Pan American Health Organization
World Health Organization
REGIONAL OFFICE FOR THE Americas

55th DIRECTING COUNCIL

68th SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS

Washington, D.C., USA, 26-30 September 2016

Provisional Agenda Item 7.11

CD55/INF/11
28 July 2016
Original: Spanish

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

Background

1. In 2008, the 48th Directing Council of the Pan American Health Organization (PAHO) approved the *Regional Strategy and Plan of Action for Neonatal Health within the Continuum of Maternal, Newborn, and Child Care (1).*

2. In 2015, when the implementation period of the strategy and plan of action came to a close, an evaluation of the specific activities, outcomes, and successful experiences was launched, based on the indicators established in the design. The final analysis was conducted at the regional and country level, with particular importance assigned to the countries named as priorities in the strategy.[1] The data on neonatal mortality and its contribution to child mortality were obtained from indirect estimates prepared by the UN Inter-agency Group for Child Mortality Estimation from 1990 to 2015 (considering the last available year as the end point) *(2)* and from secondary sources *(3)*. (See Table 1 in the Annex.)

Update on Progress Achieved

3. During the implementation period of the Regional Strategy and Plan of Action, considerable progress was made in reducing neonatal mortality in the Region of the Americas and, specifically, Latin America and the Caribbean.

a) In the period between 1990, the year considered the starting point for achievement of the Millennium Development Goals (MDGs), and the last available estimate for 2014, neonatal mortality in Latin America and the Caribbean fell from 22.1 to 9.3 neonatal deaths per 1,000 live births, representing a reduction of 12.8 deaths per 1,000 live births (57.9%). Between 2008 and 2014, there was a decline of 1.5

[1] Priority countries: Bolivia, Brazil, Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Haiti, Honduras, Nicaragua, Paraguay, and Peru.

deaths per 1,000 live births (from 10.8 to 9.3/1,000 live births), representing a 13.9% reduction with respect to 2008. The variation observed implies a slowdown in the reduction of neonatal mortality during the strategy's implementation period. While neonatal mortality fell by an average of 3.9% annually from 1990 to 2008, the figure for 2008 to 2014 was 2.4%. Similar behavior was observed in the priority countries. The values at the extremes of the estimated neonatal mortality rate in the priority countries, which in 2008 were 10.3 and 28.5 per 1,000 live births, have fallen to 8.6 and 26.0 per 1,000 live births, respectively (circa 2014). The median decline corresponds to a 17% reduction over the 2008 value, since the decline in nine of the 12 countries remained close to or higher than 10% in the same period. (See figure in the Annex.)

b) The proportional contribution of neonatal mortality to under-5 mortality has increased. In 1990, 40.7% of under-5 mortality corresponded to deaths in the neonatal period, increasing to 49.2% in 2008 and to 52% in 2014. This increase is due to the significant drop in the post-neonatal and 1-4 years component during the same period.

c) Inequalities in neonatal mortality are an aspect that should be underscored. In 2008, neonatal mortality rates in the countries of the Region ranged from 2.9 to 28.5 per 1,000 live births. This difference, which represents an estimated range of 25.6, has not been substantially reduced. These differences imply that in the countries with the highest neonatal mortality rates, values are 10 times higher than in the countries with the lowest values. (See Table 2 in the Annex.)

4. ***Strategic Area 1: Create an enabling environment for the promotion of peri-neonatal health****:* The formulation of specific national plans, as well as the creation and strengthening of partnerships centered on newborn health have been the specific lines of action. Significant progress has been made in updating the profiles of the neonatal situation and national plans aimed at lending visibility to newborns and reducing preventable mortality and morbidity.

5. At the end of the strategy implementation period, 80% of the countries had a national strategic plan in implementation. All the priority countries targeted in the Region now have a national plan in implementation, enabling them to meet the specific objective. Similarly, the forging of strategic partnerships has been a linchpin of the strategy promoted at the regional and national level. The Latin American and Caribbean Newborn Health Alliance has been essential to bolstering specific activities and developing national partnerships that have helped to sustain these activities. All the strategy's priority countries, as well as others in the Region, have forged partnerships, whose characteristics and degree of formalization differ. In certain countries, such as the Dominican Republic, Haiti, and Paraguay, where partnerships had neither been strengthened nor established, they are now being fully implemented.

