



EVERY WOMAN  
EVERY CHILD

# EVERY NEWBORN

## PROGRESS REPORT

### MAY 2015



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COMMITTING TO CHILD SURVIVAL  
A PROMISE RENEWED

# About *Every Newborn*

The Every Newborn Action Plan is based on the latest epidemiology, evidence of essential interventions and global and country learning about effective programme implementation, and supports the United Nations Secretary-General's *Every Woman Every Child* movement. The preparation, led by WHO and UNICEF, was guided by the advice of experts and partners and by the outcome of several multi-stakeholder consultations and a web-based consultation with more than 300 comments. Discussed at the 67th World Health Assembly, Member States endorsed the document and made firm commitments to put in practice recommended actions. The WHO's Director General has been requested to monitor progress towards the achievement of the global goal and targets and report periodically to the Health Assembly until 2030. The action plan was launched in June 2014 with 40 new commitments to *Every Woman Every Child* in support of the plan. This Progress Report focuses on country implementation and provides an overview of progress since the ENAP consultation process began in 2013. Further information can be found on the *Every Newborn* website [www.everynewborn.org](http://www.everynewborn.org)

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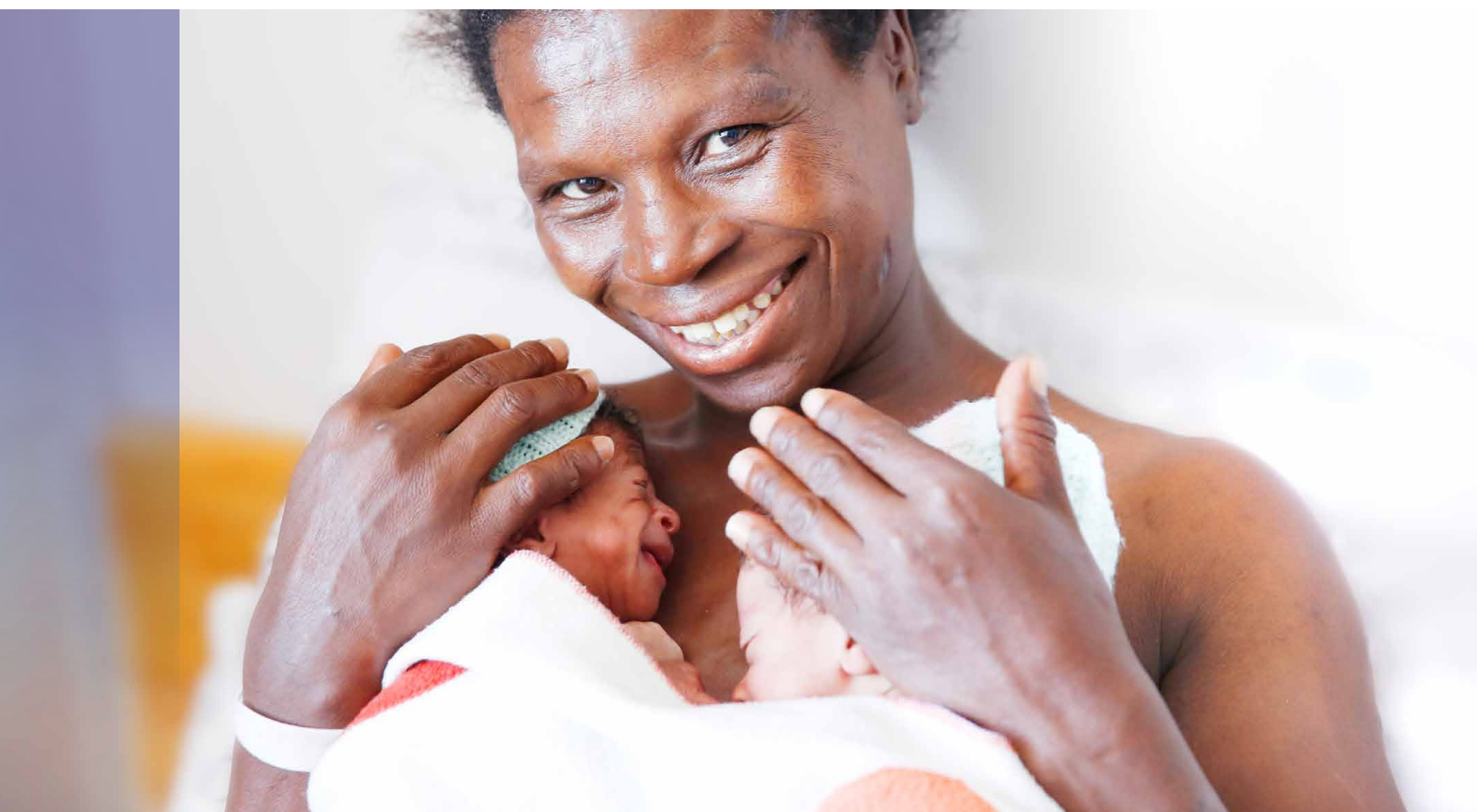
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# Contents

