

Saving Newborn Lives



Achieving Newborn Health Policy Through Research and Partnerships in Mali, Pakistan and Bolivia

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Outline

- Background on Saving Newborn Lives program and newborn health
- Operations research, partnership & advocacy
→ Policy and program change
 - Pakistan
 - Mali
 - Bolivia
- Lessons Learned



Saving Newborn Lives

- Grant from the Bill & Melinda Gates Foundation
- Goal is to reduce newborn mortality and improve newborn health
- 18 countries in Africa, Asia and Latin America

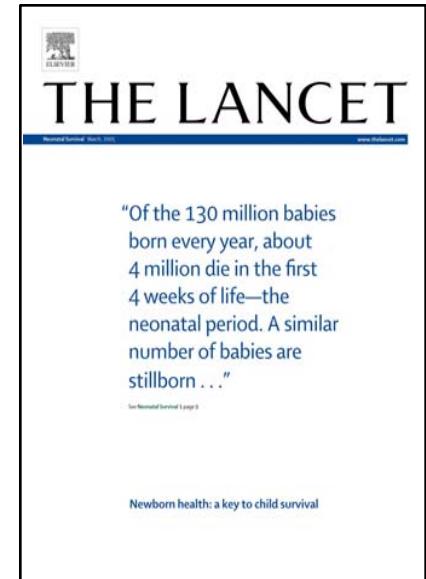
Africa : Ethiopia, Ghana, Malawi, Mali, Mozambique, Nigeria, South Africa, Tanzania, Uganda

Asia: Afghanistan, Bangladesh, India, Indonesia, Nepal, Pakistan, Vietnam

Latin America : Bolivia, Guatemala



EVERY YEAR, there are...



- Almost 4 million **newborn** deaths
 - Newborn = first month
 - Accounts for 40% of child deaths



