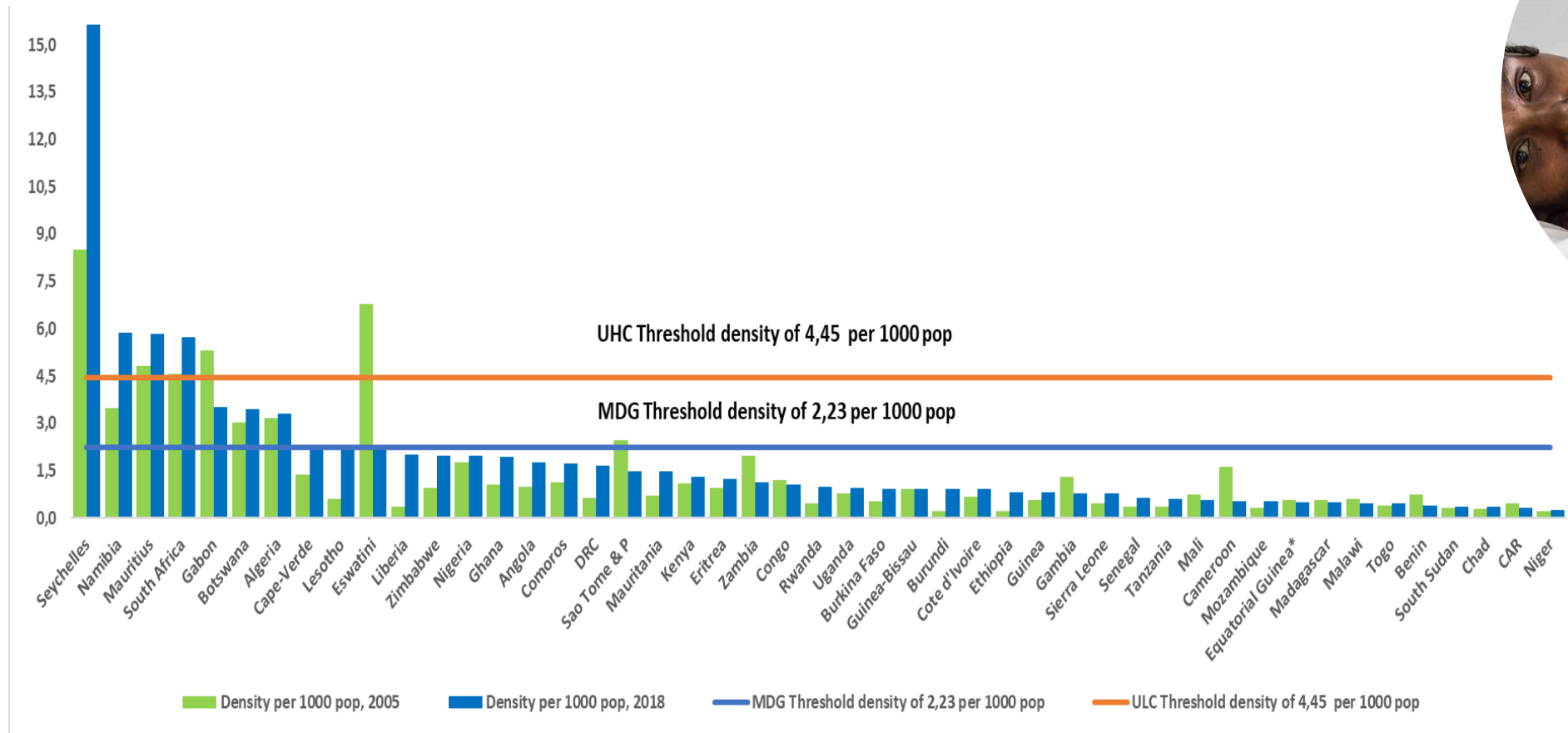
# Percentage coverage of Newborn interventions – Helping Babies Breathe, Kangaroo Mother care, Chlorhexidine and Hepatitis B Birth dose





