

Newborn Health in Humanitarian Emergencies: UNICEF's approaches and examples from the field

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Presentation Outline

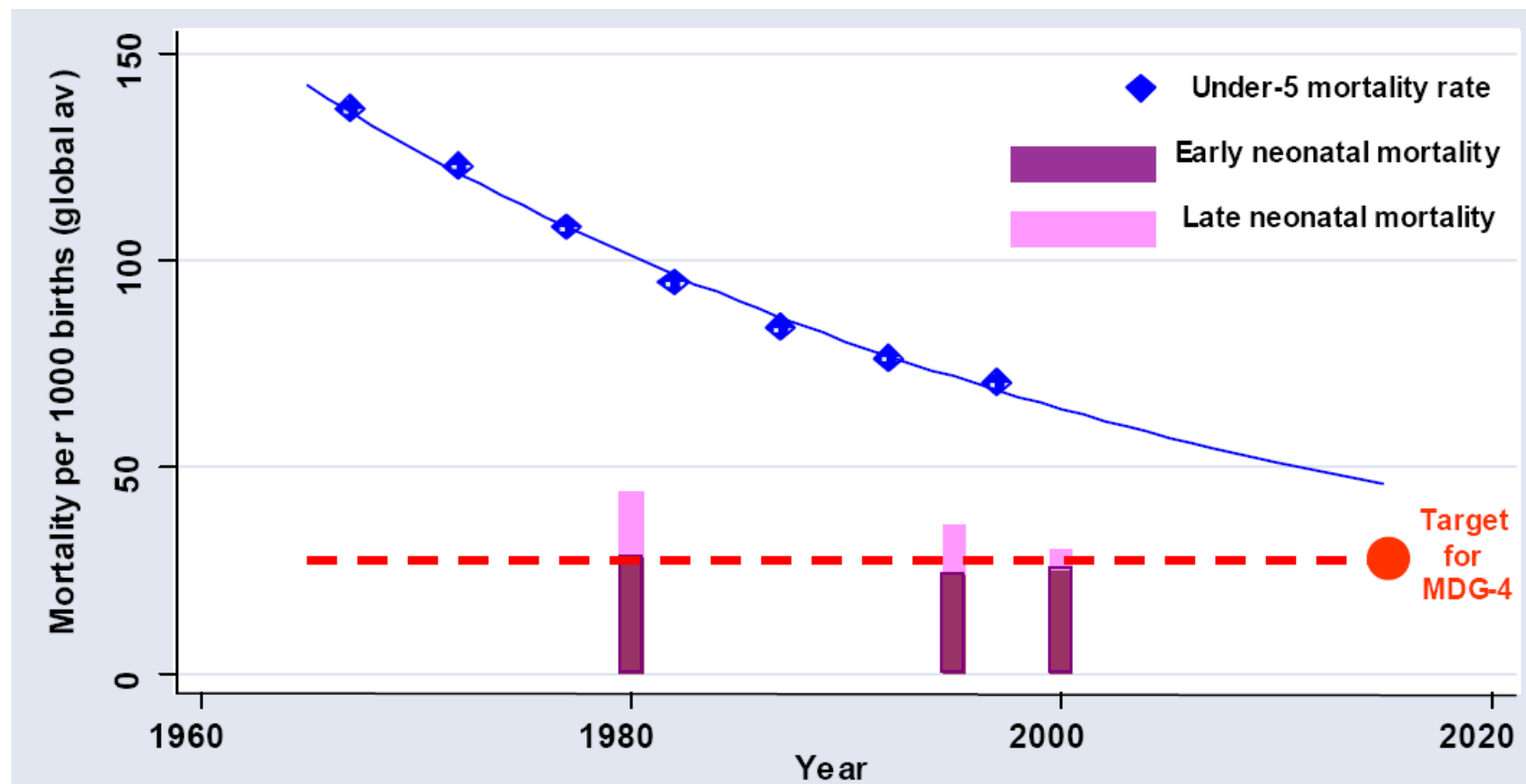
1. Newborn survival on the agenda
2. Unicef and newborn health: recent developments at HQ level
3. Newborn health in humanitarian emergencies: Unicef programme examples from the field

1. Newborn Survival on the Agenda

- Until recently, preventing newborn deaths had not been a focus of child survival or safe motherhood programmes
- Under 5 children mortality estimates: need to disaggregate data to look at newborn mortality