Bridging the Gap

Safe
Motherhood

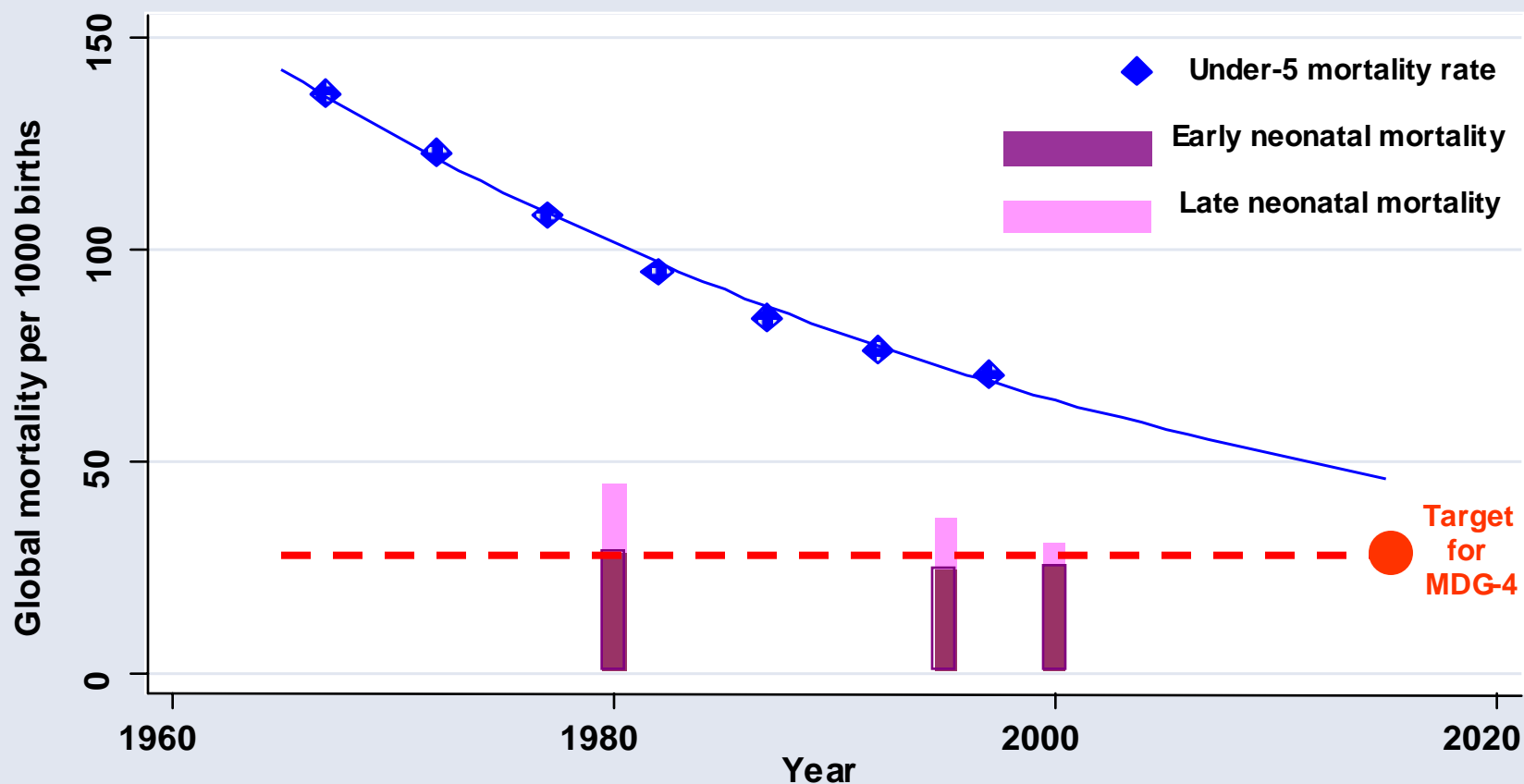
**Newborn
Health**

Child
Survival



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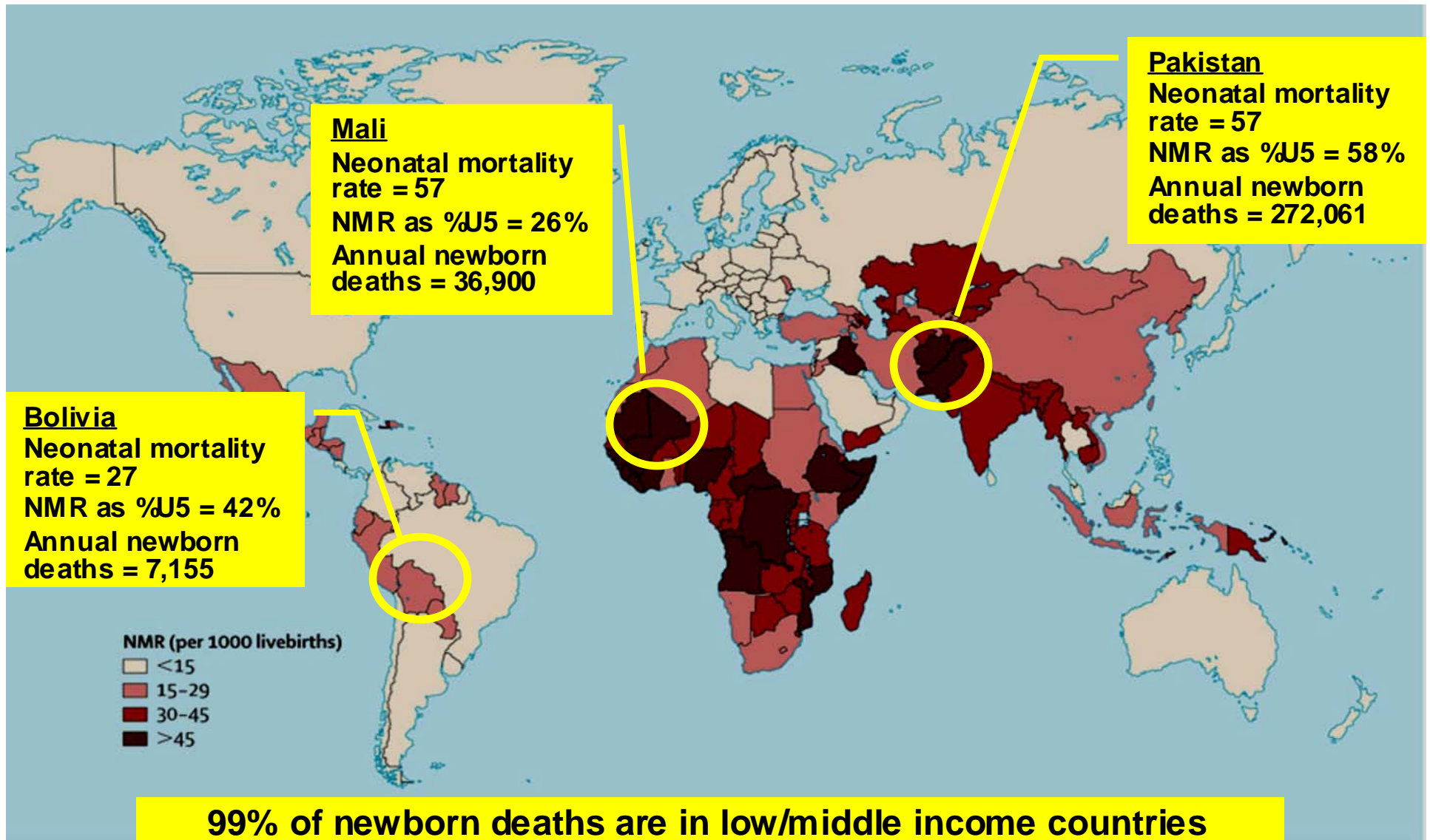
In order to achieve the Millennium Development Goals (MDGs) we must address newborn health



