

Together to prevent and manage premature births

#WorldPrematurityDay2024

Agenda

Part 1: Introduction

- **Welcome and introduction:** Dr Anshu Banerjee, Director, Department of Maternal, Newborn, Child and Adolescent Health and Ageing, WHO Geneva
- **Opening remarks: The urgent need to do more, faster, to prevent and manage preterm births:** Dr Tedros Adhanom Ghebreyesus, Director General, WHO

Part 2: Up to date evidence and upcoming WHO guidance

- **Overview of the evidence: Vulnerable newborns:** Professor Zulfiqar A Bhutta FRS, Robert Harding Chair in Global Child Health & Policy, Co-Director, SickKids Centre for Global Child Health and Distinguished University Professor & Founding Director, Institute for Global Health & Development, The Aga Khan University
- **Upcoming WHO guidance based on existing evidence:** Dr Anshu Banerjee, WHO Geneva

Part 3: Learning from country implementation

- **Learning and action from Pakistan:** Dr Maryam Sarfraz, Director Programmes, Ministry of National Health Services Regulation & Coordination, Pakistan

Part 4: Why invest in small and sick newborn care and why now?

- Dr Leah Greenspan, Senior Newborn Advisor, USAID

Part 5: Questions & Answers facilitated by Dr Anshu Banerjee, WHO Geneva

Closing reflections: Adapting to changing landscape for newborn health:

- Dr Gagan Gupta, Senior Advisor Maternal and Newborn Health, UNICEF HQ
- Dr Fouzia Shafique, Associate Director for Health, UNICEF HQ

Welcome and introduction



Dr Anshu Banerjee

Director, Department for Maternal, Newborn, Child
and Adolescent Health and Ageing, WHO Geneva

Opening remarks

The urgent need to do more, faster, to prevent and manage preterm births



Dr Tedros Adhanom Ghebreyesus
Director General, WHO

Every Woman Every Newborn Everywhere partnership (previously ENAP EPMM)

Every Woman Every Newborn Everywhere supports countries to accelerate progress for maternal and newborn survival and wellbeing and the reduction of stillbirths. It emphasizes that progress is possible and within reach, calls for a stronger focus on equity and quality, and prioritizes the countries and the areas with the highest burden of maternal and newborn deaths and stillbirths.

Every Woman Every Newborn Everywhere brings together Ministry of Health representatives, health professional associations, technical and advocacy partners, donors and foundations and academia.

We work to harness evidence, track progress, and foster learning so that every pregnant woman, new mother and newborn has the best chance at survival and health, no matter where they are.



WHO guidance on small and sick newborn care



WHO recommendations on interventions to improve preterm birth outcomes

2015



Standards for Improving the Quality of Care for Small and Sick Newborns in Health Facilities

2019



WHO recommendations for care of the preterm or low birth weight infant

2022



WHO recommendations on Antenatal corticosteroids for improving preterm birth outcomes

2022



WHO recommendation on Tocolytic therapy for improving preterm birth outcomes

2022

Part 2

Up to date evidence and
upcoming WHO guidance



Overview of the evidence: Vulnerable newborns



Professor Zulfiqar A Bhutta FRS

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Upcoming WHO guidance based on existing evidence

Dr Anshu Banerjee, WHO Geneva

Part 3

Learning from country implementation

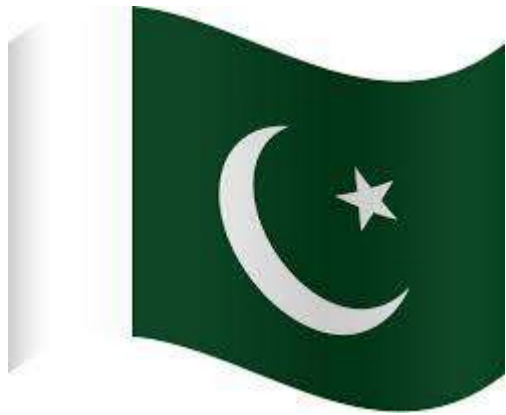


Learning and action from Pakistan



Dr Maryam Sarfraz

Director Programmes, Ministry of National Health Services
Regulation & Coordination, Pakistan