Executive summary .....	2
Every Newborn: Action with a plan .....	4
Placing mothers and newborns at the heart of the post-2015 framework .....	6
Country progress .....	8
Regional activities .....	12
Every Newborn coordination .....	14
Looking ahead .....	22
References .....	23
Acknowledgements .....	24



## Report to the 68th World Health Assembly\*

Following endorsement of the newborn action plan at the 67th World Health Assembly, the WHO Director-General was requested to monitor progress towards the global goal and targets, reporting periodically to the Health Assembly until 2030. Here is this year's report:

1. Progress in reducing neonatal mortality and stillbirths and in increasing coverage of related essential interventions in countries is described in the accompanying reports on monitoring of achievement of health-related Millennium Development Goals and on working towards universal coverage of maternal, newborn and child health interventions.<sup>1</sup> A more detailed progress report on efforts by Member States, organizations within the United Nations system and non-State actors is available as a separate multistakeholder document.<sup>2</sup>
2. Recognizing the urgent need to improve newborn health, Member States made specific commitments during the consultations on the action plan, with several countries aligning their national priorities with those of the action plan. Since the adoption of resolution WHA67.10, many more countries have finalized national newborn action plans or strengthened the relevant components within existing plans for reproductive, maternal, newborn and child health, and other countries are drafting national newborn action plans or revising existing strategies and plans (see Table 1.). In addition, at least 10 countries have hosted national events to support dissemination of the action plan<sup>3</sup> or participated in regional events.<sup>4</sup> The Table summarizes the status of updated national strategies and plans as of March 2015.
3. Various regional initiatives led by WHO support the implementation of the newborn action plan. These include initiatives for improving quality of maternal and newborn care in the African and European regions; the Regional Strategy and Plan of Action for Neonatal Health within the Continuum of Maternal, Newborn, and Child Care (2008–2015) in the Region of the Americas; a technical advisory group and regional network for strengthening newborn health and preventing stillbirths in the South-East Asia region; maternal and child health acceleration plans in the Eastern Mediterranean Region; and the Action Plan for Healthy Newborns (2014–2020) and accompanying First Embrace campaign in the Western Pacific Region.
4. Consensus on essential interventions for reproductive, maternal, newborn and child health<sup>5</sup> has enabled governments and partners to make strategic investments for their scale-up. Under strategic objective 2 of the action plan (improve the quality of maternal and newborn care), the Secretariat is developing a strategy for improving the quality of care for mothers and newborns, with a particular focus on quality of care around the time of childbirth and care for small and sick newborns. This includes the development of evidence-based standards for service delivery. WHO is also coordinating an extensive research agenda on newborn health.<sup>6</sup>
5. After the launch of the every newborn action plan, three working groups were established to facilitate coordinated actions, namely on country implementation, advocacy, and monitoring and evaluation.<sup>7</sup> Through this mechanism, WHO is elaborating an approach for monitoring the implementation of national plans to end preventable maternal and newborn mortality and stillbirths.<sup>8</sup> Work will include mapping, defining and validating core indicators to track quality, coverage and impact of essential interventions, and aim at institutionalizing these indicators into national data collection platforms.<sup>9</sup>
6. In response to the request of the Human Rights Council,<sup>10</sup> the Secretariat provided technical assistance to the development of a report on under-5 mortality and human rights, and elaboration of technical guidance on the application of a human rights-based approach to the reduction and elimination of under-5 mortality, in particular the integration of human rights norms and standards in efforts to improve newborn health.
7. Development partners, health care professional organizations, civil society and other stakeholders continue to collaborate to support government leaders, policy-makers and programme managers in implementing the actions laid out in the plan. More than 40 new commitments to the action plan were announced at Partners Forum hosted by the Partnership for Maternal, Newborn and Child Health,<sup>11</sup> including many from the private sector.