6. ***Strategic Area 2: Strengthen health systems to improve access to maternal, newborn, and child health services****:* The strategy was specifically intended to promote equitable universal access to maternal and newborn health care, especially for vulnerable

groups, with the goal of achieving at least 80% coverage of delivery care by skilled personnel. Three countries in the Region of the Americas have not yet achieved that coverage, all of which are priority countries (Bolivia, Guatemala, and Haiti) *(3)*.

7. The updating, dissemination, and application of maternal and newborn health care interventions is another line of action in this regard. The need to apply evidence-based standards in newborn care as part of the care continuum is recognized by the countries of the Region, and especially by all the priority countries. In one sense, this component represents an achievement in terms of the objective established in the strategy, which calls for the implementation of evidence-based standards and procedures for newborn care in all priority countries by 2009, as part of the care continuum. However, the countries' experience leads to the conclusion that the degree of compliance with the standards varies or that no information is available in this regard.

8. ***Strategic Area 3: Promote community-based interventions***: Implementation of community-based interventions for newborns has varied widely between and within countries. The specific objective of incorporating these interventions in all priority countries by 2010 has been partially met. In six of the priority countries, implementation of the interventions has achieved more than 80% coverage, while in the remaining countries, it is mentioned only in priority geographic areas. The countries note the existence of home visits, although with varying degrees of coverage. Specifically, in high-risk areas in the priority countries, the figure is around 50%.

9. ***Strategic Area 4: Develop and strengthen monitoring and evaluation systems***: With a view to ensuring quality maternal and peri-neonatal health information systems, as well as the means for monitoring health worker performance, strategies for strengthening health information systems were established, along with surveillance, monitoring, and evaluation systems, which the priority countries adopted in 2010. The strategic lines were strengthened regionally and nationally, although with a certain variability among the latter. The systems with the highest degree of implementation in the countries are the vital statistics registries[2] and health service information systems.[3] The regional level has developed, updated, and promoted the implementation of neonatal health surveillance systems (Perinatal Information System–PIS), along with the surveillance of birth defects. Notwithstanding, the Member States recognize the need to improve information systems, including those mentioned above, as well as systems for the surveillance of neonatal deaths and community information systems.

10. The Region has had several successful experiences in improving newborn care, as a result of interventions promoted within the framework of the Regional Strategy and Plan of Action. These successful experiences focus mainly on the surveillance of neonatal morbidity and mortality, surveillance systems and screening programs for birth defects and metabolic and sensory diseases at birth, improvement of the quality of care, and the design of specific instruments for assessing and treating at-risk newborns, in

[2] 11/12 countries offer neonatal mortality information disaggregated geographically and by other factors.
[3] 12/12 priority countries.

addition to timely care in the life course framework. Many of the successful experiences identified have taken place in the priority countries and, in some cases, have created or promoted mechanisms for South-South cooperation. Moreover, they clearly respond to the new neonatal health challenges in the Region.

Conclusions

11. Progress has been made in newborn health, especially in terms of the implementation of specific plans and decreases in neonatal mortality. However, the main challenges facing the countries of the Region, especially the priority countries, continue to be: accelerating the reduction of neonatal mortality; the persistent inequality in neonatal mortality and deaths from preventable causes; strengthening activities to achieve universal coverage and quality health care; the community approach; and strengthening information systems for monitoring, evaluation, and planning. Intervention in the determinants of prematurity, birth defects, sepsis, and asphyxia is still necessary, and it is important to mention the burden of mortality and morbidity from birth defects and the need for intervention in the case of modifiable conditions.

12. The Member States recognize the importance of intervening within the framework of the continuum of care and focusing efforts on newborns. This implies strengthening activities to reduce mortality from preventable causes and addressing the sizable inequalities that currently exist, associated with ethnicity and geographic, socioeconomic, and other conditions. However, they also recognize the need to focus their activities on tackling the conditions that influence morbidity and impact the life course, affecting both individual capabilities and social capital.

13. The measures executed by the Member States and other key stakeholders during implementation of the Regional Strategy and Plan of Action, the outcomes they achieved, and their participation in the evaluation process demonstrate their firm commitment to making progress toward universal health coverage through quality interventions to reduce the existing inequities, specifically where newborns are concerned, during the period 2008-2015.

