PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION

142nd SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 23-27 June 2008

Provisional Agenda Item 4.5

CE142/12 (Eng.)
29 May 2008
ORIGINAL: SPANISH

NEONATAL HEALTH WITHIN THE CONTINUUM OF MATERNAL, NEWBORN, AND CHILD CARE: REGIONAL STRATEGY AND PLAN OF ACTION

Introduction

1. In response to Resolution CD47.R19 "Neonatal Health in the Context of Maternal, Newborn, and Child Health for the Attainment of the Development Goals of the United Nations Millennium Declaration," adopted by the Directing Council in 2006, the purpose of the regional plan of action is to provide operative and strategic technical input for the development and execution of national plans for the reduction of neonatal mortality.

Background

2. Over the past 10 years, the Latin America and Caribbean region (LAC) has made great strides in reducing mortality in infants and children under 5. However, neonatal mortality has not decreased at the same pace.

3. Each year in LAC, more than 190,000 babies die during the first 28 days of life and the majority of them die from preventable causes. The average regional neonatal mortality rate is 14.3 per 1,000 live births, with enormous disparities between and within countries. Neonatal mortality accounts for over 60% of infant mortality and nearly 40% of mortality in children under 5.

4. Like many public health problems, neonatal mortality is the most obvious consequence of other underlying causes. Many of them are structural and reflect poverty and inequity in society.

5. In response to this problem, the Pan American Health Organization has launched and served as the coordinator for a consultative process that has examined neonatal health problems in the Region and proposed intervention alternatives with partner organizations and representatives from nearly all the countries of the Region. One product of this highly participatory process is the publication *Reducing Neonatal Mortality and Morbidity in Latin America and the Caribbean: An Interagency Strategic Consensus* (PAHO/UNICEF/USAID/ACCESS/BASICS/CORE/Save the Children), on which this Strategy and Plan of Action have been based.

Situation Analysis

6. LAC is a region characterized by wide disparities in health indicators among the countries and enormous inequities within them. Most of the countries of this region need to accelerate the reduction of neonatal mortality to achieve the Millennium Development Goals aimed at reducing child mortality.

7. Simple, inexpensive, high-impact interventions based on sound scientific evidence are now available and could improve neonatal health, even in the poorest areas. Unfortunately, these interventions have not yet reached those who need them the most.

8. By seeking to reduce and even eliminate the financial, cultural, and structural barriers that impede access to the health services, mainly by the neediest population groups, some countries have launched health sector reform processes with a view to providing public insurance to promote universal access to equitable, good quality, maternal and child services.

9. Some of these processes focus on family health, such as the case of Brazil; others are unfolding within the framework of universal public insurance or programs that offer free maternity services, in Bolivia and Ecuador. In Bolivia, Dominican Republic, Ecuador, Guatemala, Honduras, Nicaragua, Paraguay, and Peru, the neonatal component of maternal care programs are being strengthened.

10. In rural areas, geographical and cultural barriers become obstacles to care during labor and delivery at health facilities. Serious deficiencies in terms of access to skilled birth attendants, basic supplies, and functioning equipment exist in comparison with urban areas. Furthermore, the referral network is generally inoperative. Thus, a high proportion of births in rural areas are attended to by unskilled personnel who lack adequate basic training and the equipment needed to provide immediate care for mothers and newborns.

11. The highest proportion of home births is found in three countries of the region; these births are usually attended to by a traditional midwife, a family member, or an unskilled person. This increases the possibility of maternal and neonatal death.

12. In addition to diagnosing and treating the most common childhood illnesses through standardized management of care, the Integrated Management of Childhood Illness strategy (IMCI) has an approach that is heavily geared to prevention and health promotion. IMCI seeks to upgrade the competencies of health workers through its clinical component, improve the care of children in the family and community through its community component, and provide specific guidelines for the detection of severe cases and their referral to higher levels of complexity, thereby strengthening health systems.

13. Administering tetanus toxoid to mothers has been a key factor in reducing neonatal tetanus, and universal rubella vaccination has helped lower the prevalence of congenital rubella syndrome.

14. Micronutrient deficiencies are common in women of childbearing age. According to WHO, 43% of women aged 15 to 49 in the developing countries suffer from anemia during pregnancy. This condition is recognized as a risk factor for maternal mortality, low birthweight, and prematurity. It has been verified that clamping the umbilical cord at three minutes or more after delivery increases iron reserves in the newborn and reduces anemia during first the six months of breast-feeding. Lack of folic acid during the periconceptional period increases the risk of neural tube defects.