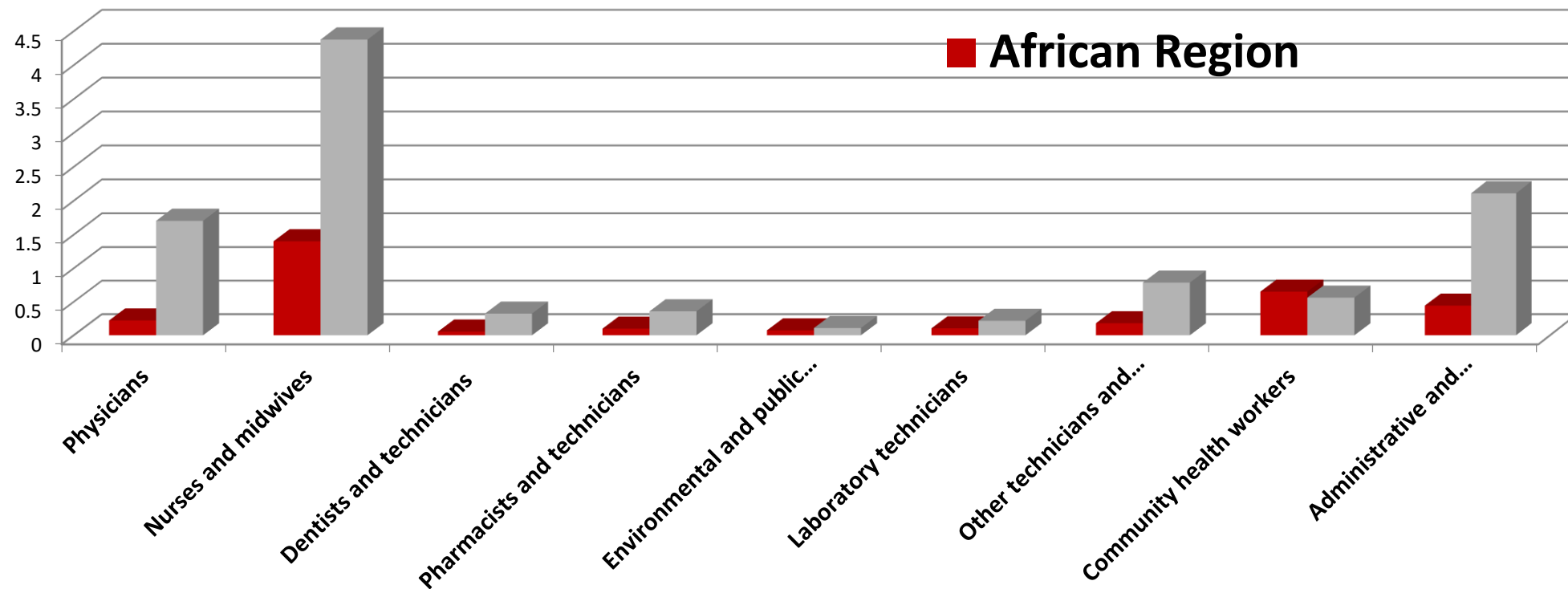
## Distribution of health workers by level of health expenditure and burden of disease





# Trends of the density of Health Workers in the region

# Density of Health Workers per 1000 population





# Challenges

Weak health information systems - gaps in the availability of reliable, accurate, disaggregated and timely data to guide decision-making.

Inadequately prepared human resources for health and poor supportive environment for health providers including for infective prevention contro

Unreliable supply of and access to affordable essential medicines, vaccines and equipment.

Absence of basic infrastructure in health facilities

Inadequate financial resources from both domestic and external sources.

Effects of cultural and socioeconomic conditions on access to services and inability of the communities and individuals to claim their rights to quality care

# Next steps

- Continue the dissemination of the standards to all the 47 countries
  - *Already extensively disseminated to 24 countries during the Newborn meeting held in March 2021*
  - *Continue holding webinars using various Regional and sub-regional platforms*
- With partners, support the prioritized needs of countries with TA and where available with finances in their prioritized needs. The following are some of the areas identified by countries

## **Priority activity for 2021-2022 for SSNB Standards**

- Sensitization and policy dialogue with Ministries of Health
- Initiate adaptation of the SSNB Standards
- Capacity building including expanding specialty training: review pre-serve & in-service training plan to include SSNB care
- Strengthen infrastructure to provide effective care for KMC
- Engagement with regulatory bodies & private sector
- Full scale-up & harmonization and synergy between quality improvement department and MCH
- Continue community engagement.