Action Necessary to Improve the Situation

14. Given the outcomes achieved and the persistent challenges, it is essential that the Member States and the Pan American Sanitary Bureau maintain their commitment to move forward and build on the successes achieved, particularly in the priority countries, through interventions that target both mothers and newborns to reduce neonatal mortality.

15. A number of regional and global initiatives and strategies have recently been approved that emphasize the need to focus activities on newborn health. They include the Every Newborn action plan *(4)*, the *A Promise Renewed* initiative *(5)*, and the *Global Strategy for Women's, Children's, and Adolescents' Health (2016-2030) (6)*, in addition to the Sustainable Development Goals *(7)*. In order to ensure that the strategy being evaluated is consistent with these initiatives, it is recommended that their strategic lines

and targets be adopted and tailored to the regional situation, as well as establishing specific operating plans and monitoring and evaluation mechanisms.

16. Given the current challenges demonstrated in this evaluation, the following is proposed: establish mechanisms for adopting the strategic objectives and goals of the *Every Newborn* global action plan: strengthen activities to promote universal coverage with quality interventions; reduce inequalities; strengthen activities that involve parents, families, and communities; and improve information systems.

Action by the Directing Council

17. The Directing Council is requested to take note of this report, as well as the obtained results, and offer any recommendations it deems pertinent.

Annex

References

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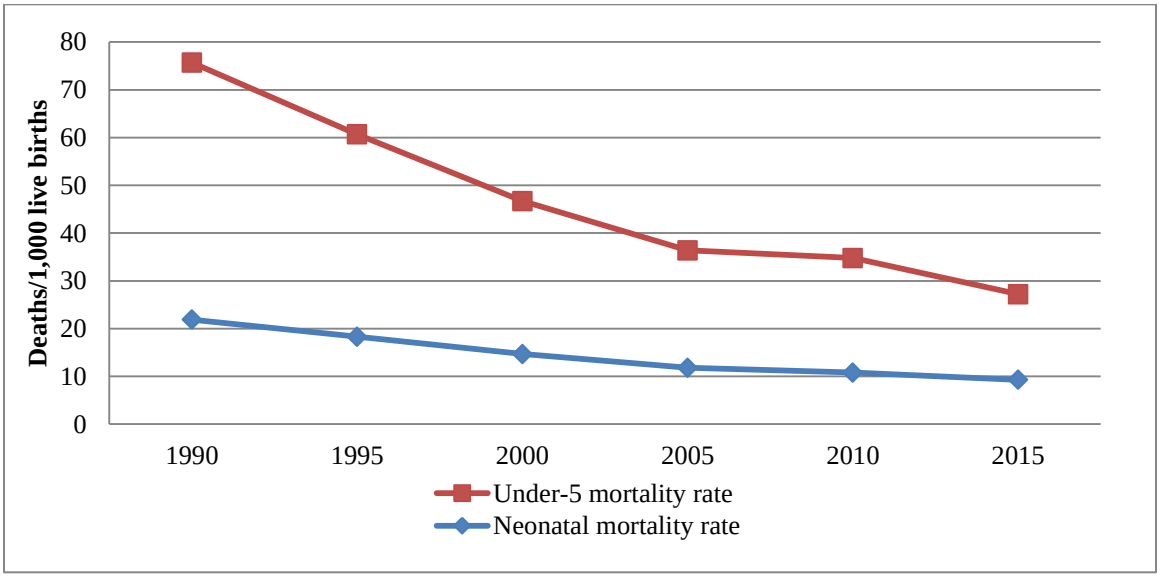
Annex

Table 1. Neonatal mortality per 1,000 live births, estimated and reported, latest available year

