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Reducing newborn mortality in South Asia:

A results-based management approach to improving knowledge and accelerating results

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UNICEF Regional Office for South Asia

INTRODUCTION

UNICEF's Regional Office for South Asia (ROSA) has identified six Headline Results that receive special focus across programme areas in order to ensure that every child in South Asia is able to realise his or her full potential and rights.

Save Newborns is one of the six Headline Results. UNICEF has committed to support countries in South Asia to reduce newborn mortality from 32 per 1000 live births in 2013 to 25 per 1000 live births in 2017. This is in line with the Sustainable Development Goal (SDG) target of reducing global newborn deaths to at least as low as 12 per 1000 live births by 2030.

South Asia is currently off-track to achieve both the South Asia and SDG targets. If current trends continue, South Asia will reduce newborn deaths to 20 per 1000 live births by 2030.

There is significant work to be done. The potential benefits to children and their families are enormous. For example, if South Asia meets the 2017 target, an additional 300,000 newborn lives will be saved. This will require accelerated progress especially in high-burden countries such as Pakistan, Afghanistan and India.

This document presents UNICEF's Strategy to reduce newborn deaths in South Asia. Related data on maternal deaths and stillbirths are also included. The key elements of a Results-Based Management approach are incorporated by focusing on: 1) evidence, analysis and a theory of change, 2) strategic planning and prioritisation, 3) implementation of programmatic approaches, 4) monitoring and evaluation using data, information and knowledge to adjust programming and, 5) reporting for accountability, transparency, advocacy and resource mobilisation.

There is strong political momentum in South Asia and globally to end preventable newborn deaths. Several countries have developed national newborn action plans and implemented activities that are aligned with the global Every Newborn Action Plan (ENAP).[1] A renewed focus on newborns has been reflected with a target in the SDGs, and is also part of the Secretary General's Global Strategy for Women's, Children's and Adolescents' Health (2016-2030),[2] as well as UNICEF's own Global Strategy for Health.[3]

Working in partnership with country governments, partners and other stakeholders we can improve the performance of our programmes and be a leader in improving knowledge and accelerating results for the millions of newborns across South Asia.

Figure 1. Key elements of a Results-Based Management approach

EVIDENCE AND ANALYSIS

Death rates are unacceptably high

South Asia's newborn death rate was 30 per 1000 live births in 2015, down from 58 per 1000 live births in 1990.[4] This represented one million deaths in 2015, down from 2.1 million in 1990. All countries in the region experienced declines over this period (figure 2).

While these figures show progress, declines are not happening fast enough in several countries. Nearly 3000 newborns died each day in 2015.[5] As deaths in infants and children under-5 in South Asia have fallen faster than newborn deaths in the first 28 days of life they now account for almost 60% of all under-five deaths in the region.[6]

Beyond newborn survival, UNICEF is working to reduce newborn morbidities and improve quality of life. With basic newborn care and quality health services, many newborns who are born small or sick can now survive and thrive without disability.

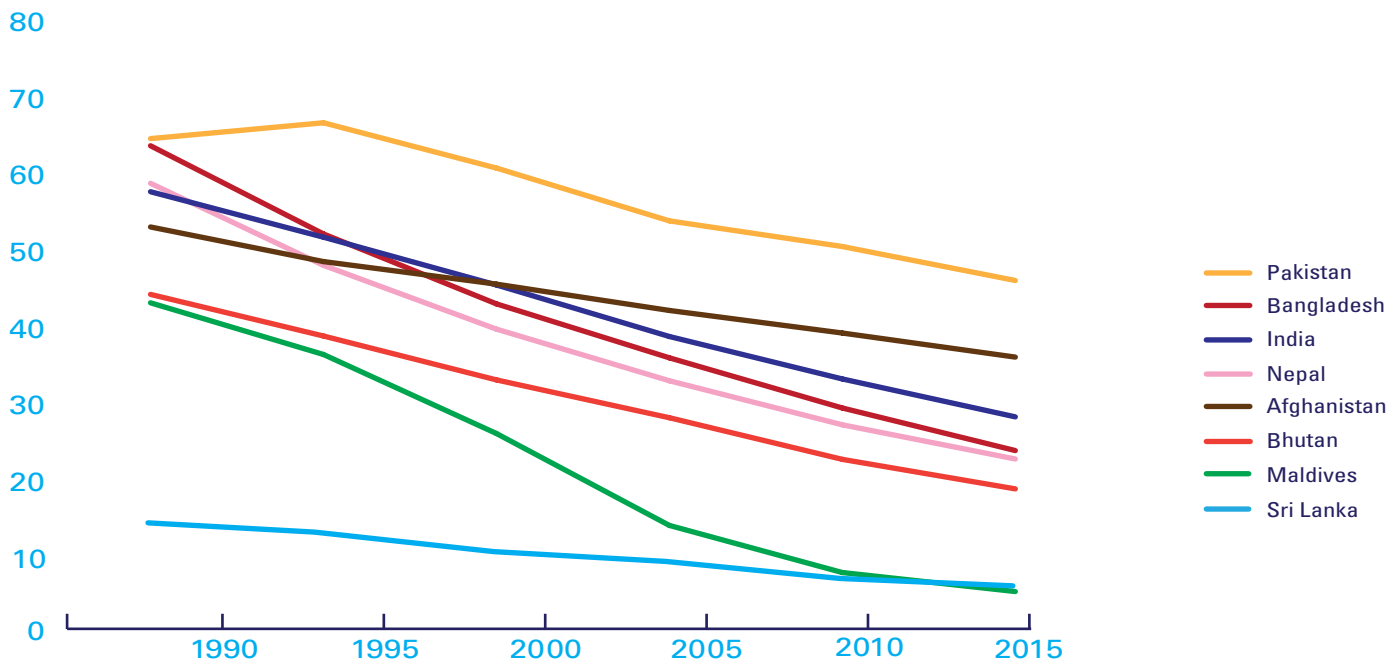


Figure 2. Newborn mortality rates in South Asia 1990-2015[4]

Action on stillbirths is another key challenge for the region. It will be a challenge to reach the global target of 12 per 1000 total births by 2030 as current rates are high in some countries, and there are challenges with accurate reporting (figure 3).

