A CALL TO ACTION TO END NEWBORN DEATHS

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Cover photo: Baby Shornolata, three days old, with her mother at home in Bangladesh. (Photo: Abir Abdullah/Save the Children)

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Save the Children
1 St John's Lane
London EC1M 4AR
UK
+44 (0)20 7012 6400
savethechildren.org.uk

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A HISTORIC COMMITMENT TO END ALL PREVENTABLE NEWBORN DEATHS

At the 67th World Health Assembly on 24 May 2014, governments from around the world made a historic commitment to end preventable newborn deaths. Health ministers of 194 countries endorsed the Every Newborn Action Plan (referred to from here on as Every Newborn) and ratified a resolution calling for its implementation.

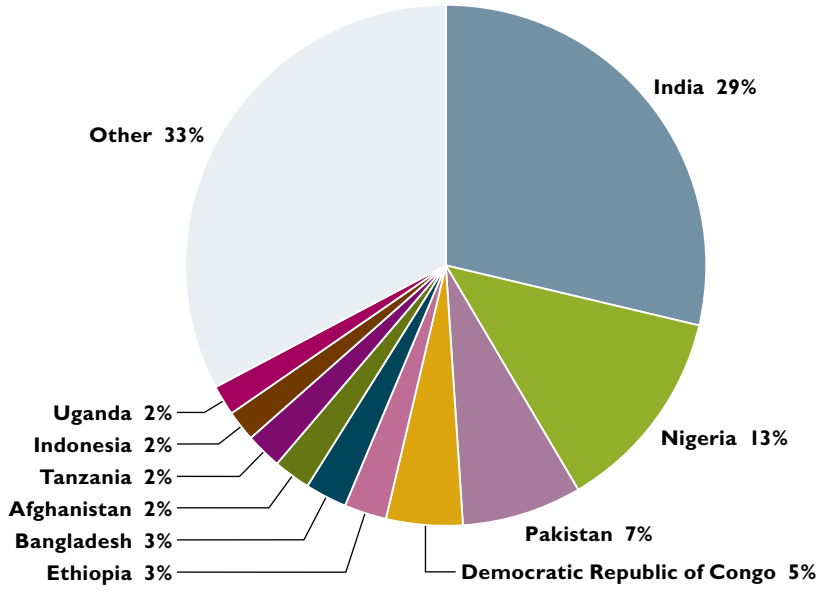
This is very welcome progress. Until this point, newborn survival had been badly neglected. We strongly support Every Newborn as a catalyst to promote newborn survival, and to end all preventable deaths among newborn babies.

THE EVERY NEWBORN ACTION PLAN

Achieving Every Newborn targets through improving care around the time of birth could have a phenomenal impact with a triple return on investment – preventing maternal deaths, newborn deaths and stillbirths.[1] It has been estimated that achieving high coverage of care by 2025 would prevent nearly 3 million deaths of women and newborn babies and stillbirths (saving the lives of 1.9 million newborn babies and 0.2 million mothers, and averting 0.8 million stillbirths).[2] This comprises 87% of preventable maternal and newborn deaths.[3]

Babies' deaths in the first month of life account for close to half – 44% – of all under-five mortality. By addressing the causes of neonatal deaths,

FIGURE 1 PROPORTION OF TOTAL MATERNAL AND NEWBORN LIVES SAVED AND STILLBIRTHS AVERTED BY 2025 THROUGH HIGH COVERAGE OF ESSENTIAL CARE, BY COUNTRY



Data source: Z. A. Bhutta, J. K. Das, R. Bahl et al, 'Can available interventions end preventable deaths in mothers, newborn babies, and stillbirths, and at what cost?', *The Lancet*, Early Online Publication, 20 May 2014

Every Newborn has the potential to spur progress towards the wider ambition – proposed for the post-Millennium Development Goal framework – of ending all preventable deaths of children aged under five by 2030. Getting key services to mothers and newborn babies is also a critical stepping stone to achieving universal health coverage and realising the right to health.