Country	UN Inter-agency Group for Child Mortality Estimation	Data reported by countries (PAHO)	Year
Antigua and Barbuda	5.1 (3-8)	8.2	2014
Argentina	6.8 (5.9-7.5)	7.4	2013
Bahamas	7.3 (5.5-9.6)	14.4	2013
Barbados	8.4 (6.5-10.7)	8.4	2013
Belize	8.6 (5.4-11.7)	7.9	2014
Bolivia	24.4 (20-29.6)	27.0	2008
Brazil	10.3 (9.7-11)	9.9	2013
Canada	3.6 (3.2-4)	3.6	2011
Chile	5.2 (4.1-6.3)	5.2	2013
Colombia	8.8 (6.1-13.2)	7.7	2014
Costa Rica	6.3 (5-7.8)	6.2	2014
Cuba	2.4 (2.1-2.6)	2.3	2014
Dominica	15.6 (11.8-20.3)	15.0	2014
Dominican Republic	22.6 (18.4-29.1)	19.9	2013
Ecuador	11.4 (7.2-18.4)	4.6	2013
El Salvador	8.6 (6-12.2)	6.4	2014
Grenada	6.2 (4.5-8.4)	10.9	2014
Guatemala	14.3 (9.7-21.2)	7.9	2013
Guyana	23.2 (16.9-32.3)	21.7	2014
Haiti	26.9 (20.2-35.1)	31.0	2012
Honduras	12.2 (9.6-15.5)	18.0	2012
Jamaica	12.4 (7.9-18.8)	16.1	2013
Mexico	7.7 (6.8-8.7)	8.3	2013
Nicaragua	11.4 (7.8-16.5)	10.0	2011
Panama	10.2 (5.7-16.8)	8.5	2013
Paraguay	11.8 (6.8-19.4)	10.6	2013
Peru	8.9 (7.4-11)	12.0	2013
Saint Kitts and Nevis	6.8 (4.6-9.7)	15.6	2014
Saint Lucia	9.8 (7.5-12.4)	11.4	2013
Saint Vincent and the Grenadines	11.8 (9.2-15)	14.1	2014
Suriname	13 (7.8-17.7)	11.2	2011
Trinidad and Tobago	14.5 (7.5-30.1)	8.6	2012
United States of America	3.9 (3.4-4.5)	4.0	2012
Uruguay	5.3 (4.5-6.1)	5.0	2014
Venezuela	9.7 (8-11.5)	11.0	2012

Source: prepared based on estimations from the United Nations Children Fund, the World Health Organization, the World Bank Group and the United Nations. UN Inter-agency Group for Child Mortality Estimation.

Figure. Trend in neonatal mortality and under-5 mortality rates in Latin America and the Caribbean, 1990-2015



Source: prepared based on estimations from the United Nations Children Fund, the World Health Organization, the World Bank Group and the United Nations. UN Inter-agency Group for Child Mortality Estimation.

Table 2. Evolution of neonatal mortality in priority countries for action according to the *Regional Strategy and Plan of Action for Neonatal Health,* 2008-2014

Country	Neonatal mortality (median)								
	2008	2009	2010	2011	2012	2013	2014	Absolute variation (2008-2014)	Percentage variation (2008-2014)
Bolivia	24.4	23.4	22.6	21.9	21.2	20.7	20.1	4.3	17.6
Brazil	10.3	10.5	10.7	10.8	10.7	10.3	9.6	0.7	6.8
Dominican Republic	23.8	23.7	23.5	23.3	23.0	22.6	22.1	1.7	7.1
Ecuador	13.4	13.0	12.6	12.2	11.8	11.4	11.1	2.3	17.2
El Salvador	10.3	10.0	9.8	9.5	9.2	8.9	8.6	1.7	16.5
Guatemala	16.6	16.2	15.8	15.3	14.8	14.3	13.8	2.8	16.9
Guyana	24.1	24.0	23.9	23.8	23.7	23.5	23.2	0.9	3.7
Haiti	28.5	28.1	29.9	27.3	26.9	26.5	26.0	2.5	8.8
Honduras	14.3	13.7	13.1	12.6	12.2	11.8	11.4	2.9	20.3
Nicaragua	12.7	12.3	11.8	11.4	11.0	10.6	10.3	2.4	18.9
Paraguay	13.9	13.5	13.0	12.6	12.2	11.8	11.4	2.5	18.0
Peru	11.1	10.7	10.2	9.8	9.4	8.9	8.6	2.5	22.5

Source: prepared based on estimations from the United Nations Children Fund, the World Health Organization, the World Bank Group and the United Nations. UN Inter-agency Group for Child Mortality Estimation.

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