BORN TOO SOON

#BornTooSoon

About this deck

- Key resources
- Launch of the Report
- Development process
- Media coverage
- Next steps - “Year of Action”
  - Engagement with families
  - Events and strategic opportunities
- About the report
  - Executive summary
  - Key findings
  - Chapter summaries

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Born Too Soon Action: Partner Resources

BTS microsite: www.borntoosoonaction.org

Born Too Soon Report

Human interest stories

Press release

Advocacy resource pack

Social media pack

HCP joint statement

BTS Video

Poster display (*available as electronic file or printed posters*)

BTS Advocacy master slide deck

Key messages/talking points

All materials available here: Born Too Soon Resources

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Report Launch

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Launch event reception –

10 May 2023

Born Too Soon: Poised for progress for every woman, every baby, everywhere

Evening reception held at the Zeitz Museum of Contemporary Art Africa, Cape Town to celebrate community activism, country leadership and global partnership to address the burden of preterm birth.

Official report launch – Born Too Soon Launch Concurrent Thematic Session

11 May 2023

Born Too Soon: A Decade of Change and Change for the Next Decade

The event, held during the IMNHC began with an interactive activity engaging all participants to highlight personal experiences of preterm birth.

The second half of the event was a "fireside" conversation - an intimate moderated discussion that personalised the issues and focused on the power of different constituencies to take immediate action.

Speakers were asked to share one photo to begin their contribution. They were asked to link their personal experiences to action, outlining how they used their power and the power of their institutions to act on the report's call to action.

Report Launch

Virtual press conference

9 May 2023

Joy Lawn, LSHTM
Gabriela Foster, Jalen's Gift
Anshu Banerjee, WHO
Helga Fogstad, PMNCH
Bo Jacobsson, Division Director of Maternal and Neonatal Health, FIGO
Nahya Salim, NEST360 and University of Muhimbill, Tanzania

Moderator: Mercy Juma

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Report Launch

Press release

Born Too Soon press release: 152 million babies born preterm in the last decade

https://pmnch.who.int/news-and-events/news/item/10-05-2023-152-million-babies-born-preterm-in-the-last-decade

556 views, 1-16 May 2023

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Development

We would like to thank everyone for the dedication and commitment to developing *Born Too Soon: Decade of action on preterm birth*

This report is a feat of **partnership**, the power of **human-stories** and strength **data and evidence**.

"Together, we have all the ingredients for sustained progress, and many countries around the world, showcased in this report, have shown how it can be achieved" – BTS Report, Executive Summary

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PARTNERSHIP power

2012 report back cover

2023 Edition

140+ individuals

70+ organisations

45+ countries

FOREWORD: Heads of WHO, UNFPA, UNICEF, + Helen Clark

Linking to broader **MNH agenda**

Four Cs hindering progress

Poised for **progress**

Calls for **strong national and sub-national leadership**, and **bottom-up mobilization of stakeholders**

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PEOPLE power

Human stories working group made of up parent and health professional organizations and networks

Interviews conducted by Mercy Juma, BBC, with women, parents, survivors

One story per chapter, highlighting a key theme

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Travelling photo exhibition – welcome offers to exhibit!

DATA power

NEW!! WHO/UNICEF preterm estimates

NEW!! Lancet Small Vulnerable Newborn series

Using the latest neonatal, child, stillbirth and maternal mortality estimates

Countries making progress, country snapshots and mix of the '4 Cs' framing

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Media Coverage

Social Media

Media Reach

Highlights

Challenges

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Media Coverage: #BornTooSoon

#BornTooSoon hashtag between 1-12 May 2023

	#BornTooSoon
Social reach	1.3 Million
Interactions	5601

PMNCH 1-12 May 2023

	PMNCH
Social reach	1.6 Million
Interactions	3400

PMNCH posts 3-12 May 2023

	Impressions
TW+FB+LI	25,543

Media Coverage: Media Reach

Regional distribution of 215 media products (news, interviews, commentaries, etc.) registered between 10-23 May 2023

Total estimated reach: 3,463,923,370 (3.47 billion)

Regions	Media products	Estimated potential reach
Africa	47	158,906,700
Asia	96	964,335,134
Europe	35	1,255,441,900
Latin America and the Caribbean	2	29,335,600
Middle East and North Africa	2	236,500
North America	4	367,189,100
Unspecified	29	688,478,436
TOTAL	215	3,463,923,370 (3.47 billion)

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Media Coverage: Highlights

Top tier broadcast coverage across four BBC channels / British Medical Journal / Telegraph / Voice of America / SABC / Deutsche Welle

Follow up media requests to expand/feature stories from Born Too Soon report from Thomson Reuters, BBC, the Guardian, CNN, NYT, and others

Expansive geographic spread which has also emphasised the gaps for further opportunities to bring the Born Too Soon story to larger audiences

Working with Press Fellows at the IMNCH extended the life of the coverage – producing three distinct storylines over a three-week period

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Media Coverage: Challenges

Incredibly crowded media space, with two other directly competing reports with preterm statistics launching BEFORE B2S and an entire conference focused on MNCH (could view this as an advantage) - despite this, Born Too Soon performed well:

Born Too Soon also coincided with coronation of King Charles III, which was an additional distraction.

Media materials, including the press release, report executive summary and the report itself were held back due to the lengthy sign off processes in partner agencies – this impeded longer lead pitching, inhibited advance 'selling in' of report for longer features in advance

Lack of translation of report into Spanish / French restricted coverage.

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Next Steps: Year of Action

Communications Plan

Focus on Human Stories

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Elevating the people power of Born Too Soon

What do we want?

People-centred health systems that respect human rights and guarantee supportive workplace conditions for health-care providers, resulting in high-quality, respectful care for women, their babies and families.

Join the Born Too Soon Year of Action

- Movement
  - Key messages/actions from report, especially for resource mobilization
  - Actively involve all the partners with drum beat, including WPD
  - Use assets, inculding PMNCH Digital Advocacy Hub and Borntoosoonaction
- Moments – BTS Advocacy Roadmap
  - Sept
    - ENS conference Rome
    - SDG Pavillion on MNCH
    - UNGA Gates Goalkeeper report
  - Oct
    - Global Forum for Adolescents and links to 1.8 billion campaign
    - FIGO
    - Essay competition linked to Toolkit on SSNC (African Neonatal Association)
  - Nov
    - WPD many events, including parent voices, Essay competition;
- New evidence/events
  - Early Oct –WHO/LSHTM/Lancet - launch of preterm estimates
  - Late Oct – novel funding analyses results in Lancet GH (20yrs ODA funding & research funding for 10 yrs to LMIC)

www.borntoosoonaction.org

Behind every statistic is a story - a collection of #BornTooSoon stories

Each chapter of the report includes short stories based on original interviews with women, parents, survivors, including:

1. Jayme from Japan born 23 weeks
2. Jalen from USA stillborn
3. Santiago from Costa Rica born 25 weeks
4. Estelle from Australia born 26 weeks
5. Abhishek and Koresh twins from Nepal
6. Ainsley from Kenya born at 30 weeks
7. Chinyere healthcare provider champion from Nigeria

BORN TOO SOON

About the report

Report Key Findings

Executive Summary

Chapter Summaries

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Report key findings

1. **Big numbers for small babies** – they count
2. **Preterm rates "flatlining" for the last decade –** urgently need faster progress
3. **Vulnerabilities and inequalities** in every country, gaps can and must be closed
4. **Opportunities -** last decade's progress
5. **Actions** for next decade, on both prevention and care of small and sick newborns

ACTION: poised for action now

Key finding 1

BIG NUMBERS FOR SMALL BABIES

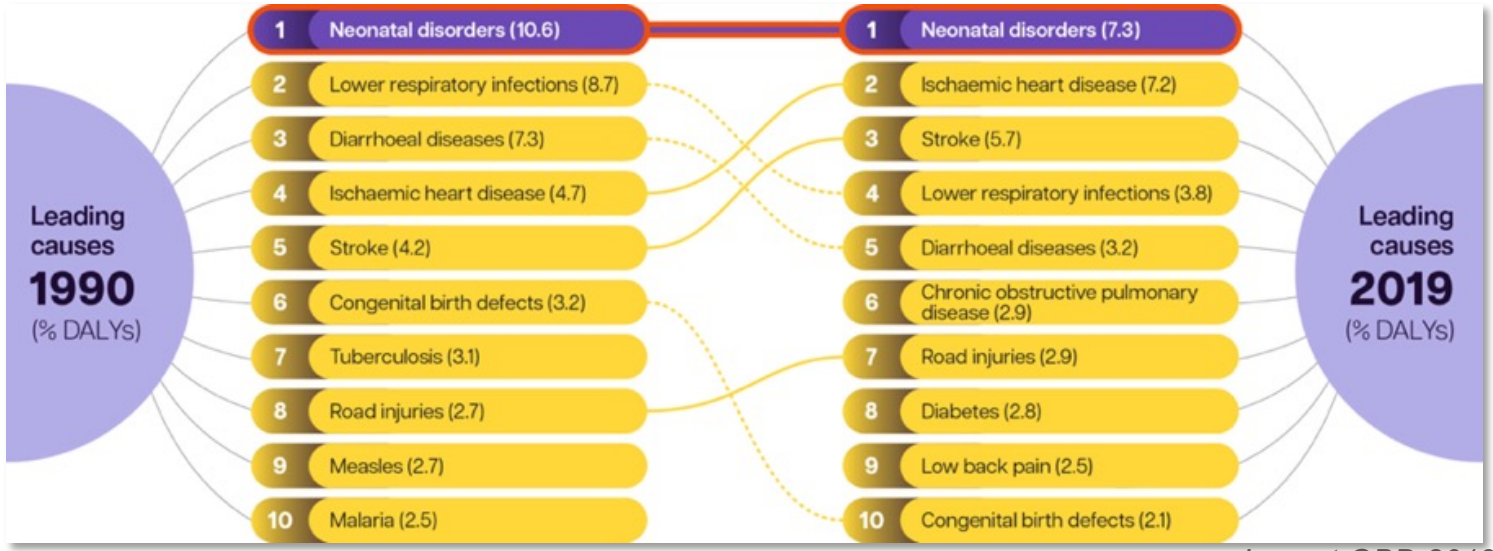
Every **2 seconds**
a baby is born preterm

Every **40 seconds**
a preterm newborn dies

#1
cause for early deaths

#1
Loss of human capital

- **Leading cause** of under-five deaths (1 in 5 of child deaths), ~**1 million newborns** per year
- **NEW DATA!** 75% stillbirths born preterm based on high- & upper middle-income country data
- **Neonatal** conditions biggest loss of human capital (DALYS) worldwide … now and in 1990



Lancet GBD 2019

More data available here

ACTION: A global health crisis that cannot stay silent – we need to know and use these data