However, if countries fail to implement Every Newborn, it will be a promise broken to the world's most vulnerable people. This brief focuses on the Countdown to 2015 countries with the highest burden and rates of maternal, newborn and child deaths.[4] This brief sets out which countries need to do the most to improve newborn survival. It is a call to action to leaders in those countries and in others, and to development partners, civil society and the private sector to each play their part in tackling newborn mortality.

EVERY NEWBORN TARGETS

The Every Newborn Action Plan sets a target to end all preventable newborn deaths by 2035 and achieve universal coverage of key services. Specifically, the world has committed to a powerful and crucial set of promises:

- Fewer than ten newborn deaths per 1,000 live births and ten stillbirths per 1,000 total births in and within each country by 2035, resulting in a global average of seven newborn deaths per 1,000 live births and eight stillbirths per 1,000 total births by 2035
- 95% of women to give birth with skilled attendance by 2025
- 75% of babies who do not breathe at birth to be resuscitated; 75% of preterm babies to receive kangaroo mother care; and 75% of newborn babies with bacterial infection receiving antibiotics by 2025
- 90% of women and newborns to receive good-quality postnatal care within two days of birth by 2025, with tracking of content and outcomes such as 50% exclusive breastfeeding.[5]

These targets are aligned with the child survival target of 20 or fewer under five deaths per 1,000 live births – a global commitment made as part of *A Promise Renewed* and the UN Secretary-General's *Every Woman Every Child* initiative – and the working definition of an end to preventable child deaths.[6]

Every Newborn recognises the need for special attention to conflict-affected and fragile states. Nearly half of deaths in the first month of life happen in these countries.[7]

It also highlights the urgent need to tackle the problem of uncounted births and deaths. In 2012, less than half of all births globally were reported as registered during the first year. Moreover, the countries with the highest mortality rates are also those with the least civil registration and vital statistics.[8] This fact that so many children are uncounted is a moral issue. The gap in data also means it is difficult to understand the dimensions of the challenge of ending preventable child deaths, or to track progress.

UNIVERSAL RIGHT TO HEALTH

We know which interventions work, but coverage remains desperately low and inequitable for many essential services, with less than a third of mothers and babies receiving the services they need.[9] To achieve the ambitious targets of Every Newborn, efforts must be made to improve the quality of care, address inequities in coverage, and ensure every birth and death is counted.

The day of birth is the most dangerous time for both a mother and her baby, when access to good-quality care can often be the difference between life and death. Lack of access to these essential services results in nearly half of maternal and newborn deaths and stillbirths.[10] As such, newborn survival is a good proxy for the functioning of the health system, and efforts to accelerate progress towards ending preventable newborn deaths must address bottlenecks to good-quality care for all mothers and babies, and particularly the poorest and most vulnerable.

Unleashing the transformative potential of Every Newborn will require the building of health systems that can guarantee universal coverage of this most essential of healthcare,[11] with increased investment to bring an appropriately skilled, supported, equipped and motivated health worker in reach of every mother and baby, while alleviating financial barriers to access, and improving information management systems to ensure every birth and death is registered. This is what Save the Children called for in the report *Ending Newborn Deaths* (see Box below).

THE NEWBORN PROMISE

In *Ending Newborn Deaths*, Save the Children called on world leaders and other key actors to commit to a Newborn Promise to end all preventable newborn deaths and stillbirths. The report identified clear and ambitious actions that governments – with the support of donors and other partners such as the private sector and philanthropic organisations – must take to ensure that the ambition of Every Newborn may be realised:

- make defining and accountable commitments to end all preventable newborn deaths, saving 2 million newborn lives a year and stopping 1.2 million stillbirths during labour
- ensure that by 2025 every birth is attended by trained and equipped health workers who can deliver essential newborn health interventions
- increase expenditure on health to at least the WHO minimum of US$60 per capita[12] by 2015 in order to provide a basic standard of health services to all people, including the training, equipping and support of health workers
- remove user fees for all maternal, newborn and child health services, including emergency obstetric care
- increase availability for the poorest to all essential products and commodities for maternal, newborn and child health.

