

State of the Evidence and the Implementation Gap: for Small and Sick Newborns

AlignMNH Collective Webinar

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WHO's Levels of Newborn Care with Interventions

SDG for 2030 with Every Newborn and new coverage targets for 2025

Level 1 Immediate and essential newborn care	<p>Immediate newborn care (delayed cord clamping, drying, skin to skin etc)</p> <p>Neonatal resuscitation for those who need it</p> <p>Breastfeeding early initiation and support</p> <p>Essential newborn care Identification and referral of complications</p> <p>Targeted care as needed eg</p>
Level 2 Special newborn care	<p>Thermal care including KMC</p> <p>Assisted feeding and IV fluids</p> <p>Safe administration of oxygen</p> <p>Detection and management of sepsis</p> <p>Detection and management of jaundice</p> <p>Detection and management of congenital conditions</p> <p>Detection and referral/management of complications</p>
Transition	<p>CPAP management of preterm</p> <p>Follow up of at risk newborns</p> <p>Exchange transfusion</p>
Level 3 Intensive newborn care	<p>Mechanical/assisted ventilation</p> <p>Advanced feeding support (eg parenteral nutrition)</p> <p>Paediatric surgery for congenital conditions</p> <p>Screening and treatment for RoP</p>

EVERY NEWBORN COVERAGE TARGETS 2020-2025

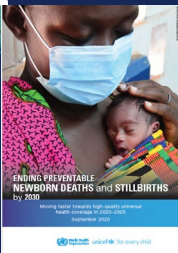
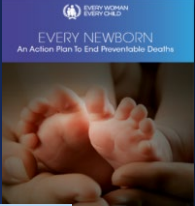
To achieve global goals for child health, it will be essential to attain high-quality antenatal care, essential childbirth care, postnatal care and inpatient care for small and sick newborns, with equity in all countries. Four coverage targets are proposed for 2020-2025, at three levels, global, national 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 4

80% of districts have at least one level-2 in-patient unit to care for small & sick newborns, with respiratory support including CPAP.

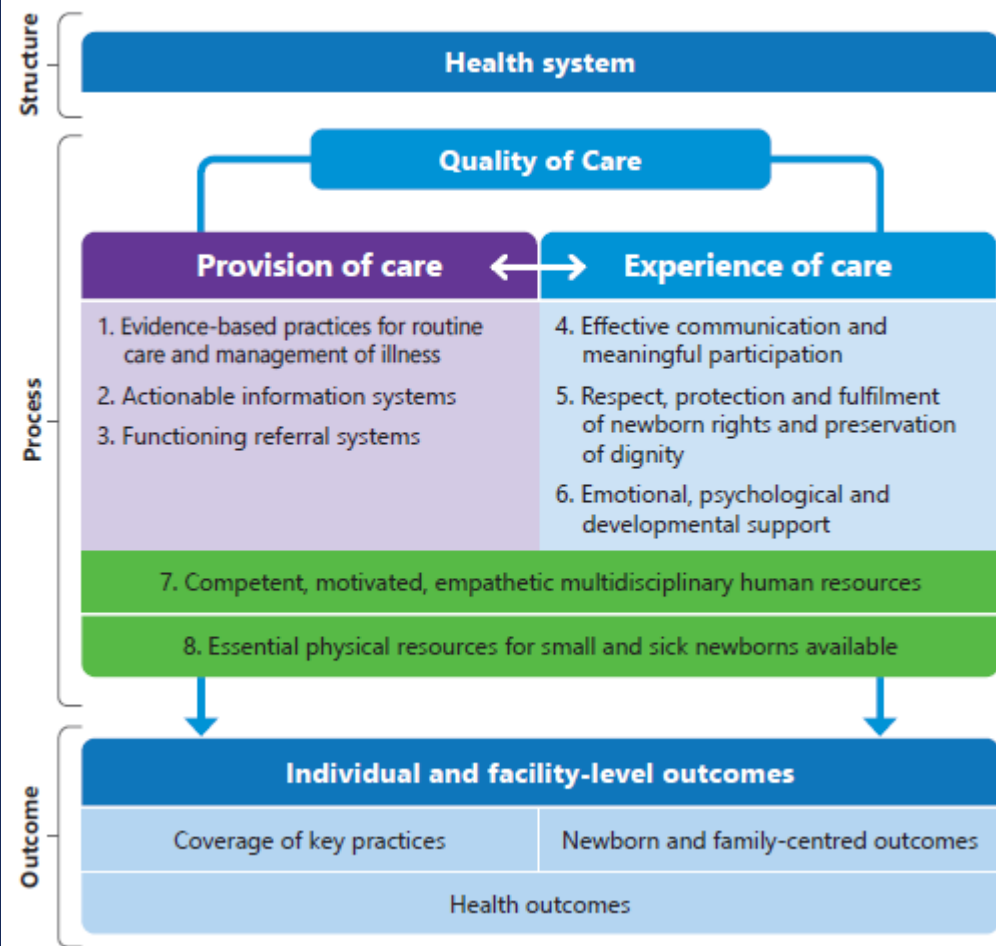


WHO standards for the care of small and sick newborns

Standards for improving the quality of care for small and sick newborns in health facilities