15. It is currently estimated that while 90% of mothers in Latin America and the Caribbean breast-feed their newborns, less than one-third of them breast-feed exclusively for the first six months. Moreover, it is customary in the region to give babies other fluids or food from a very early age (before 6 months). This practice can prove to be very detrimental. It has been shown that essential interventions, such as keeping the mother and baby together after delivery, skin-to-skin contact, and initiating breast-feeding during the first hour of life can foster longer and exclusive breast-feeding.

16. With respect to HIV, some 49,000 infants in LAC have been infected through vertical transmission. Without effective clinical interventions, at least one-third of children born to HIV+ mothers will contract the virus, and the majority will die before the age of 5.

17. The justification for adopting a process that covers the continuum of care is based on the close association between health and the well-being of families, women, newborns, children, and adolescents. The goal of addressing this continuum is to guarantee the availability of and access to evidence-based interventions that will make it possible to improve health throughout this life cycle.

Proposal

18. The Regional Strategic Plan of Action is based on the Interagency Strategic Consensus on Reducing Neonatal Mortality and Morbidity in Latin America and the Caribbean. Based on the commitment of the governments of the Region for the eight-year period 2008-2015, its activities aim to respond to that commitment through the following objective: *Support the countries of the Region in achieving Millennium Development Goal-4, emphasizing interventions to promote peri-neonatal health.*

19. This approach has at least three different dimensions with profound implications for the way in which policies, programs, and interventions are organized and executed: 1) care must be provided across the life cycle continuum, and include the preconceptional period, pregnancy, delivery, childhood, and adolescence to take advantage of natural interactions; 2) care must be provided through a process that preserves absolute continuity and encompasses the home, community, health center, and hospital; 3) the continuum of care also includes interventions in health promotion, disease prevention and control, treatment, rehabilitation, and reintegration into society.

20. This Plan of Action covers four interdependent strategic areas. Each has one or two lines of action and each line of action has an objective that represents an expected result, with specific activities at the regional and national levels.

21. Strategic Area 1. *Create an enabling environment for the promotion of neonatal health*. An enabling environment constitutes the sum of the political, structural and technical conditions that will permit the application, development, and expansion of the activities that promote maternal, perinatal, and neonatal health.

22. Strategic Area 2. *Strengthen health systems to improve access to maternal, newborn, and child health services*. Pregnancy and birth are part of a normal physiological process in which complications can often arise unexpectedly. Health workers and the health system must be prepared to respond to these needs and improve access and the quality of care at the different levels of the system whilst promoting evidence-based practices and interventions.

23. Strategic Area 3. *Promote community-based interventions*. Interventions to improve family and community practices have had a real impact on neonatal health and development; they should therefore be given high priority. Families need knowledge and support to provide effective essential care to newborns in the home—for example, temperature control, early and exclusive breast-feeding, proper hygiene, and use of the health services for immunization. They must also be able to recognize signs of disease

and severity and to quickly take infants to the proper referral level within the health system.

24. Strategic Area 4. *Develop and strengthen monitoring and evaluation systems*. Surveillance and monitoring of health workers' and other human resources' performance are essential for ensuring compliance with basic quality standards and improving competencies, as demonstrated by Bolivia's experience with the monitoring and follow-up of neonatal IMCI in health facilities. (Information about this experience is currently being disseminated to other countries in the Region).

25. In response to resolution CD47.R19 of the 47th Directing Council of PAHO and in keeping with the different epidemiological scenarios, which are summarized in Table I, a series of different activities is proposed to respond to specific situations among and within the countries. A series of process, result, impact, and common tracer indicators is also proposed for monitoring regional, national, and local progress.

26. PAHO has served as a catalyst for securing technical and financial resources to strengthen the 11 essential public health functions in LAC countries. Strengthening these functions can prevent mortality in newborns but requires the participation of external and internal actors through interprogrammatic efforts that employ a multisectoral approach.

27. In this environment, the technical capacity of the Representative Offices must reflect the needs and priorities set for maternal, newborn, and child health. PAHO technical support to the countries will focus on the health sector's response to neonatal care within the framework of the continuum. It will pay special attention to the development and upgrading of human resources and the development and adaptation of standards, guidelines, methodologies, and tools, along with the dissemination of information on evidence-based interventions and best practices in care.