COMMIT TO DELIVER

Every Newborn will be launched at the Partners' Forum of the Partnership for Maternal, Newborn and Child Health in Johannesburg on 30 June 2014, with the announcement of commitments by governments and other stakeholders to accelerate progress on the plan, building on existing commitments as part of *Every Woman Every Child*. We call for ambitious and transformative commitments in order to realise the potential to be the generation that ends preventable newborn deaths. We call for governments to commit to the policy change, investment and implementation required, and for development partners to provide the technical and financial support that will be needed to make this ambition a reality.

ENDING ALL PREVENTABLE NEWBORN DEATHS

Every Newborn highlights the urgent need for action. To date, efforts to reduce child mortality have neglected the newborn period. In 2012, 2.9 million babies died within 28 days of being born – two of every five child deaths – and there were 1.2 million stillbirths during labour.[13]

Some countries have a very long way to go to make the goals and targets of Every Newborn a reality. The global burden of newborn deaths and stillbirths is concentrated in a few countries, with India accounting for one in four.

Table 1 shows the large countries with high numbers of stillbirths and newborn mortality where action is needed. There are many – often smaller – countries with very high rates of stillbirth and newborn mortality, such as Sierra Leone and Lesotho (see Table 2). In addition, countries such as Pakistan and the Democratic Republic of Congo, which appear in the two tables, have both a high absolute burden and a high mortality rate.

Inequities in neonatal mortality rates within countries are also rife, with a newborn baby's survival determined by factors such as where they are born and how wealthy and educated their family is. In Peru and Indonesia in 2012, a baby from a wealthy family was more than three times more likely to survive their first month than a newborn baby from a poor family.[14]

TABLE 1: COUNTRIES WITH THE HIGHEST NUMBER OF NEWBORN DEATHS AND STILLBIRTHS, 2012

Country	Total newborn deaths and stillbirths	Total newborn deaths	Total stillbirths	Share of global burden	Estimate of number of newborn babies' and mothers' lives saved and of stillbirths prevented with high coverage of care by 2025
India	1,328,200	779,000	549,200	25%	840,400
Nigeria	562,000	267,000	295,000	10%	375,000
Pakistan	433,800	202,400	231,400	8%	217,700
China	313,000	157,400	155,600	6%	42,100
Democratic Republic of Congo	194,600	118,100	76,500	4%	139,000
Bangladesh	188,100	75,900	112,200	3%	76,100
Ethiopia	166,200	87,800	78,400	3%	76,800
Indonesia	141,500	72,400	69,100	3%	56,100
Tanzania	86,800	39,500	47,300	2%	65,800
Uganda	73,100	34,600	38,500	1%	54,800

Data sources: Newborn deaths from UN Inter-agency Group for Child Mortality Estimation 2013; stillbirths from J. E. Lawn, H. Blencowe, S. Oza et al, 'Every newborn: progress, priorities, and potential beyond newborn survival', *The Lancet*, Early Online Publication, 20 May 2014; lives saved from Z. A. Bhutta, J. K. Das, R. Bahl et al, 'Can available interventions end preventable deaths in mothers, newborn babies, and stillbirths, and at what cost?', *The Lancet*, Early Online Publication, 20 May 2014

TABLE 2: COUNTRIES WITH THE HIGHEST RATES OF NEWBORN MORTALITY, 2012

Country	Neonatal mortality rate per thousand live births 2012	Stillbirth rate per thousand total births 2012
Sierra Leone	49.5	29.6
Guinea-Bissau	45.7	29.6
Somalia	45.7	29.8
Angola	45.4	23.9
Lesotho	45.3	24.5
Democratic Republic of Congo	43.5	27.4
Pakistan	42.2	46.0
Mali	41.5	23.1
Central African Republic	40.9	22.9
Côte d'Ivoire	39.9	25.7

Data sources: Newborn deaths from UN Inter-agency Group for Child Mortality Estimation 2013; stillbirths from J. E. Lawn, H. Blencowe, S. Oza et al, 'Every newborn: progress, priorities, and potential beyond newborn survival', *The Lancet*, Early Online Publication, 20 May 2014

