



ENDING PREVENTABLE NEWBORN DEATHS and STILLBIRTHS by 2030

Moving faster towards high-quality universal
health coverage in 2020–2025

July 2020

HOW WE ACT NOW WILL DETERMINE THE COURSE OF MATERNAL AND NEWBORN HEALTH FOR THE NEXT DECADE.

It will also have a powerful positive impact on the health and lives of future generations.

High-quality maternal and newborn health care are essential health services, which must be sustained to protect the lives and health of women and children. These essential services must be further strengthened to withstand shocks, such as COVID 19, and make the progress agreed to in global goals for women and children's health.

The coverage targets and milestones for newborn health and ending preventable stillbirths presented in this document must be attained to accelerate progress toward the Sustainable Development Goals (SDGs). Only 10 years remain to the SDG deadline of 2030. The global goals for child health will not be met by then without investment in maternal and newborn health now.

Four coverage targets and nine milestones are proposed for 2025, to take forward the recommendations of the Every Newborn Action Plan endorsed by 194 countries at the World Health Assembly in 2014 in resolution WHA67.10. ENAP a roadmap for action, charts the path towards ending preventable newborn mortality, reducing disability and ending preventable stillbirths. ENAP was prepared in response to country demand and on the basis of the most recent evidence on cost-effective clinical interventions and lessons from countries in which the rates of newborn mortality and stillbirth have been reduced and newborn health outcomes improved. Meeting the recommendations in the Plan will also support attainment of the Global Strategy for Women's, Children's and Adolescents' Health, universal health coverage for all and the SDGs.



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Substantial progress has been made in newborn health and survival and in preventing stillbirths over the past decade, including in countries with the highest burdens of mortality. Ninety-three countries are implementing the recommendations of the Every Newborn Action Plan and monitoring their progress. They are successfully demonstrating that accelerating progress is feasible.

This hard-won progress will be eroded if we do not act now. Times of health crisis, such as the COVID-19 pandemic, reveal the weaknesses of health systems, clearly indicating that the best response is strengthening them overall.

- **Stillbirths and neonatal deaths account for most deaths among women, children and adolescents but at the same time the lowest investment along the continuum of their care (1).** It is estimated that 6.2 million children under 15 years died in 2018, and over 290 000 women died due to complications during pregnancy and childbirth in 2017. Of all child deaths, 2.5 million occur in the first month of life (2), and more than 2 million stillbirths occurred.
- **Refocusing investment on the greatest burden of deaths and disability will result in real change for women's and children's health.** Investment in care during pregnancy, childbirth and the first month of life is the smartest investment, with a quadruple return: saving mothers and newborns, preventing stillbirths, reducing disabilities and paving the way for optimal child development and lifelong health and well-being.
- **If current trends persist, more than 60 countries will not meet the 2030 SDG for reducing neonatal mortality or the global target for reducing stillbirths (2).** Almost 26 million newborn deaths are predicted to occur between 2019 and 2030, most are preventable (2). Attention should be paid to inequities in countries to ensure that newborns in fragile and vulnerable settings receive the same essential interventions as all other newborns.
- **High-quality universal maternal and newborn health care is not a privilege but the right of every child and every pregnant woman everywhere to access high-quality maternal and newborn care during and beyond crises.** It is the responsibility of all stakeholders to ensure those rights, which can end preventable child deaths and suffering for both children and their families. This is possible in all settings, everywhere.

The elements necessary to meet the global goals – ensuring high-quality maternal and newborn care – are well known and within most countries capacity to implement.

We know the causes of 80% of newborn deaths and have solutions to address them and prevent lifelong disability (3).

- 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.
- Proven, cost-effective, interventions exist to prevent and treat each of these main causes of death.
- There are also effective interventions to prevent, manage and mitigate suffering due to congenital anomalies (4).
- 1.3 million newborns survive each year with major disabilities and 1 million with moderate long-term or mild disability, such as learning and behaviour difficulties. Most of this disability is preventable (4).

An estimated 50% of stillbirths occur intrapartum, i.e. after labour has commenced but before delivery.