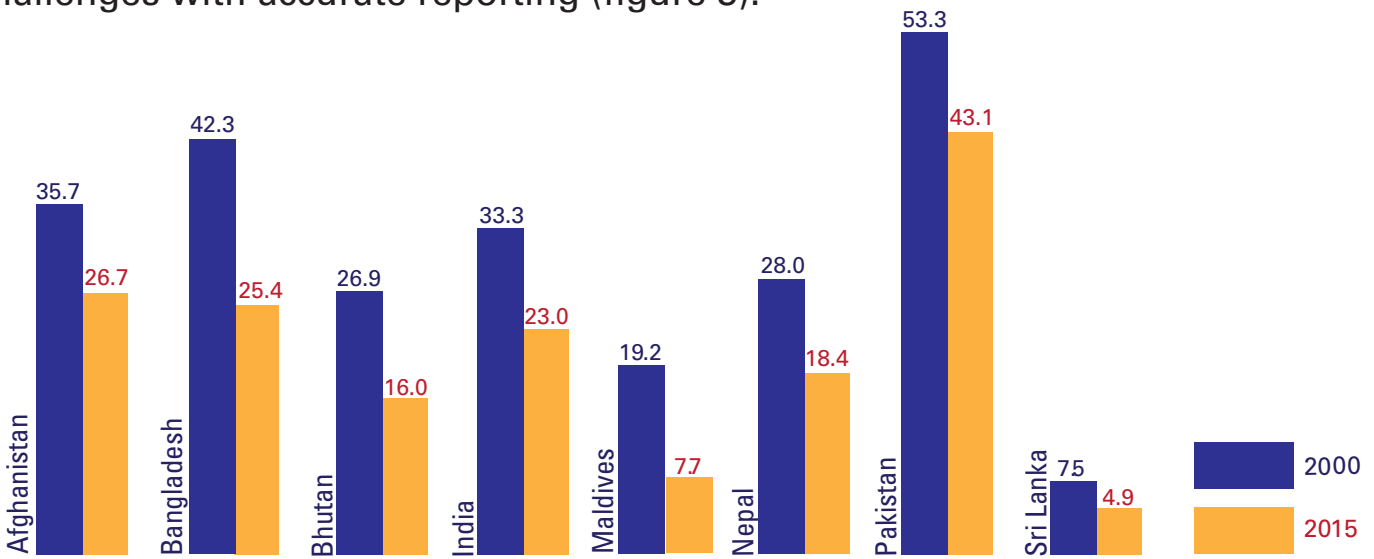


Figure 3. Trends in stillbirth rates (stillbirths per 1000 total births) in countries in South Asia (2000 to 2015)[14]

Maternal mortality is strongly linked to newborn mortality and has improved since 1990 but progress is still needed to meet the global target of less than 70 per 100,000 live births by 2030 (figure 4).

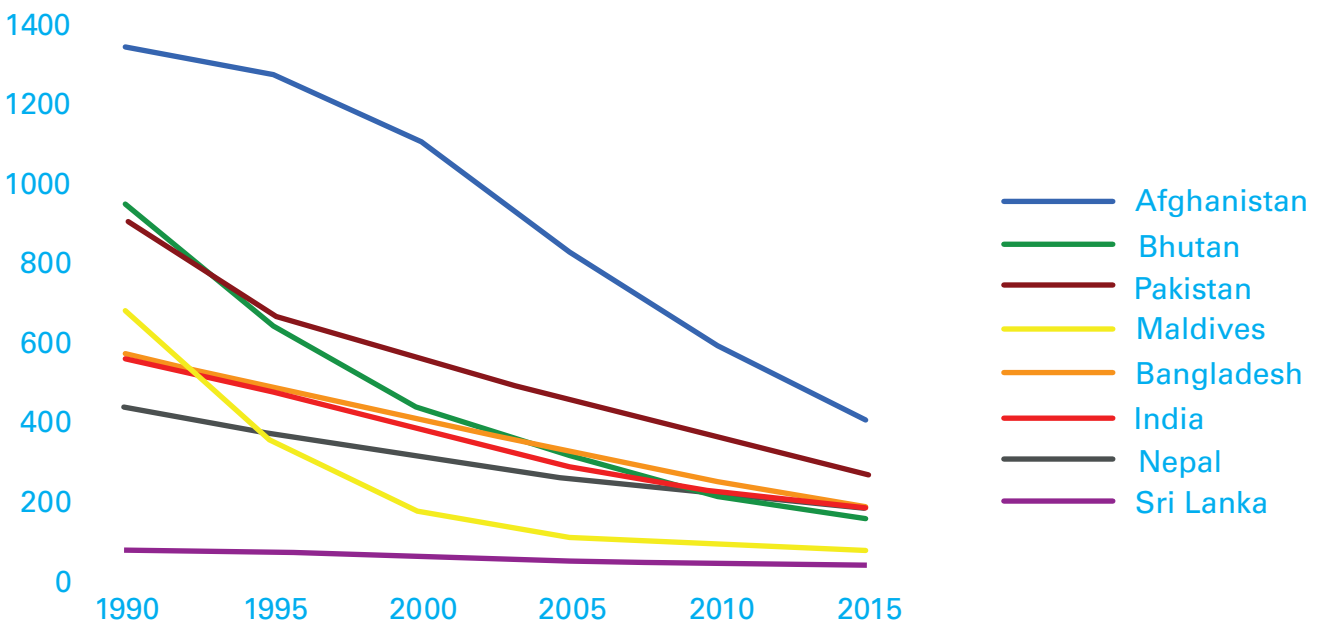


Figure 4. Trends in maternal mortality in South Asia (1990 to 2015)[19]

Inequities continue to exist

There are a range of inequities in newborn death rates across South Asia. An analysis of data from five countries from 2006 to 2013 showed that newborn death rates ranged from 48 per 1000 live births in rural areas to 34 per 1000 live births in urban areas.[7] Rates are as high as 53 per 1000 live births among women with no education, versus 30 per 1000 live births among women with secondary or higher education.

Almost all births in Sri Lanka are attended by skilled health staff versus 42% of births in Bangladesh.[8] In all countries, except Maldives and Sri Lanka, there are disparities in skilled birth attendance between rich and poor.[3] Women living in urban areas are 1.7 times more likely to have a skilled attendant at birth compared to women living in rural areas.[9]

Most newborn deaths are preventable

In South Asia, most newborn deaths arise from preterm birth complications, intrapartum-related complications and infections (figure 5). Cost-effective, proven interventions exist to prevent and treat these causes. Improving quality of care around the time of birth will save the most lives, but this requires trained and equipped health workers, including midwives, and availability of essential commodities.

