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A. REGIONAL STRATEGY AND PLAN OF ACTION FOR NEONATAL HEALTH WITHIN THE CONTINUUM OF MATERNAL, NEWBORN, AND CHILD CARE (2008-2015): MIDTERM EVALUATION

Background

1. In October 2008, the 48th Directing Council of the Pan American Health Organization (PAHO) adopted, through Resolution CD48.R4, Rev. 1, the *Regional strategy and plan of action for neonatal health within the continuum of maternal, newborn, and child care* (*1*). This resolution urges Member States to take into account this strategy and plan of action when formulating national plans aimed at reducing neonatal mortality in the context of the continuum of maternal, newborn, and child care. Monitoring of the strategy and plan of action, which is also included in the resolution, is an essential component for assessing the status of implementation and results, which will make it possible in turn to determine if it is necessary to adopt corrective measures to achieve the expected results.

Evaluation Scope and Methodology

2. This document provides a consolidation of the results of the midterm evaluation of the strategy and plan of action for the purpose of determining progress and achievements in the first phase of implementation (2008-2012), and of setting priorities and making recommendations for the 2013-2015 period. It analyzes processes and results at both the regional and country level.

3. The evaluation was based on the guidelines in the plan of action. Qualitative and quantitative methods were used to evaluate processes carried out at regional, subregional, and national levels, as well as their achievements and results. A participatory approach was used, with contributions from those responsible for the development and implementation of plans and measures in the ministries of health, scientific and academic associations, experts, cooperation agencies, collaborating centers, and relevant stakeholders.

4. The evaluation included four main components:

(a) Review of plans and technical documents with relevant information related to strategies, goals, or expected results.

(b) Data analysis from primary and secondary sources to respond to the indicators.

(c) Promotion of a process in the countries of the Region to review implementation of the plan and its adaptation to national situations, as well as its results and lessons learned. Conclusions from this process were consolidated and analyzed at two subregional meetings.

(d) Consultations with technical groups and groups of experts, such as the Regional Partnership for Neonatal Health and Technical Advisory Group on IMCI (IMCI-TAG)-Comprehensive Child Health, as well as with PAHO/WHO collaborating centers. A similar participatory consultation mechanism was encouraged with partners and other relevant organizations in the analysis and discussion process in the countries.

Situation Update

5. The following are among the most important achievements, in line with the plan's Strategic Areas:

(a) The creation of an enabling environment for the promotion of neonatal health, development of national plans, and promotion of alliances in countries are essential strategies that have been implemented in the Region. Of the 29 countries that have reported results[1] (83% of the Region's countries), 72% has a national plan that includes maternal and neonatal health within the framework of the continuum of care, and three countries of the Region are in the process of developing a national plan. For the most part, the approved national plans that are underway include a monitoring system; approximately half of them have allocated a specific budget, and a large proportion of countries have neonatal health alliances or technical groups.

(b) In general, a high proportion of births in the Region are attended by skilled personnel. However, in 20% of countries, the proportion of deliveries attended by skilled personnel is lower than 90%. It is primarily within countries where the most significant differences are found, both in terms of the proportion of births attended by skilled personnel and with regard to the proportion of institutional deliveries. In some geographical areas, fewer than 50% of births are institutional births; in many cases these are areas with a high indigenous population.

[1] Information from an online survey developed for this purpose.

Practically all countries (96%) report that they have guidelines, standards, or protocols for newborn care in health services, approved by national authorities. Home visits or other community interventions tied to newborn health are highly constrained in the countries of the Region.

(c) The countries of the Region have functioning information systems, although with considerable variability in coverage and type of information. They also have systems aimed at assessing vital events (88.5%) as well as information systems in health services (77%). Countries have made progress with formation of committees to analyze the cause of neonatal deaths (70% indicated that they have a committee of this type). Less frequent are community-based information systems (50%).

6. The Region of the Americas experienced a 55.6% reduction in the estimated neonatal mortalityrate from 1990 to 2010 (from 18 to 8 per 1000 live births).[2] However, there is wide intercountry variability, with rates ranging from 2.8 to 27.3 per 1000 live births.