EVERY BIRTH SUPPORTED BY GOOD-QUALITY CARE

The proportion of births attended by skilled personnel remains staggeringly low and inequitable in many countries, fuelling high rates of preventable maternal and newborn deaths and stillbirths (see Table 3). In 24 low- and middle-income countries, less than half of all births are attended by skilled health workers. In Ethiopia, only one in ten births is attended, with a mother from a wealthy family 30 times more likely to enjoy this right than a poor mother.[15] In Chad, this ratio is 15:1, and in Niger, Guatemala, Haiti, Nigeria and Bangladesh, the ratio is at least 10:1.[16]

Increasing coverage of family planning to address unmet need is also vital to reduce newborn mortality by increasing birth spacing and delaying first pregnancy. Coverage of care during pregnancy and after birth remains inadequate and inequitably distributed. Coverage data for recommended interventions that are low-tech and cost-effective – such as treatment of severe infections and special support for premature babies – are not routinely collected; as a result, progress is difficult to track.

TABLE 3: COUNTRIES WITH THE LOWEST RATES OF SKILLED BIRTH ATTENDANCE

Country	Percentage of births attended by skilled health personnel
Ethiopia	10%
South Sudan	19%
Chad	23%
Sudan	23%
Eritrea	28%
Niger	29%
Bangladesh	32%
Somalia	33%
Yemen	36%
Nepal	36%

Data source: UNICEF, *The State of the World's Children 2014 in Numbers: Every Child Counts*, 2014

PUBLIC EXPENDITURE ON HEALTH

To address the low levels and inequitable distribution of coverage and to sustain the gains made, key pillars of the health system must be strengthened in many countries. These bottlenecks to progress include inadequate public investment in health (Table 4), leaving services underfunded and weak, and placing financial burden on households. Only six of the Countdown to 2015 countries in Africa have exceeded the Abuja target of allocating 15% of total government spending to health.[17] Public investment in health is as low as 1.5% of total spending in Myanmar, and half of all Countdown countries allocated less than 10% of public spending to the health sector.

Raising sufficient revenues not only requires political commitment to health, but also more efficient systems for generating revenues and clamping down on illicit financial flows. In many low-income countries, development assistance will be vital to supplement domestic spending in order to attain even the most basic level of coverage.

HEALTH WORKERS FOR ALL

Inadequate funding drives weak capacities, with governments unable to train, remunerate, equip and support the health workforce. 53 Countdown countries fall short of the minimum recommended threshold of 23 doctors, nurses and midwives per 10,000 population, with nine Countdown countries achieving less than a tenth of this requirement (see Table 5).

The expansion of community health workers and task-sharing innovations have facilitated increased coverage of low-skilled services, particularly for older children. Community health workers can also have a positive impact on newborn health and care practices, through postnatal home visits, identification of danger signs for newborn babies and subsequent referrals to skilled care where necessary.

But as we have seen, addressing newborn mortality requires more skilled emergency obstetric and newborn care to be available around the time of birth. Achieving the target for universal skilled birth attendance will simply not be feasible without tackling the shortfall of skilled health workers.

TABLE 4: COUNTRIES WITH THE LOWEST PUBLIC INVESTMENT IN HEALTH AS A SHARE OF TOTAL GOVERNMENT SPENDING, 2012

Country	Public health spending as percentage of total government budget
Myanmar	1.5%
Chad	3.3%
Eritrea	3.6%
Azerbaijan	3.9%
South Sudan	4.0%
Yemen	4.0%
Iraq	4.4%
Pakistan	4.7%
Haiti	5.5%
São Tomé and Príncipe	5.6%

Data source: World Health Organization Global Health Observatory data repository

TABLE 5: COUNTRIES WITH THE LOWEST RATIO OF DOCTORS, NURSES AND MIDWIVES

Country	Ratio of doctors, nurses and midwives per 10,000 population
Burundi	0.3
Lesotho	0.5
Guinea	1.43
Somalia	1.49
Niger	1.56
Madagascar	1.61
Sierra Leone	1.88
Nepal	2.1
Chad	2.25
Haiti	2.5