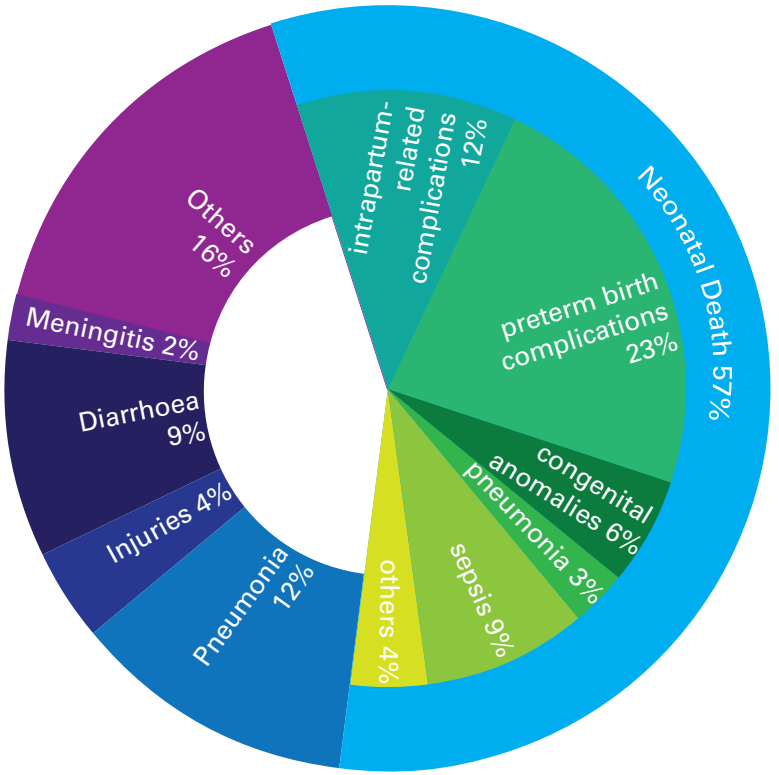


Figure 5. Causes of under-five deaths in the South Asia Region, 2015[6]

Coverage of effective interventions is still very low

The proportion of births attended by skilled providers is low. Based on 2010-2014 data, less than 50% of births in Afghanistan and Bangladesh were attended by skilled personnel.[10] Forty percent of newborns in South Asia were put to the breast within one hour of birth,[10] highlighting that quality of newborn care services provided within facilities needs to improve.[11,12]

A recent health system bottleneck analysis of newborn interventions in five countries of South Asia (India, Pakistan, Bangladesh, Afghanistan and Nepal) revealed that key barriers include the absence of skilled human resources, poor health service delivery, insufficient financial resources for newborn specific interventions and programmes, and insufficient community ownership and participation (table 1). The context of ineffective or absent accountability mechanisms and poor governance is an underlying factor, as are social determinants of health such as low education of mothers, poverty and child marriage.

Table 1. Health systems bottlenecks for care around the time of birth and care of small and sick newborns in five South Asia countries

Health system building blocks	Mgmt. of pre-term birth	Skilled care at birth	Basic emergency obstetric care	Comp. emergency obstetric care	Basic newborn care	Neonatal resuscitation	Kangaroo Mother Care	Treatment of severe infections	In-patient supportive care for sick and small newborns
Leadership and governance	Bangladesh India Nepal Pakistan	Bangladesh Nepal Pakistan	Afghanistan Bangladesh	Bangladesh Nepal Pakistan	Nepal Pakistan	Nepal Pakistan	Bangladesh Nepal Pakistan	Afghanistan Pakistan	Afghanistan Bangladesh Pakistan
Health finance	Bangladesh India Nepal Pakistan	Afghanistan Nepal Pakistan	Pakistan	Bangladesh Nepal Pakistan	Afghanistan Nepal Pakistan	Nepal Pakistan	Afghanistan Bangladesh India Nepal Pakistan	Afghanistan Nepal Pakistan	Afghanistan Bangladesh Nepal Pakistan
Health workforce	Afghanistan India Pakistan	Afghanistan Bangladesh Pakistan	Afghanistan Bangladesh Nepal Pakistan	Afghanistan Bangladesh Nepal Pakistan	Afghanistan Nepal Pakistan	Afghanistan Bangladesh Nepal Pakistan	Afghanistan Bangladesh India Nepal Pakistan	Afghanistan Bangladesh Nepal Pakistan	Afghanistan Bangladesh Nepal Pakistan
Health service delivery	Afghanistan Bangladesh India Nepal Pakistan	India Nepal Pakistan	Bangladesh Pakistan	Bangladesh Nepal Pakistan	Afghanistan Pakistan	Afghanistan Pakistan	Afghanistan Bangladesh India Nepal Pakistan	Afghanistan Nepal Pakistan	Afghanistan India Nepal Pakistan
Essential medical products and technologies	Bangladesh India Pakistan	Pakistan	Afghanistan Pakistan	Afghanistan Pakistan	Afghanistan Bangladesh Pakistan	Afghanistan Nepal Pakistan	Afghanistan Bangladesh India Nepal Pakistan	Afghanistan Bangladesh India Pakistan	Afghanistan Nepal Pakistan
Health information systems	Afghanistan Bangladesh India Nepal Pakistan	India Pakistan	India Pakistan	India Pakistan	Afghanistan Pakistan	Bangladesh Pakistan	Afghanistan Bangladesh India Pakistan	Afghanistan India Pakistan	Afghanistan India Nepal Pakistan
Community ownership and participation	Afghanistan Bangladesh India Nepal Pakistan	Afghanistan Nepal Pakistan	Pakistan	Pakistan	Afghanistan Pakistan	Afghanistan Bangladesh Pakistan	Afghanistan Bangladesh India Nepal Pakistan	Afghanistan Bangladesh India Nepal Pakistan	Afghanistan Bangladesh India Nepal Pakistan

Source: UNICEF analyses, 2014.
Colour coding: red represents bottleneck in all 5 countries, orange represents bottleneck in 4 countries. yellow represents bottleneck in 3 countries.