Key finding 2

RATES FLATLINING

Big Numbers: no change in past decade

Preterm birth rates are static

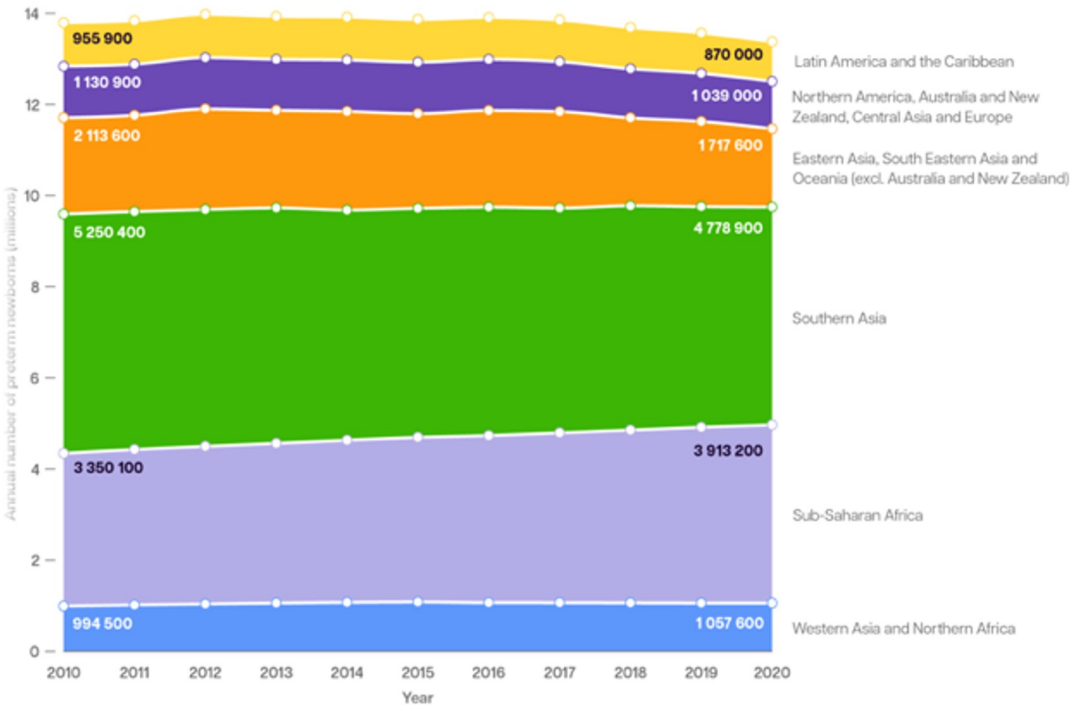
Globally: 9.9% in 2020, compared to **9.8% in 2010**.

Regionally: no change e.g. Southern Asia: **13.3% in 2010** and **13.2% in 2020**; sub-Saharan Africa: **10.1% in both 2010** and **2020**

Nationally

- 13 countries, rates of preterm birth are rising;
- No measurable change in 52 countries
- Few countries with progress but 0.5% per year

Trends of number of preterm births by region, 2010–2020



More data available here

Lancet SVN, Lawn et al 2023

ACTION: more ambitious focus on preterm prevention now, intentional research, AND use data for accountability for progress - do we need a target?

Key finding 3

VULNERABILITIES & INEQUALITIES

Challenges disproportionately affect vulnerable women and babies with increased threats in every country with the "Cs"

Conflict

1.2 million preterm babies are born in 10 most fragile countries

Climate Change

Increasing evidence of effects of climate change on pregnant women, stillbirths & preterm birth e.g. air pollution contributes to **6 million preterm births**

Cost of Living

Families may experience **catastrophic** out of pocket payments for neonatal or obstetric care

Human rights law includes those born too soon – we need to fight for families of preterm babies who experience rights abuses, including separation

ACTION: use evidence to drive changes for human rights and respectful care, add action beyond health sector especially for vulnerable populations and to address increasing climate challenges

Key finding 4

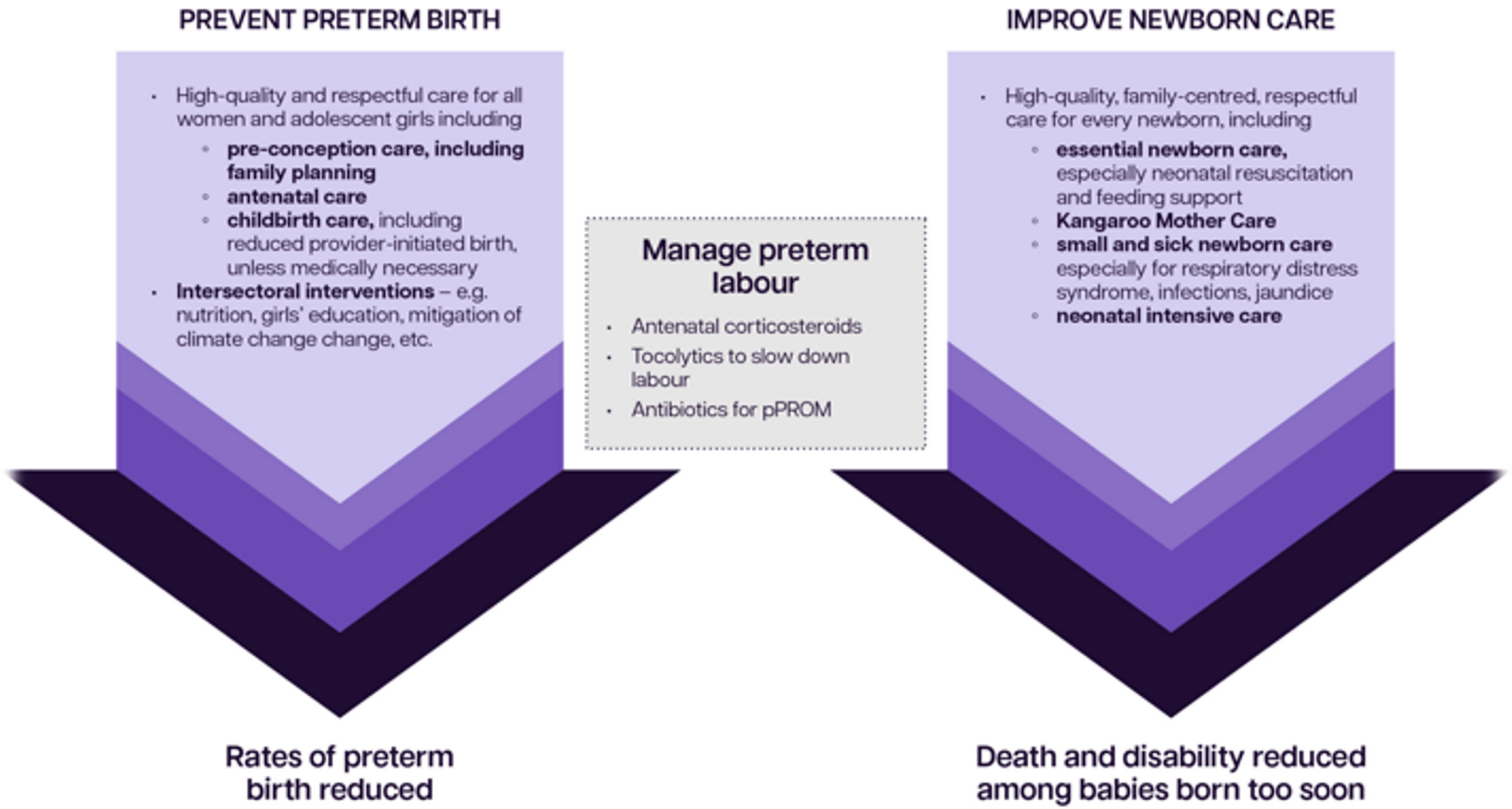
OPPORTUNITIES NOW

Encouraging progress over the last decade since the first Born Too Soon report

- **Policy Targets:** newborn mortality included in SDGs, re-emphasis on maternal, child survival, low birthweight. Some focus on stillbirths.
- **Place of care >** 80% of births worldwide now in health facilities.
- **Evidence and updated global guidelines** from WHO.
- **Leadership in some countries** for improved small and sick newborn care shows what is possible in every district hospital as part of PHC, and with a high return on investment.
- **Respectful care and human rights** of women, preterm babies, parents and healthcare providers more clearly recognised.
- **Increased demand** for change, especially amongst parents and healthcare professionals

ACTION: poised with the right ingredients – but need to implement

Key finding 5 ACTIONS FOR BOTH PREVENTION AND CARE



PATHWAY 1: PREVENT PRETERM BIRTH

There are intervention options …

Women's SRH and preconception care

Enable women's choices for SRH and family planning, especially for adolescents and older women

Public health, e.g. smoking cessation

High-quality antenatal care

Infections in pregnancy

Nutritional eg micronutirients

Obstetric e.g. reduction of non-medically indicated caesarean delivery, regulation of assisted reproductive technologies.

Progesterone treatment

Better manage preterm labour

Scale up use of antenatal corticosteroids

Intersectoral

Nutrition, eg breastfeeding,

Education

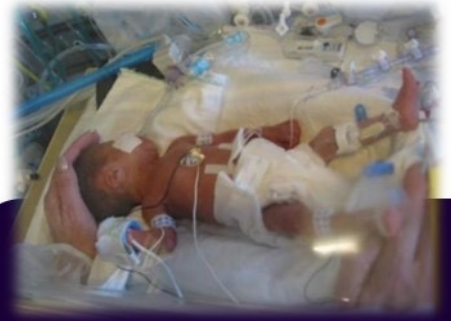
Climate change

Source: Lancet 2013, Hofmeyer J et al 2023, Chang et al, Lancet 2013

ACTION: more ambitious focus on preterm prevention now, intentional research, Scale up innovations for care of preterm labour e.g. safe antenatal corticosteroids

PATHWAY 2: SMALL AND SICK NEWBORN CARE INCLUDING FOR PRETERM

13.4 million babies are born too soon every year... they can survive and thrive



Survival gap

90% 10%

Over 90% of extremely preterm babies (<28 weeks) born in high-income countries survive; yet less than 10% of these babies survive in low-income settings.

To close the survival gap and reach SDG 3.2 target for NMR of 12 need every district to provide small and sick newborn **package of care** defined by WHO including **KMC and respiratory support e.g. CPAP with family at the centre.** Large return on investment **$8-12 for every $1 invested**

ACTION: more ambitious planning and investment for scale up of small and sick newborn care now to reach every district and meet Every Newborn targets

Poised for progress to save millions of families from heartbreak

We need **leadership** and **community movements** for:

- **Investment** by governments and partners
- **Implementation for impact** = coverage and quality
- **Intersectoral action**
- **Innovation** locally and globally

Ambition and energy is required at the levels shown for HIV/AIDS a generation ago!

ACTION: all of us have a role to play
Join the movement !