Measurement is visibility

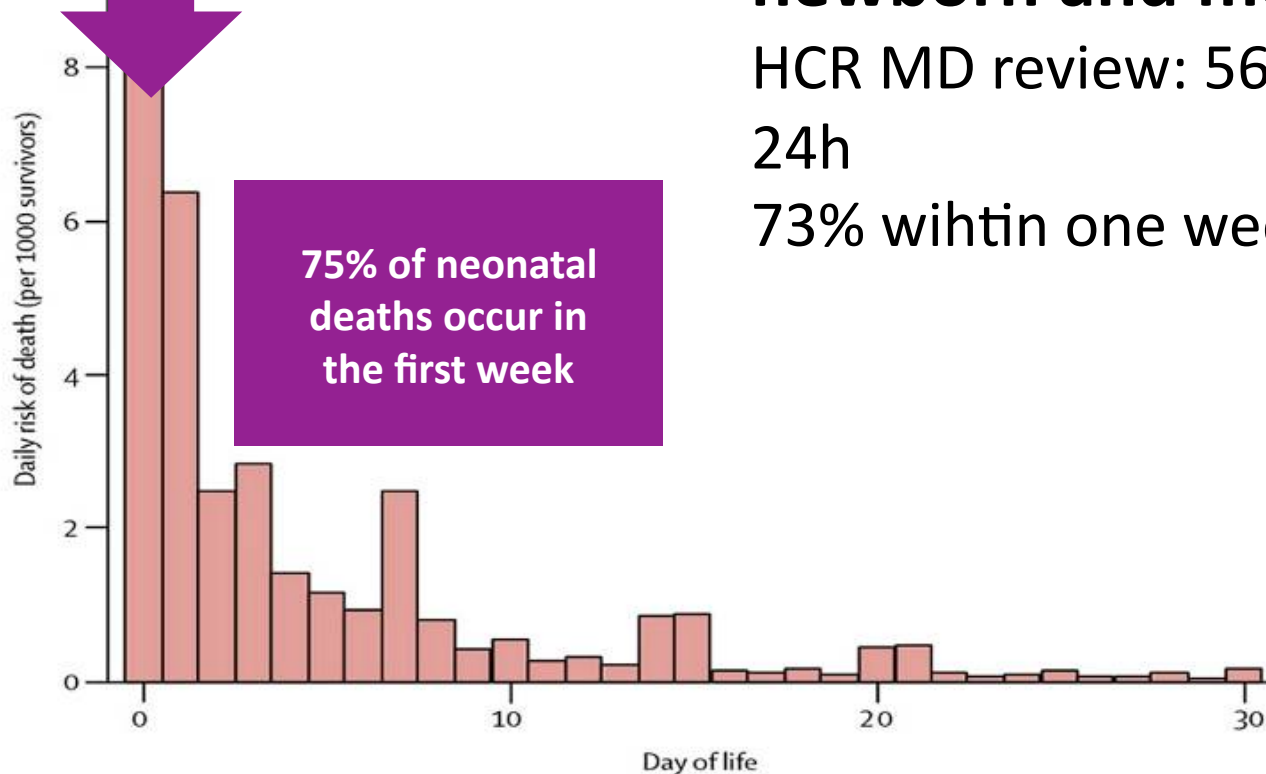
Overall progress in reducing U5MR, but little progress in reducing newborn deaths (3.3 m y)



- Overall neonatal mortality ratios declining, but almost no decline in early neonatal mortality in decades
- Neonatal deaths account for >40% of all deaths of children <5: proportion increasing
- MDG 4 not achieved with current trends

First Days: Critical

Up to 50% of neonatal deaths occur in the first 24 hours



75% of neonatal deaths occur in the first week

Childbirth most critical period for both newborn and mother

HCR MD review: 56% within 24h

73% within one week

Newborn mortality: highest rates in Sub-Saharan Africa and highest numbers in South Asia