PROGRESS UPDATE FROM PAKISTAN

Country at a Glance



Provinces: 4*

Regions: 3**

Number of Districts: 166

Number of births/year: ~6 m

Population: 241 m

WRA (15-49y): 51 m



*PROVINCES: (Punjab, Sindh, Khyber Pakhtunkhwa, Balochistan)
**REGIONS: (Islamabad Capital Territory, Azad Jammu & Kashmir, Gilgit-Baltistan)

Pakistan Situation

42

Per 1000 live births
(NMR)

7%

of all newborn deaths
globally

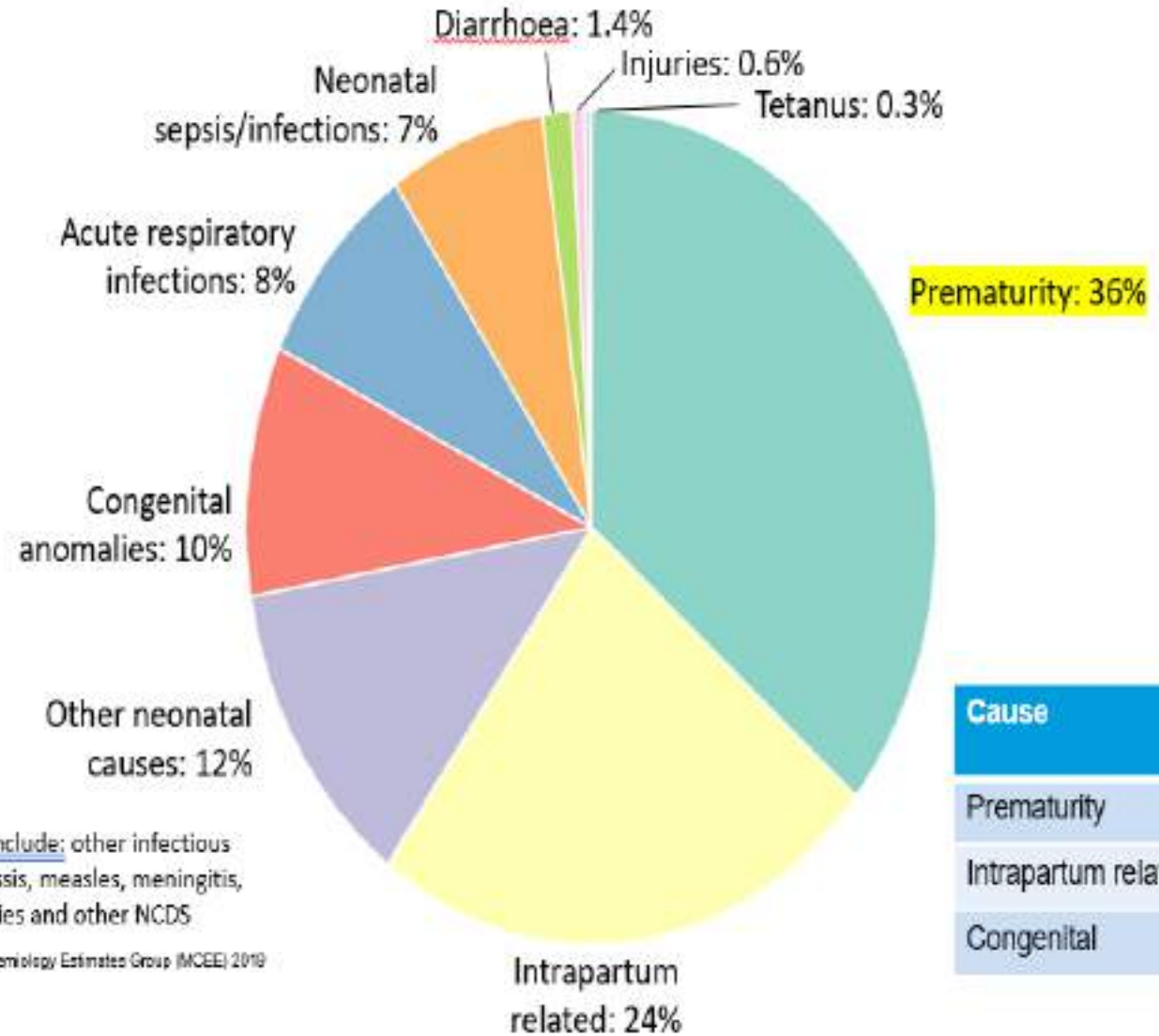
86,000

Premature births per year

2nd

among the top ten countries that
account for nearly two-thirds of
all deaths from preterm birth
complications

Prevalence of Prematurity in Pakistan

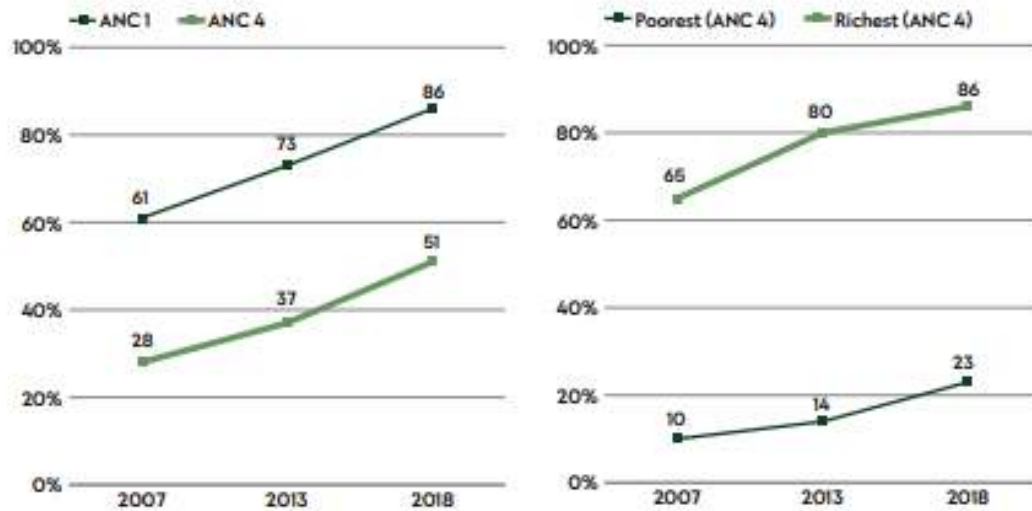


Cause	Number of deaths
Prematurity	880,719
Intrapartum related	583,677
Congenital	236,739

Other neonatal causes include: other infectious causes, HIV/AIDS, pertussis, measles, meningitis, malaria, diarrhoea, injuries and other NCDS
 Source: WHO Maternal and Child Epidemiology Estimates Group (MCEE) 2019

Antenatal coverage

Trend in ANC visit coverage and disparities



Percent of women using ideal antenatal care by region of residence



Source: Pakistan Maternal Mortality Survey 2019

- ≥ 4 visits to a skilled healthcare provider during pregnancy
- At least one visit in the first trimester
- Blood and urine tests carried out and BP measured
- Iron tablets prescribed and nutritional counselling given
- At least one TT injection received

Opportunities

- **Strong Political Commitment**
- **Devolved Health set up**
- **Policy & strategy reforms:**
 - UHC Benefit Package
 - National Health and Population Policy – in process
- **Access and Quality of Services with focus on small and sick newborns**
 - Health facilities providing Kangaroo Mother Care intervention
 - Health facilities with small and sick newborn care units strengthened
 - Home Based Newborn Care scaled up
 - Point of Care Quality Improvement POCQI initiative introduced