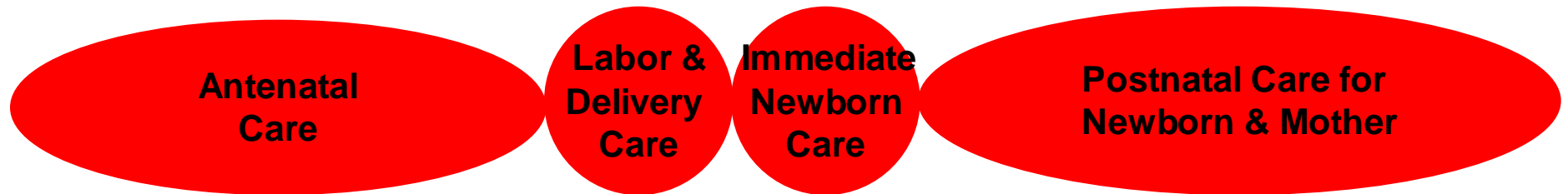
MDG 4: Reduce by 2/3 the mortality rate among children under 5 by 2015
MDG 5: Reduce by 3/4 the maternal mortality ratio by 2015

Source: Lawn, J. E., S. Cousens, and J. Zupan. 2005. 4 Million Neonatal Deaths: When? Where? Why?, Lancet, 365:891-900.

Where do newborns die?



Key Newborn Interventions



<u>Antenatal Care</u>	<u>Intrapartum Care</u>	<u>Immediate Postnatal Care</u>	<u>Early Postnatal Care</u>
Tetanus toxoid Nutrition Iron/folate Maternal infections Birth preparedness Breastfeeding counseling Danger signs Malaria prophylaxis HIV counseling	Skilled birth Attendant Clean delivery Danger signs	Drying & warming Immediate & exclusive breastfeeding Prophylactic eye care	Exclusive breastfeeding Clean cord care Maintenance of temperature Early postnatal visit Danger signs Maternal nutrition

Reduction in neonatal morbidity & mortality



Implementation at scale



Key inputs for newborn policy and program change



Operations Research / Program Learning

- Provide the evidence on newborns
- Develop or adapt tools to include newborn interventions
- Build the capacity (create awareness, educate policy makers, train health providers)

Advocacy & Partnership

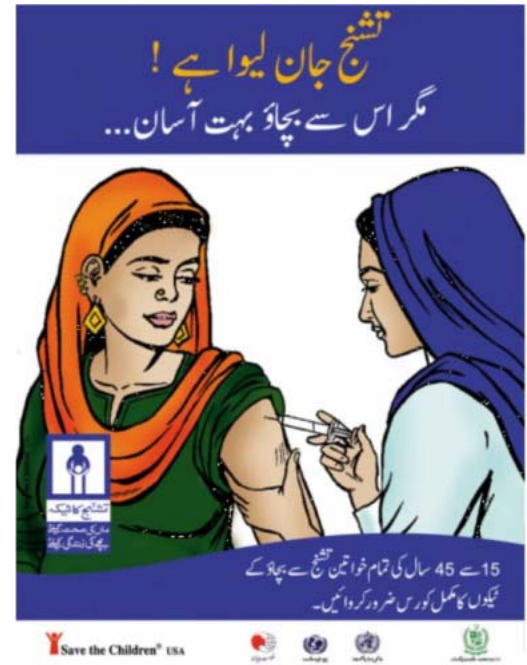
- Create newborn working groups
- Collaborate with existing networks
- Mobilize key stakeholders such as MOH, NGOs, professional bodies, multilaterals, bilaterals
- Build ownership and plan for impact at scale
- Advocate to prioritize newborn health and increase visibility
- Leverage funding