## Part 3:

# UNICEF & NEST360 Toolkit to support implementation of small and sick newborn care and enable joint learning

- Prof. Joy Lawn, Director MARCH Centre, London School of Hygiene and Tropical Medicine



# Implementation Toolkit

## for Small and Sick Newborn Care

Professor Joy Lawn  
LSHTM & NEST360

On behalf of the Toolkit Team and learning Community





## Outline

WHY?

HOW?

WHAT?

WHEN?

WHO?

All welcome to join!



# Small and Sick Newborns: Still new on global agenda

## WHY MORE FOCUS?



Every Newborn

Transforming care for small and sick newborns (2019)

## WHAT TO DO?



WHO Standards of Care for Small and Sick newborns (2020)

## HOW TO?

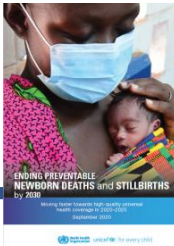
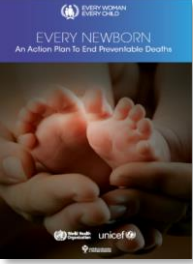


Implementation Toolkit  
NEST360, UNICEF  
& many partners

# WHAT is being implemented?

## WHO Levels of Newborn Care with Interventions

<b>Level 1</b> <b>Immediate and essential newborn care</b>	Immediate newborn care (delayed cord clamping, drying, skin to skin etc) Neonatal resuscitation for those who need it Breastfeeding early initiation and support Essential newborn care Identification and referral of complications Targeted care as needed eg PMTCT of HIV
<b>Level 2</b> <b>Special newborn care</b>	Thermal care including KMC for all stable neonates <2000gms Assisted feeding and IV fluids Safe administration of oxygen Detection and management of neonatal sepsis Detection and management of neonatal jaundice Detection and management of neonatal encephalopathy Detection and referral/management of congenital conditions
<b>Transition</b>	CPAP management of preterm respiratory distress Follow up of at risk newborns Exchange transfusion
<b>Level 3</b> <b>Intensive newborn care</b>	Mechanical/assisted ventilation Advanced feeding support (eg parenteral nutrition) Paediatric surgery for congenital conditions Screening and treatment for RoP



### EVERY NEWBORN COVERAGE TARGETS 2020–2025

To achieve global goals for child health, it will be essential to attain high-quality antenatal care, essential childbirth care, postnatal care and inpatient care for small and sick newborns, with equity in all countries. Four coverage targets are proposed for 2020–2025, at three levels, global, national and subnational. Subnational targets are essential for assessing equity in access to and use of essential services.

The four indicators are: four or more antenatal care contacts, births attended by skilled health personnel, postnatal care within 2 days and