Fig. 1. Framework for improving the quality of care for small and sick newborns



Theme: Provision of care



Standard

1 Every small and sick newborn receives evidence-based care and management of illness according to WHO guidelines.



Standard

2 The health information system enables collection, analysis and use of data to ensure early appropriate action to improve the care of every small and sick newborn.



Standard

3 Every small and sick newborn with a condition or conditions that cannot be managed effectively with the available resources receives appropriate, timely referral through integrated newborn service pathways, with continuity of care, including during transport.

The standards place the newborn at the centre of care by improving both the provision and experience of health care for the newborns and their families. They are a critical component for strengthening health systems. They uphold newborn's right to health; the principle of the best interests of the child is the primary consideration throughout the health care services provided. Newborns and their families must receive the highest possible standard of care during health service delivery.

The standards are based on the eight domains of the framework for improving the quality of newborn care and address the most common conditions that affect the quality of care of small and sick newborns in health facilities.

STANDARDS FOR NEWBORN CARE



Theme: Experience of care



Standard

4 Communication with small and sick newborns and their families is effective, with meaningful participation, and responds to their needs and preferences, and parental involvement is encouraged and supported throughout the care pathway.



Standard

5 Newborns' rights are respected, protected and fulfilled without discrimination, with preservation of dignity at all times and in all settings during care, transport and follow-up.



Standard

6 All small and sick newborns are given developmentally supportive care and follow-up, and their families receive emotional and psychosocial support that is sensitive to their needs and strengthens their capability.

Theme: Health system resources



Standard

7 For every small and sick newborn, competent, motivated, empathetic, multidisciplinary staff are consistently available to provide routine care, manage complications and provide developmental and psychological support throughout the care pathway.



Standard

8 The health facility has an appropriate physical environment, with adequate water, sanitation, waste management, energy supply, medicines, medical supplies and equipment for routine care and management of complications in small and sick newborns.

Implementation Toolkit for Small and Sick Newborn Care

Purpose

Implementation toolkit with open-access, practical resources and active learning for small & sick newborn care in low & middle income settings to accelerate progress towards SDG 3.2



Implementation Toolkit



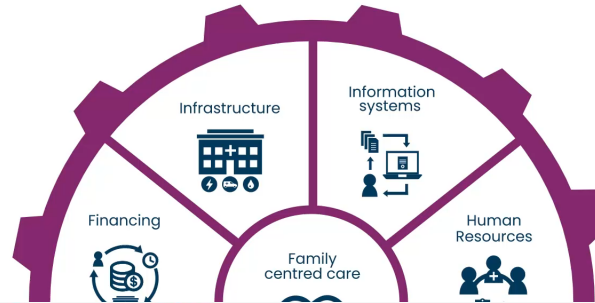
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Implementation Toolkit

Small and sick newborn care

This toolkit brings together knowledge, field experiences, resources and best practices for implementing small and sick newborn care services.

Access Toolkit



MENU

Toolkit



Human Resources

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Workforce education

Enabling environment

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Human Resources

Overview

Overview

Tools

Reading

In Practice

Human resources for health is a cornerstone in achieving universal health coverage (UHC) and specifically for meeting the Sustainable Development Goal 3.2 (SDG 3.2) of below 12 deaths per 1000 births^[1]. More than 80% of births now happen in health facilities, a major landmark towards achieving this goal. However there is still a care quality gap, especially for small and sick newborn care. Human resources for health are vital in closing this quality gap and achieving desired outcomes.



Platform with everyone!!!

Community of implementers

- Building on existing communities e.g WHO, QoC, Save the children CoP
- Implementing country teams (NEST)
- UNICEF country and regional teams
- WHO country and regional teams
- Frequency of meetings – join SSNC implementation webinars

Broader membership

- Pilot and refine the online toolkit
- Share experiences, tools multi-media resources
- Time frame - Long-term
- Level of effort - 1-2 hours/month
- Webinars– join SSNC implementation webinars, co-design HSBB specific webinar
- Frequency of meetings – expected every 2-3 months

Core membership

- 2 co-ordinators
- 4-6 members
- Review and help content development
- Ensure cross-linkage with other HSBBs
- Time frame - 6 months
- Level of effort - one day/month
- Frequency of meetings – as needed

Everybody welcome to join
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