Government ownership

Policies/Guidelines/Training packages

National Health Vision PAKISTAN

National HRH Vision 2018-2030

National Vision for RMNCAH and Nutrition 2016-2025

SDG localization and mid term review

National Action plan on CCI recommendations & FP 2030

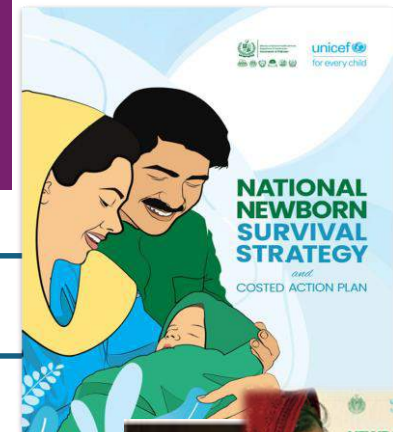
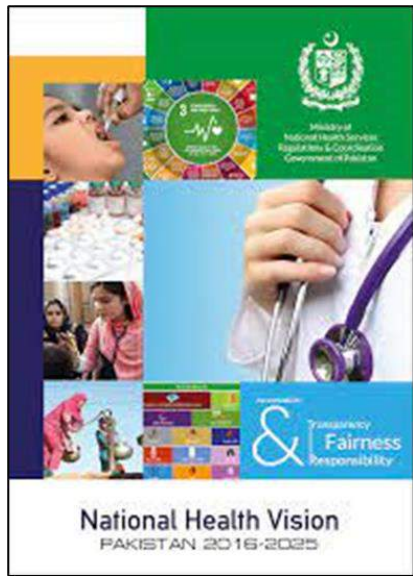
National and Provincial Newborn Survival Strategies and Costed Action Plans

National ENAP/EPMM action planning-aligning efforts for maternal and newborn health

EmONC Clinical Protocols and Guidelines

Punjab WASH in Health Facility Strategy

National Guidelines for use of ANC





National guidelines and training package training for Small and Sick newborn care at Primary and Secondary Level

National Oxygen Therapy Guidelines for Children

National guidelines on Kangaroo Mother Care

National guidelines on Maternal Nutrition and Anemia National guidelines on MPDSR