Born Too Soon Decade of action - the ingredients

2012

2023

Data – small babies, big numbers

People - #myborntoosoon story

Partnership – 70+ organisations

www.borntoosoonaction.org

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Behind every statistic is a story - a collection of #BornTooSoon stories

Each chapter of the report includes short stories based on original interviews with women, parents, survivors, including:

1. Jayme from **Japan** born 23 weeks
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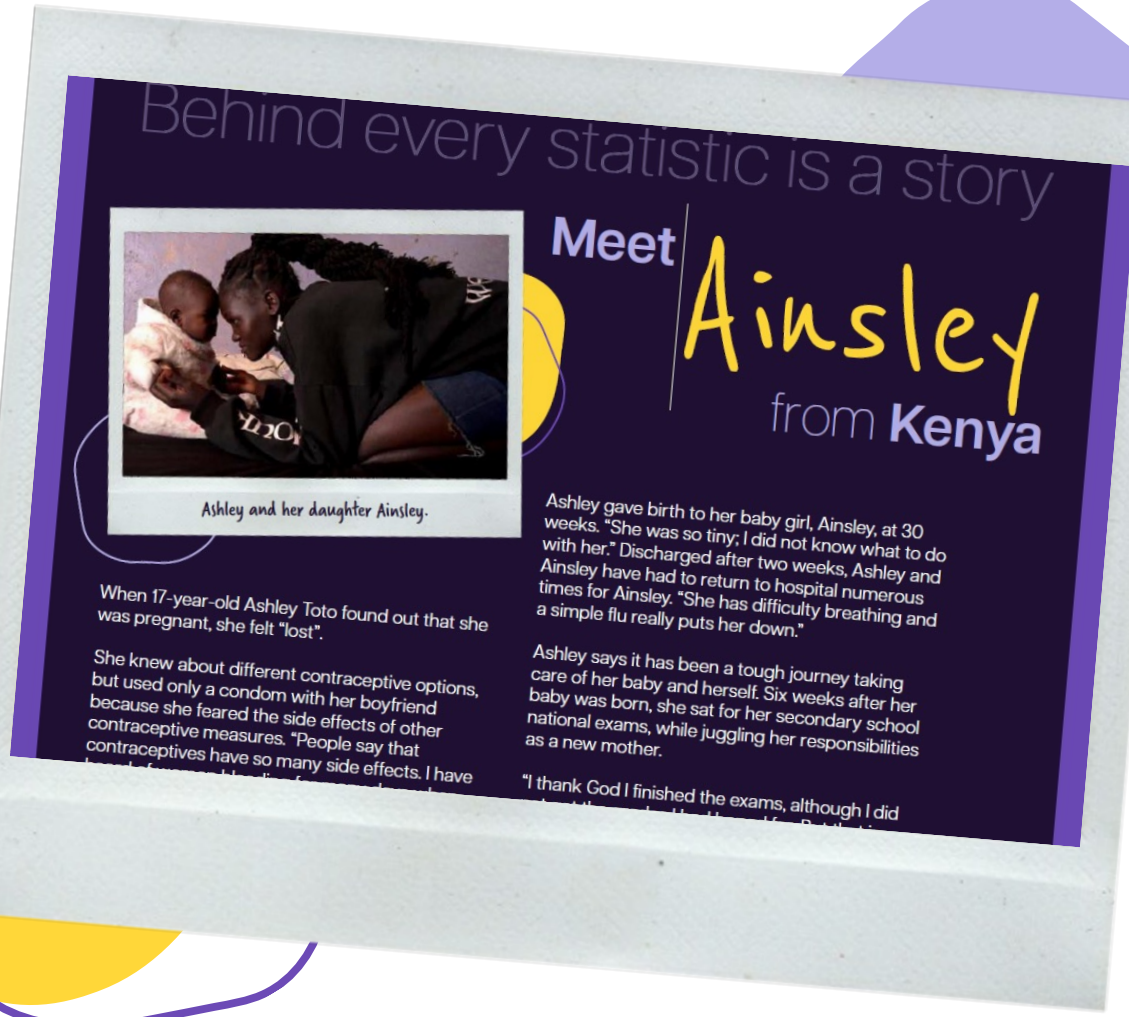

Executive Summary

Heads of WHO, UNFPA, UNICEF and PMNCH Board Chair

Calls for strong national and sub-national leadership, and bottom-up mobilization of stakeholders

Linking to broader maternal and newborn health agenda

Soon to be available in six UN languages

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Summary slides by chapter

Chapter 1:

Looking back to inform our future

Chapter 2:

Counting and accounting for preterm births

Chapter 3:

Rights and respect: putting people at the centre of the response to preterm birth

Chapter 4:

Women's health and maternal health services: seizing missed opportunities to prevent and manage preterm birth

Chapter 5:

Care for small and sick newborns: high return on investment is possible now

Chapter 6:

Intersectoral action: integration for impact on preterm birth

Chapter 7:

Decade of change: to 2030 and beyond

Chapter 1:

Looking back to inform our future

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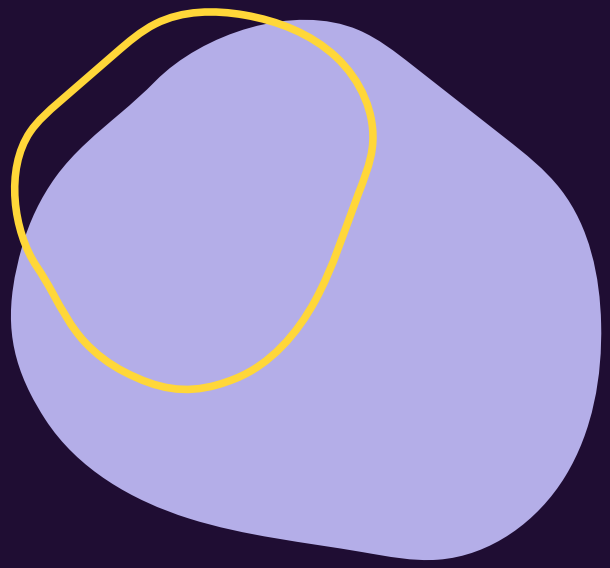
Chapter 1: Looking back to inform our future

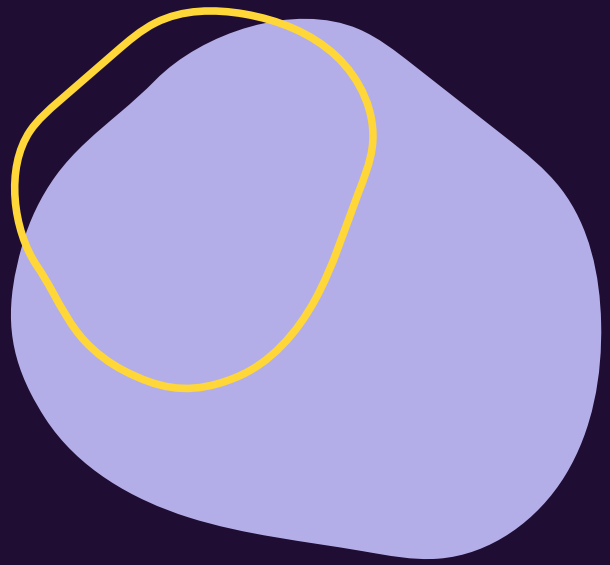


A decade ago *Born Too Soon: The Global Action Report on Preterm Birth,* shone a spotlight on preterm birth, gained media and policy attention all over the world, and made the case for the needs of women and their newborns together.

Despite some gains, progress in the past decade has not gone fast enough or far enough. Rates of preterm birth barely changed between 2010 and 2020.

The "four Cs" – conflict, climate change, COVID-19 and the cost-of-living crisis – pose distinct but overlapping challenges, and compound existing inequities, especially in places where health systems are already weak.

Chapter 1: Looking back to inform our future



Despite challenges, the past decade has also witnessed local-turned-global movements for racial justice, climate action, and women's rights and bodily autonomy.

Born too soon: decade of action on preterm birth provides a roadmap for what must be done differently in the coming decade to address the unacceptable burden of preterm birth.

Chapter 2:

Counting and accounting for preterm births

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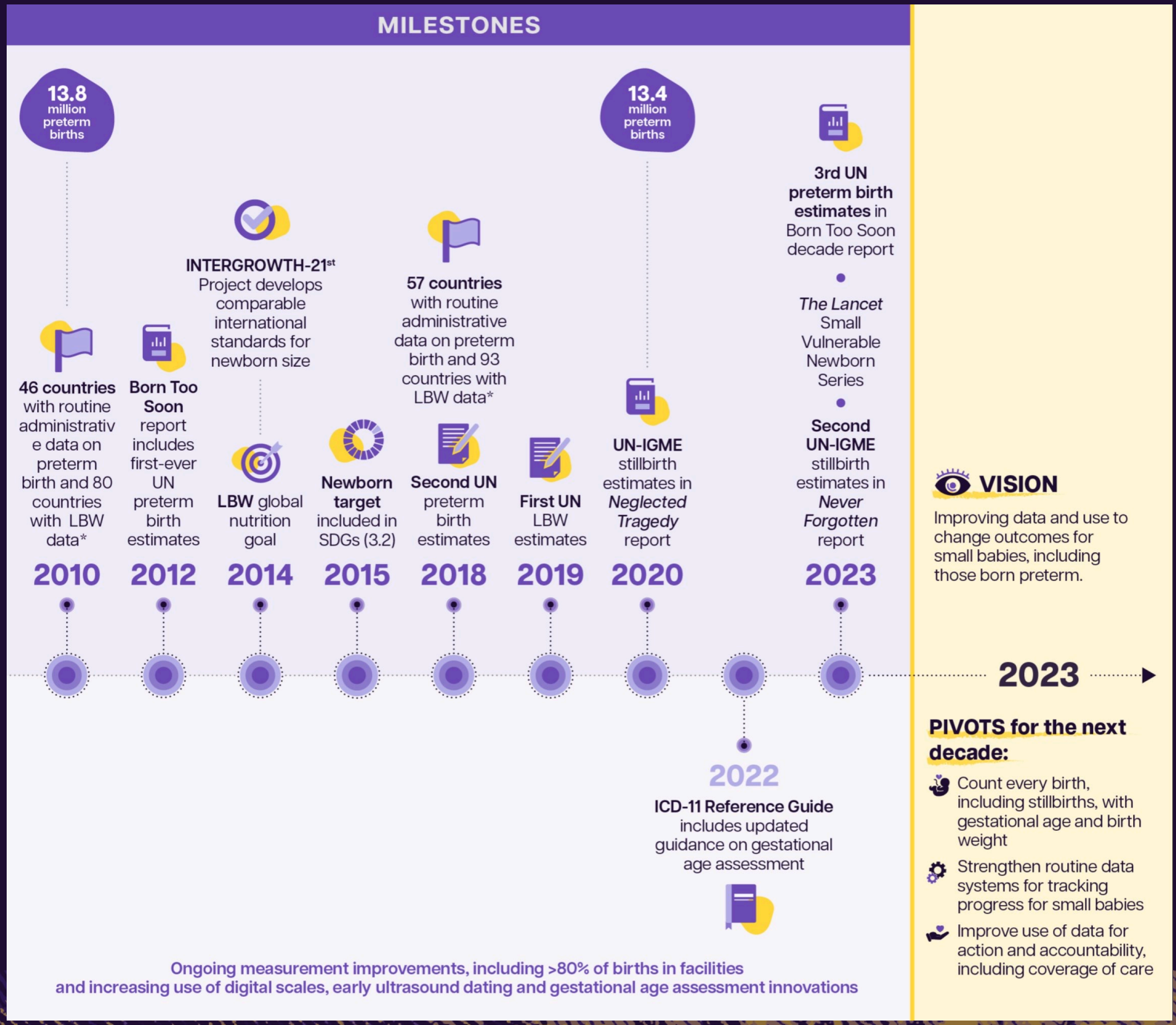
Preterm birth trends in rates and numbers, 2010–2020



Chapter 2: Counting and accounting for preterm births

This chapter presents the new global preterm birth estimates, analysing trends and priorities

- **The past decade has seen no measurable change in global preterm birth rates.**
- **Preterm birth complications remain the top cause of under-5 child mortality, accounting for about 1 million neonatal deaths worldwide in 2021, a number similar to that of 10 years ago.**
- **An estimated 13.4 million babies were born preterm in 2020, meaning that 1 in 10 babies worldwide was “born too soon”.**

Preterm birth in numbers and rates:

13.4 million babies were born preterm in 2020 (9.9% of all live births).