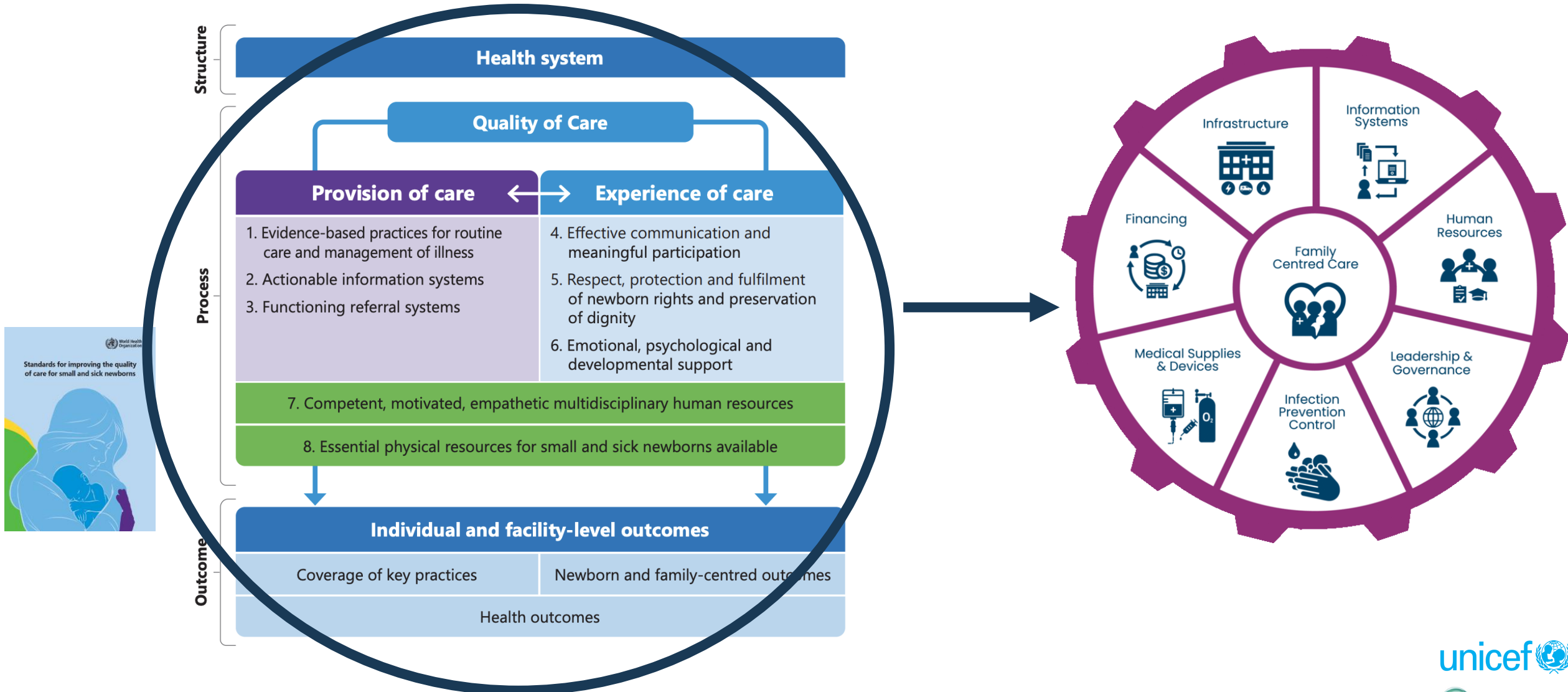
care for both small and sick newborns. Currently, data on the coverage targets for antenatal care, births attended by skilled health personnel and postnatal care are derived from population-based household surveys. The Every Newborn Action Plan is, however, supporting countries in strengthening their routine health information systems so that they can capture this information rapidly at subnational level. The targets for small and sick newborns are currently obtained with the Every Newborn Action Plan tracking tool but could be captured in routine measurement systems in the future.

80% of districts have at least one level-2 inpatient unit to care for small & sick newborns, with respiratory support including CPAP.

who.int/docs/default-source/mca-documents/enap-coverage-targets-and-milestones-2025.pdf?sfvrsn=2add2482\_2

In support of governments ambitions to reach SDG3.2 by 2030 plus Every Newborn coverage targets by 2025