- Almost all intrapartum stillbirths are preventable with the provision of quality care during childbirth. Many antepartum stillbirths can be prevented through high quality antenatal care (5).

Poor-quality care accounts for 61% of neonatal deaths and half of maternal deaths (6)

The evidence for the role of quality of care is clear and well known. High-quality care requires concrete action to ensure the availability of essential medicines and commodities, compliance with evidence-based clinical interventions and practices, adequate infrastructure and supplies to ensure infection prevention and control, competent, motivated staff and solid documentation and use of information.

ROADMAP TO PROGRESS: THE EVERY NEWBORN ACTION PLAN

A comprehensive, multi-partner initiative, the Every Newborn Action Plan (ENAP), calls on all stakeholders to take action to improve access to services and the quality of care for all pregnant women and newborns.

ENAP sets out recommendations for countries on how to reduce mortality and morbidity and to close gaps in equity accompanied by specific goals for reducing mortality, coverage targets and milestones by

2030, with reviews in 2020 and 2025. In adopting ENAP, as resolution WHA 67.10 at the World Health Assembly in 2014, 194 countries committed themselves to transform the recommendations into action. Subsequently, the SDGs and the Global Strategy for Women, Children's and Adolescents' Health (7) were endorsed. Both include the target for reducing newborn mortality, and the Global Strategy includes the target for reducing stillbirths. Universal health coverage includes prioritizing the life-course and a healthy start.

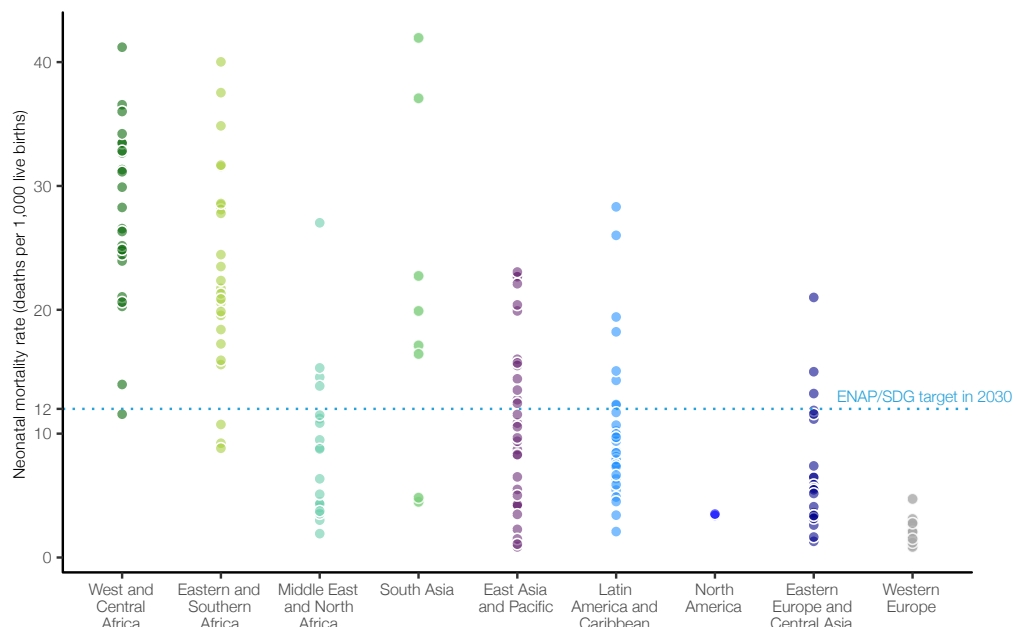
GOALS FOR REDUCING NEWBORN MORTALITY AND PREVENTING STILLBIRTHS

Goal 1. End preventable newborn deaths.

By 2030, all countries will have reached the target of 12 or less newborn deaths per 1000 live births and will continue to reduce death and disability, ensuring that no newborn is left behind.

On current trends, more than 60 countries will not meet the SDG target for reducing newborn mortality (8). By 2019, 78 countries had set targets for reducing newborn mortality (9).