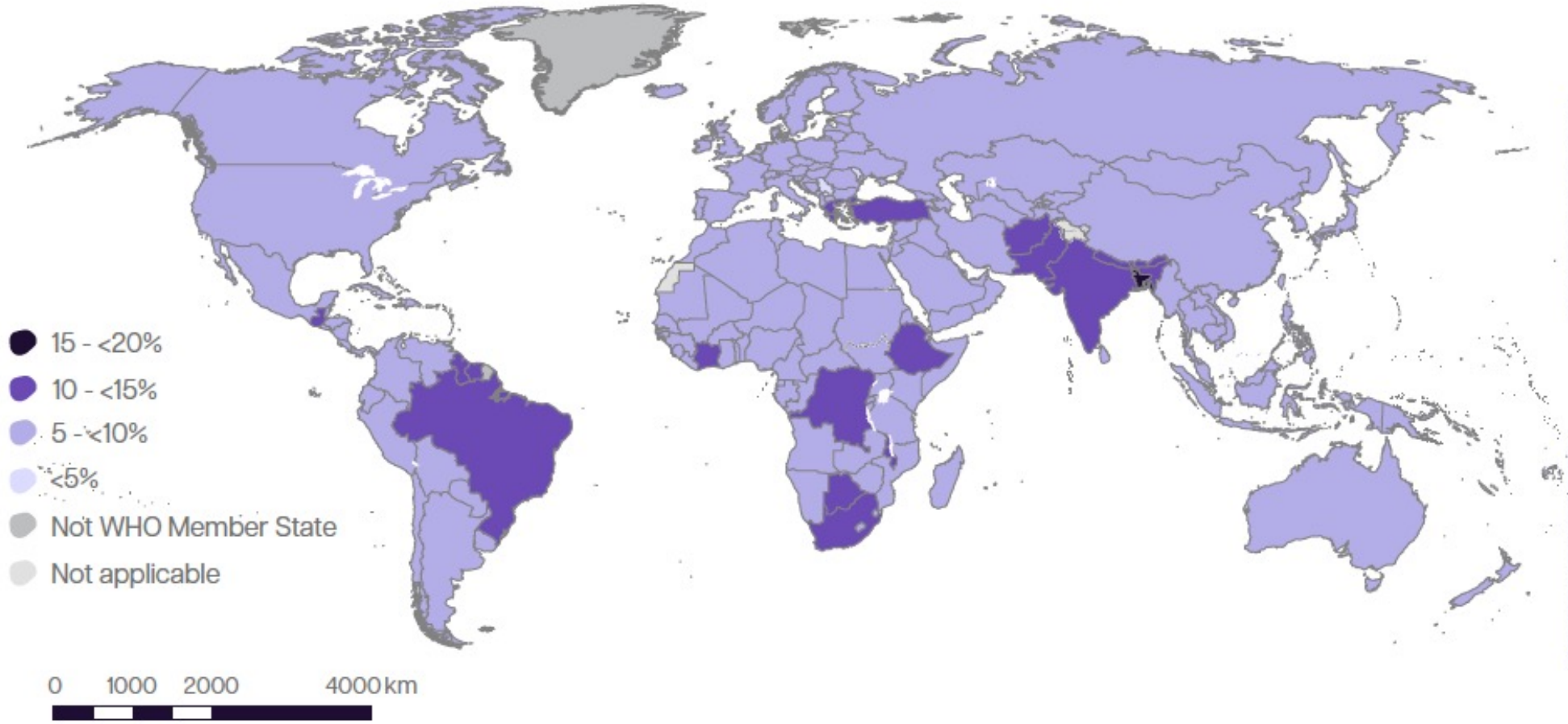
National preterm birth rates vary from **4-16%**. Southern Asia has the highest rates and numbers of preterm birth.

Almost **900 000 neonatal deaths** were due to direct complications of preterm birth in 2020.

85% of preterm births occur between 32 and 37 weeks of gestation where survival is usually possible without neonatal intensive care.

Estimated national preterm birth rates and numbers in 2020

13.4 million babies born too soon in 2020 = 1 in 10 babies



Top 5 for preterm birth rates

Bangladesh	16.2
Malawi	14.5
Pakistan	14.4
India	13.0
South Africa	13.0

Top 5 for preterm birth numbers

India	3 016 700
Pakistan	914 000
Nigeria	774 100
China	752 900
Ethiopia	495 900

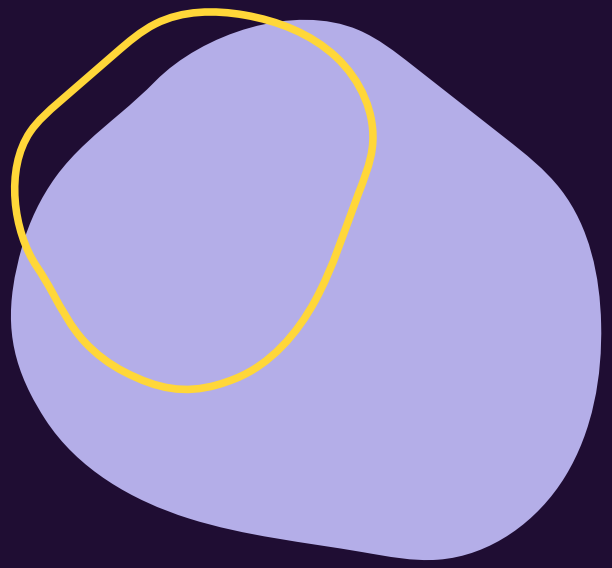
WHO and UNICEF estimates, Lancet in press 2023 , Ohuma, Moller, Bradley et al

More data available here

Chapter 2: Counting and accounting for preterm births

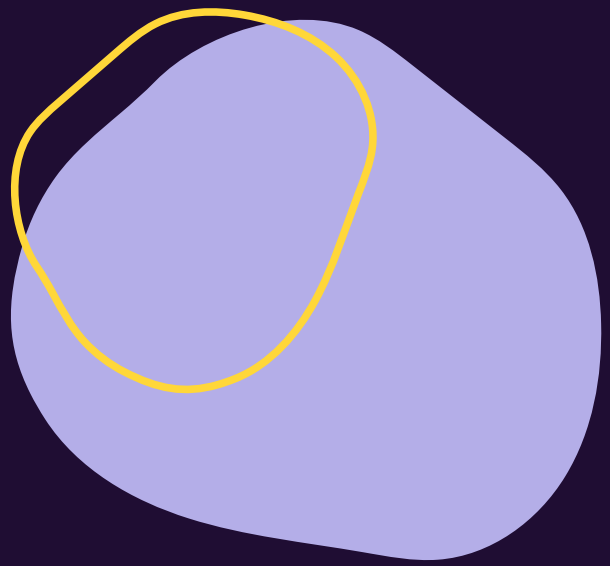
Priorities outlined:

- Preventing preterm birth is crucial. It could be accelerated by focusing on context-specific risk factors, and addressing spontaneous and provider-initiated preterm births, such as non-medically indicated caesarean sections.
- Care of preterm and vulnerable newborns is possible now to prevent 900 000 direct deaths from preterm birth (mostly less than 32 weeks' gestation).
- Stillbirths should be included in data, policies and programmes relating to preterm birth because most stillbirths are preterm and stillbirths take a serious, long-term toll on families and contribute to loss of human capital.



Chapter 2: Counting and accounting for preterm births

Pivots:



Data availability and quality can be improved, but it is also crucial to use data to drive accountability and action, including by:

- counting every baby everywhere, including those stillborn, and accurately recording gestational age and birth weight;
- strengthening national data systems to improve the availability of individual-level data for action, including quality improvement in maternity wards and small and sick newborn care units, plus follow-up for health outcomes, including disabilities, and loss of human capital; and
- using data to strengthen shared accountability at all levels, from the community and facility levels to the subnational, national and global levels.

Chapter 3:

Rights and respect: putting people at the centre of the response to preterm birth