National Package on Essential Newborn Care

National guidelines on Caesarean Delivery-Robson's ten group classification

National Comprehensive SRHR guidelines

National Package on Home Based Newborn Care

National QoC framework for RMNCAH

EmONC Assessment & Improvement Plans

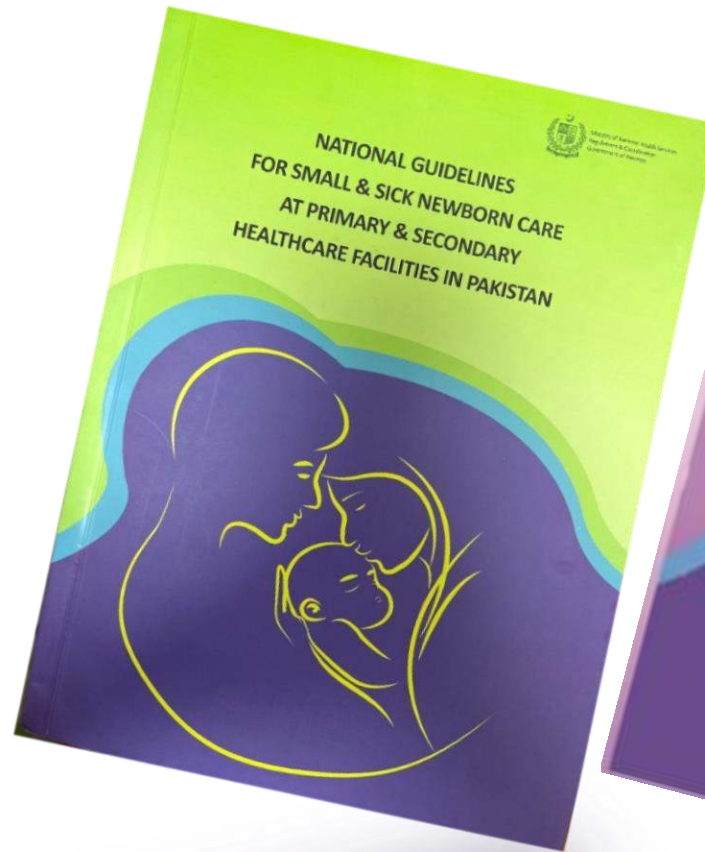
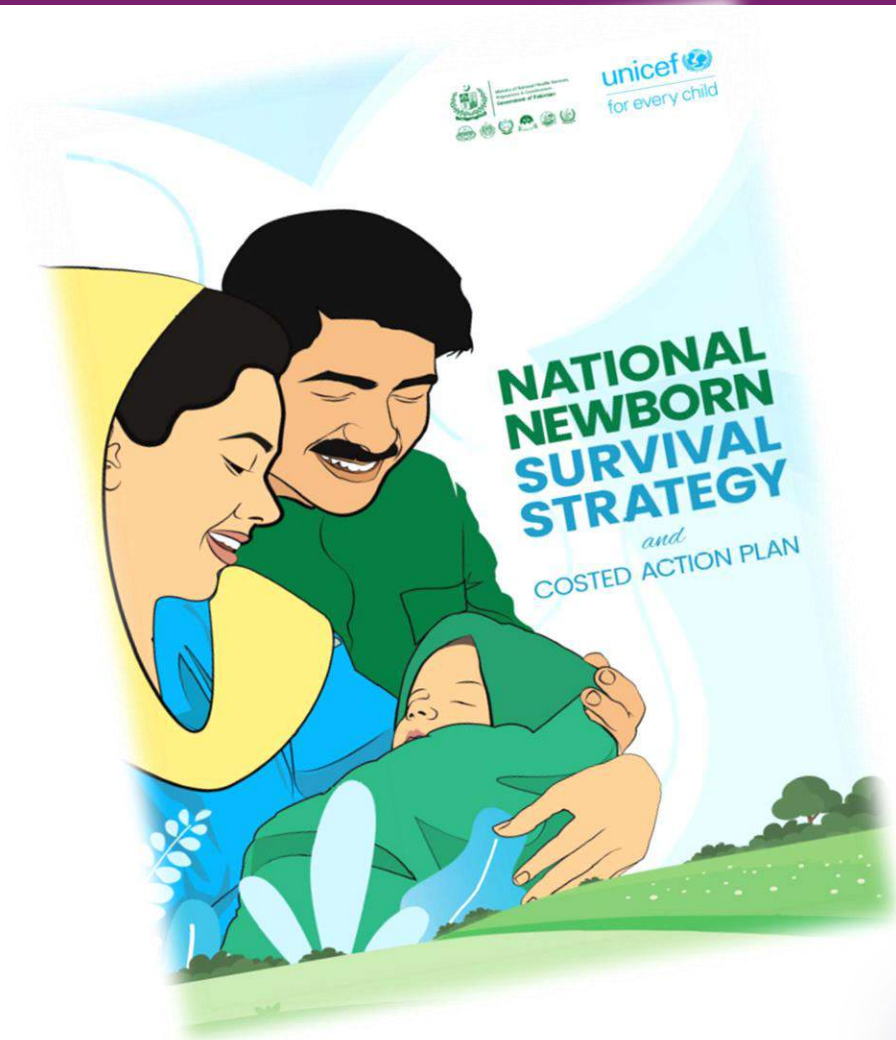
LHW strategic plan 2023-28 and training manual

National strategy on Adolescent health 2020-2025



Key Milestones achieved....

National Newborn Survival Strategy and costed action plan &
National Guidelines & training package on Small and Sick Newborn Care
Pool of master trainers at national and provincial levels – trickle down trainings conducted.