Fig. 1. Disparities in rates of newborn mortality in regions, 2018



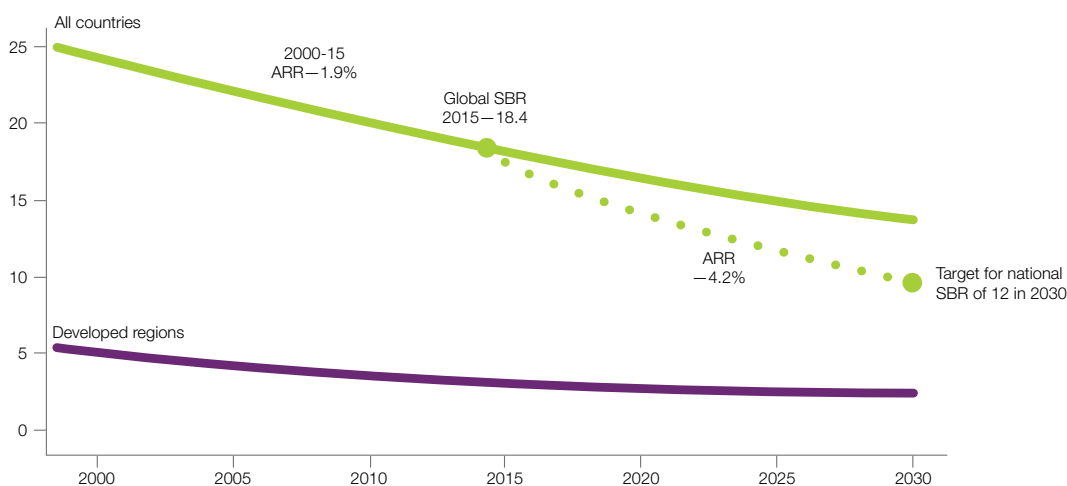
Source: United Nations Inter-agency Group for Child Mortality Estimation (UN IGME) 2019 (2) ENAP, Every Newborn Action Plan

Goal 2. Ending preventable stillbirths

By 2030, all countries will have reached the target of 12 or fewer stillbirths per 1000 total births and will continue to improve equity.

By 2019, 32 countries had set a target for reducing the number of stillbirths (9).

Fig. 2. Global progress towards the Every Newborn Action Plan target to end preventable stillbirths by 2030



Source: Lawn et al. Stillbirths; rates, risk factors and accelerating toward 2030. Lancet. 2016 ARR, average annual reduction rate; SBR, stillbirth rate

EVERY NEWBORN COVERAGE TARGETS 2020–2025

To achieve global goals for child health, it will be essential to attain high-quality antenatal care, essential childbirth care, postnatal care and inpatient care for small and sick newborns, with equity in all countries. Four coverage targets are proposed for 2020–2025, at three levels, global, national and subnational. Subnational targets are essential for assessing equity in access to and use of essential services.

The four indicators are: four or more antenatal care contacts, births attended by skilled health personnel, postnatal care within 2 days and

care for both small and sick newborns. Currently, data on the coverage targets for antenatal care, births attended by skilled health personnel and postnatal care are derived from population-based household surveys. The Every Newborn Action Plan is, however, supporting countries in strengthening their routine health information systems so that they can capture this information rapidly at subnational level. The targets for small and sick newborns are currently obtained with the Every Newborn Action Plan tracking tool but could be captured in routine measurement systems in the future.

COVERAGE TARGET 1



EVERY PREGNANT WOMAN

Indicator: Four or more antenatal care contacts

Global target	90% global coverage of four or more antenatal care contacts
National target	90% of countries have > 70% coverage
Subnational target	80% of districts have > 70% coverage

COVERAGE TARGET 2



EVERY BIRTH

Indicator: Births attended by skilled health personnel

Global target	90% global average coverage of births attended by skilled health personnel
National target	90% of countries with > 80% coverage
Subnational target	80% of districts with > 80% coverage

COVERAGE TARGET 3



EVERY WOMAN AND NEWBORN

Indicator: Early routine postnatal care (within 2 days)

Global target	80% global coverage of early postnatal care
National target	90% of countries with > 60% coverage
Subnational target	80% of districts with > 60% coverage

COVERAGE TARGET 4



EVERY SMALL AND EVERY SICK NEWBORN

Global target 80% of countries have a national implementation plan that is being implemented in at least half the country, with an appropriate number of functional level-2 inpatient units linked to level-1 units to care for small and sick newborns, with family-centred care.

