

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

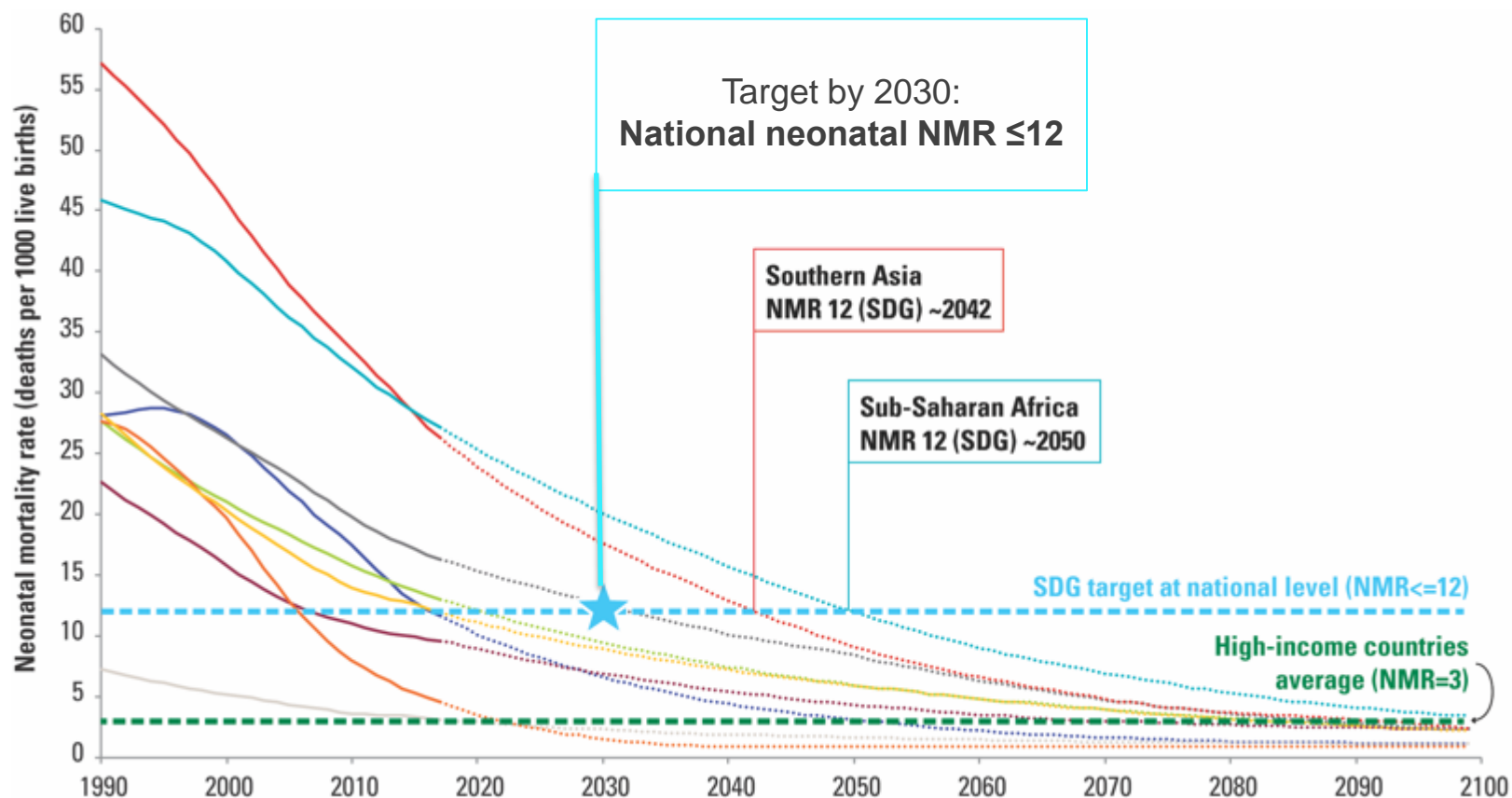


KEY MESSAGES

- 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



MYTH

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

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**

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

Definitions: Who are the most vulnerable newborns?

