


## SAVING NEWBORN LIVES

# The Healthy Newborn Partnership: Improving Newborn Survival and Health Through Partnership, Policy, and Action

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Of the 129 million infants born each year, 3.9 million die before completing the first 28 days of life, most in developing countries.<sup>1</sup> Reducing these deaths requires the coordinated and collaborative action of many programs and agencies within an integrated health system as well as changes in household practices. The Healthy Newborn Partnership (HNP), formed in 2000, aims to increase awareness about newborn survival and to improve communication and collaboration among organizations already working on newborn health. This brief outlines ways in which HNP members have helped to focus attention on newborn health issues. Through working groups, annual meetings, and collaboration between member organizations, HNP has developed a functional model for advocacy, information exchange, and joint action at local, national, and global levels.

## Introduction

In December 2000, representatives of six international health agencies gathered around a conference table in Washington, D.C., to discuss the status of newborn health care around the world. The group agreed that despite 30 years of child survival programs and 15 years of safe motherhood programs, newborn health had “fallen” between these two groups and was frequently missed in policies and programs. While a significant number of neonatal deaths could be prevented by interventions during pregnancy and delivery, the newborn was rarely mentioned in maternal health programs. Although neonatal deaths accounted for more than four times the number of deaths attributed to malaria, for instance, neonatal causes were often absent from lists of the top causes of child death or were

## Mission of The Healthy Newborn Partnership

The Healthy Newborn Partnership is an interagency group formed to promote newborn health in developing countries, particularly in settings where newborn deaths are common. The partnership works to:

1. Promote attention and action to improve newborn health and survival (first 28 days of life);
2. Provide a forum for information exchange on programmatic, research, training, and communication issues directly and indirectly related to newborn health; and
3. Partner with organizations on collaborative activities.

included using vague or obscure language (such as “perinatal causes”). At the time, the Integrated Management of Childhood Illness (IMCI),<sup>2</sup> an accepted standard for managing and improving child health around the world, did not include care for the infant during the first week of life. A continuum of care through pregnancy, delivery, and into childhood is crucial for both neonatal and maternal health and survival. Yet there was a major gap in the continuum: the first month of life, when 40 percent of child deaths and the majority of maternal deaths occur. Only collaborative action could integrate newborn health priorities into the continuum of care, and thus the Healthy Newborn Partnership was born.

Representatives from this meeting agreed that the first priority is to address the “invisibility” of the neonate by educating and advocating local, national, and global decisionmakers to recognize the importance of newborn health issues and the indivisible link between maternal and neonatal health. The second priority of the group

is to improve communication and coordination among organizations working on issues closely related to newborn health, such as safe motherhood; child survival; reproductive health; immunization; infectious diseases like malaria, sexually transmitted infections, and HIV/AIDS; and nutrition. Sharing experiences and tools would increase effectiveness and reduce duplication of work and materials. It would also increase the chances of successfully changing newborn health policy around the world, incorporating neonatal issues into existing programs, and addressing key gaps in policy.

Today, HNP has grown into a network of over 30 organizations ranging from global agencies to local NGOs, from academic institutions to clinical providers. The Secretariat is based at Saving Newborn Lives (SNL), an initiative of Save the Children (USA), which is based in Washington, D.C., and funded by the Bill & Melinda Gates Foundation. In a short time the global policy community has focused increasing attention on newborn health. While there are many reasons for this change, the synergistic work of HNP members has contributed to progress through working groups, annual meetings, and collaborative action.

### HNP Working Groups

In order to translate dialogue into action, HNP working groups were established in the following areas:

- Advocacy
- Country-level implementation
- Technical materials and training
- Monitoring and evaluation
- Research

These groups primarily operate through e-mail listservs, but they also meet occasionally. This model keeps costs low while promoting ongoing communication. Groups are headed by an HNP member with expertise in the focus area of the working group.