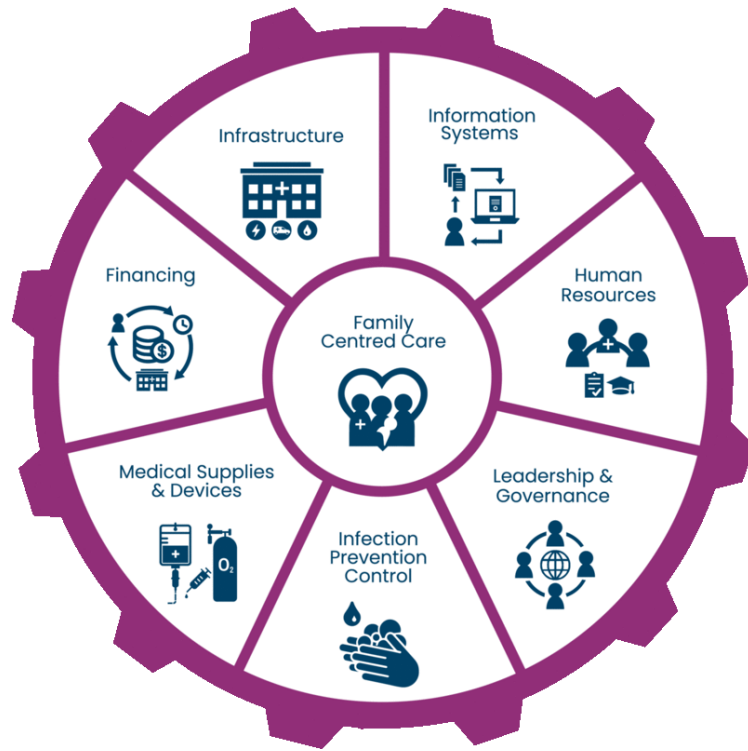
# Implementing quality care using a health systems approach – people centred, family centred care at the heart





# HOW is the toolkit organised?

Structured, systematic, non-linear approach to implementation,  
beyond “one at a time” syndrome



Content organised by  
WHO 7 Health System Building Blocks (HSBB)  
plus Infection Prevention & Control

Family Centered Care

Human Resources

Infrastructure

Financing

Information Systems

Leadership &  
Governance

Medical Supplies &  
Devices

Infection Prevention  
& Control

# WHAT is the toolkit?

Open-access resource hub = “one stop shop” for materials

Open-access website collating practical resources, tools and active learning for small & sick newborn care in low & middle income settings.

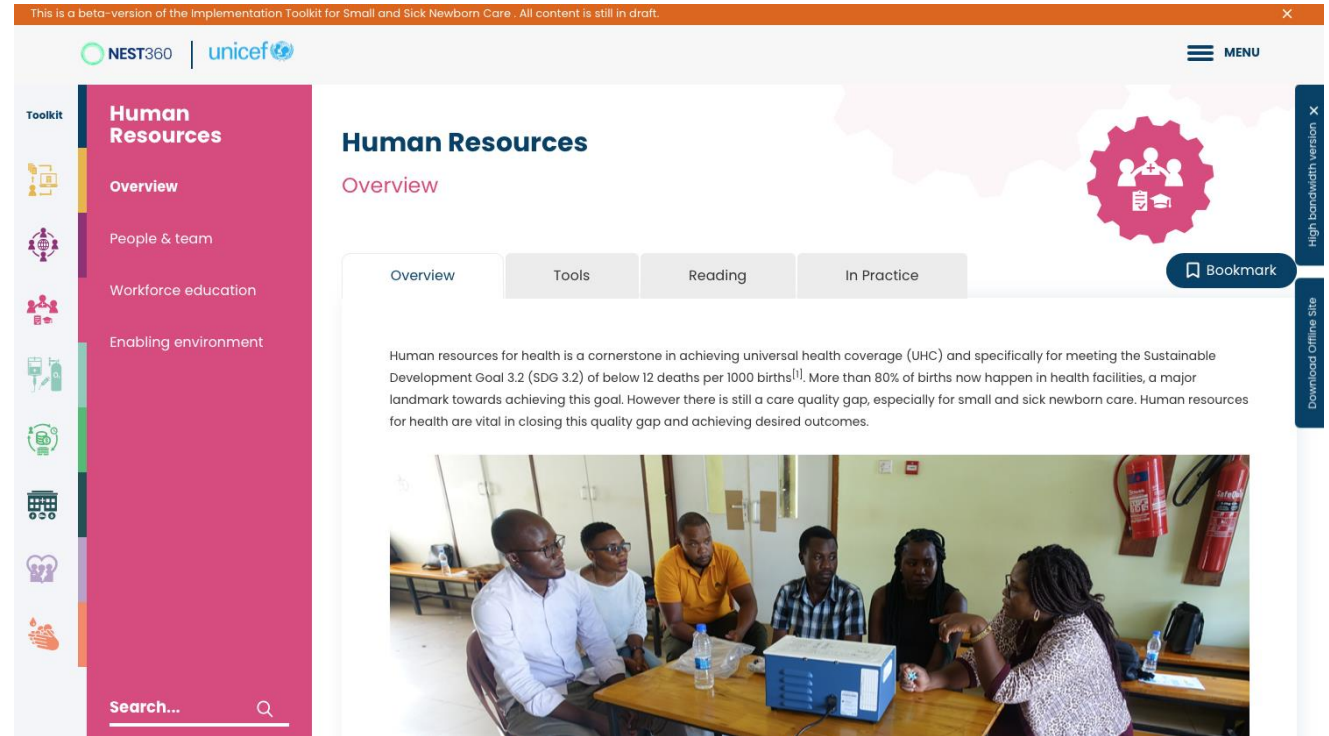
Addressing priority health system bottlenecks. eg floor plans, data tools, education curricula, device maintenance checklists