National and Subnational targets 80% of districts (or equivalent subnational unit) have at least one level-2 inpatient unit to care for small and sick newborns, with respiratory support including provision of continuous positive airway pressure. (See Table 1 for definitions of levels 1 and 2 newborn units.)

Box 1. Data review and open consultation to determine attainment of coverage targets up to 2025

To accelerate progress in reaching global targets for reducing newborn mortality and stillbirths by 2030, the Every Newborn management team, chaired by WHO and UNICEF, reviewed the coverage of interventions up to 2020 for attaining universal health coverage by 2025 in order to determine new coverage targets for the period 2020–2025.

Coverage targets were determined by selecting coverage indicators, data review and projection modelling based on the current trajectory, with options of coverage targets at global, national and subnational levels. Four areas were selected: antenatal care, births attended by skilled health personnel, postnatal care and care for small and sick newborns. The indicators focused on contact, as we do not yet have reliable, consistent data on the content of care or effective coverage.

Several options were identified for each indicator, which were reviewed in an open consultation in January–February 2020, hosted by WHO. Comments were received from 135 individuals in 80 partner organizations and from 43 countries, including 11 ministries of health. The most frequent comments stressed the importance of setting coverage targets for achievement of the SDGs and requests for direct technical support and investment to achieve the coverage targets.

Countries should make commitments to measure the content and quality of care and to use data. Coverage targets for all countries between 2026 and 2030 should include measures of quality.

Table 1. Levels of newborn care and interventions at levels 1, 2 and 3

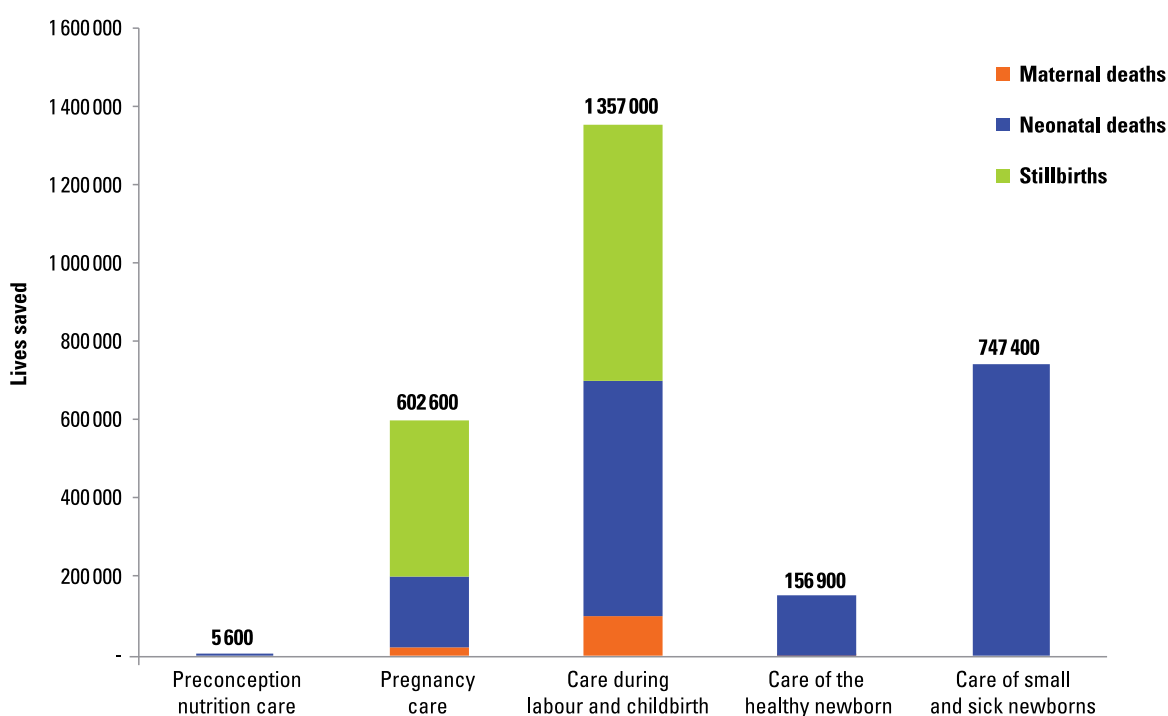
Level 1: Primary care	<p>Immediate newborn care (e.g. delayed cord clamping, drying, skin-to-skin contact), neonatal resuscitation when necessary, early initiation and support for breastfeeding.</p> <p>Essential newborn care, identification and referral of complications, targeted care as necessary (e.g. prevention of mother-to-child transmission of HIV).</p>
Level 2: Secondary care	<p>Thermal care, including Kangaroo Mother Care for all stable neonates weighing < 2000g, assisted feeding and intravenous fluids, safe administration of oxygen, detection and management of neonatal sepsis with injected antibiotics, detection and management of neonatal jaundice with phototherapy, detection and management of neonatal encephalopathy, detection of congenital abnormalities and referral or management of birth defects.</p> <p>Transitional care, including management of preterm respiratory distress with continuous positive airway pressure, follow-up of at-risk newborns, exchange transfusion.</p>
Level 3: Tertiary care	<p>Mechanical assisted ventilation, advanced feeding support (for example, parenteral nutrition), investigation of and treatment for congenital conditions, screening for and treatment of retinopathy of prematurity.</p>