**Advocacy.** The overarching goal of the advocacy working group is to bring increased, high-level attention to the newborn, leading to improved

policies and programs in support of newborn health. For the May 2002 United Nations General Assembly Special Session for Children, the working group organized a special briefing on newborn health. The group also produced a paper, "Newborn Survival: Time for Action," which was distributed at a reception with the first ladies of Bolivia, Nepal, and Uganda.<sup>3</sup> For a meeting of the Economic Community of West African States, a brief summary of basic newborn care information was developed. Produced in French and English, the document was circulated at a meeting of the first ladies of West Africa and outlined what leaders and the public could do to make a difference in newborn health and survival.

Initially, the advocacy working group crafted general messages about the importance of recognizing newborn health but now is developing specialized messages for different audiences. For example, the group will work closely with the Partnership for Safe Motherhood and Newborn Health (PSMNH) and the new and evolving Child Survival Partnership to develop joint messages and strategies related to achieving the United Nations Millennium Development Goals (MDGs) for maternal and child survival.<sup>4</sup> These messages, which will focus on the links between maternal, newborn, and child health and survival, will be targeted to national governments and policymakers. To communicate these messages, a global summit of high-level decision-makers is being planned for April 2005. The group will also engage in country-level advocacy to encourage the incorporation of maternal and newborn health into health-sector reform and poverty reduction strategies.

**Technical Materials and Training.** The purpose of this group is to improve the consistency, quality, dissemination, and use of technical and training guidelines related to newborn care, with the ultimate goal of improving newborn health and survival by developing the skills of health providers. Members of the working group update a list of available and planned newborn health training materials to minimize duplication and to identify

key gaps in information. HNP members have collaborated in the development of guidelines for care of the newborn, both in maternal and child health programs. In 2002, the United Kingdom Department for International Development (DfID) funded a collection of over 200 materials related to newborn health in categories such as advocacy, program management, and clinical guidelines. A CD-ROM of these publications was produced by the World Health Organization (WHO) and distributed at HNP meetings. These materials are also available on the HNP website ([www.healthynewborns.org](http://www.healthynewborns.org)). HNP intends to promote and support adaptation and use of these materials at the country level.

**Country-level Implementation.** The working group on country-level implementation was set up to develop a newborn health planning framework in response to a need identified through a survey of five developing countries. The framework is designed to assist policymakers to strengthen newborn health services and to increase the focus on newborn health within the context of national health sector plans. The tool will also help decisionmakers to prioritize strategies to reduce neonatal mortality. Produced through collaboration between DfID, SNL, and WHO, the framework outlines the policy planning process from the initial needs assessment through strategy development. The framework will be finalized in 2004.

**Monitoring and Evaluation (M&E).** The M&E group works to standardize the collection, analysis, reporting, and use of quality data on newborn health and survival using tested and reliable indicators. The group has placed special attention on developing and validating standard newborn health indicators, promoting their use in Demographic and Health Surveys (DHS), UNICEF Multiple Indicator Cluster Surveys (MICS), and in the programs of HNP members. One goal is the inclusion of the neonatal mortality rate (NMR) in the MDGs monitoring system and in member agencies' own data collection systems. The group has also identified perinatal death audit (PNDA) as a promising tool for monitoring maternal and newborn mortality and improving the quality of obstetric and newborn care in health facilities.

**Research.** This working group aims to provide global leadership in newborn health and survival research by

#### *Box 1*

### **The Dhaka Meeting: A Model to Facilitate Country Policy and Action**

The 2003 HNP Meeting in Dhaka marked a turning point both for HNP and for newborn policy in Bangladesh. After the meeting, the Bangladeshi government began to make significant changes in its policies and programs for neonatal health. Some examples include:

- The Ministry of Health and Family Welfare added a neonatal component to its 2003-2006 strategic plan. A national target to reduce newborn mortality from 42 per 1,000 live births to 32 per 1,000 live births by mid-2006 was set.
- The Bureau of Health Education designed messages and developed materials, including a training curriculum for health professionals on neonatal and perinatal health (from the fourth month of pregnancy to one month after delivery).
- Money was allocated to train health workers to provide Essential Newborn Care (ENC), defined as skilled attendance at delivery, temperature maintenance, early and exclusive breastfeeding, basic hygiene, and immunization.
- The management information system (MIS) section of the Ministry of Health began to coordinate facility-based research activities to improve perinatal health in the country. Within health facilities, for example, perinatal death audits are being used to reduce preventable neonatal deaths.
- The government committed to collect data to measure and track the neonatal mortality rate to monitor progress in achieving the goal of reducing newborn mortality.