**Table 1:** Countries with national newborn action plans and countries with strengthened newborn components within existing plans

Countries with specific commitments to improving newborn health up to March 2015	Afghanistan, Bangladesh, Benin, Bolivia (Plurinational State of), Cambodia, Cameroon, China, Democratic Republic of the Congo, Egypt, Ethiopia, Ghana, Haiti, Kenya, India, Indonesia, Lao People's Democratic Republic, Malawi, Mali, Mongolia, Morocco, Mozambique, Namibia, Nepal, Nigeria, Oman, Papua New Guinea, Philippines, Rwanda, Senegal, Solomon Islands, South Africa, Swaziland, Timor-Leste, Uganda, United Republic of Tanzania, Viet Nam, Yemen, Zambia and Zimbabwe
Countries developing specific commitments to improving newborn health	Botswana, Chad, Guinea-Bissau, Djibouti, Lesotho, Madagascar, Myanmar, Pakistan, Sierra Leone, Tajikistan



## Executive summary

**The Every Newborn Action Plan (ENAP) takes forward the UN Secretary-General's *Global Strategy for Women's and Children's Health***, a roadmap developed in 2010 to improve women's and children's health and accelerate progress towards the Millennium Development Goals (MDGs) for health (1, 2). ENAP focuses specific attention on maternal and newborn health and identifies actions for improving their survival, health and development. ENAP was formally endorsed at the 67th World Health Assembly in May 2014 and launched at the Partners' Forum in Johannesburg, South Africa in June 2014.

**Intrinsically linked to maternal health**, improving newborn survival and health and preventing stillbirths starts with the survival and health of women before conception and during pregnancies. The synergies between ENAP and the World Health Organization's Strategies toward Ending Preventable Maternal Mortality (EPMM), released in February 2015 (3), will further advance efforts to end preventable deaths and improve health outcomes.

**Many countries have made remarkable and rapid progress toward improving newborn and maternal health** by developing action plans or incorporating ENAP recommendations into existing plans. Since January 2013, 15 of the 18 countries that were categorized with the highest newborn mortality rates or burden of neonatal deaths have taken concrete actions to advance newborn health. Many other countries have developed specific action plans or strengthened newborn components within existing plans for Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH).

**Global, regional and national level partnerships have advanced country efforts** towards realizing ENAP goals (Box 1), with significant progress across three priority work streams: country implementation, metrics and advocacy. Regional and multicountry initiatives, such as First Embrace and Helping Babies Survive and Thrive, provide further impetus to country-led efforts.

**More than 50 new commitments for newborn health** have been made towards the *Every Woman Every Child* movement, which takes forward the *Global Strategy for Women's and Children's Health*. Global and national advocacy initiatives and events, such as World Prematurity Day and World Breastfeeding Week, have created greater awareness and have mobilized action at the national and subnational level.

**Ending preventable deaths for mothers and newborns is within reach.** As the global community reviews progress and reassesses strategies and financing in this final year of the MDGs, advocacy efforts are centred on three concomitant but distinct global processes: the Sustainable Development Goals, the *Global Strategy for Women's, Children's and Adolescents' Health* and a new Global Financing Facility for RMNCH. Both ENAP and EPMM provide unprecedented opportunities to turn the tide in focusing on and addressing maternal and newborn health and preventing stillbirths.



# Every Newborn: Action with a plan

## Background

Each day, 800 women and 7,700 newborns die from complications during pregnancy, childbirth and other neonatal causes (4, 5). In addition, 7,300 women experience a stillbirth<sup>a</sup> (6). While there has been remarkable progress in reducing the number of child deaths worldwide, too many babies continue to die each year despite the availability of feasible, evidence-based solutions.