Death rates are not declining fast enough

Figure 6 shows newborn death rate projections through 2030. The orange line is the projection based on the current historical trend from 2000-2015. The black line shows the acceleration needed to meet the regional headline result by 2017 and the global target by 2030.[12] The grey area is the gap that needs to be addressed. Without acceleration of progress, the newborn death rate for South Asia will only reach 28 per 1000 live births in 2017, and 20 per 1000 live births by 2030. Afghanistan and Pakistan will achieve the SDG target after 2050, and India by about 2040.[5]

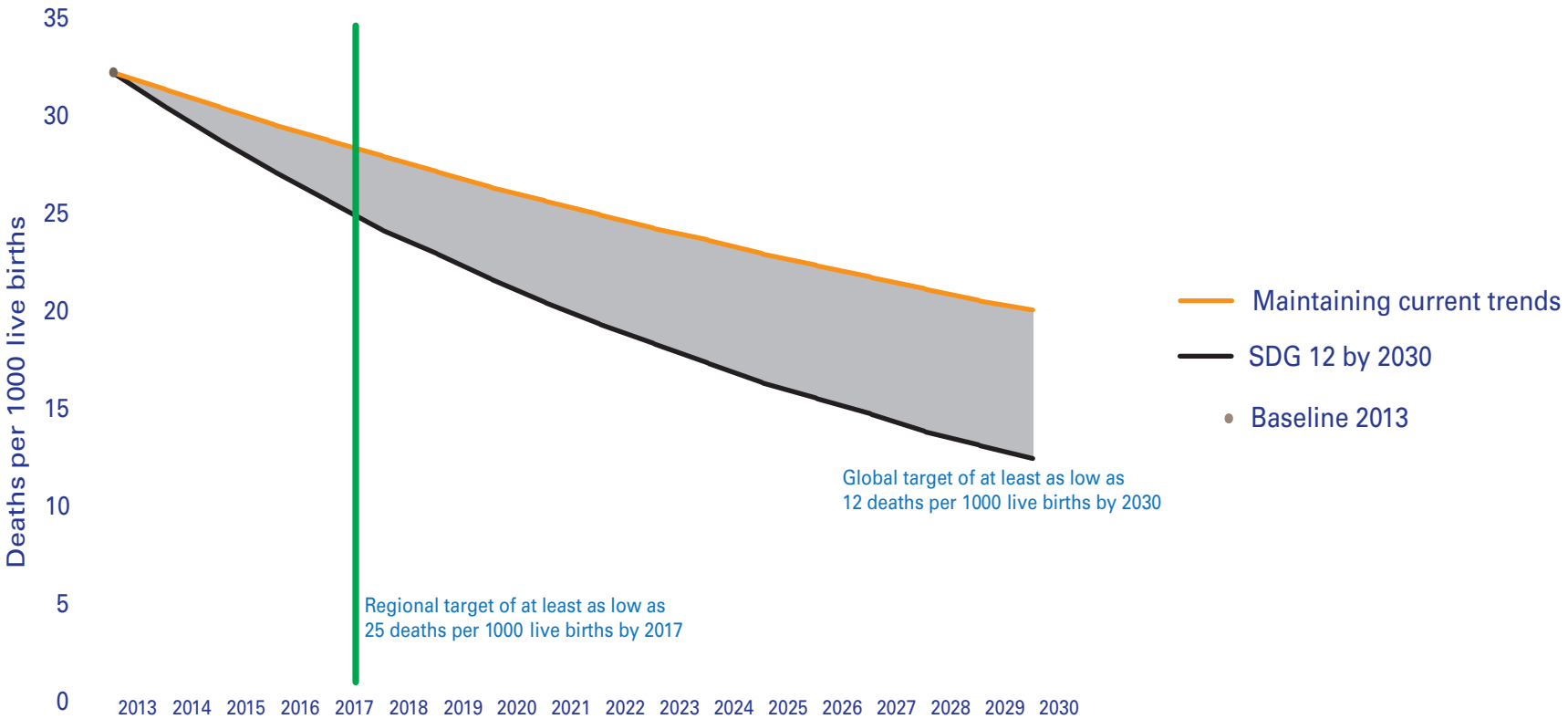


Figure 6. Newborn death projections for South Asia through 2030 (current trends versus acceleration needed to reach regional and global targets)[5]

The key to regional success in reducing newborn death rates lies with three countries: Afghanistan, India and Pakistan. If these three countries can dramatically reduce newborn deaths, it will have a huge effect.

The figure below shows the current annual rates of reduction (ARR) in maternal mortality, stillbirths and newborn deaths across South Asia countries, as well as the ARRs that are necessary in order to meet global targets such as the Sustainable Development Goal (SDG) and the Every Newborn Action Plan goal by 2030.