Clinical perspective	Public health perspective
<p>Newborns who are born:</p> <ul style="list-style-type: none"> • too soon (< 37 weeks' gestation) • too small (< 2500 g birth weight) • acutely ill 	<p>Newborns who are born small and sick in:</p> <ul style="list-style-type: none"> • the most marginalized groups • rural areas • urban slum environments • humanitarian settings

- 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

Visionary strategies and frameworks



Millennium Development Goals (MDGs)



Sustainable Development Goals (SDGs)



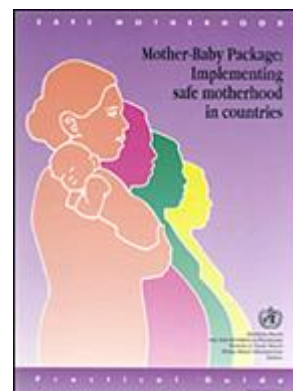
Global Strategy for Women's, Children's and Adolescents' Health



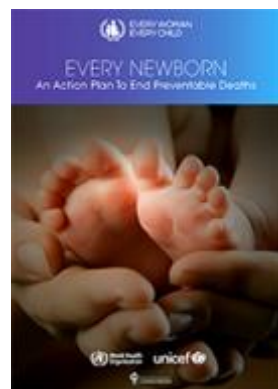
Universal Health Coverage (UHC)



Convention on the Rights of the Child (CRC)



Safe Motherhood Initiative



Every Newborn Action Plan

REFERRAL AND TERTIARY LEVEL FACILITY	Reproductive health including family planning	Management of pregnancy complications	Skilled care at birth Comprehensive emergency obstetric and newborn care	Essential newborn care Special and intensive care for newborns Postnatal care	Hospital care of childhood illness
FIRST AND SECONDARY LEVEL FACILITY	Reproductive health including family planning	Pregnancy care	Skilled care at birth Basic emergency obstetric and newborn care	Essential newborn care Care of small and sick newborns Postnatal care	Prevention and management of childhood illness
COMMUNITY	Adolescent and pre-conception health care and nutrition Gender violence prevention	Counselling and birth preparedness	Home birth with skilled care and clean practices	Essential newborn care Postnatal home visits for mothers and newborns	Ongoing care for the child at home

1000 days of compassionate, nurturing care from survival, to thrive for early childhood development

INTERSECTORIAL—Improved living and working conditions including housing, water and sanitation, and nutrition; education and empowerment especially of girls; folic acid fortification; safe and healthy work environments for women and pregnant women

PRE-PREGNANCY PREGNANCY LABOUR AND BIRTH POSTNATAL CHILD



WHO Framework on Integrated People-Centred Health Services

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)



For Every Woman Every Child Everywhere

Upholding health and wellbeing for women, newborns, children and adolescents in humanitarian and fragile settings