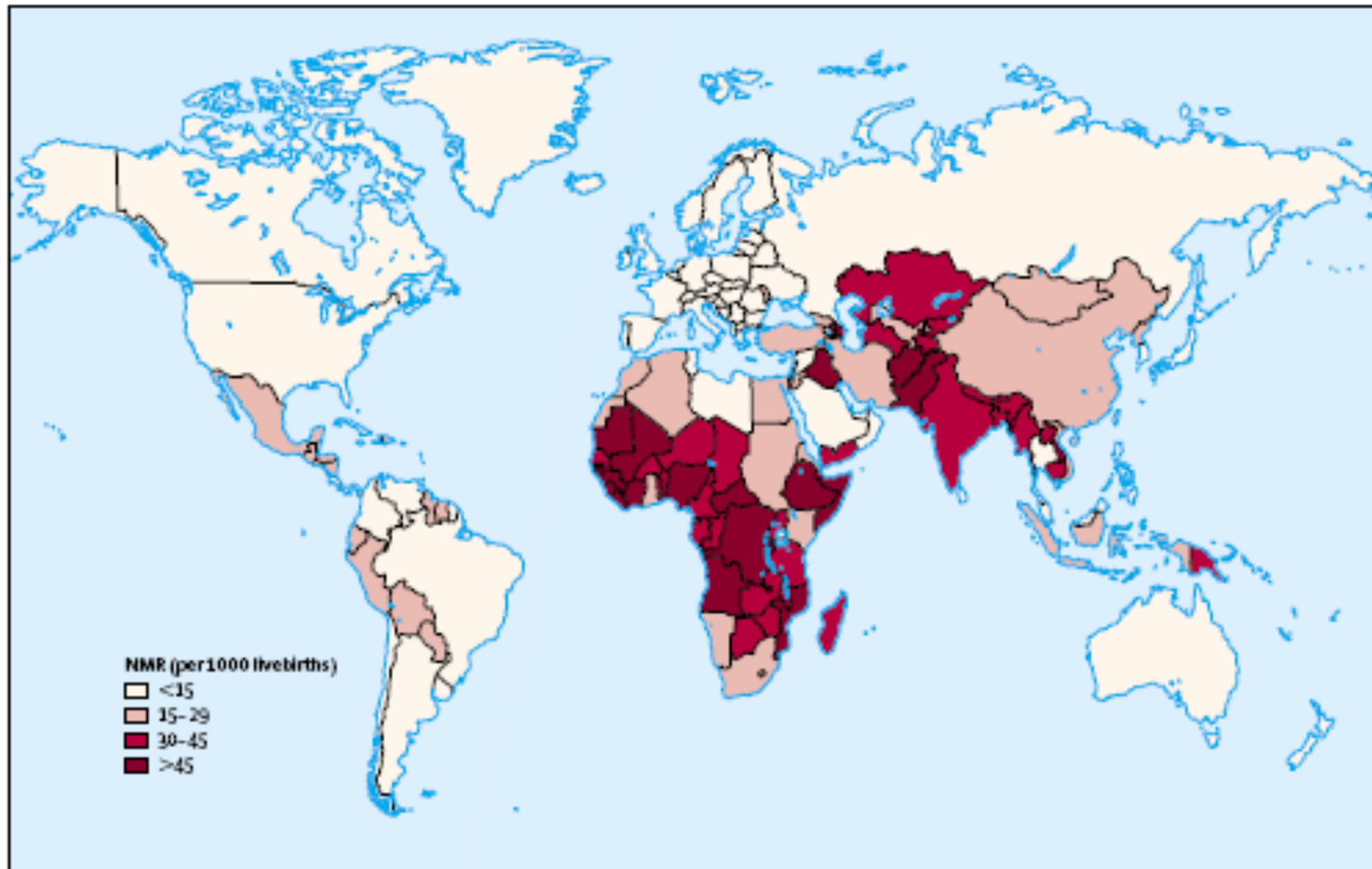


Figure 2: Variation between countries in NMRs¹

Countries with Highest NMR

Annual number of deaths of newborn per 1'000 live births (2009 estimates)

- 1) **Somalia** 52
- 2) **Afghanistan** 52
- 3) **DRC** 52
- 4) **Mali** 50
- 5) **Sierra Leone** 49
- 6) **Guinea-Bissau** 46
- 7) **Chad** 45
- 8) **CAR** 45
- 9) **Pakistan** 42
- 10) **Angola** 42

A Majority of Neonatal Deaths Prevented with Evidence-based Interventions

Tetanus 7 %

- Tetanus toxoid can eliminate tetanus deaths
- Clean home delivery and hygienic cord care can reduce tetanus deaths by 75-85%



Infections 33%

Infections (sepsis) 26%

- Clean home delivery, hygienic cord care, thermal care, breastfeeding can reduce up to 50% of newborn deaths
- Malaria IPT can reduce 10-30% of newborn deaths
- Case management pneumonia/sepsis can reduce deaths due to pneumonia by 20-55%



Prematurity and low birth weight 27%

- Extra care for low birth weight infants including extra warmth, hygiene, feeding, can reduce deaths due to prematurity 20-50%

Asphyxia 23%

- Resuscitation of newborn baby can reduce neonatal mortality by 5-20%



We know what works, but coverage gaps along the continuum of care (lower emergency settings > stable settings)