Data source: World Health Organization Global Health Observatory data repository

ELIMINATING OUT-OF-POCKET PAYMENTS

Out-of-pocket payments remain substantial (see Table 6). These payments, which are both a barrier to access and a burden to households that seek care, disproportionately affect poor families: the unpredictably high cost of complicated deliveries plunges poor families further into poverty.[18] There is now a global consensus that countries must eliminate fees for essential services and expand progressive prepayment (through taxation and in some contexts through insurance contributions as well) with large-scale risk pooling, as recognised in the UN General Assembly resolution.[19] But the evidence suggests that countries still have a long way to go to implement this resolution. Many countries will require technical and financial support from development partners in order to do this.

REGISTERING EVERY BIRTH

For every birth and every death to be counted, efforts must be made to improve health measurement and information systems. In 2012, only 3% of births in Somalia were registered, and 4% in Liberia, with 32 high-burden countries failing to register at least half of all births (see Table 7).

Expanding coverage must happen hand-in-hand with efforts to improve the quality of care, and metrics to track this must be identified.

To ensure that the Every Newborn Action Plan is more than a paper document, governments, development partners, donors, civil society and the private sector must commit to turn the ambitious plan into action. A crucial first step must be the translation of Every Newborn into national strategies, and its implementation into existing health plans that direct action at national, sub-national and local levels.

TABLE 6: COUNTRIES WITH THE HIGHEST DEPENDENCE ON OUT-OF-POCKET PAYMENTS, 2012

Country	Out-of-pocket payments as a share of total health expenditure
Sierra Leone	76%
Afghanistan	74%
Sudan	74%
Yemen	72%
Myanmar	71%
Azerbaijan	69%
Guinea	67%
Chad	66%
Nigeria	66%
Bangladesh	63%

Data source: World Health Organization Global Health Observatory data repository

TABLE 7: COUNTRIES WITH THE LOWEST RATES OF BIRTH REGISTRATION, 2005–11

Country	Birth registration rate
Somalia	3%
Liberia	4%
Ethiopia	7%
Zambia	14%
Chad	16%
Tanzania	16%
Yemen	17%
Guinea-Bissau	24%
Pakistan	26%
Democratic Republic of Congo	28%

Data source: J. E. Lawn, H. Blencowe, S. Oza et al, 'Every newborn: progress, priorities, and potential beyond newborn survival', *The Lancet*, Early Online Publication, 20 May 2014

NO TIME TO LOSE

Through the UN Secretary-General's *Every Woman Every Child* initiative, launched in 2010, unprecedented priority has been given to accelerate progress on MDGs 4 and 5.[20]

At the World Health Assembly this year, countries committed to end preventable newborn deaths. Now is the time for governments and other stakeholders to build on existing commitments under *Every Woman Every Child* to ensure the needs of mothers, newborn babies and children are prioritised and that these goals are part of the post-2015 development agenda.

A commitment to Every Newborn is a commitment to end preventable deaths and ensure universal good-quality skilled birth attendance. This is a commitment to engage families and communities, to increase public spending on health, to invest in health workers, to eliminate out-of-pocket payments, to tackle the drivers of health inequities and to close gaps. It is also a commitment to introduce universal and effective civil registration and vital statistics – so that every birth and death is counted. Only with these transformative changes can we make Every Newborn a reality.

Effective accountability mechanisms must be established to ensure that strong commitments result in progress for mothers and babies.

At the Partners' Forum of the Partnership for Maternal, Newborn and Child Health, we are calling on governments, development partners, donors, civil society and the private sector to make bold and additional commitments to *Every Woman Every Child* so that every newborn survives and thrives and every birth is supported with good-quality care.