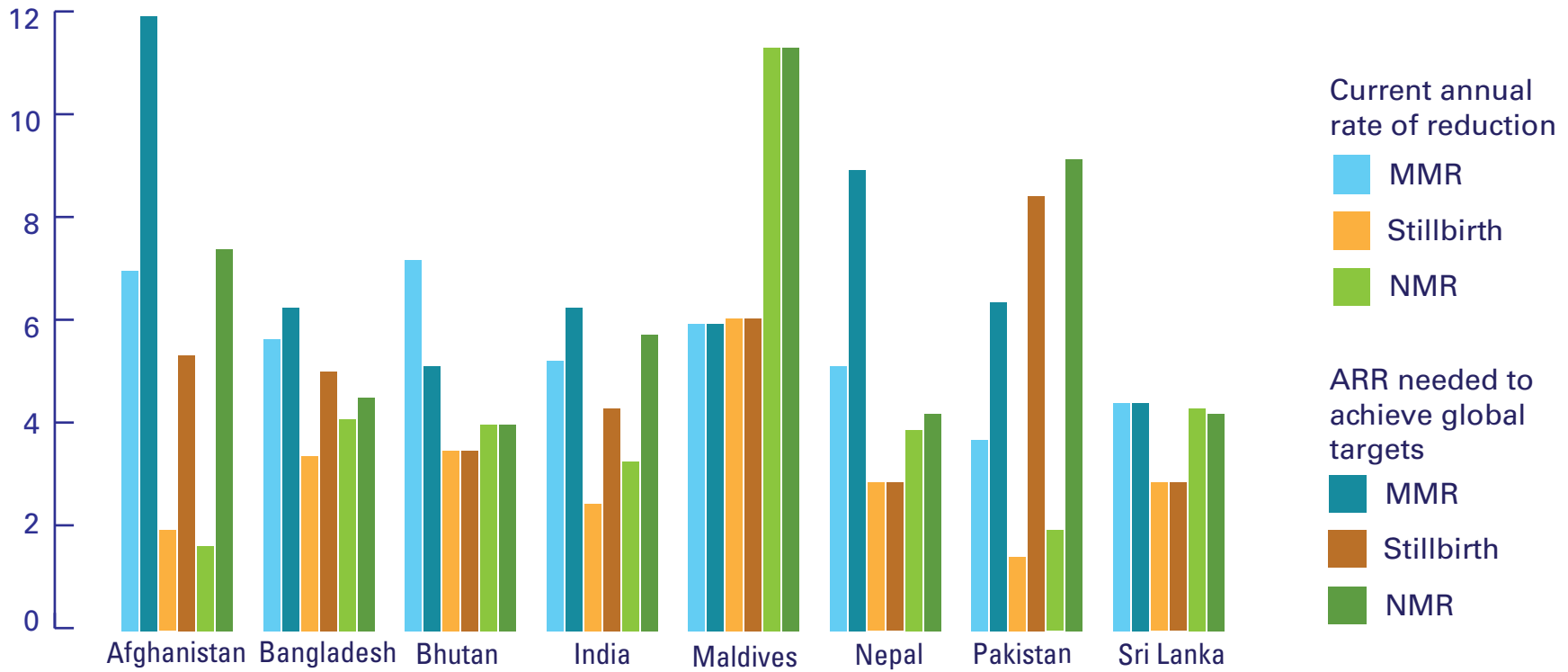


Figure 7. Annual rates of reductions in maternal mortality (MMR), stillbirths and newborn mortality (NMR) in South Asia countries: Current rate, and rate needed to reach global goals

Source: ARR of newborn mortality rates is based on 2015 UN IGME data. ARR of stillbirths is based on Lawn et al (2016). ARR of maternal mortality is based on Trends in maternal mortality: 1990 to 2015: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division, 2015.

STRATEGIC PLANNING AND PRIORITISATION OF NEWBORN ACTIONS

Vision: No newborn dies from a preventable cause in South Asia
Goal: End preventable newborn deaths by providing universal access to high quality maternal and newborn interventions
Target: Reduce newborn death rates from 32 per 1000 live births in 2013 to 25 per 1000 live births in 2017 in South Asia.

UNICEF's Regional Headline Result for newborns is based upon accelerating the historical trend of 2000-2015, and achieving one of the SDG targets to reach a rate of at least as low as 12 per 1000 live births by 2030.

The ENAP also includes a target of 12 or less stillbirths per 1000 total births (including live births and stillbirths) by 2030.[13] This is a challenging target for South Asia, where an estimated 25.5 stillbirths per 1000 total births occurred in 2015.[14]

The global Every Newborn Action Plan (ENAP)[1] builds on substantial regional engagement in recent years to reduce newborn mortality. Globally, regionally and at country level, buy-in to the ENAP is strong. The UNICEF Regional Headline Result aligns closely with this plan and its strategic objectives (box 1), as well as those described in *Ending Preventable Maternal Mortality*[15].

Box 1 :STRATEGIC OBJECTIVES FOR SAVING NEWBORNS IN SOUTH ASIA

1. Strengthen and invest in care around the time of birth, with a focus on improving quality and experience of care, while ensuring full integration of services for mothers and newborns across the continuum of care

2. Strengthen health systems to optimise the organisation and delivery of care, the work force, commodities, and innovation

3. Reach every woman and newborn by minimising inequities in access to and coverage of care

4. Harness the power of parents, families, and communities, and engage with society

5. Improve data for decision making and accountability

Theory of change and logic model

Theories of change inform programming by ensuring that activities are implemented with consideration of underlying causes and relationships between factors and a particular result. They describe possible pathways to change based on experience and evidence. Theories of change help explain and clarify the logic and assumptions underlying the achievement of results over time. This allows governments, their partners and other stakeholders to check if the theory makes sense and assess if progress is being made as planned, or requires a change in approach. This is a practical way of anchoring results-based management in the realities of development.

Figure 8 shows a theory of change for improved newborn survival. It aims to reduce the number of newborns in South Asia who die from preventable causes through key activities around advocacy, provision of technical assistance, generation and sharing of knowledge and positive practices (including South to South collaboration), and social and behaviour change communication activities. Through these activities, we aim to: engage partners; generate and use evidence and engage and educate communities around newborn health in order to strengthen health systems (for example, through investments in maternal and newborn health services); support government policies that promote maternal and newborn health; improve integration and cross-sectoral linkages that promote the well-being of newborns and their families (for example, relating to gender equity); and, increase knowledge and awareness of positive newborn care practices. In turn, service delivery will be strengthened, families and communities will be empowered and positive social norms will be promoted. Assumptions underlying this theory of change are illustrated in green.

Newborn survival in the region will then improve through the provision of and utilisation of high quality health services, and positive behaviour change to promote newborn health and well-being.