identifying priority research topics, reviewing and synthesizing research results, and disseminating findings to the broader health community. At a 2001 meeting in Nepal hosted by WHO and SNL, the group brought together key experts in the field and established collaborative links.<sup>5</sup> A list of agencies currently funding neonatal research and a list of active research projects are being compiled to encourage sharing of protocols and tools. Neonatal infections, birth asphyxia, and low birth weight have been identified as key research priorities.<sup>6</sup> The research group has agreed to explore the costs associated with delivering newborn care and plans to better understand the causes and possible interventions to reduce stillbirths.

### **Partnership Meetings, an Evolving Model**

The first Healthy Newborn Partnership meetings in 2000 and 2001 focused on discussions of newborn issues and

sharing information about current programs and activities. New members joined the partnership, relationships were strengthened, and responsibilities were defined.

After 2001, the HNP annual meetings evolved from gatherings to set joint priorities and build relationships into action meetings designed to facilitate country and regional policy and implementation. In 2003, HNP members decided to use the annual meeting to promote country-level attention and action for newborn survival. The meeting, held in Dhaka, Bangladesh, included a joint session with the first-ever Bangladeshi International Perinatal Congress (IPC). This intersection of global health agencies with the pediatricians, neonatologists, obstetricians, and gynecologists of Bangladesh drew the attention of the Ministry of Health and other officials, which led the media to highlight newborn health problems in the country. As a statement of the HNP meeting conclusions, the “Dhaka Resolution for Global Newborn Health” was drafted.<sup>7</sup> The statement included a series of measurable, evidence-based recommendations to improve newborn health by promoting collaboration among existing safe motherhood, child survival, and newborn care programs in the country. The Dhaka Resolution has defined the context and issues for newborn health in Bangladesh and helped to set the agenda for subsequent discussion between professional associations and the government (see Box 1).

Sixteen of the 20 countries with the highest neonatal mortality rates in the world are located in Africa. In 2004, HNP held its annual meeting in Addis Ababa, Ethiopia, cohosted with the WHO Regional Office for Africa (WHO/AFRO), with the goal of improving linkages to support maternal and newborn health in the region. The first day’s session was a joint meeting with over 100 doctors from the Ethiopian Paediatric Society and members of the Ministry of Health. For the remaining two days of the meeting, over 50 participants representing some 25 organizations, agencies, and governments gathered to share information and experiences regarding the evidence, costs, and practicalities of incorporating

neonatal care into existing health programs, such as safe motherhood, IMCI, immunization, and management of syphilis. Special emphasis was given to the unique challenges faced by newborns and women in Ethiopia and the African region, such as HIV/AIDS and malaria in pregnancy. Members drafted the “Addis Ababa Declaration for Global Newborn Health,” highlighting the global and regional burden of neonatal death, the main causes of death, the importance of incorporating evidence-based interventions into existing child survival and safe motherhood programs, and the necessity of reducing neonatal mortality if the child survival MDG is to be met. The declaration also focuses on the close tie between maternal and neonatal survival. The statement has already proven to be a useful tool for increasing awareness about the burden of neonatal deaths in Ethiopia (see Box 2).<sup>8</sup>

#### Box 2

### Influencing Maternal and Newborn Health in Africa: Action at the Individual, Regional, and National Level

The keynote speaker at the HNP meeting in Addis Ababa in early 2004 was Ambassador Gertrude Mongella, the WHO Regional Ambassador for maternal and newborn health and previously the Chairperson of the Fourth UN World Conference on Women in Beijing. She urged participants to start a movement to mobilize governments and the public and private sector to allocate much-needed resources for the attainment of the MDGs in the African region, paying special attention to poor, rural women. As the newly elected President of the African Union, one of Mongella’s first actions was to set up a special task force to address maternal and neonatal mortality in Africa.