7. In the same period, a 50% reduction in the estimated neonatal mortality rate was seen in Latin America and the Caribbean. In this case, neonatal mortality for the years 1990 and 2010 showed a reduction from 22 to 11 per 1000 life births.[2] It is calculated that neonatal mortality declined 4% from 2008 to 2010.[3]

8. Neonatal mortality (<28 days of age) is the principal component of under-1 and under-5 mortality, and has increased in the Region since 1990. Neonatal mortality accounts for 57.1% of under-1 mortality and 44.4% of under-5 mortality in the Region of the Americas. In the case of Latin America and the Caribbean, these proportions are 61.1% and 47.8%, respectively. Neonatal mortality tends to be slightly higher for males, with an estimated median of 54.6%, although rates range from 45.2% to 61.1%.

9. There have been no major changes in neonatal mortality disaggregated by cause: prematurity (35.2%), birth defects (20%), asphyxia (15.2%), and infectious processes such as sepsis, meningitis, and tetanus (12.2%) account for over 85% of neonatal deaths, all of which are problems that can be prevented to a great extent with specific control measures and timely and quality treatment.

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[2] The data are estimates by the United Nations Inter-agency Group for Child Mortality Estimation (IGME). Levels and Trends in Child Mortality. Report 2012 (August 2012 update available from: http://www.childmortality.org).

[3] The data are the most recent estimates by the Institute for Health Metrics and Evaluation. Infant and Child Mortality Estimates by Country 1970-2010 (July 2012 update available from: http:/www.healthmetricsandevaluation.org).

10. Other disorders that affect newborn health and that have an impact throughout life are considered equally high priorities and need to be addressed. Among them, prematurity (*2*) and low birth weight (*3, 4,* and *5*), retinopathy of prematurity (*6*), congenital malformations, and specific metabolic or sensory problems contribute to varying degrees to the development of different disabilities and chronic diseases that considerably affect quality of life and social capital in the countries of the Region (*7*).

Measures to Improve the Situation

11. In view of the analysis regarding implementation at both the Region and country levels, the following are some measures to improve the situation in the 2013-2015 period:

(a) Continue with implementation of the plan in the Region and promote development of national plans and strategic partnerships where they still do not exist.

(b) Boost reduction of neonatal mortality, aiming measures specifically at the principal causes detected. Furthermore, countries should outline strategies that make it possible to intervene more intensively in geographical areas where access is more critical, as well as in areas with conditions causing greater vulnerability and exclusion (socioeconomic, ethnic, or other types of factors that are considered relevant).

(c) Strengthen work in health services and at the community level. It is indispensable for Member States to strengthen these services, promoting universal access to good quality care and implementation of effective interventions, in the framework of inclusive, equitable, and high-quality health systems.

(d) Boost newborn care within the framework of the continuum of care, involving stakeholders and linking measures to those proposed in the *Plan of action to accelerate the reduction of maternal mortality and severe maternal morbidity* (*8*) and the *Strategy and plan of action for integrated child health* (*9*).

(e) Further strengthen information systems for the purpose of making timely information available, both aggregated at the national level and disaggregated by geographical area and by the problems that make it possible to identify inequity, to contribute to the creation of surveillance and monitoring systems that provide the basis for measures that should be taken and that evaluate results.

Conclusions

12. Progress has been seen in implementation of the regional plan as well as in the achievement of results. However, it is indispensable to strengthen measures aimed at addressing those determinants that have an influence on both neonatal mortality and the

development of diseases that will affect the quality of life of children and, consequently, that of their families and the community.

13. In this regard, it is necessary to strengthen healthcare networks to advance toward inclusive, equitable, and good-quality health systems within the framework of the continuum of care, prioritizing, especially, work in the most vulnerable geographical areas and population groups.

14. Training of health professionals and improving quality of care are priority issues. The use of modern communication and training strategies that help to facilitate access to new knowledge that is transferred to practices and skills should be especially promoted.

15. It is indispensable to strengthen community-based work, furthering access to health care and the identification of risk factors, and promoting healthy habits and practices, particularly breastfeeding and growth and development monitoring.

16. Inequity is a persistent issue in the Region and requires a specific approach. To this end, it is indispensable to focus work within countries, particularly in those areas where the population is the most vulnerable.

17. It is indispensable to continue to strengthen information systems to make good quality information available, in a timely fashion and with the greatest possible degree of disaggregation, which will make it possible to detect inequity.

18. Strengthening alliances at both the regional level and in countries has proven to be a fundamental means for implementation of the plan, because it encourages visibility of the problem and advocacy for addressing it, an aspect that should also be strengthened in the countries of the Region.

19. PAHO should continue to promote and implement measures for technical cooperation among countries, to strengthen achievements made thus far.

Action by the Executive Committee

20. The Executive Committee is invited to take note of this report and offer any recommendations it may have.

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