Figure 8. Theory of change for saving newborns in South Asia

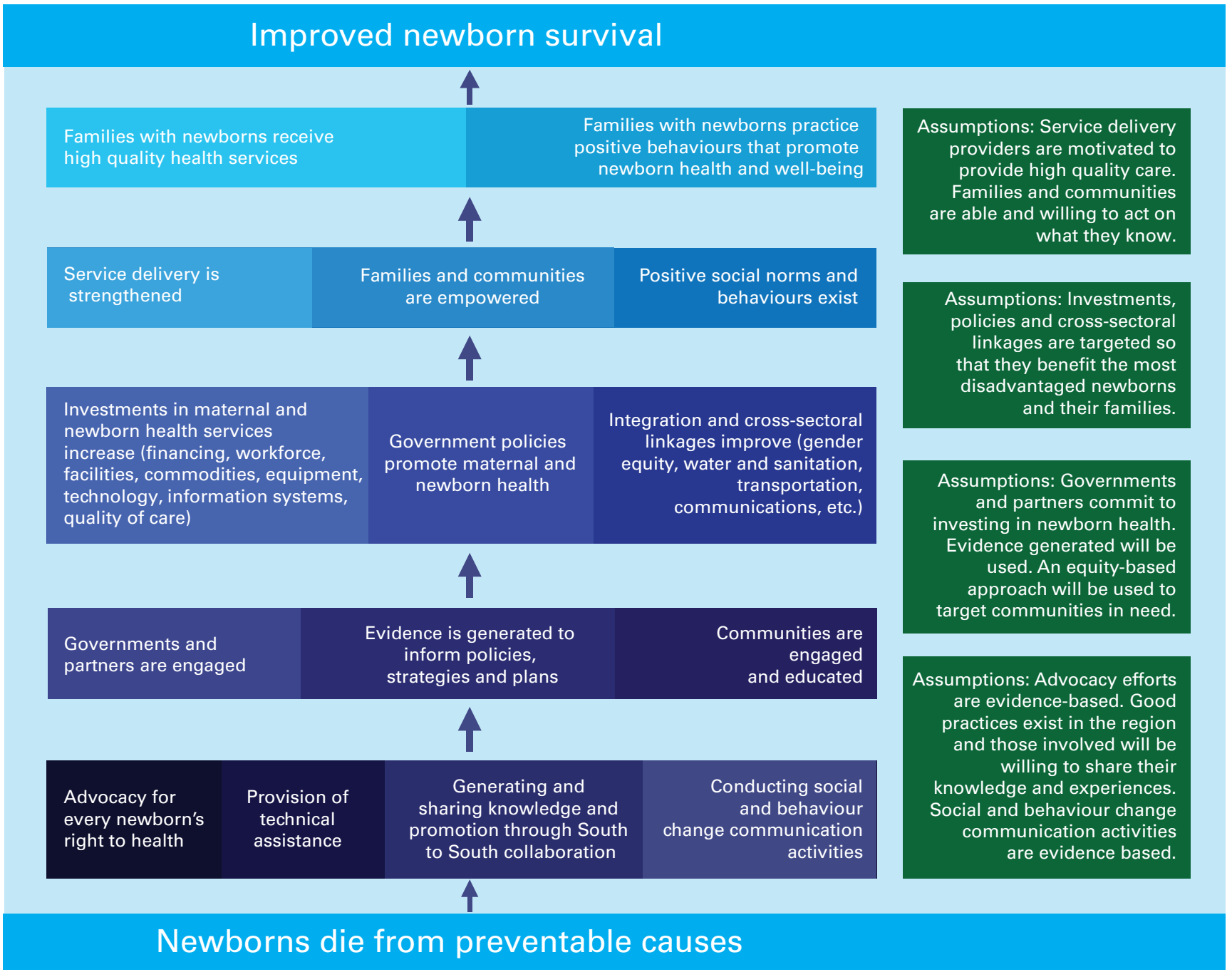
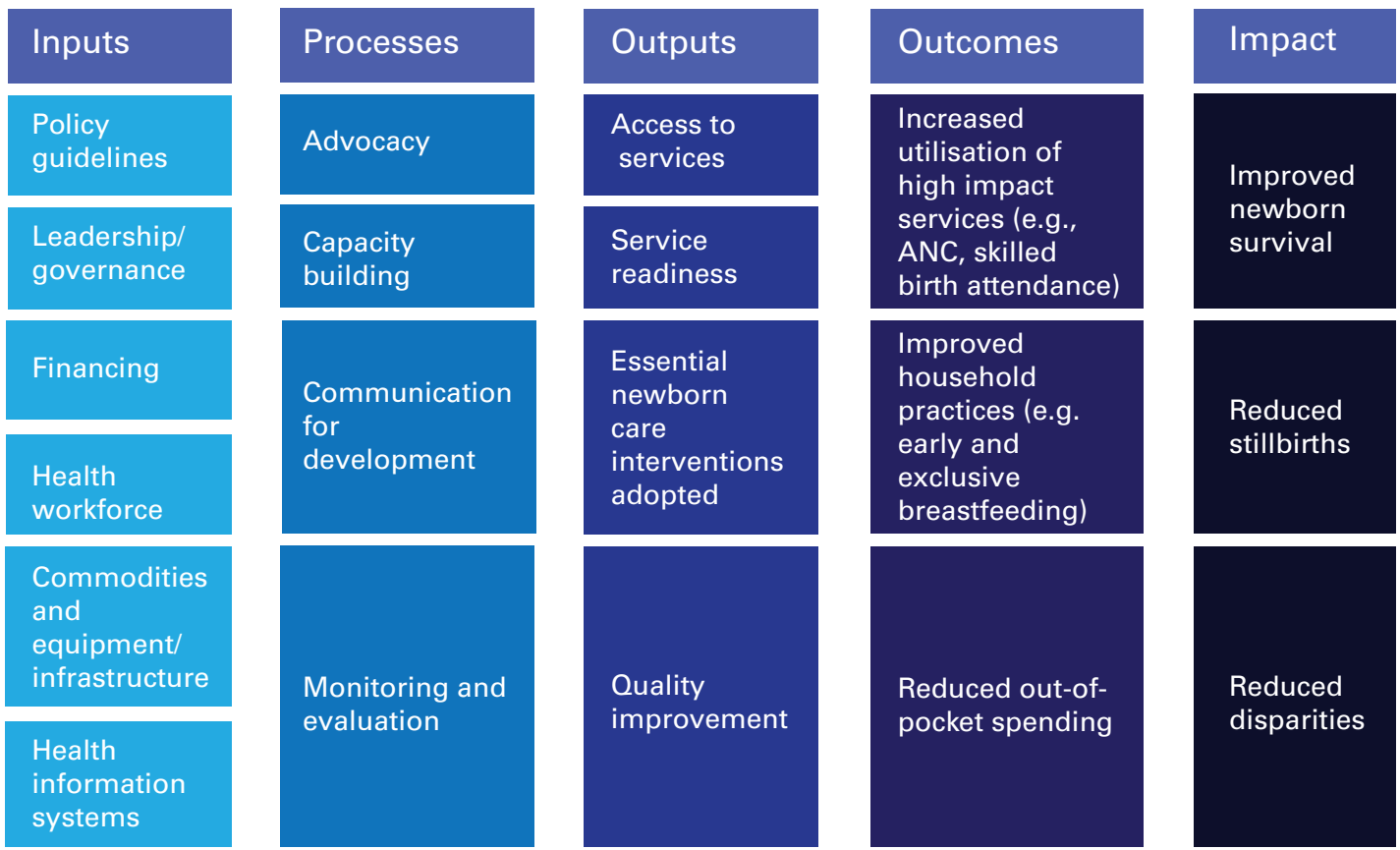


Figure 9 shows the specific inputs, processes, outputs, outcomes and impact areas that are relevant for work to save newborn lives. This work cuts across a range of issues relating to the enabling environment, supply system, demand generation and quality of care for newborn health. Processes include advocacy, capacity building, communication for development and monitoring and evaluation to ensure that we achieve the desired outputs, outcomes and impact – namely to improve newborn survival, reduce stillbirths and reduce disparities within the region.