Joint Action Planning (with all 4 provinces and 3 regions)

Every Woman, Every Newborn, Everywhere

(ENAP EPMM)



EWENE Target 1:

90% ANC 4 coverage

Progress to date

- WHO ANC guidelines integrated into national Comprehensive SRHR guidelines and revised PCPNC training package;
 - Capacity building on PCPNC at federal and provincial levels;
 - National training manual on labour care guide developed;
 - National pool of master trainers on LCG developed;
 - 2nd batch of BS Midwifery program enrolled in one Public sector institute
- Provincial capacity building activities on LCG conducted – 35 districts and 88 hospitals;
 - Implementation of LCG supported with provision of hard and soft reporting tools;
 - Supportive supervision by trained consultants in their settings;
 - Standardization of Intrapartum care register – in process

Addressing Inequities

- **Home Based Newborn Care** currently being implemented in > 66 districts across the country
- Advocacy, planning, capacity building , supplies, service delivery, monitoring and evaluation, supportive supervision
- Strengthening ANC, SBA, PNC ENC, newborn follow up and referral mechanisms



- *Razia Sardar, Lady Health Worker in village Fateh Kot, Bahawalnagar District, educates women of her community during a support group meeting at her Health House*

EWENE target 4:

**80% of country districts can access
emergency obstetric services & SSNC**

Progress to date

- National and provincial Newborn Survival Strategies and costed action plans;
- National guidelines and training package for small and sick newborn care at district level;
- Pakistan guidelines for use of antenatal corticosteroids;
- National clinical protocols and guidelines on EmONC;
- Trainings conducted on EmONC protocols at national, provincial & district levels;
- District implementation plans for EmONC strengthening;
- Adaptation of reporting form for perinatal deaths as part of MPDSR implementation.
- Perinatal death surveillance and response initiated under the on-going MPDSR system in selected hospitals (10).
- Software developed for online reporting on perinatal death surveillance and response.
- Referral strategy - in process
- National Midwifery Strategic Framework Provincial Action Plans - endorsed
- National Nursing and Midwifery policy framework – in process

Scaling up evidence base cost-effective interventions

- Revision of national KMC guidelines and training manual in line with global updates 2022;
- Kangaroo Mother Care has been successfully scaled up to **84 districts** in collaboration with partners
- Advocacy, Planning, Supplies, Service delivery, monitoring and supportive supervision
- >20,000 newborns have benefitted from kangaroo mother care services till date
- Community KMC being strengthened by Home based Newborn Care



State-of-the-art KMC unit inaugurated by Minister for Health, AJK (November 2021)



First Lady of Pakistan inaugurating Kangaroo Mother care unit at PIMS Islamabad (November 2019)

Strengthening standardized care for small and sick newborns

- Scale up of special newborn care units (level II) is a key priority and target of Every Newborn Action Plan Framework (ENAP) to which Pakistan is committed (to ensure availability of level II newborn care facilities in at least 80% of districts-ENAP TARGET 4)
- **>64 Health facilities** with small and sick newborn care units strengthened
- Solarization of Health facilities has helped enhance quality of small and sick newborn care units



Neonatal Care Unit at DHQ Haripur, KP inaugurated by Regional Director WHO EMRO, Dr Hanan Balkhy on 1 May 2024



Building Partnerships

National Guidelines and training package for small and sick newborns developed and disseminated by the Ministry of National Health Services Regulations and Coordination Islamabad and Provincial/Regional departments of Health with technical support from UNICEF, WHO and Neonatology Group of Pakistan Pediatric Association (PPA).

Section 1:

Epidemiology, SDG, ENAP, Quality assurance, Antenatal care, Standards for setting up neonatal units

Section 2:

General guidelines e.g., history, examination, infection control, nutrition, neonatal transport, discharge criteria etc.

Section 3:

Clinical guidelines e.g., hypoglycemia, hypocalcemia, oxygen therapy, surfactant therapy etc.