The Abu Dhabi Declaration

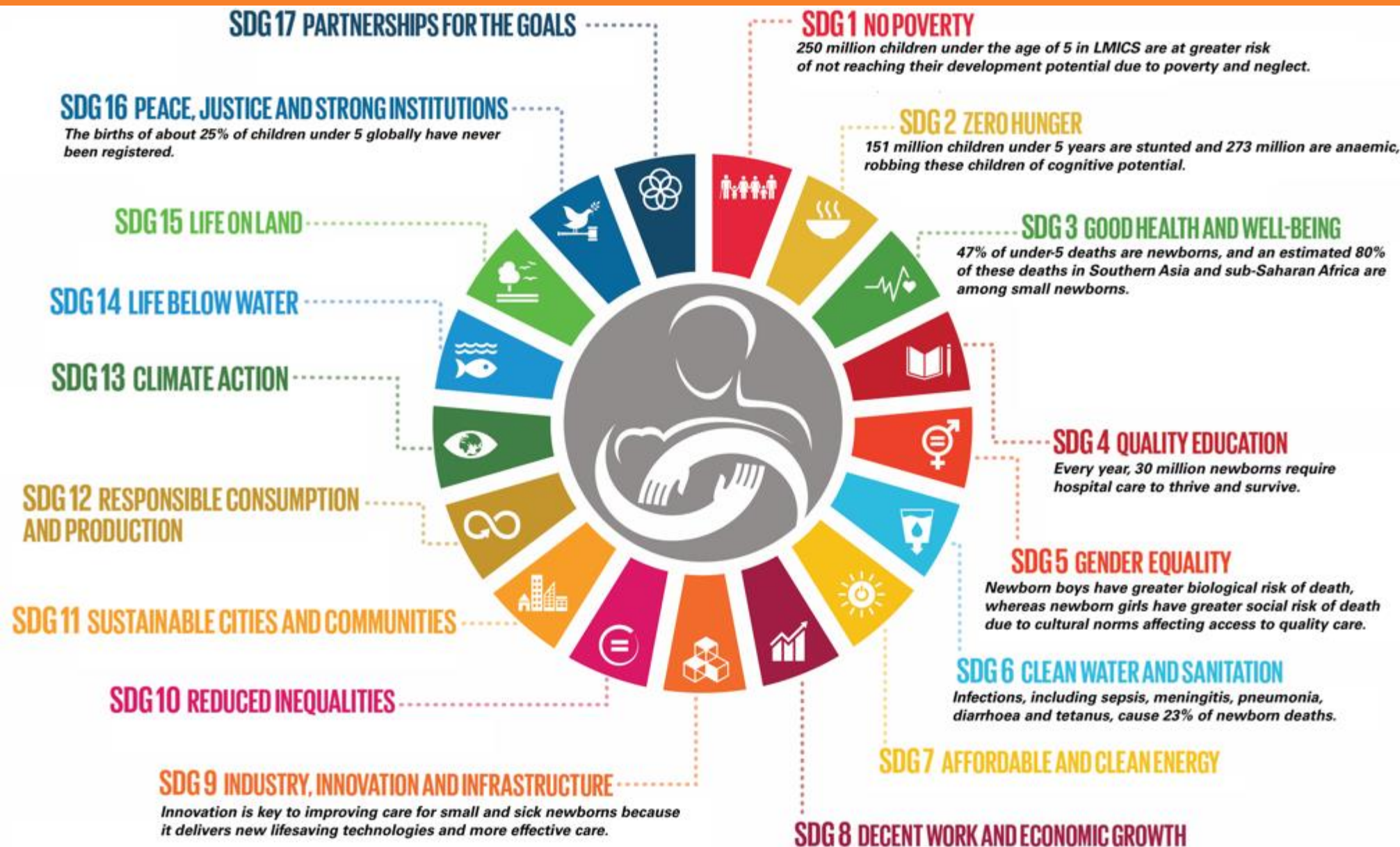
Development and humanitarian experts in reproductive, maternal, newborn, child and adolescent health (RMNC&A health), who, in February 2015, met in Abu Dhabi UAE, urge the global community to join them in upholding this declaration for the dignity, health and wellbeing of every woman and every child – in humanitarian and fragile settings.