Country case studies eg India

**NOW:** inputs welcome from all

Later 2021– widely available

Ongoing inputs as we all learn together



# WHO is involved in the toolkit?

## Community sharing implementation learning

Growing community of >200 implementers, organised by health system building block, contributing content (tools, reading, learnings)

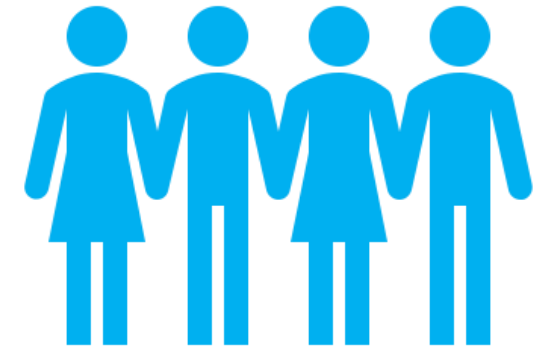
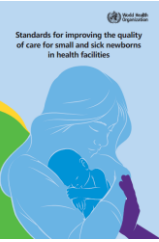
Collaboration with ENAP and existing SSNC platforms, including WHO/UNICEF QoC Network and Save's SSNC Community of Practice

Expert Advisory Team (EAT!) including representatives from WHO, USAID, Save the Children, PATH, AlignMNH & BMGF

Editorial and design team NEST360 and UNICEF

**ALL WELCOME!**

**NOW is a great time to join as first HSBB team meetings are mostly in June**



# SSNC Toolkit by the numbers



1

## Goal

High quality implementation for SSNC across world, based on WHO stds

2+

## Organisations

UNICEF & NEST360 with many organisations

Now

## Webinars on SSNC

With WHO QoC Network 2021-2022

Linked to CoP by Save the Children

80

Tools + reading resources .... Growing every day!

90

## countries

focused on ENAP coverage target 4

>200

Community members organised by 8 Health system building blocks





# THANK YOU!

Looking forward learning together, and accelerating implementation for high quality small and sick newborn care ALL over the world!

## Do join us!

Contact: [zoe.griffiths@lshtm.ac.uk](mailto:zoe.griffiths@lshtm.ac.uk)



# Questions & Answers

---

Facilitation:

Dr. Gagan Gupta

Health Specialist, Maternal and Newborn  
Health, UNICEF HQ

Please type your questions in the CHATBOX



World Health  
Organization

Every Newborn Action Plan

unicef 

The UNICEF logo, which consists of a stylized mother holding her child, enclosed within a laurel wreath.

# STAY ENGAGED

- Join the follow-up Community of Practice conversation
  - Care for small and sick newborns community of practice hosted by Save the Children on 16 June 2021: **Register here:** [Link to Register](#)
- Upcoming webinars in this series:
  - Wednesday 30 June 2021 at 2pm CEST: Human Resources for the clinical care of small and sick newborns. **Register here:** [bit.ly/3yCTKnq](https://bit.ly/3yCTKnq)
- Learn more about the series: [bit.ly/SSNB2021](https://bit.ly/SSNB2021)
- Visit website: <https://www.qualityofcarenetwork.org/about>



Quality, Equity, Dignity  
A Network for Improving Quality of Care  
for Maternal, Newborn and Child Health