The role of UNICEF and partners is wide ranging and involves technical support for implementation of appropriate interventions, introducing innovation and knowledge from latest evidence and other programmes, training and building capacity, forging key partnerships, avoiding heavy opportunity costs, and ultimately measuring results for children.

Figure 9. Logic model for saving newborns in South Asia



IMPLEMENTATION OF ACTIVITIES

An essential package of effective interventions must be implemented to reach every woman and newborn. The choice of interventions and measures of success need to be tailored to each country based on local context.

Drawing on the theory of change and incorporating elements of the Every Newborn Action Plan, the following areas of work emerge as priorities for our work to reduce newborn mortality across countries in South Asia (table 2).

Table 2. Areas of technical work

Technical Assistance	Leadership and Representation	Partnerships	Cross-Sectoral Linkages	Knowledge Management
• Decentralised evidence based planning • Programme implementation planning • Social mobilisation, education and empowerment of parents, families, caregivers and communities to demand quality care • Introducing evidence based newborn interventions focusing on maternal and newborn care • Improving access, coverage and quality of maternal and newborn healthcare including home based care • Follow up on discharged newborns • Designing indicators for tracking performance • Measuring results with a focus on equity •Training and building capacity, including South-South cooperation • Improving the enabling environment including strategic planning/ governance and investments in newborn health • Improving health management information systems	• Policy improvements and change • Increasing the fiscal space for maternal and newborn health • Advocating for Universal Health Coverage • Advocating for addressing access barriers and social norms around care seeking for female newborns	• National and subnational governments • Regional bodies and UN partner agencies • Donors • Parents, families and communities • Academic bodies and professional organisations • Civil society organisations • Non-governmental organisations • Private sector	•WASH in health facilities •WASH for adolescents • Prevention of maternal to child transmission of HIV (PMTCT) • Promoting breastfeeding, maternal and adolescent nutrition • Communications to improve demand and access to services especially for adolescents • Reducing child marriage to prevent adolescent pregnancy • Promoting adolescent/youth sensitive health services • Education of female children	• Introducing innovation • Supplying evidence based knowledge • Promoting South-South cooperation • Investing in research • Documenting best practices and successful models for wider sharing with global public health audiences

Of all the areas of technical work listed above, several are worth noting for their particular importance.

Quality of care at the time of labour and childbirth can have the highest impact on reducing maternal and newborn deaths and stillbirths, as most of these deaths are concentrated in this time period.[16] Therefore a key technical assistance activity focuses on ensuring high quality care.

The World Health Organisation (WHO) defines quality of care as 'the extent to which health care services provided to individuals and patient populations improve desired health outcomes. In order to achieve quality, health care needs to be safe, effective, timely, efficient, equitable, and people centred.'[17]

Quality involves meeting and exceeding an acceptable level of performance through the provision of safe and effective health services. Improving quality has become an integral component of effective healthcare delivery and should be seen as part of a continuous cycle of 1) defining (i.e., setting standards and indicators), 2) measuring (assessing quality, for example through audits that identify the reasons for poor outcomes) and 3) improving and reporting on quality. This process of quality improvement is a critical part of health systems strengthening to prevent newborn deaths.[18]

Further, the importance of cross-sectoral linkages cannot be overstated. In South Asia, both poor maternal nutrition and adolescent pregnancy are important drivers of newborn issues. It is critical that our efforts to reduce newborn mortality are done in concert with colleagues working to improve maternal health, including improved water and sanitation in facilities and nutrition during adolescence, and in the pregnancy period, and immediate and exclusive breastfeeding.

We must also work with those focusing on improving adolescent well-being, reducing child marriage and ensuring girls receive a quality education. This will also entail working on initiatives to improve demand and access to health services among young women and girls.

Partners

The major partners for the newborn movement are national and subnational government counterparts. Key decision makers and policy makers within countries are the main target audience for the prioritisation of the newborn agenda, and for harnessing opportunities for South-South collaboration. Professional organisations also have a critical role, as even when policy decisions are made it is often the professional leaders and societies that drive change on the ground.

Table 3. Major partners for improving newborn health in South Asia

Regional bodies	WHO SEARO and EMRO, World Bank, UNFPA APRO, SAARC, UNICEF ROSA
Country governments	Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, Sri Lanka
UN agencies	Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, Sri Lanka
Parents, families and communities	In countries
Academic bodies	With a focus on South Asia
Civil society organisations	In countries
The private sector	With a focus on galvanising innovation
Non-governmental organisations	Save the Children, Plan International, World Vision, local NGOs, etc.
Bilateral organisations	USAID, BMGF, DfID, Jhpiego and others
Professional organisations	Doctors, nurses, midwives, other healthcare workers

Understanding the political economy of countries in South Asia is essential to ensure partnership working for maximum influence on newborn health.

MONITORING AND EVALUATION

Headline results indicator

The headline results indicator is the annual newborn death rate (the number of deaths among children aged 0-28 days per 1000 live births).

UNICEF uses the most recent estimates of newborn deaths produced by the UN Inter-agency Group for Child Mortality Estimation (which includes UNICEF, WHO, the World Bank and UNDP). This source of data is used to gauge progress on the regional result.

UNICEF Strategic Plan 2014-2017 indicators

UNICEF's Global Strategic Plan (2014-2017) defines several indicators that closely relate to newborn health. Table 4 shows the current situation of these indicators within countries in South Asia.