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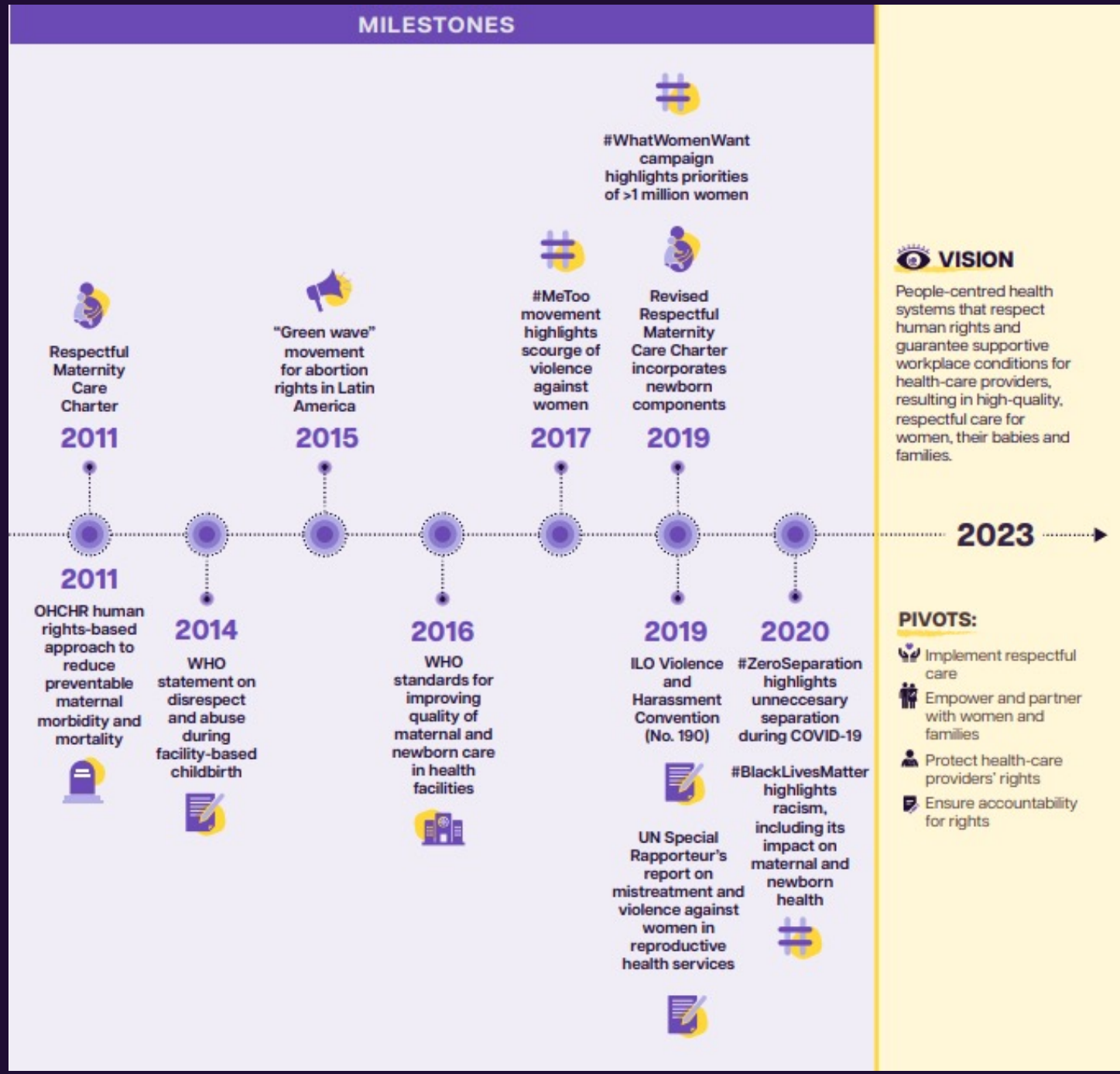
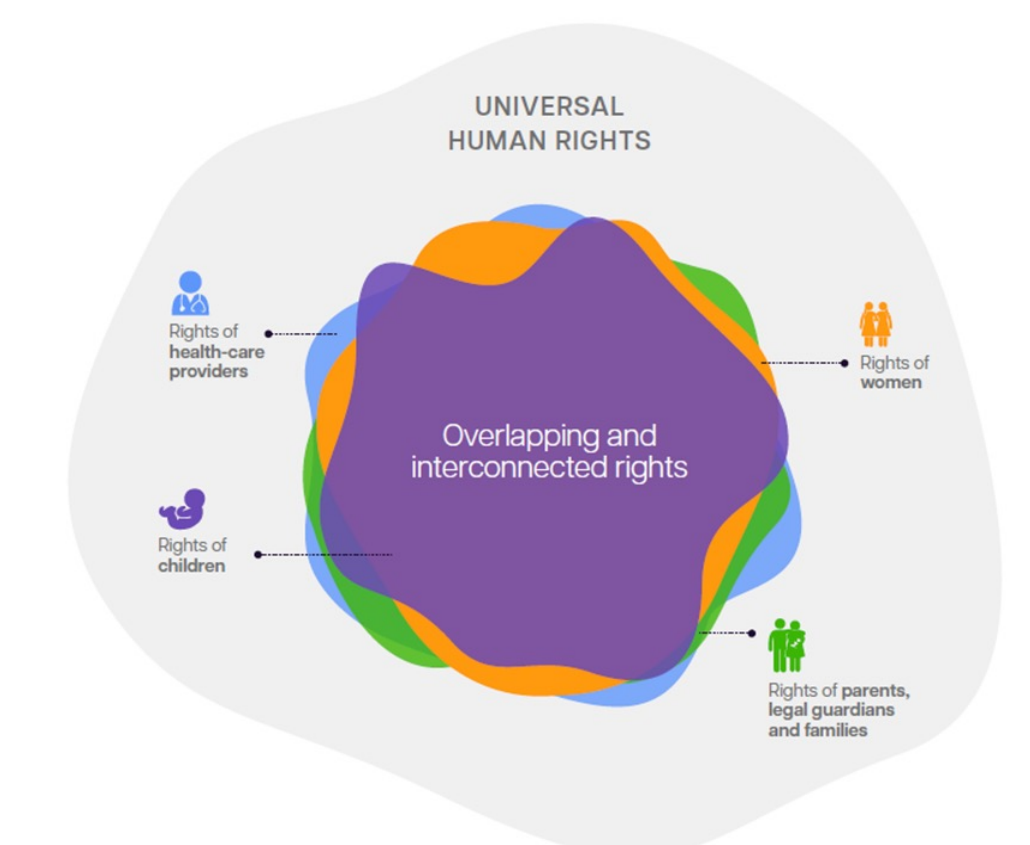
Key milestones for WCAH rights



Chapter 3: Rights and respect: putting people at the centre of the response to preterm birth

This chapter takes stock of how a focus on human rights and respectful, family-centred care has profoundly shifted our approach to the understanding and delivery of high-quality care.

Chapter 3: Rights and respect: putting people at the centre of the response to preterm birth



More data available here

- The fundamental rights of women, babies and their families include, but are not limited to: access to high-quality care, including developmental care; informed consent; being together; not being detained; and not being discriminated against.

- These rights can only be realized by protecting the rights of those who deliver the care: the health-care providers.

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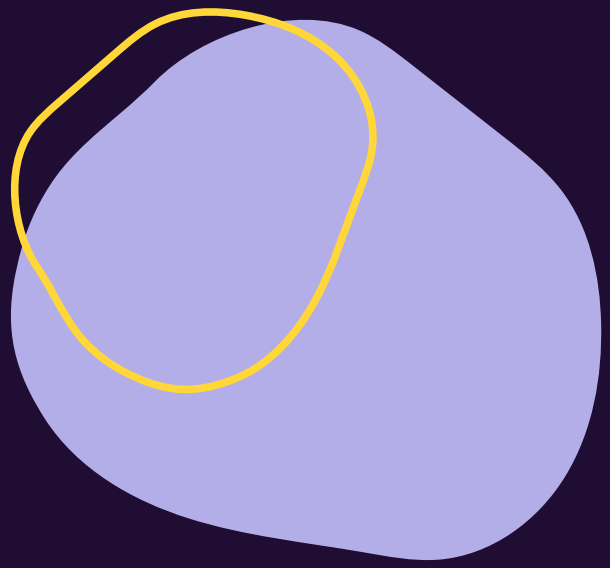
Chapter 3: Rights and respect: putting people at the centre of the response to preterm birth

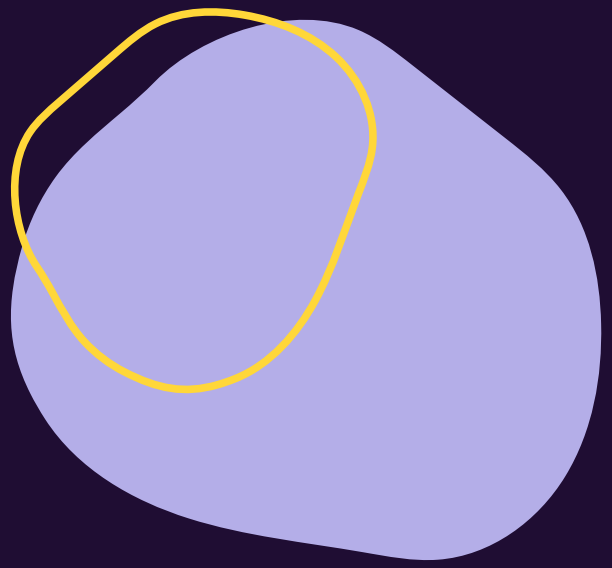
Priorities outlined:



- National-level action requires the adoption and monitoring of international and regional human rights instruments, with multisectoral collaboration and social mobilization where violations continue.
- Community action requires strengthening accountability mechanisms at all levels and partnering with those affected by preterm birth when planning policy processes and in the design, implementation and monitoring of care, particularly women, families and health-care providers.

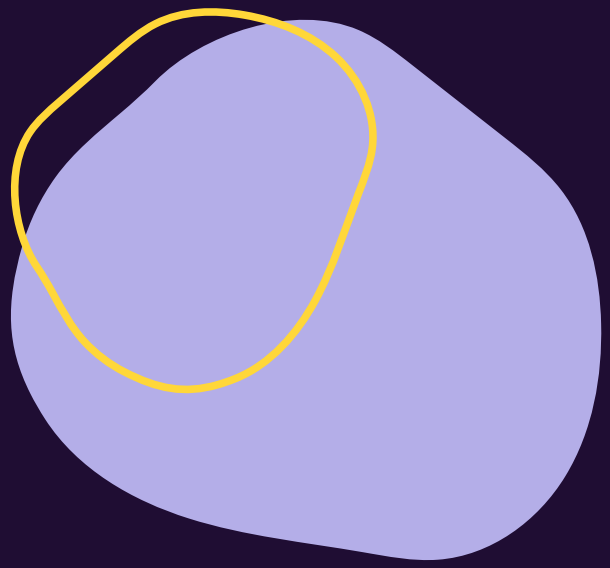
Chapter 3: Rights and respect: putting people at the centre of the response to preterm birth

Priorities outlined:



- Facility-level action requires that health systems are designed to respect and protect the fundamental human rights of the people in them, both care seekers and care providers. Implementing respectful care relating to preterm birth will require structural and social changes, as well as stronger data systems.
- Individual-level action requires a focus on caring for the mother–baby dyad, as well as understanding the needs of health-care providers, both for themselves and to provide high quality, respectful care to patients.

Chapter 3: Rights and respect: putting people at the centre of the response to preterm birth



Pivots:

To operationalize respectful and rights-based care for preterm birth, four primary shifts are needed:

- scaling up respectful care;
- empowering and partnering with women and families;
- addressing the shortage of health-care providers and protecting their rights;
- and strengthening policy action and accountability.