Pakistan

Maternal & Neonatal Tetanus Campaign

- **Operations Research / Program Learning**
 - Conducted formative research to develop social mobilization campaign i.e. female health workers
 - Developed communication tools
 - posters, handouts, banners, docu-drama, operational guidelines
 - Trained Lady Health Workers for the first time as vaccinators
 - Cut in half neonatal tetanus cases
- **Partnership & Advocacy**
 - Partnered with MOH, JICA, UNICEF & WHO
- **Policy & Program Outcomes**
 - Mobilized resources: US \$50 million (USAID), £90 million (DFID) → US \$500 million Pakistan government
 - Lady Health Workers are officially allowed to provide injectable tetanus vaccinations
 - National Lady Health Worker program consists of 92,000 LHWs
 - LHWs were trained in the Expanded Program on Immunization (EPI)



Pakistan

Hala Intervention Trial: Community-based Newborn Care Package

Operations Research / Program Learning

- Aga Khan University and London School of Hygiene and Tropical Medicine conducted a cluster randomized controlled trial to test a newborn care package of interventions at the community level
 - Trained Lady Health Workers
 - Included 2 pregnancy visits and 5 postnatal visits
- Results of trial showed a 20% reduction in neonatal mortality

Partnership & Advocacy

- Conducted in partnership with the Lady Health Worker Program, provincial and district health teams and traditional birth attendants

Policy & Program Outcome

- Influenced national MNCH package and LHW program



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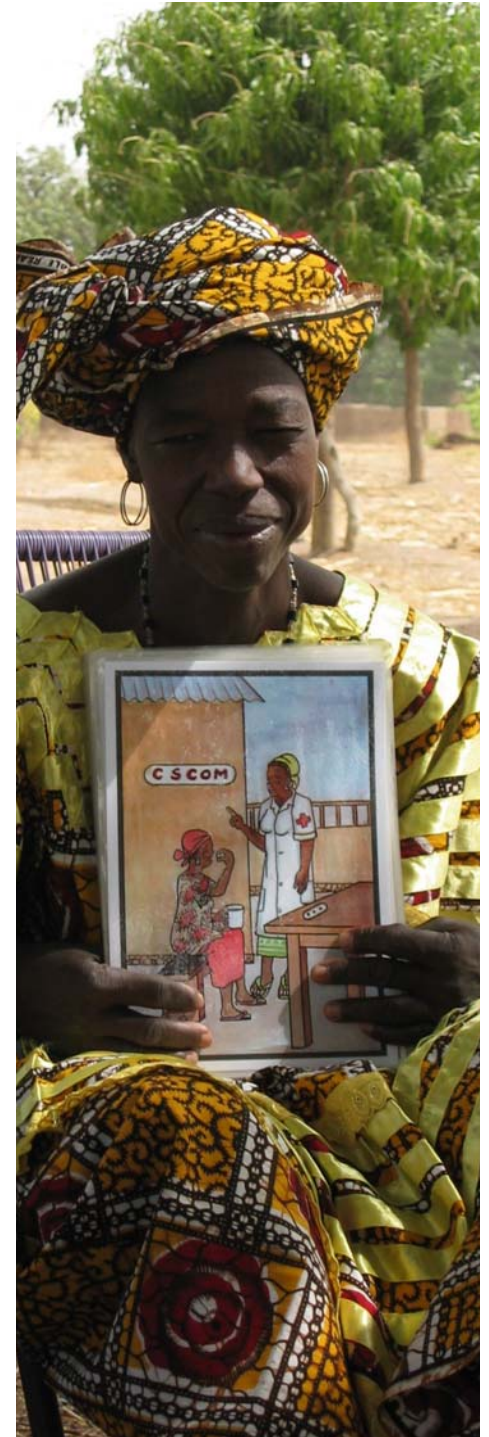
Source: Memon ZA, Soofi SB, Rasool S, Raza F, Zulfiqar A. Impact of community mobilization & training of lady health workers in newborn care in improving child survival: Effectiveness cluster-randomized controlled trial. (2007 Presentation)

Mali

Operations Research / Program Learning

Newborn care package tested in Bougouni

- Conducted formative research
- Developed newborn tools
 - Manuals, guides, counseling cards, radio spots, posters and memory aids with key newborn messages
- Trained health personnel
 - Doctors, nurses, midwives, TBAs, policy makers, *relais*, *mussokoroba*
- Integrated newborn indicators into district information system
- Positive results
 - Decreased prelacteals
 - Increased malaria prophylaxis during pregnancy
 - Mothers said
 - Baby's color was better when bath was delayed
 - Umbilical cord falls off more quickly when left to air