Table 4. Dashboard of progress within South Asia towards newborn-related indicators included within UNICEF's Global Strategic Plan (2014-2017)

	Afghanistan				Bangladesh				Bhutan				India				Maldives				Nepal				Pakistan				Sri Lanka			
	2014	2015	2016	2017	2014	2015	2016	2017	2014	2015	2016	2017	2014	2015	2016	2017	2014	2015	2016	2017	2014	2015	2016	2017	2014	2015	2016	2017	2014	2015	2016	2017
Countries with at least 80% of live births attended by skilled health personnel (doctor, nurse, midwife or auxiliary midwife)																																
Countries with at least 80% of women attending antenatal care at least four times during their pregnancy by any provider (skilled or unskilled) for reasons related to the pregnancy																																
Countries with costed implementation plans for maternal, newborn and child health care																																
Countries in which a policy for home visits of newborns is developed and/or revised adopted and in use																																

Legend

Achieved	In Process	Not achieved	not available

Source: Information on antenatal care coverage and skilled birth attendance is based on data obtained in the 2016 *State of the World's Children* report (available at: http://www.unicef.org/sowc2016/)

Every Newborn Action Plan indicators

The Every Newborn Action Plan has ten core indicators and ten additional indicators that are being tracked on an ongoing basis (table 5).

Table 5. Every Newborn Action Plan indicators

	Core ENAP indicators	Additional indicators
Impact	1. Maternal mortality ratio	
	2. Stillbirth rate	Intrapartum still birth rate
	3. Neonatal mortality rate	Low birth weight rate
		Preterm birth rate
		Small for gestational age
		Neonatal morbidity rates
		Disability after neonatal conditions
Coverage: care for all mothers and newborns	4. Skilled attendant at birth	Antenatal care
	5. Early postnatal care for mothers and infants	Exclusive breastfeeding up to 6 months
	6. Essential newborn care (tracer is early breastfeeding)	
Coverage: care for newborns at risk or with complications	7. Antenatal corticosteroid use	Caesarean section rate
	8. Newborn resuscitation	
	9. Kangaroo mother care and feeding support	
	10. Treatment of neonatal sepsis	Cord cleansing with chlorhexidine
Input: Service delivery packages to improve quality of care	Emergency obstetric care	
	Care of small and sick newborns	
	Every mother, every newborn quality initiative with measurable norms and standards	
Input: Counting	Birth registration	Death registration, cause of death

Legend
Shaded: not routinely tracked at global level
Bold red: indicator requiring additional testing to ensure consistent measurement
(indicators should be disaggregated by equity measures such as gender, urban/rural residence, income and education)

It is key to establish how these indicators are collected in-country (if at all), how UNICEF and partners take account of them, and discrepancies across countries with attention to detail on: numerators, denominators, baseline measurements, and frequency, quality and generalisability of reporting.

Evaluation

It is critical to ensure that the effects of and experiences from efforts are evaluated. The implications are of relevance to UNICEF, our government partners, and other partners and stakeholders who aim to improve delivery of quality maternal and newborn care services, prioritise the most vulnerable communities and groups, and reduce newborn deaths.

In India, for example, UNICEF is commissioning an evaluation to examine UNICEF's specific contribution to the government's Special Newborn Care Units (SNCUs), which provides facility-based specialised care at birth including resuscitation of asphyxiated newborns, sick newborn care, routine postnatal care, follow up of high risk newborns and immunisation and referral services. The findings and recommendations from this evaluation will contribute to future related programme and policy decisions, and ensure accountability on expected results set out in UNICEF India's Programme of Cooperation and Rolling Workplan with the Ministry of Health and Family Welfare.

Knowledge management

Disseminating new evidence on what works to reduce newborn deaths, particularly among the most deprived populations in the region is key. Knowledge management includes the most recent evidence from peer-reviewed journals that is either region or country specific, news that is politically or technically relevant to maternal, newborn, child and adolescent health, a summary of upcoming events that might be of interest to colleagues and partners, as well as newly available resources such as reports, videos, guidance, and training materials. UNICEF releases an update every quarter and also showcases initiatives from countries in the region (both successes and challenges).

UNICEF has initiated a *South 2 South (S2S) Collaborative for Health* which brings together colleagues for learning opportunities on key issues in newborn health, as well as maternal, child and adolescent health. The aim of the S2S initiative is to systemically share practical experiences and 'know how' from one country to another, mainly in South Asia. Collaborative activities to date have focused on learning about "Golden Villages" that commit to achieving 100 percent skilled birth attendance among new deliveries (Afghanistan to Nepal); training paediatricians, obstetricians, midwives and nurses on Kangaroo Mother Care (Bangladesh to India); and learning about an online (and real-time) data monitoring system for newborn health (Sri Lanka to India); among others.

Ending preventable still births: A neglected area

The Global Every Newborn Action Plan includes a focus on both newborns and stillbirths, and thus efforts to achieve the new worldwide goals for maternal, newborn and child survival must also address stillbirths, which constitute a large proportion of preventable deaths.

The problem of stillbirths remains a neglected area and few countries have set targets for reducing stillbirths. Efforts must be made to ensure leaders address this critical issue, integrated interventions are implemented, and stillbirths are accurately measured. Much work remains to end this preventable problem.

CONCLUSION

UNICEF remains committed to ending preventable newborn deaths and to achieving the targets for South Asia and globally. However, at present, newborn deaths remain high in many countries in the region, particularly within deprived and vulnerable population groups.

Many of these deaths can be prevented using well-known, evidence-based solutions, several of which are not associated with high cost or technology. However, increased investments are needed to ensure that health systems can deliver the care needed to families with newborns. Addressing cross-sectoral problems such as poverty, child marriage, adolescent pregnancy, and education and empowerment among girls and women, while more challenging to address, are critical to accelerate progress on newborn survival in the region.

This document has presented UNICEF's Strategy to reduce newborn deaths in South Asia. Following a Results-Based Management approach, our Strategy focuses on: 1) evidence and analysis and a theory of change, 2) strategic planning and prioritisation, 3) implementation of programmatic approaches, 4) monitoring and evaluation via utilisation of data, information and knowledge exchange to adjust programming as necessary and 5) reporting for accountability, transparency, advocacy and resource mobilisation.

Together with our partners, we will continue to prioritise newborn health and well-being until every newborn in South Asia is able to fully realise his or her right to survival.

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