Chapter 4:

Women's health and maternal health services: seizing missed opportunities to prevent and manage preterm birth

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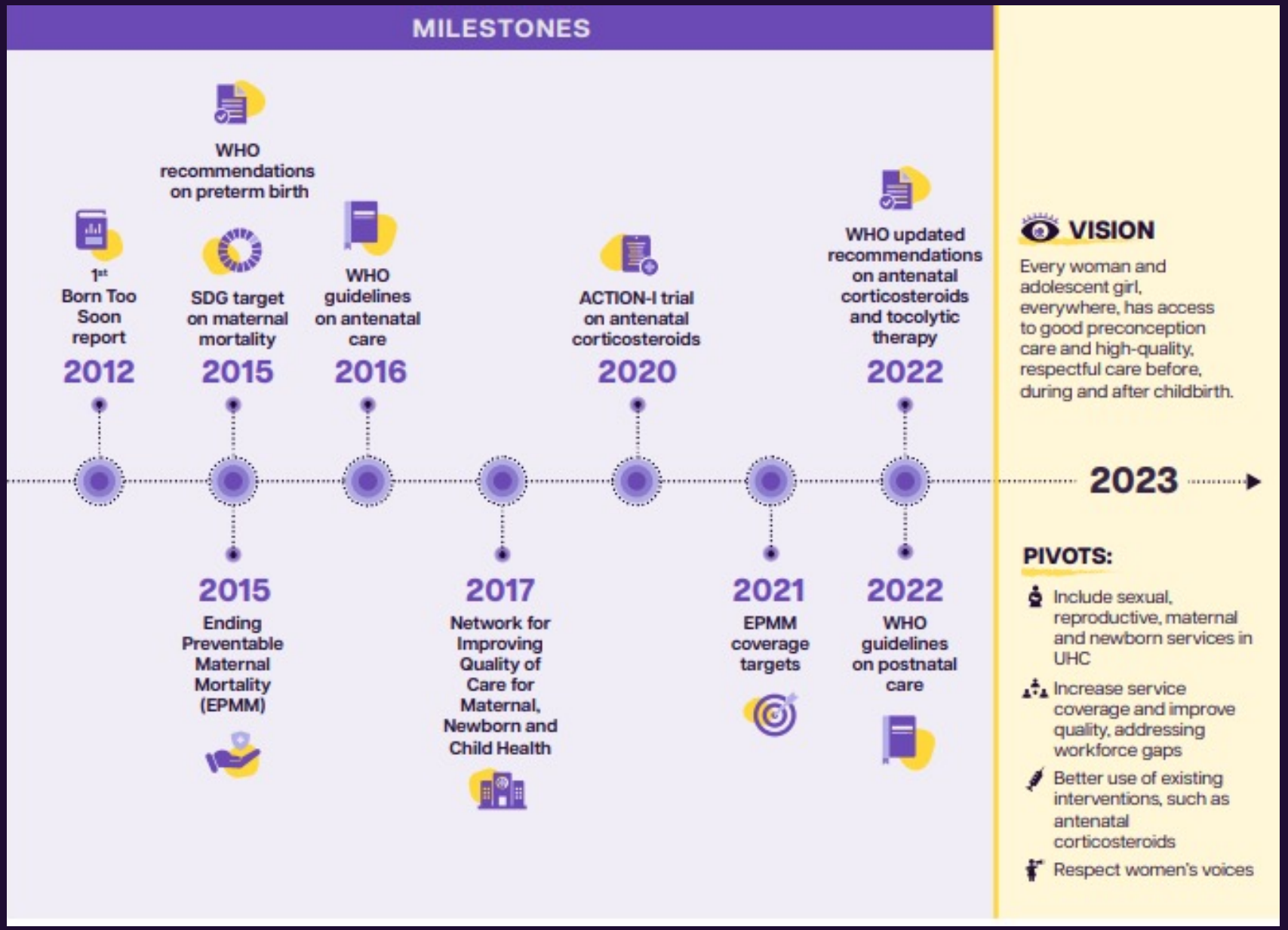
Progress on WCAH a decade behind and a decade ahead



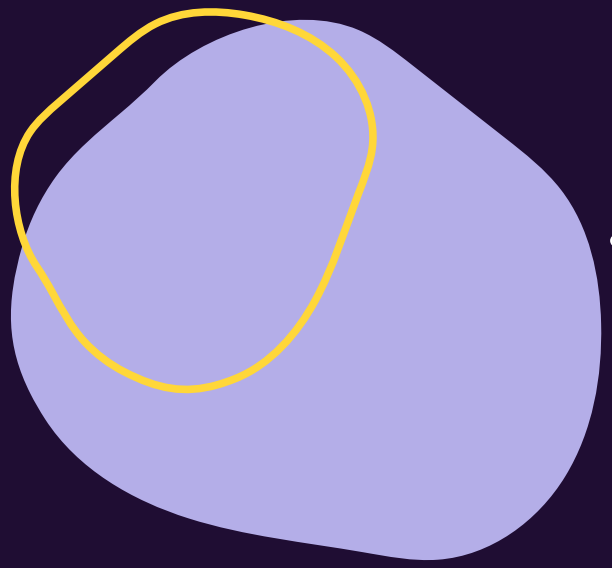
Chapter 4: Women's health and maternal health services: seizing missed opportunities to prevent and manage preterm birth

This chapter focuses on the prevention and management of preterm birth, founded on ensuring women's access to high-quality services for sexual, reproductive and maternal health.

- **Unacceptable inequities in coverage and quality remain and are hindering progress towards the effective prevention and management of preterm birth, and on reducing the number of stillbirths.**

Chapter 4: Women's health and maternal health services: seizing missed opportunities to prevent and manage preterm birth

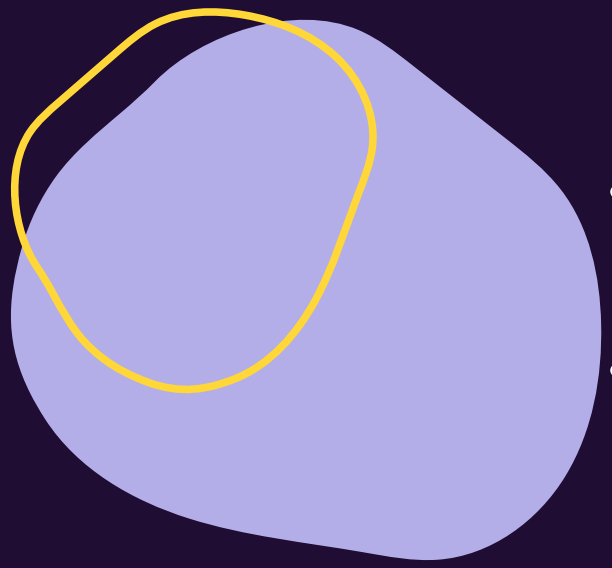
Priorities outlined:



- Preconception care, including ensuring that all women and adolescent girls can determine the number and spacing of their children.
- Pregnancy: evidence-based, high-quality and respectful antenatal care to reduce the likelihood of preterm birth occurring and to improve maternal and newborn health outcomes more broadly.
- Childbirth: evidence-based, high-quality and respectful care around the time of childbirth. When preterm birth is imminent before 34 weeks' gestation and adequate childbirth and preterm newborn care is available, antenatal corticosteroids should be used to prevent newborn morbidity and mortality.
- Postnatal care: evidence-based, high-quality and respectful postnatal care to facilitate positive health outcomes for the woman, the newborn and the family. In the case of stillbirth or neonatal death, it is vital to ensure that women and their families are offered compassionate bereavement care

Chapter 4: Women's health and maternal health services: seizing missed opportunities to prevent and manage preterm birth

Pivots:



- Emphasize that the government, civil society, the private sector and all development partners must join forces to ensure the effective integration of sexual, reproductive and maternal health services within UHC, as well as integrating action on the known modifiable risk factors for preterm birth.
- Seize the opportunity of recent increases in coverage of women's sexual, reproductive and maternal health care to improve the quality of care before, during and after childbirth, provided by multidisciplinary teams of health-care providers in partnership with women.
- Fully leverage existing tools to improve the prevention and management of preterm birth, including the appropriate use of antenatal corticosteroids.
- Ensure that women and families receive respectful, person-centred care, and that women's and adolescents' voices are respected.

Chapter 5:

Care for small and sick newborns: high return on investment is possible now

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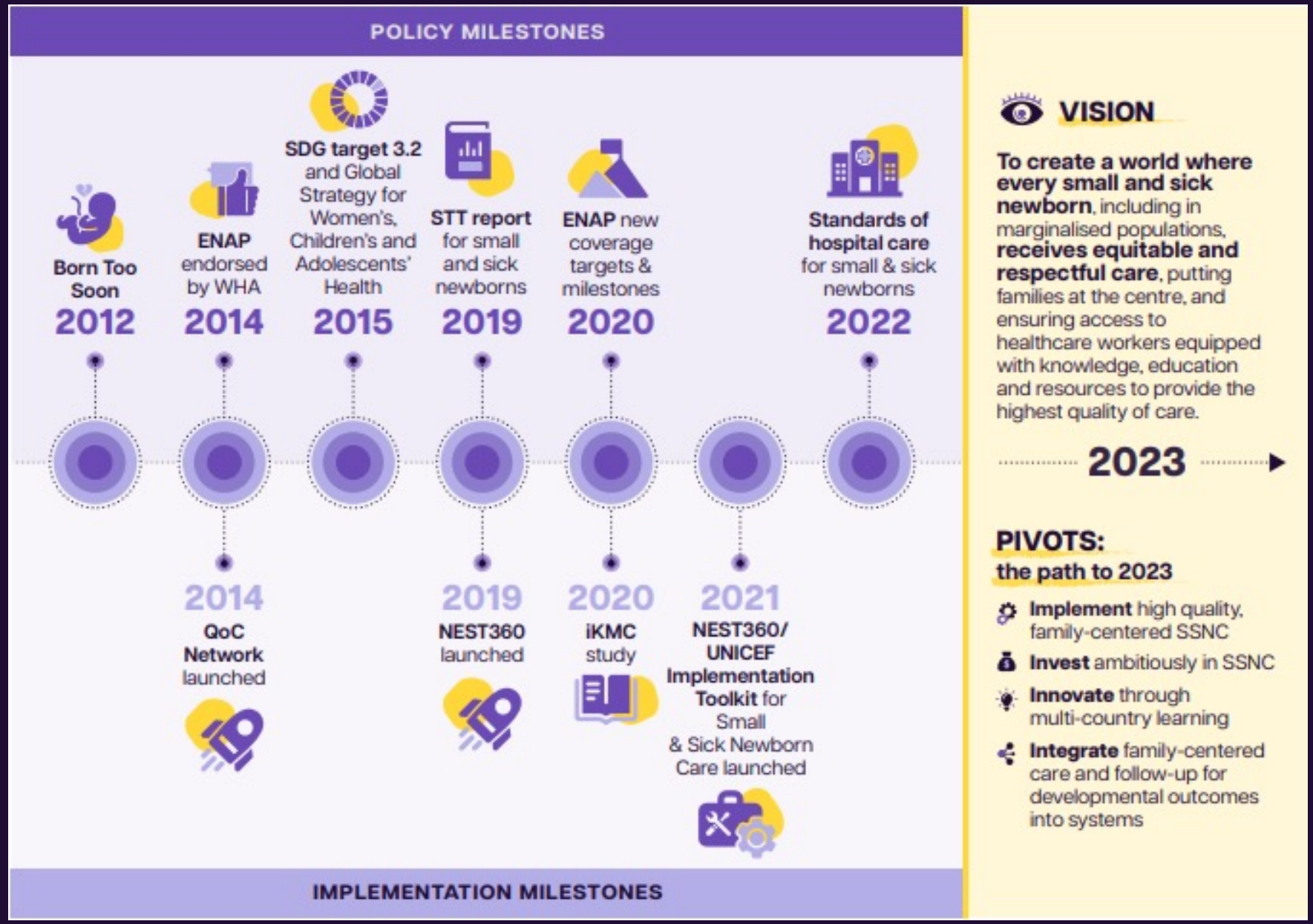
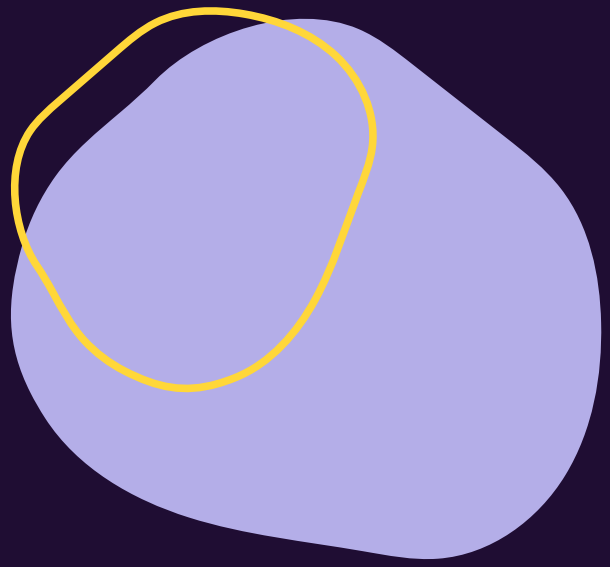
Milestones for newborn health



Chapter 5: Care for small and sick newborns (SSNC): high return on investment is possible now



This chapter identifies tangible steps to implement small and sick newborn care (SSNC), which produces a high return on investment.