Mali

Partnership & Advocacy

- Gained MOH consensus on tools
- Advocated for the newborn at all levels → national and district policy makers to village chiefs to grandmothers
- Partnered closely with CREDOS, a national child health research institute linked to the Ministry of Health
- Mobilized partners: UNICEF, WHO, USAID, ATN/ Kénéya Ciwara, UNFPA, CIDA, NGOs, HKI, Groupe Pivot, First Lady

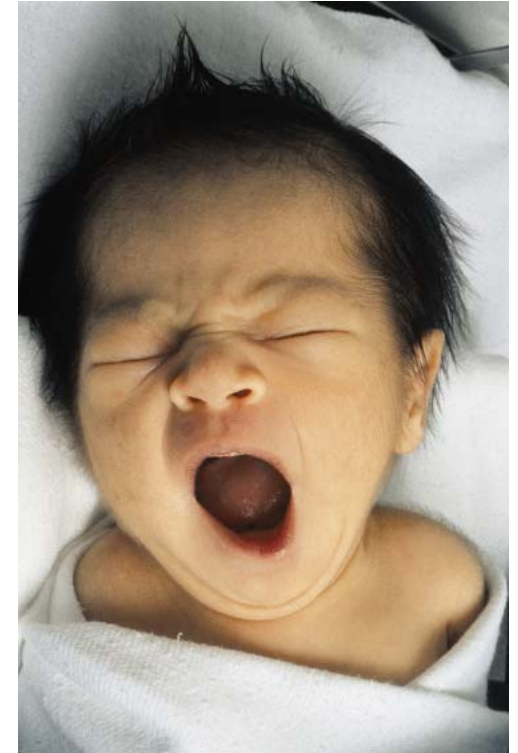
Policy & Program Outcomes

- UNICEF is integrating the Bougouni experience into a program which covers 75% of the population
- The newborn has been included in national policies and in the 10-year operational health plan



Bolivia

Operations Research / Program Learning



- Tested a newborn health package
 - Conducted through PROCOSI → 4 main NGOs
 - Developed a manual, guide, flipcharts, clean delivery kits
 - Conducted home visits, group meetings and health festivals
 - Created radio announcements, TV spots, newspaper articles, posters
 - Results showed increased immediate breastfeeding, postnatal care, antenatal care, knowledge of danger signs, care during delivery
- Developed and tested newborn interventions for community-based Neonatal Integrated Management of Childhood Illness (IMCI)
 - Trained national community IMCI facilitators and local facilitators from NGOs
 - Trained community health workers, TBAs, social workers and adolescents
- Developed the Clinical Neonatal IMCI with MOH, PAHO, UNICEF, USAID & BASICS
 - Trained health providers at the national level
 - Created a TBA manual to include ENC and neonatal resuscitation



Bolivia

Partnership & Advocacy

- Created the Newborn Alliance
- Mobilized partners: MOH, PAHO, UNFPA, UNICEF, Pediatric, Obstetric and Gynecology Societies, Save the Children, Family Care International, women's and grassroots organizations, PROCOSI, a network of 36 NGO's, CORE Group, BASICS, CARE
- Included the newborn agenda into the Safe Motherhood and the Child Survival Alliance and the IMCI working group



Bolivia

Newborn Policy & Program Outcomes

- PROCOSI trained other NGOs
- Clinical and community Neonatal IMCI has been scaled up by MOH, PAHO, UNICEF and World Bank
- The Ministry of Health introduced newborn interventions and indicators into national health plans:
 - Bolivia's National Plan
 - Safe Motherhood and Birth Plan
 - Under-Five National Plan
- Newborn interventions were included in the National Child and Maternal Insurance (SUMI) which provides free services



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Lessons Learned

Challenges to newborn policy change

- Political changes i.e. Bolivia
- Competing priorities
- Human resources
- Translating partnerships and advocacy at the global level to the country level



Lessons Learned

Keys to success in newborn policy & program change

- Developing an advocacy strategy
- Taking advantage of opportunities
- Mobilizing key stakeholders from the beginning
- Gaining consensus on the newborn evidence between partners and between scientific societies and MOH
- Consistent messages



Reduction in neonatal morbidity & mortality



Implementation at scale



Thank you!