Gertrude Mongella

In April 2004, the Ethiopian government organized a national partnership conference on bringing child survival interventions to scale at the national level. Participants used the Addis Ababa Declaration to draw attention to neonatal deaths in Ethiopia. By the end of the meeting, elimination of neonatal tetanus had been identified as a national priority, and it was agreed that the neonatal mortality rate would be included as one of the national indicators for child survival.

WHO/AFRO has recently developed a road map to accelerate the reduction of maternal and neonatal mortality in the region. HNP members have supported this process and are committed to providing technical support to aid implementation at the country level.

## Box 3

**The Healthy Newborn Partnership and the MDGs**

The decline in child deaths in recent decades has largely been the result of improved survival *after* the neonatal period. Neonatal deaths account for almost 40 percent of under-five child mortality; and, as seen in the industrialized world, this proportion will rise as child deaths continue to fall. Reducing neonatal deaths is a crucial step for the Millennium Development Goal calling for a two-thirds reduction in child mortality to be met. Low-cost, effective interventions used to reduce newborn deaths will also reduce maternal deaths and stillbirths. MDG-8 stresses the need for the global community to work in partnerships to achieve goals, a perfect fit with HNP's mission.

HNP is actively contributing to the development of a global strategy to achieve the MDGs. Specific messages, articulated in the Addis Ababa Declaration, include the need to:

- Allocate adequate financial and human resources for newborn, maternal, and child health to reach MDG-4 (to reduce child mortality) and MDG-5 (to improve maternal health);
- Reduce the global burden of neonatal deaths by 50 percent between 2000 and 2015;
- Coordinate efforts to support countries in program development and implementation to improve maternal, newborn, and child health;
- Focus on reaching poor populations and improving care during the perinatal period; and
- Stipulate neonatal mortality rate (NMR) as an indicator for MDG-4.

The challenges are to find additional human and financial resources to invest in the process, to increase political commitment to maternal and newborn health, and to increase access to effective health interventions.

**From Policy to Country Action:  
The Challenge Ahead**

Around the world, there is increasing momentum for newborn survival. At the global level, both safe motherhood and child survival programs are beginning to incorporate the neonate in their programs and recognize the importance of maintaining a continuum of care from home to health facility, from pregnancy through childhood. Major donor agencies are beginning to recognize the importance of including the neonate in strategic planning and programming, especially for achieving the Millennium Development Goals (see Box 3). At the regional level, the WHO Regional Office for South-East Asia has established a specific plan to reduce neonatal mortality.

Facilitating coordination at the national level is crucial for reducing the unacceptably high number of newborn and maternal deaths.

National governments, such as Bangladesh, Ethiopia, India, Nepal, and others are taking new steps to address neonatal deaths. The government of India has made newborn health a priority in the nation's next five-year health plan. The government is also working with WHO and UNICEF to adapt IMCI guidelines to include newborn care, creating new guidelines called Integrated Management of Newborn and Childhood Illnesses (IMNCI).

HNP is working to increase collaboration within the partnership, mobilize resources, link with the Partnership for Safe Motherhood and Newborn Health, and work closely with the Partnership for Child Survival. The biggest challenge for these partnerships and their members is to work together to facilitate the country-level action needed to meet the MDGs, especially in the countries where maternal and child deaths are the highest.

For more information on the Healthy Newborn Partnership, visit [www.healthynewborns.org](http://www.healthynewborns.org) or e-mail [hnp@dc.savechildren.org](mailto:hnp@dc.savechildren.org), Save the Children, 2000 M Street, NW, Suite 500, Washington, D.C. 20036. The HNP website is regularly updated with articles, information on events and news, and tools and resources.