28. It is equally important to strengthen existing country cooperation mechanisms and technical cooperation among countries. These technical cooperation mechanisms must guarantee real visibility for neonatal problems within the continuum of care and result in the mobilization of political, social, and economic support.

29. No agency or organization can independently tackle the entire problem of neonatal, perinatal, and maternal mortality. Joining forces will facilitate the creation of a continuum of care and an environment that facilitates achievement of MDG-4 in the countries. The idea is to forge partnerships with multilateral and bilateral organizations, donors, the private sector, scientific and academic institutions, nongovernmental organizations, faith-based organizations, and civil society.

30. Consequently, this document seeks to achieve multisectoral, interagency agreement on the technical program and policies that should be promoted in the Region to support implementation of national neonatal health plans within the framework of the continuum of care. An effective partnership is critical for harmonizing and intensifying the measures adopted at the global, regional, national, and local levels for achieving MDG-4.

Action by the Executive Committee

31. The Executive Committee is requested to review this document to determine whether the reduction of neonatal mortality should be a priority in health programs and if it is necessary to expand, strengthen, or continue implementing the Strategy and Regional Plan of Action for neonatal health within the continuum of maternal, newborn, and child care. The Committee is also asked to review, discuss, and adopt the proposed Resolution.

Annex

Table 1. Different activities according to the various scenarios for responding to diverse situations

	Neonatal mortality of 20 or more *	Neonatal mortality of 15 to 19 *	Neonatal mortality of < 15 *
Principles	▪ Strengthen community outreach activities. ▪ Increase coverage of skilled prenatal, delivery, and postpartum care for mothers and newborns. ▪ Improve the quality of care in health facilities, respecting interculturalism. ▪ Intensively promote essential care for newborns and the identification of danger signs.	▪ Provide universal outreach and family and community care services, as well as skilled care. ▪ Improve the care provided in facilities from the first referral on.	▪ Guarantee equity ▪ Promote quality. ▪ Monitor and improve long-term results in the event of neonatal complications.
Advocacy	▪ Draft specific neonatal care policies. ▪ Design financing mechanisms to protect the most vulnerable groups. ▪ Distribute manuals and standards to all levels of care.	▪ Draft specific neonatal care policies. ▪ Distribute manuals and standards to all levels of care.	▪ Draft specific neonatal care policies. ▪ Distribute manuals and standards to all levels of care.
Expansion of coverage	▪ Strengthen prenatal care (increase coverage, introduce standards of care, improve the availability of basic supplies). ▪ Strengthen early postnatal care.	▪ Achieve full coverage and ensure that prenatal care is geared to populations that do not ordinarily receive this type of care. ▪ Consider the possibility of introducing additional prenatal care interventions.	▪ Provide care near the patient. ▪ Ensure the continuity of staff.

	Neonatal mortality of 20 or more *	Neonatal mortality of 15 to 19 *	Neonatal mortality of < 15 *
Family and community	▪ Continue promoting the demand for care. ▪ Improve family and community care. ▪ Identify specific behavioral goals (e.g. increase exclusive breast-feeding up to 6 months). ▪ Consider community treatment for some specific problems of the newborn.	▪ Continue fostering healthy behaviors in the home, along with care-seeking.	▪ Create community criteria for combating harmful habits such as smoking and drug abuse.
Health services	▪ Increase the availability of care from skilled personnel. ▪ Guarantee emergency obstetric and neonatal care in health facilities. ▪ Set up comprehensive, good quality obstetric and neonatal health services in referral hospitals. ▪ Improve the referral system and the links between communities and facilities. ▪ Guarantee surveillance, monitoring, and evaluation.	▪ Achieve universal coverage with skilled personnel, gearing it to populations that do not ordinarily receive these services. ▪ Guarantee emergency obstetric and neonatal care in health facilities. ▪ Improve the quality and cultural acceptability of obstetric and perinatal care. ▪ Set up comprehensive, good quality obstetric and neonatal health care in referral hospitals. ▪ Guarantee surveillance, monitoring, and evaluation.	▪ Achieve universal clinical care coverage, including neonatal intensive care. ▪ Eliminate inequities ▪ Improve the quality of clinical care and promote good care for the entire family.

*** Neonatal mortality is expressed per 1,000 live births.**

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