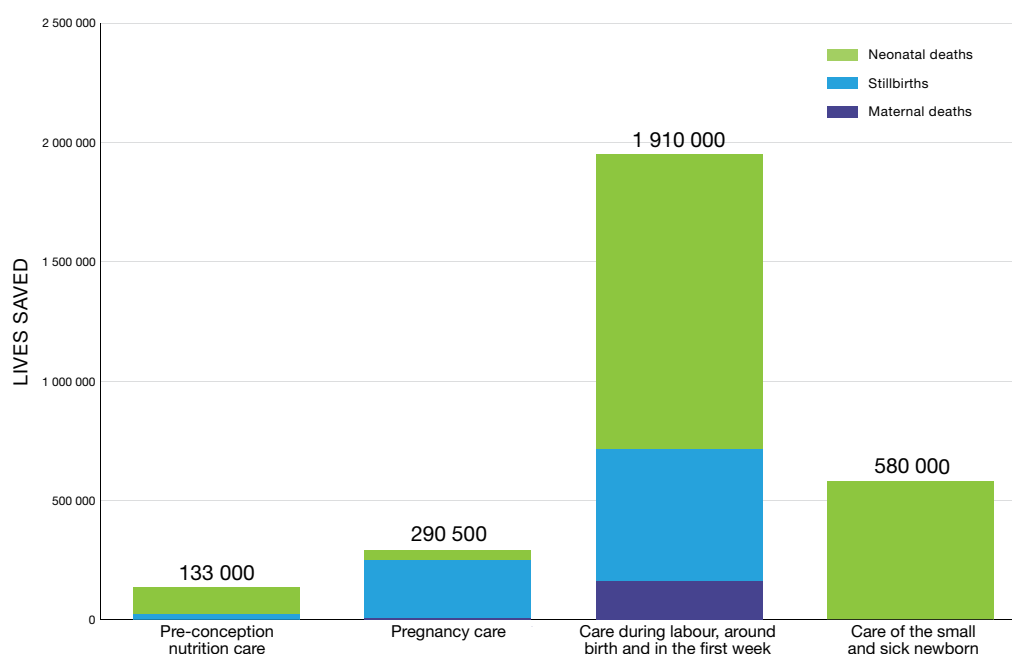
Every Newborn Action Plan (ENAP) provides an unprecedented opportunity to turn the tide and address newborn health and stillbirths (1). ENAP takes forward the UN Secretary-General's *Global Strategy for Women's and Children's Health* (2) by focusing attention on maternal and newborn health and identifying actions for improving their survival, health and development. It presents evidence-based solutions to prevent these deaths and sets out a clear path to 2020 with eight specific milestones for what needs to be done differently to meet the mortality targets by 2035.

Based on evidence presented in *The Lancet* Every Newborn series (7), and developed within the *Every Woman Every Child* framework (2), ENAP enhances and supports coordinated, comprehensive planning and implementation of newborn-specific actions. ENAP operates within the context of national reproductive,

maternal, newborn, child and adolescent health (RMNCAH) strategies and in collaboration with civil society, professional associations, the private sector and other stakeholders. Its goal is to achieve equitable coverage and high-quality care for women and newborns. ENAP's success will come through links with global and national plans, measurement structures and accountability. Nearly 3 million lives could be saved each year if ENAP's evidence-based solutions and actions are implemented (Figure 1) (8).

ENAP's preparation, led by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF), was guided by the advice of experts and partners and by multistakeholder consultations and a web-based consultation with over 300 comments from stakeholders. Discussed at the 67th World Health Assembly, 194 Member States endorsed the document under Resolution WHA67.10 and committed to putting recommended actions into practice (9). The WHO Director-General was requested to monitor progress towards the achievement of the global goal and targets, reporting periodically to the World Health Assembly until 2030. The Plan was launched in Johannesburg (South Africa) on 30 June 2014, and many countries have since led efforts to address maternal and newborn health and stillbirth prevention.

**Figure 1:** Lives that could be saved by 2025 with universal coverage of care



Source: Every Newborn Action Plan, 2014 (1).

<sup>a</sup> Stillbirths refers to all pregnancy losses after 22 weeks of gestation, but the WHO definition for international comparison refers to those with a birth-weight of at least 1000g or a gestational age of at least 28 weeks (third trimester stillbirth). The WHO definition was used for the WHO/Lancet stillbirth rate estimates which went through WHO country clearance process.

## Key messages from the Every Newborn Action Plan

Three million babies and women could be saved each year by investing in quality care around the time of birth and special care for sick and small newborns. Cost-effective solutions are now available to protect women and children from the most dangerous day of their lives – the day of birth.

**ENAP addresses an unfinished agenda:** Improving newborn health and preventing stillbirths are part of the ‘unfinished agenda’ of the MDGs for women’s and children’s health. With newborn deaths still accounting for 44% of under-5 deaths globally, newborn mortality and stillbirths require greater visibility in the emerging post-2015 sustainable development agenda to reduce under-5 mortality.

**We have solutions to address the main causes of newborn death:** More than 80% of all newborn deaths result from three preventable and treatable conditions – complications due to prematurity, intrapartum-related deaths (including birth asphyxia) and neonatal infections. Cost-effective, proven interventions exist to prevent and treat each of these causes. Improving quality of care around the time of birth will save the most lives, but this requires educated and equipped health workers, including those with midwifery skills, and availability of essential commodities.

**Women’s and children’s health is a smart investment, particularly care at birth:** High coverage of care around the time of birth and the care of small and sick newborns would save nearly 3 million lives (women, newborns and stillbirths) each year at an additional running cost of only US\$ 1.15 per person in 75 high burden countries. This would have a triple impact on investments: saving women and newborns and preventing stillbirths.