ENDNOTES

[1] Mason, E., McDougall, L., Lawn, J.E. et al,. 2014. 'From evidence to action to deliver a healthy start for the next generation', *The Lancet*, Early Online Publication, 20 May 2014. Available at: http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)60750-9/fulltext?_eventId=login (accessed 6 June 2014)

[2] The number of mothers' and newborn babies' lives that would be saved and of stillbirths that would be prevented has been calculated using the 'Lives Saved Tool', developed by a consortium of academic and international organisations, that is used to model how many deaths could be averted if the coverage of selected evidence-based interventions was increased to a given level. The tool accounts for country-specific demographic and epidemiologic data, as well as current levels of intervention coverage to estimate lives saved. The results presented here are published in 'The Lancet Every Newborn series' in Bhutta, Z. A., J. K. Das, R. Bahl et al, 'Can available interventions end preventable deaths in mothers, newborn babies, and stillbirths, and at what cost?', *The Lancet*, Early Online Publication, 20 May 2014. Available at: http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)60792-3/fulltext?_eventId=login (accessed 6 June 2014). This analysis modeled the potential impact of scaling up interventions for newborn health within health systems of 75 high-burden Countdown countries.

[3] Bhutta et al (2014) – see note 2.

[4] For further information, please see: http://www.countdown2015mnch.org/

[5] World Health Organization, Newborn health: draft action plan – Every newborn: an action a plan to end preventable deaths, report by the Secretariat, A67/21, 2014 http://apps.who.int/gb/ebwha/pdf_files/WHA67/A67_21-en.pdf?ua=1 (accessed 6 June 2014)

[6] These targets should also link with an equivalent target for ending preventable maternal deaths.

[7] Calculated using the list of conflict affected and fragile states, as referenced in OECD, *Fragile States 2014: Domestic revenue mobilisation in fragile states*, 2014, available at: http://www.oecd.org/dac/incaf/FSR-2014.pdf (accessed 6 June 2014).

[8] Lawn, J. E., H. Blencowe, S. Oza et al, 'Every newborn: progress, priorities, and potential beyond newborn survival', *The Lancet*, Early Online Publication, 20 May 2014. Available at: http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)60496-7/fulltext (accessed 6 June 2014)

[9] Bhutta et al (2014) – see note 2.

[10] Mason et al (2014) – see note 1.

[11] Dickson, K. E., A. Simen-Kapeu, M. V. Kinney et al, 'Health-systems bottlenecks and strategies to accelerate scale-up in countries', *The Lancet*, Early Online Publication, 20 May 2014. Available at: http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)60582-1/fulltext?_eventId (accessed 6 June 2014)

[12] The High Level Taskforce on Innovative International Financing for Health Systems suggested in 2009 that to ensure coverage with a relatively limited set of key health services, low-income countries would need to spend an average of $60 per capita (PPP) each year on health by 2015.

[13] Save the Children, *Ending Newborn Deaths*, Save the Children; London

[14] Using Demographic and Health Survey quintile data

[15] Demographic and Health Survey 2011

[16] Latest Demographic and Health Survey or Multiple Indicator Cluster Survey since 2000 used.

[17] Togo, Zambia, Malawi, Swaziland, Liberia and Rwanda

[18] Brearley, L., S., Mohamed, V., Eriyagama et al, *Impact of Maternal and Child Health Private Expenditure on Poverty and Inequity*, Asian Development Bank, 2012, available at: http://www.adb.org/publications/impact-maternal-and-child-health-private-expenditure-poverty-and-inequity

[19] A/67/L.36

[20] For more information, see: http://www.everywomaneverychild.org/

A CALL TO ACTION TO END NEWBORN DEATHS

The Every Newborn Action Plan – endorsed by 194 countries in May 2014 – marks a historic global commitment to ending preventable newborn mortality. It has the potential to prevent nearly 3 million deaths of mothers and newborn babies and stillbirths a year.

However, if countries fail to deliver this commitment, it will be a broken promise to the world's most vulnerable children and mothers.

This brief focuses on those children and women, who live in countries with the highest burden and rates of maternal, newborn and child deaths.

It's a call to action to leaders in developing and developed countries, and to development partners, civil society and the private sector to each play their part in making our generation the one that ends preventable newborn deaths.

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NO CHILD BORN TO DIE

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