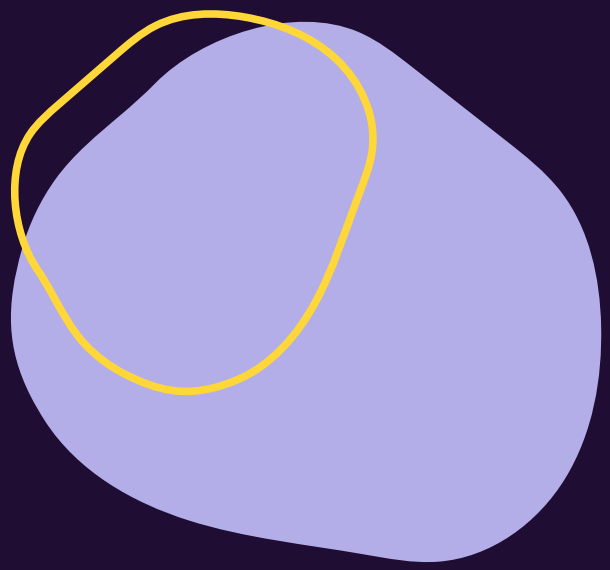
Globally, the place where babies receive care has shifted, with 80% of births now occurring in health facilities.

An estimated 30 million small and sick newborns have life-threatening conditions that require inpatient care in hospitals each year, half of whom are preterm.

Gaps remain for programmatic action, especially for babies born too soon, too small, or who become sick.

Chapter 5: Care for small and sick newborns: high return on investment is possible now

Priorities outlined:

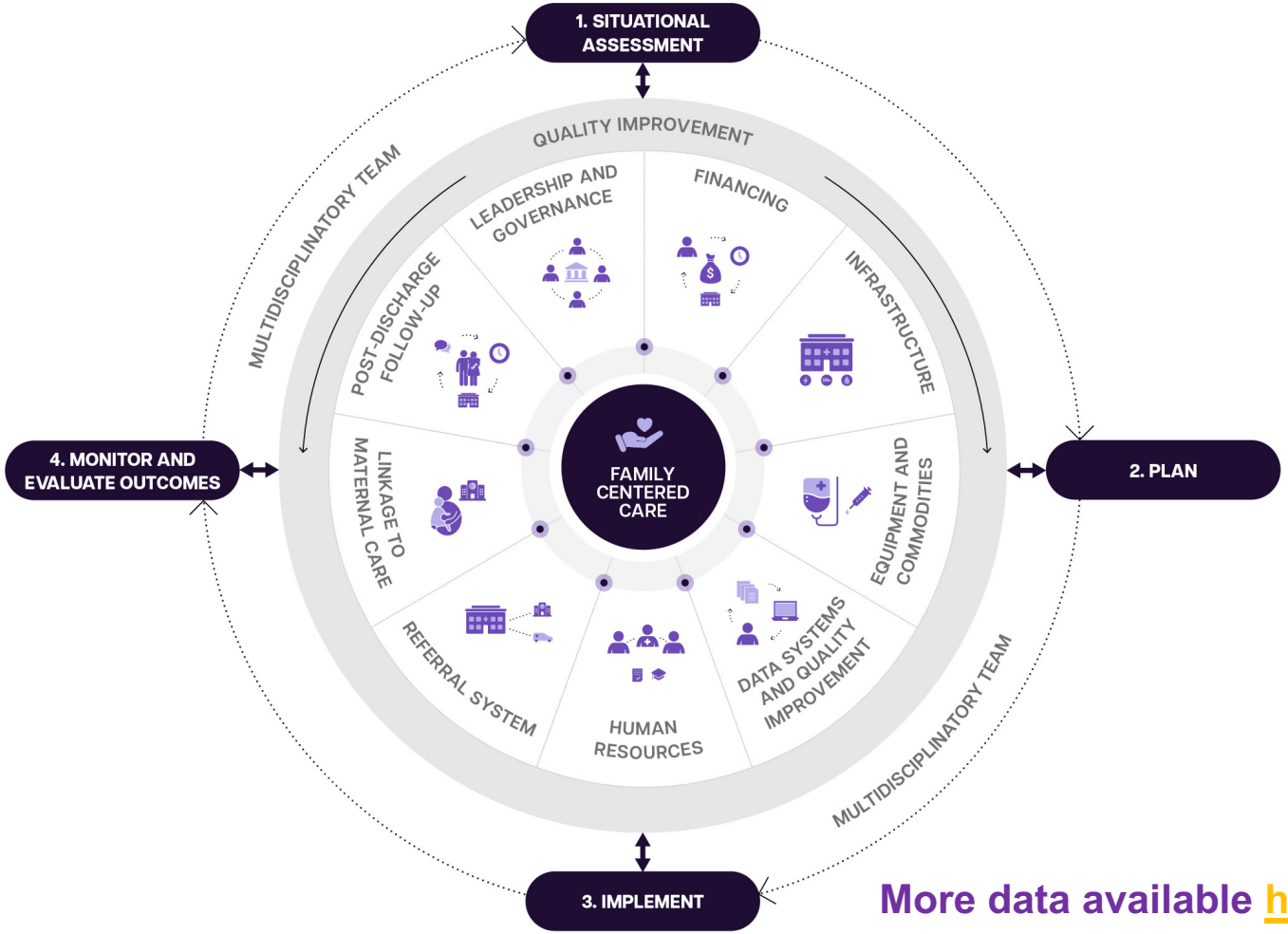


- **Quality improvement and availability of inpatient newborn care is urgently needed now to reach SDG target 3.2 <12 deaths per 1000 live births) and Every Newborn Action Plan targets.**
- **Most of the major causes of neonatal death can be prevented by adopting a health systems approach to the scaling up of SSNC in countries.**
- **This requires 10 core components: political commitment and leadership; financing; human resources; appropriate infrastructure; equipment and commodities; robust data systems and use of data for action; referral systems; linkage with high-quality maternal care; family and community involvement; and post-discharge follow-up systems.**
- **ENAP-EPMM Targets**
  - ENAP target 4: Emergency care for small and/or sick newborns
  - EPMM target 4: Emergency care for pregnant women
  - EPMM target 5: Women to make their own informed decisions regarding their sexual and reproductive health

Chapter 5: Care for small and sick newborns: high return on investment is possible now

Implementation of small and sick newborn care (with the baby and their family at the centre)

Four steps adapted from Knippenberg et al. (23). Wheel adapted from (24) and the WHO-UNICEF 10 core component m

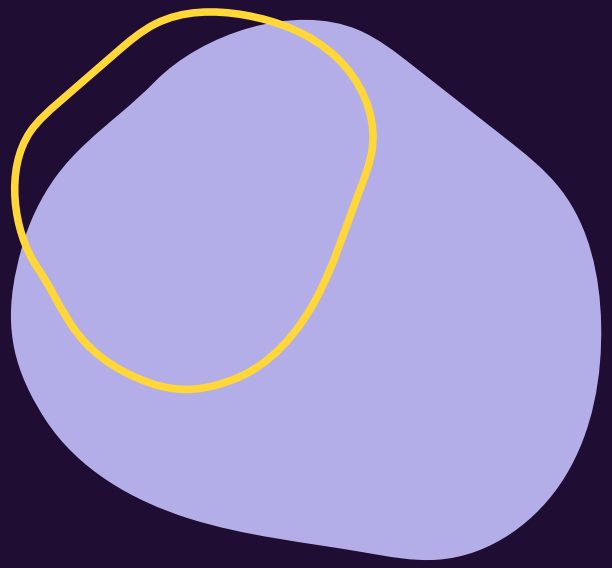


More data available here

Chapter 5: Care for small and sick newborns: high return on investment is possible now

Pivots:

- Prioritize more ambitious, committed investment in SSNC to ensure equitable universal access to high-quality, family-centred services, including in areas of conflict and for marginalized populations.
- Accelerate implementation with widespread involvement and support from families, communities, professional societies, politicians and business communities.
- Learn together, across countries, to bring critical innovations to high-burden populations faster.
- Integrate newborn care into maternal, referral and follow-up systems to ensure that the newborns who survive also thrive.



