



HOW WE CAN WORK TOGETHER

WHO, in collaboration with international agencies and development partners and with the support of donors, can strengthen and sustain partnerships and networks to implement the Action Plan Towards Healthy Newborns in the Western Pacific Region (2014–2020) by:

- Eliminating preventable newborn mortality by providing universal access to high-quality EENC.
 - Target 1: At least 80% of facilities where births take place in all Member States are fully implementing EENC.
 - Target 2: At least 90% of deliveries in all subnational areas in all Member States are attended by a skilled birth attendant.
 - Target 3: National and subnational newborn mortality rate of 10 per 1000 live births or less.
- Continuing to work with countries to strengthen and promote EENC by incorporating interventions into policies, strategies and budgeted plans and by promoting integrated service delivery.
- Continuing to provide support for resource mobilization, advocacy, planning, monitoring, surveillance, coordination of development partners and documentation of country progress.

TOGETHER WE CAN MAKE A DIFFERENCE

Contact us at:

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Child and Adolescent Health

www.wpro.who.int/child_adolescent_health/en/index.html

www.wpro.who.int/topics/child_health/en/index.html

Reproductive Health

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Division of Building Healthy Communities and Populations



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Maternal and Child Health

Division of Building Healthy Communities and Populations



Annual neonatal deaths in the Western Pacific Region (1 dot represents 100 deaths)



ISSUES AND CHALLENGES

A newborn infant dies every two minutes in the Western Pacific Region.

- Deaths of children beyond the newborn period (the first 28 days of life) have decreased by 80%, and newborn mortality reduction has been sluggish over the last 15 years.
- Newborn infants now account for more than half of all child deaths, primarily from asphyxia, hypothermia, complications of premature birth and bacterial infections.
- Without addressing newborn mortality, it will be difficult for many countries in the Western Pacific Region to achieve Millennium Development Goal 4, which calls for a reduction in child mortality.

WHY WE NEED TO ACT

Newborn deaths can be prevented with basic low-cost, evidence-based actions.

- Intrapartum and early newborn care can prevent most neonatal deaths. Such care involves active monitoring of all pregnant women, management of complications, immediate and thorough drying, skin-to-skin contact, delayed cord clamping—and cutting with a sterile instrument—appropriately timed breastfeeding, better hand hygiene and other health facility infection control measures.
- Prevention and care can save most preterm newborn lives, including the prevention of unnecessary inductions and Cesarean sections, management of obstetric complications, the use of antenatal steroids, improved thermal care and infection control through “kangaroo mother care” and feeding with breast milk.
- Better recognition, care and referral of at-risk newborn infants can avert most deaths of ill newborn infants. This involves the proper management of non-breathing babies, complications of asphyxia and infections and ensuring thermal care. Effective referral systems and transportation systems to ensure pregnant women and sick babies are transferred in a timely and safe manner can save lives.

WHAT WE CAN DO

The shared mission of WHO and its Member States is the strengthening of health systems to cultivate an enabling environment where skilled providers of newborn care value and practise Early Essential Newborn Care (EENC) at every birth.

Five strategic actions will support full implementation of EENC:

- Ensure consistent adoption of EENC.
- Improve political and social support to ensure an enabling environment for EENC.
- Ensure availability, access and the use of skilled birth attendants and essential maternal and newborn commodities in a safe environment.
- Engage and mobilize families and communities to increase demand.
- Improve the quality and availability of perinatal information.