Section 4:

Neonatal procedures e.g., temperature measurement, lumbar puncture, exchange transfusion, I/V cannulation etc.



Strengthening Robust Data System

- There is a need to strengthen monitoring via a standardized data recording system for individual newborns and use data for tracking performance improving outcomes and quality
- Regular analysis of data on key parameters with a clear feedback loop
- 22 districts initiated implementing standardized recording and reporting tools/ app for data collection



Data collection in Sobhraj Hospital
Karachi

EmONC implementation

- EmONC Improvement Plan in ICT - 3 RHCs upgraded to 24/7
 - Referral Mechanism for EmONC in process
 - Women centered Postpartum care and Post pregnancy Family planning training
 - Training of LHWs on 03 delays, timely referral for complication
 - 31 HFs strengthened for C/BEmONC service in GB, KP and two districts of Sindh
 - National and provincial Coordination mechanisms strengthened (MNH Secretariat, RMNCAH TWG, Midwifery WG, CEWG & FP2030 working groups for CCI Recommendation, Newborn Steering Committee, Provincial RMNCAH TWGs)
- Assessment of additional 94 Health facilities completed - aiming to strengthen EmONC, SRH and FP services
 - Trickle down training on Basic EmONC in 08 districts
 - Tele - Midwifery services at the facility and in communities in Balochistan & KP, GB & Chitral - deliver tele-consultations on MNCAH, e learning, data management and remote monitoring
 - Review of Very Essential Medicine List -in process
 - Pool of Master trainers available for Basic & Comprehensive EmONC in all four provinces and regions

Research on improving survival

Implementation research on use of antenatal corticosteroids is on-going in district Haripur, KP province with WHO support.

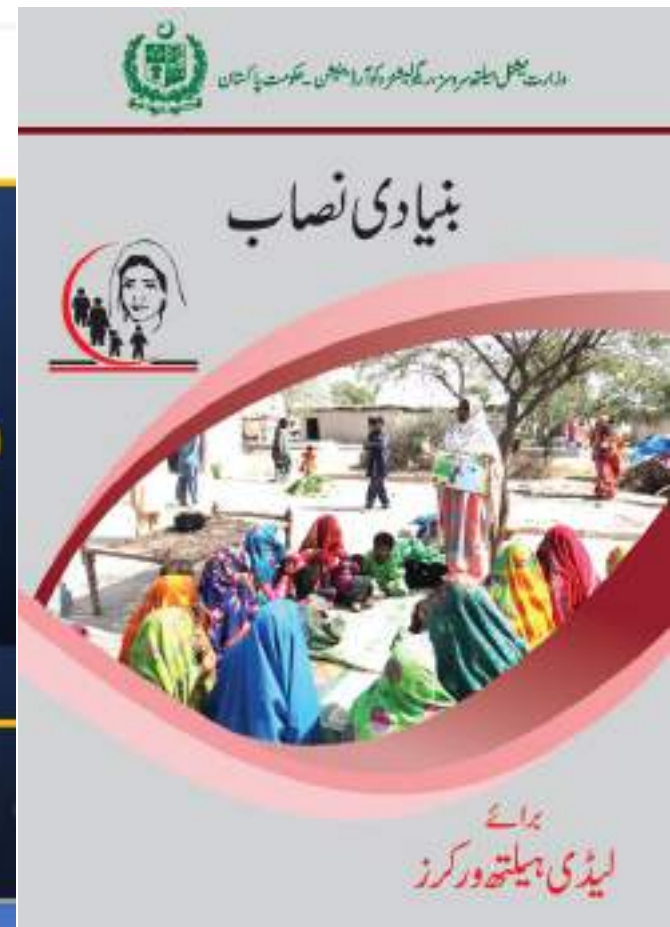
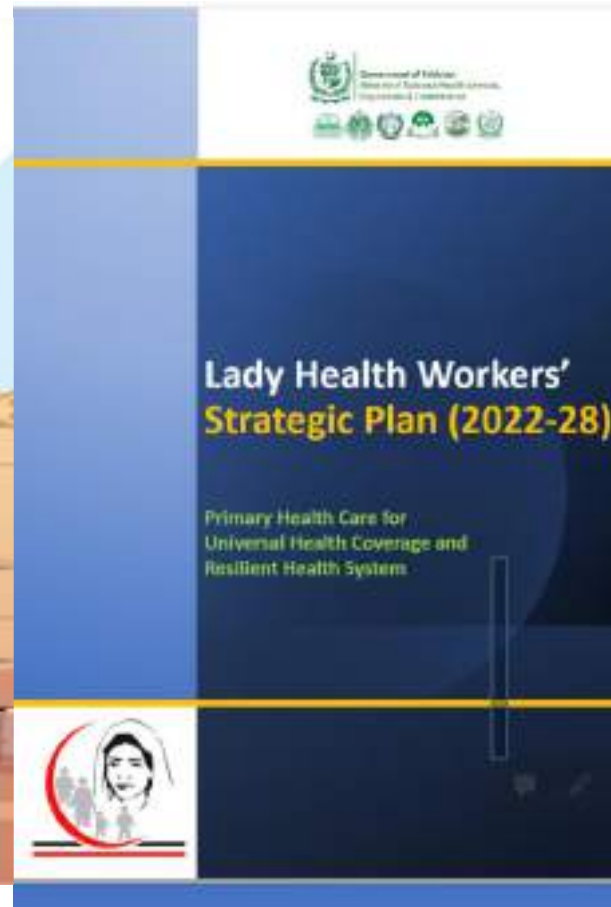
Upgrading of labour room, NICU, newborn nursery and KMC in health facilities of district Haripur.