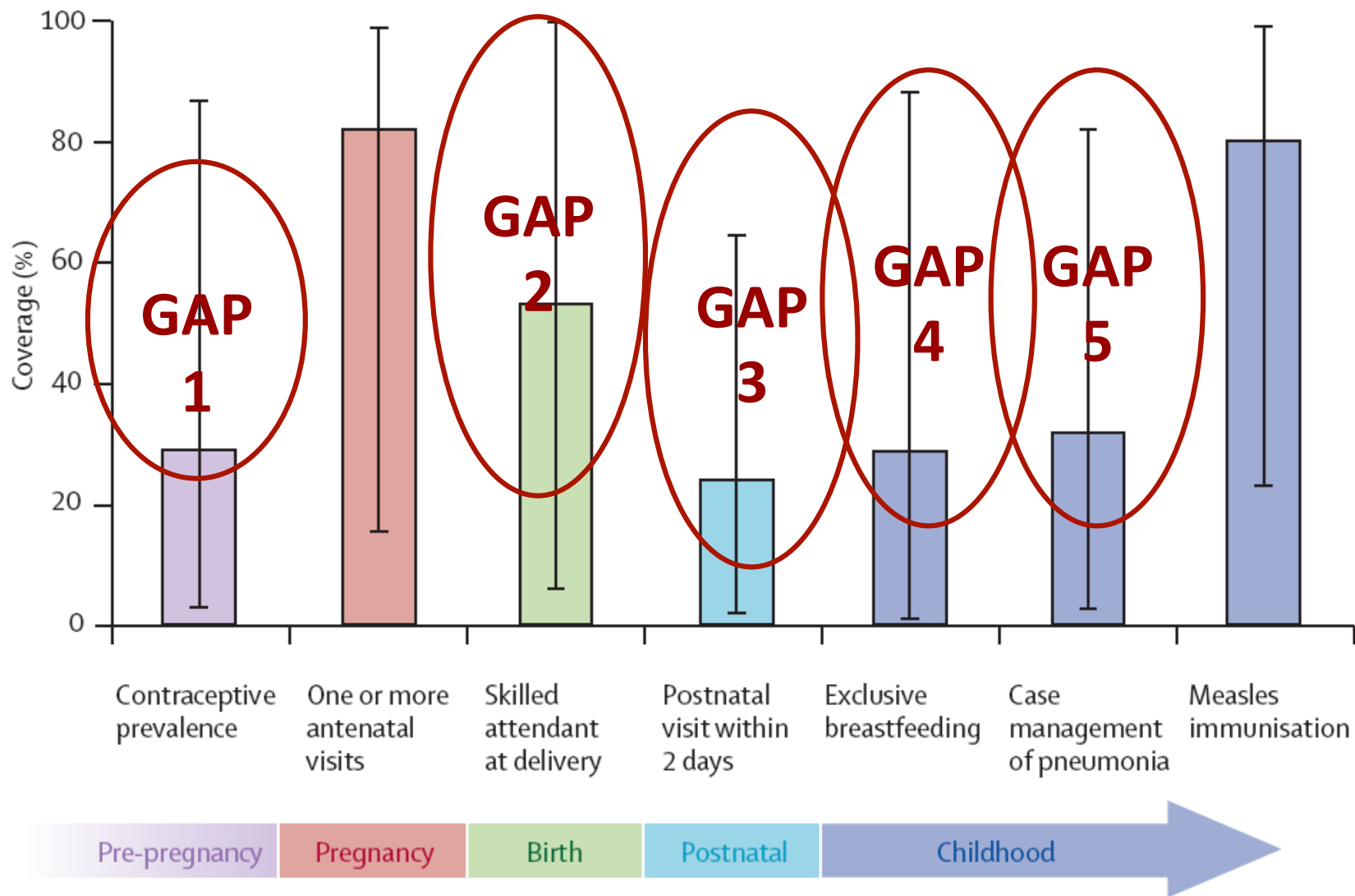


Figure 3: Coverage estimates for interventions across the continuum of care in the 68 priority countries (2000-06)

2. Unicef and Newborn Survival

- Lancet Series Newborn Survival, 2005
- MNCH
- IMNCI
- EmONC
- Facts for life (fourth edition): A newborn health section included in the safe motherhood chapter

Unicef – Newborn Health

- Equity-focused strategies
- Working to promote:
 - Strategies to increase use and access to antenatal care, skilled birth attendants and postnatal/newborn care
 - Supply of essential commodities
 - Community-based home visits to improve newborn health outcomes