Source: *Survive and thrive: transforming care for every small and sick newborn*. Geneva: World Health Organization; 2018

Increased coverage of care for the four Every Newborn targets by 2025 is essential to reach the SDGs.

The annual number of neonatal deaths, stillbirths and maternal deaths could be reduced by an estimated 2.9 million in 81 high-burden countries by 2030 if care is scaled up along the continuum, from preconception nutritional care to care of small and sick newborns (4) (Fig. 3). Although there were improvements during the past decade, coverage of antenatal care, births attended by skilled health personnel and postnatal care within 2 days is lowest in the SDG regions of Africa and Central and South Asia. Coverage is lowest among women and newborns in the most marginalized groups, such as in urban slums and humanitarian and fragile settings.

Fig 3. Estimated effect of scaling-up interventions on maternal and neonatal deaths and stillbirths by 2030, from 2016 baseline



¹ WHO currently recommends a minimum of eight antenatal care contacts during pregnancy. Because of data limitations, however, we will be able to assess progress only in achieving four or more visits before 2025. Later, progress will be assessed in achieving the recommended eight contacts (10).

CRITICAL MILESTONES IN PROGRESS BETWEEN 2020 AND 2025

Actions to be taken in partnership

To guide countries in reaching the Every Newborn coverage targets, milestones are proposed in improving maternal and newborn survival and health and preventing stillbirths. The milestones set in the Every Newborn Action Plan to 2020 were reviewed and updated to guide progress between 2020 and 2025. The principles apply to maternal and newborn survival and health, including preventing stillbirths, in all countries, in both humanitarian and developmental contexts and particularly in high-burden settings.

Milestone 1: Policy and plans



All countries have developed and implemented plans and policies for improving maternal and newborn survival and health and for preventing stillbirths, in line with the recommendations in the Every Newborn Action Plan and WHO guidelines.

Milestone 2: Response and resilience



All countries have a preparedness and response plan that includes promoting maternal and newborn survival and health and preventing stillbirths and have a coordinated mechanism in place for its implementation, ensuring procurement of emergency supplies and monitoring survival and health outcomes.

Milestone 3: Investments



All countries have allocated sufficient domestic and international resources to strengthen their health systems and implement their plans for improving maternal and neonatal survival and health and for preventing stillbirths.