A Context of Responsibility and Opportunity

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

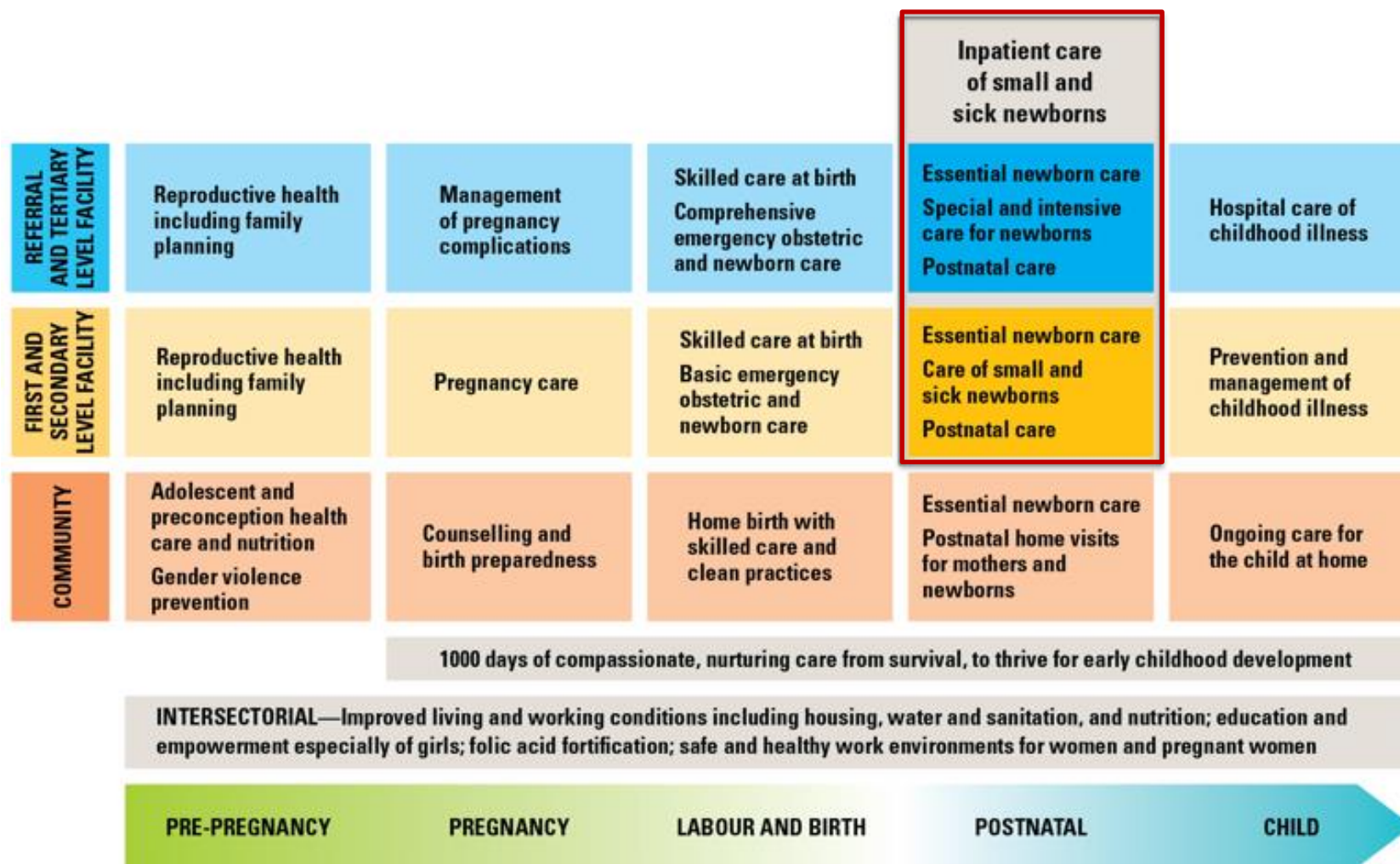
The SDGs:

unlocking human potential and well-being for small and sick newborns



Sources: Nurturing care Framework (4), Born to Survive (5), UNICEF, WHO, WORLD BANK. Joint child malnutrition levels and trends 2018 (14), and UNICEF data: of children and women (15).

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.



in collaboration with



Preterm Birth Initiative



University of California San Francisco



THE AGA KHAN UNIVERSITY



American Academy of Pediatrics



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#EveryNewborn #EveryChildAlive

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