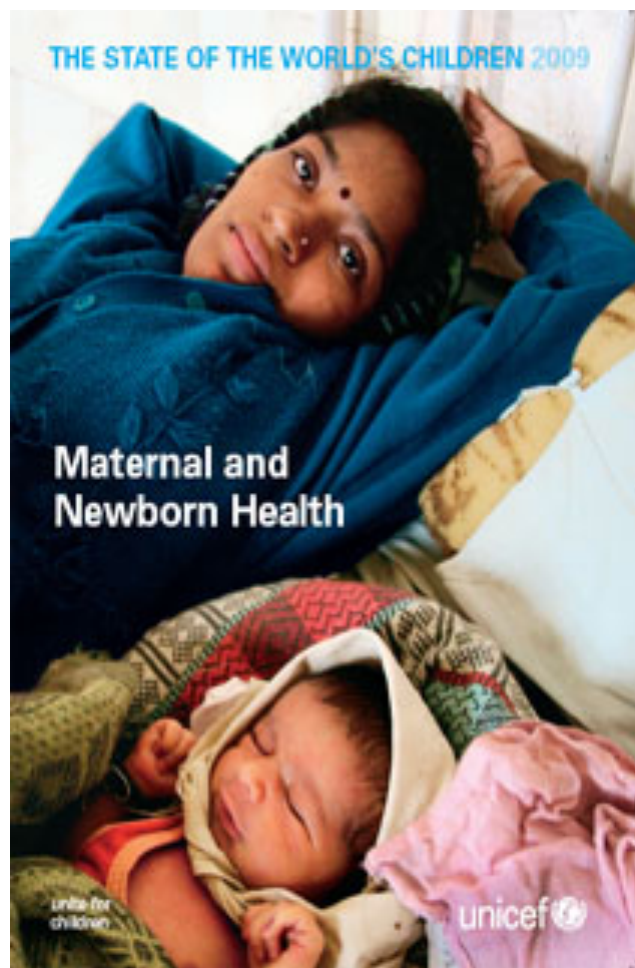
Home visits for the newborn child: a strategy to improve survival (WHO/UNICEF Joint Statement 2009)

- All newborn should receive appropriate care, especially in the first hours and week of life
- Postnatal care should be provided by skilled health workers or trained community health workers
- Home visits should be initiated as soon as possible after birth (day 1 and 2 visits can reduce neonatal deaths by 2/3). Additional visits on day 3 and on day 7 can improve home care practices and identify danger signs
- Basic care for all newborns should include early and exclusive breastfeeding, keeping the baby warm, increasing hand washing and providing hygienic umbilical cord and skin care, identifying danger signs and the need for prompt care
- Home-based newborn essential care



Source: WHO/UNICEF 2009

The State of the World's Children (sowc) Focus on Maternal and Newborn Health, 2009



- Emphasized most maternal and neonatal deaths can be averted through proven interventions such as providing access to EmONC
- Recommended expanding coverage of essential services and strengthen health systems
- Called for concerted actions and strong, cohesive partnerships to improve maternal and neonatal survival and health.

3. Newborn Health in Humanitarian Emergencies Unicef: Examples from CO programmes



Unicef (and partners): MNH in Humanitarian Emergencies

- **Mapping** of Unicef RH activities in humanitarian emergencies – interventions same but delivery challenging
- **RH supplies:** obstetrics/midwifery/clean (safe) delivery newborn kits, PMTCT, including supply for newborn
- **Basic/comprehensive EmONC:** supply, HR, capacity building, transport for referrals – Haiti, Pakistan
- **HR deployment:** Pakistan during floods: mobile teams for ANC, delivery, PNC, female gynecologists, pediatricians
Chad: MD, nurses, midwives
- **Newborn care units:** ex Pakistan established in 48 district hospitals with 150 staff trained; Haiti; Tajikistan: Generators to maternity hospitals and neonatal units to operate baby warmers and oxygen concentrators

Unicef: MNH in Humanitarian Emergencies

- **Early initiation/resumption of community mobilization through Community Health Workers:** Lady Health Workers in Pakistan; Village Health Workers in Zimbabwe
- **Health education sessions:** Pakistan LHWs flip charts: hygiene, IYC nutrition, newborn care
- **Promotion of breastfeeding:**
 - Baby-friendly corners/tents in IDP settlements, Haiti, Pakistan
 - Issues joint statement appropriate use of breastmilk substitutes during emergencies

Conclusions

- Real progress in reducing deaths of newborn babies will depend on higher coverage of services in the highest-mortality countries, for the poorest people, and at the time of greatest risk – birth and the first days of life -

Joy Lawn, Lancet series newborn survival 2005

- RH in crisis: include newborn survival
 - RH kits include newborn resuscitation supply (bag mask)
 - on this agenda



Thank you!