Milestone 4: Quality of care



All countries have adopted and are implementing the WHO standards for respectful, effective maternal and newborn care, including prevention of stillbirths and care after death, and have a system for learning from experience.

Milestone 5: Health workforce



All countries have developed and are implementing strategies and plans to increase the number, distribution, mentoring and retention of personnel for maternal and newborn health and to enhance their competence for respectful maternal and newborn care, prevention of stillbirths and care after death.

Milestone 6: Medical commodities and technologies



All countries can ensure timely procurement, equitable distribution and access, appropriate use and maintenance of essential medical commodities and products (equipment, technologies and diagnostics) to facilitate the delivery of high-quality, affordable maternal and newborn care, including care to prevent stillbirths.

Milestone 7: Data for action



All countries are routinely tracking, collecting and using data to monitor the Every Newborn targets for newborn mortality and stillbirths, coverage targets to 2025 and the quality of care, using routine data or, if appropriate, data from surveys or assessments of service readiness, including consideration of inequalities at national and subnational levels.

Milestone 8: Research and innovation



All countries are generating and using emerging evidence, including knowledge exchange, to improve maternal and newborn health and survival and to end preventable stillbirths.

Milestone 9: Accountability



All countries have developed and implemented accountability mechanisms to improve newborn health and prevent stillbirths, including coordination of stakeholders, and processes to count and review deaths, and have promoted a shift in potentially harmful social norms.

² Including paediatric care and care for small and sick newborns

³ Including paediatric care and care for small and sick newborns

⁴ Including paediatric care and care for small and sick newborns

⁵ Including the participation of affected families



PARTNERSHIPS FOR PROGRESS

The inaugural global conference on newborn health in Johannesburg, South Africa, in 2013 was held in response to growing realization that the Millennium Development Goals did not specifically address newborn survival or health or the prevention of stillbirths, which consequently received less attention and investment. In order to ensure that this trend would not continue into the SDG era, the global consultation was held to develop the Every Newborn Action Plan.

Since endorsement of the Every Newborn Action Plan World Health Assembly in 2014, the Every Newborn management team, chaired by WHO and UNICEF, has supported countries in implementing ENAP's goals and recommendations. The team supports country leadership through action-oriented subgroups for country implementation, humanitarian and fragile settings, research and innovation and metrics. Every 2–3 years, the team prepares an Every Newborn “results framework” according to the milestones, and identify the work required to support countries in achieving the goals for mortality reduction and coverage. The management team oversees and monitors implementation of the results framework and national progress with a tracking tool and other mechanisms and reports periodically to the World Health Assembly.

MEASURING PROGRESS

Progress in newborn health and preventing stillbirths is monitored from various data sources, including the WHO survey of policy in reproductive, maternal, newborn, child and adolescent health, “Countdown to 2030”,

data from population-based household surveys and routine health management and information systems, and with the Every Newborn tracking tool. The tool was developed in 2014 by the management team to support countries in monitoring their progress towards targets and milestones and to identify areas in which they required technical assistance. In 2018, the tool was updated to capture more detailed information on implementation of specific policies and programmes. The findings are analysed to identify areas in which more technical support is required from global partners and are published annually in the Every Newborn Progress Report. In 2020, 93 countries that are implementing the Every Newborn Action Plan in adapted national plans are using the Every Newborn tracking tool to monitor their progress.

Much progress has been made in high-burden countries in the first years of the SDGs era in developing plans and planning and setting targets for reducing newborn mortality. Now, a stronger focus on implementing high-quality interventions is needed. Advocacy to improve the quality of care has gained impetus, and 45 countries now have a national plan to implement WHO's quality of care guidelines. With increasing global attention to the care of small and sick newborns, 52 countries have national strategies for the care of small and sick newborns (unpublished data from the Every Newborn Tracking tool 2019). With increased attention and investment to prioritize action for maternal and newborn health and to accelerate progress, the gains can be leveraged to attain the four coverage targets and therefore keep our commitment to all newborns and all infants lost in a preventable stillbirth.

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Every Newborn Management Team



See more: www.healthynewbornnetwork.org