Chapter 6:

Intersectoral action: integration for impact on preterm birth

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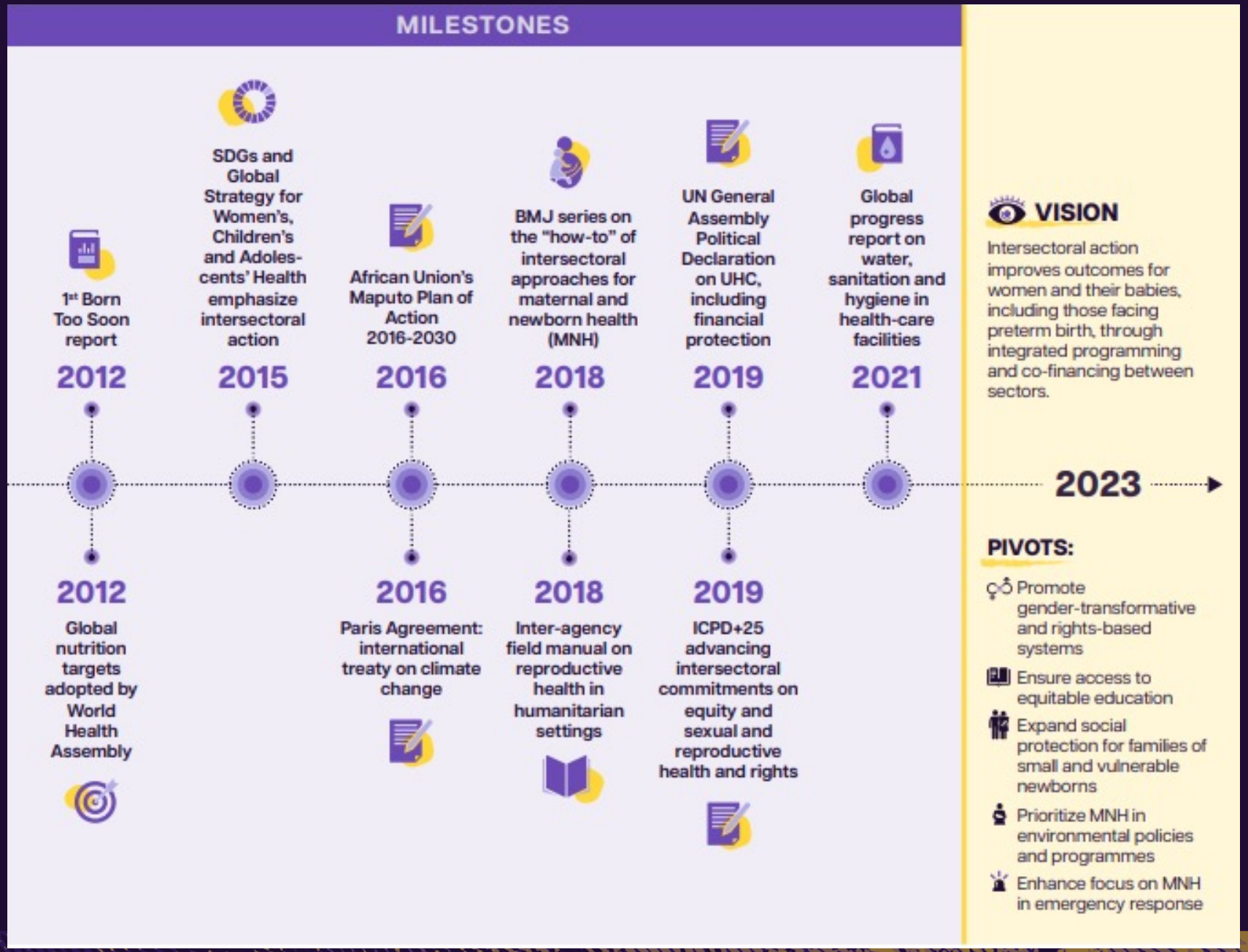
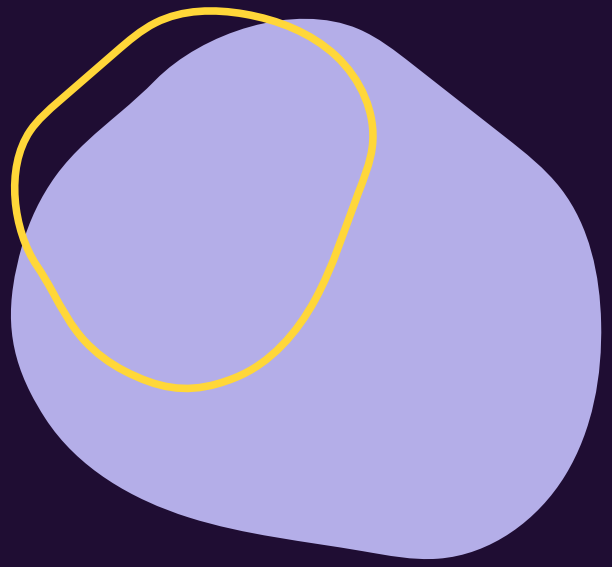
Progress on intersectoral action



Chapter 6: Intersectoral action: integration for impact on preterm birth

This chapter expands on intersectoral factors that influence preterm birth, and what can be done to address these.

- The last decade has seen a growing focus on intersectoral interventions to improve health and wellbeing outcomes, notably in the SDGs and in efforts to mitigate the effects of the COVID-19 pandemic. Intersectoral action has the potential to reduce the burden of preterm birth and thus to benefit mothers and babies, transform human capital and improve the health of future generations.



Priority outcomes:

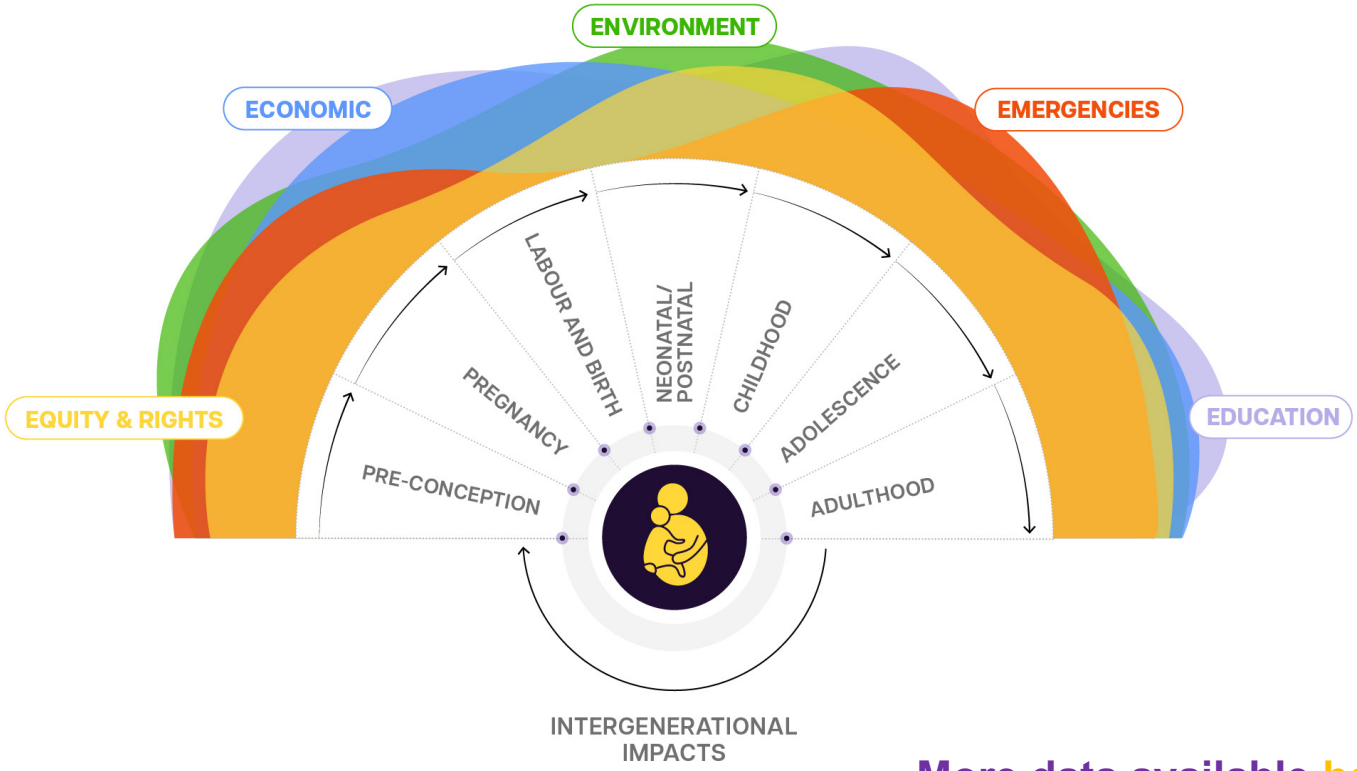
- Intersectoral determinants affect women and their vulnerable newborns throughout the life-cycle. Characterized as the “five Es”, all these determinants must urgently be addressed: equity and rights; economic; environment, including nutrition and climate; education and emergencies.

Chapter 6: Intersectoral action: integration for impact on preterm birth

Pivots:

Better measurement of and accountability for outcomes for vulnerable newborns, notably preterm, small for gestational age and stillbirths, in intersectoral programmes across the “five Es”.

Figure: The “5 Es” of intersectoral influence on preterm birth

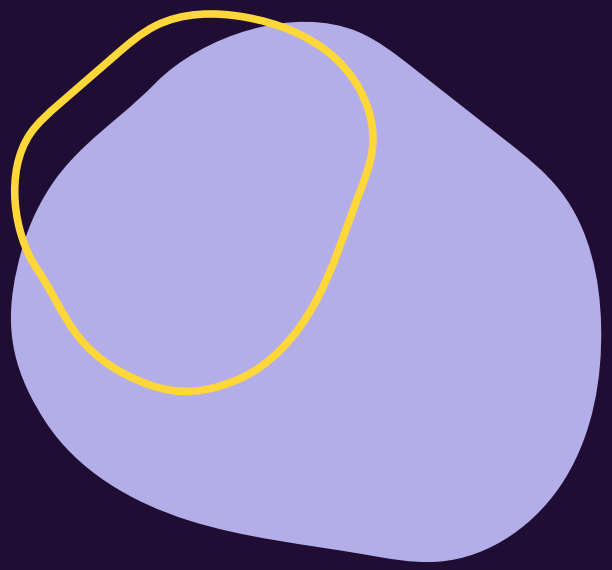


More data available here

Chapter 6: Intersectoral action: integration for impact on preterm birth

Pivots:

- Invest in achieving equity-focused, gender-transformative and rights-based policies and programmes across sectors, prioritizing:
  - equitable and inclusive education, including comprehensive sexuality education;
  - innovative financing schemes that protect and support families with preterm babies;
  - environmentally adaptive systems that prioritize maternal and newborn health; and
  - emergency response plans that ensure the continuation of maternal and newborn health services.



Chapter 7:

Decade of change: to 2030 and beyond

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Chapter 7: Decade of change: to 2030 and beyond

This chapter presents a clarion call to action for this universal issue that demands attention and action – including by leaders

Action 1: Invest

- It is crucial to include both maternal and newborn care services in plans for UHC
- Money committed to maternal and newborn health is an effective investment, not simply an expenditure.
- More investment is needed. Smarter investment is needed.

Action 2: Implement in partnership with women and families

Local action is essential for national and global change and achieving impact requires systemic change in every district of every country

Governments must ensure equitable access for women and adolescent girls to high-quality SRH services, including family planning, and care before, during and after childbirth. Coverage must be increased and the q

Chapter 7: Decade of change: to 2030 and beyond

Action 3: Integrate

It is essential to push for collaboration, break down siloes and insist that perinatal outcomes, notably stillbirth and preterm birth, are measured and recorded in research and programmes in these key sectors.

Intersectoral domains affecting maternal and newborn health, especially for the most vulnerable: equity and rights; environment; economic; education; and emergencies.

Action 4: Innovate

Technical innovations and system changes play a critical role in high quality maternal and newborn health care.

Smarter research is also needed, matched to burden and possible impact - US$ 577 million per year is directed towards neonatal outcomes, yet there is almost no mention in that research of