Involvement of private sector and PHC facilities for timely referral of at-risk pregnancies to improve survival of preterm newborns.



Community Engagement

People centered approaches & community engagement through LHWs



Engaging Private sector

First KMC unit established in a Private Tertiary care hospital of Islamabad– 5 more units being planned



Deputy DG Health Ministry of Health Islamabad Dr. Soofia Younus and Mr. Uwe Steckhan Chief Multi Stakeholders Platform UNICEF joined the inauguration of KMC unit at AKBAR NIAZI TEACHING HOSPITAL –May 2024





Commemoration of WPD 2024



Issues and challenges at hand...

- Pakistan is amongst the top ten countries adversely hit by **climate change**. Greater risk of adverse outcomes with increasing temperature - stillbirth, preterm birth, low birthweight, pregnancy hypertension or pre-eclampsia.
- Pakistan is struggling with a high annual growth rate (2.55%) and stagnant contraceptive prevalence rate (34%). **Family planning** uptake and increasing interpregnancy intervals is a challenge.
- Pakistan has very high rates of **malnutrition**; 40% of children are stunted, 50% of women are malnourished and 56.6% adolescent girls are anemic. This significantly increases the risk of adverse birth outcomes including low birth weight and prematurity.
- Pakistan is among the pioneer countries to develop **UHC benefit package** aligned with DCP3. However, implementation is hampered by operational limitations. The coverage of **level 2 newborn care services** at district level also needs to be scaled-up from currently 40% to at least 80% of districts.
- Pakistan initiated a hallmark national program on lady health workers (LHWs) in 1990's but the on-going attrition of **community health workers** is limiting the potential on ground. Available LHWs are 87,119 against the required number of 170,000 by 2030.



THANKS

Part 4

Why invest in small and sick newborn care and why now?



Why invest in small and sick newborn care and why now?



Dr Leah Greenspan

Senior Newborn Advisor, USAID

Part 5

Questions & Answers

Facilitated by Dr Anshu Banerjee, WHO Geneva



Closing reflections

Adapting to changing landscape for newborn health



Dr Gagan Gupta
Senior Advisor Maternal
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Dr Fouzia Shafique
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