**References**

- <sup>1</sup> Robert E. Black, Saul S. Morris, and Jennifer Bryce, "Where and Why are 10 Million Children Dying Every Year?" *Lancet* 361, no. 9376 (2003): 2226-34.
- <sup>2</sup> Integrated Management of Childhood Illness (IMCI) is a World Health Organization (WHO) and UNICEF strategy to reduce death, illness, and disability, and to improve growth and development in children under five. IMCI is designed to be carried out by families, communities, and at health facilities.
- <sup>3</sup> "Newborn Survival: Time for Action" is available at: [www.healthynewborns.org/content/general/detail/476](http://www.healthynewborns.org/content/general/detail/476).
- <sup>4</sup> For more information on the United Nations Millennium Development Goals, visit: [www.un.org/millenniumgoals/](http://www.un.org/millenniumgoals/).
- <sup>5</sup> Gina Coco et al., "Perinatal and Neonatal Health Interventions Research, Report of a meeting, April 29-May 3, 2001, Kathmandu, Nepal," *Journal of Perinatology* 22, supp. 2 (2002): s1-41.
- <sup>6</sup> William Moss et al., "Research Priorities for the Reduction of Perinatal and Neonatal Morbidity and Mortality in Developing Country Communities," *Journal of Perinatology* 22, no. 6 (2002): 484-95.
- <sup>7</sup> The Dhaka Resolution is available at: [www.healthynewborns.org/content/article/detail/512](http://www.healthynewborns.org/content/article/detail/512).
- <sup>8</sup> The Addis Ababa Declaration is available at: [www.healthynewborns.org/content/article/detail/537](http://www.healthynewborns.org/content/article/detail/537).

## Recent Healthy Newborn Partnership meetings have included representatives from the following:

Academy for Educational Development (AED), USA	International Federation of Gynecology and Obstetrics (FIGO)	Unit for Health Services Research and International Health (IRCCS) Burlo Garafolo, Italy
All India Institute for Medical Sciences	International Pediatric Association (IPA)	United Nations Children's Fund (UNICEF)*
Asian Development Bank	International Perinatal Unit, Institute of Child Health (ICH), UK	United Nations Development Programme (UNDP)
Bangladesh Neonatal Forum	Karolinska Institute, Sweden	United Nations Population Fund (UNFPA)
Bangladesh Pediatric Association	Maternal and Neonatal Health Program (MNH-JHPIEGO), USA*	United States Agency for International Development (USAID), USA
Bangladesh Perinatal Society	Obstetrical and Gynecological Society of Bangladesh	University of Cape Town, South Africa
BASICS II, USA*	Pan American Health Organization/ World Health Organization (PAHO)	White Ribbon Alliance, USA
BRAC, Bangladesh	Program for Appropriate Technology in Health (PATH), USA	Women and Children First, UK
Bill & Melinda Gates Foundation, USA	Population Council, USA	World Health Organization (WHO) Child and Adolescent Health and Reproductive Health and Research*
Centre for Health and Population Research, (ICDDR, B), Bangladesh	Saving Newborn Lives, Save the Children, USA*	WHO Regional Office for Africa (WHO/AFRO)
Child Advocacy International (CAI), UK	Save the Children, UK	WHO Regional Office for South-East Asia (WHO/SEARO)
Department for International Development (DfID), UK	Society for Education, Action, and Research in Community Health (SEARCH)	*Founding members of the Healthy Newborn Partnership
Ethiopian Paediatric Society, Ethiopia	Styrelsen för Internationellt Utvecklingssamarbete (SIDA), Sweden	
Global Maternal and Neonatal Research Network, National Institutes of Health, USA	The World Bank*	
Healthlink Worldwide, UK		
International Association for Maternal and Newborn Health (IAMANEH), Switzerland		
International Confederation of Midwives (ICM)		

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### Other Policy Perspectives on Newborn Health publications:

- "Integrating Essential Newborn Care Into Countries' Policies and Programs," September 2003 (*English, French, Spanish*)
- "Using Evidence to Save Newborn Lives," May 2003 (*English, French, Spanish*)
- "Why Invest in Newborn Health?" April 2003 (*English, French, Spanish*)
- "Healthy Mothers and Healthy Newborns: The Vital Link," April 2002 (*English, French, Spanish*)



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