**ENAP is action with a plan:** ENAP was developed in response to country demand. It sets out a clear vision of how to improve newborn health and prevent stillbirths by 2035. ENAP builds on the United Nations Secretary-General’s *Global Strategy for Women’s and Children’s Health* and the *Every Woman Every Child* movement by supporting government leadership and providing guidance on how to strengthen newborn health components in existing health sector plans and strategies, especially those that relate to reproductive, maternal and child health. ENAP calls upon all stakeholders to take specific actions to improve access to, and quality of, health care for women and newborns within the continuum of care.

## Every Newborn Vision: Goals, guiding principles and strategic objectives

### Vision

A world in which there are no preventable deaths of newborns or stillbirths, where every pregnancy is wanted, every birth celebrated, and women, babies and children survive, thrive and reach their full potential.

### Goals

#### Goal 1: Ending preventable newborn deaths

By 2035, all countries will have reached the target of 10 or less newborn deaths per 1,000 live births and continue to reduce death and disability, ensuring that no newborn is left behind.

#### Goal 2: Ending preventable stillbirths

By 2035, all countries will have reached the target of 10 or less stillbirths per 1,000 total births and continue to close equity gaps.

### Guiding principles

1. Country leadership
2. Human rights
3. Integration
4. Equity
5. Accountability
6. Innovation

### Strategic objectives

1 Strengthen and invest in maternal and newborn care during labour, birth and the first day and first week of life



2 Improve the quality of maternal and newborn care



3 Reach every woman and newborn to reduce inequities



4 Harness the power of parents, families and communities



5 Count every newborn through measurement, programme-tracking and accountability



# Placing mothers and newborns at the heart of the post-2015 framework

In the final year of the MDGs, the global community is reviewing progress and reassessing development goals, strategies and financing. It is vital that the post-2015 framework includes a vision of healthy societies in which women and adolescent girls, newborns and children survive and thrive. ENAP is part of a broader initiative to end preventable maternal and newborn deaths and stillbirths, and is linked to the initiative to end preventable maternal mortality. ENAP aims to improve quality of care for women and their children at the start of the life cycle, with particular care during birth and the first week of life. The thousands of preventable stillbirths each day require elevated attention in the post-2015 framework, given progress has been the slowest in this area, with long-lasting effects on families and communities.

The efforts to ensure that mothers and newborns remain at the heart of the post-2015 framework focus on three concomitant but distinct global processes:

## Sustainable Development Goals Framework

In September 2015, countries will decide on the content of the Sustainable Development Goals (SDGs) (10), which will drive the global agenda on social, economic and environmental development for the next 15 years. At the end of 2014, the Partnership for Maternal, Newborn and Child Health (PMNCH) developed a policy brief, 'Placing healthy women and children at the heart of the post 2015 sustainable development framework', to serve as an advocacy guide for the RMNCAH community (11). The Every Newborn targets were included in this policy brief. Work thus far has resulted in 17 draft goals and 169 specific targets, including a target for newborn mortality but not stillbirths. Newborn

## Global Strategy for Women's and Children's Health 2.0

An updated *Global Strategy for Women's, Children's, and Adolescents' Health* will build on new evidence, including the need to focus on critical population groups, such as newborns, and continue the momentum from the ENAP launch. It will align with the targets and indicators developed for the SDG framework and outline opportunities for means of implementation. Several substreams are informing the updated framework including one particularly relevant to newborns; 'health interventions, strong workforce and resilient health systems'. This substream is evaluating the main challenges and gaps for the health workforce and health systems to provide quality care and to fully implement the updated Global Strategy. A technical paper, 'Ending preventable maternal and newborn mortality and stillbirths' has been developed to inform the Global Strategy consultation process. ENAP goals and objectives around human rights and health system strengthening should be better integrated into the forthcoming SDGs Framework.

The Progress Report on the Global Strategy 2010–2015 launched by the UN Secretary-General in March 2015 presents key lessons learned from the *Every Woman Every Child* multistakeholder approach. It particularly focuses on areas related to accountability, innovation and public-private partnerships and showcases the high level of leadership and political commitment (12). Newborn mortality and stillbirths were identified as priority areas in the report for moving forward.

## Global Financing Facility

The Global Financing Facility for RMNCH (GFF) in support of *Every Woman Every Child* was developed by the World Bank Group and the Governments of Canada, Norway and the United States of America in

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