



Webinar, June 8, 2015

# Helping Babies Breathe catalyzing Helping Babies Survive

---

Lessons Learned

Guiding the Way Forward

**#HBBwebinar**



**Helping Babies Breathe®**  
THE GOLDEN MINUTE®

**survive & thrive**  
professional associations, private sector and global health scholars  
saving mothers, newborns and children

# Lessons Learned Guiding the Way Forward

## MODERATOR

Steve Wall, Saving Newborn Lives, Save the Children

## PRESENTERS

Achievements and Lessons Learned from the HBB GDA:  
Harnessing the Power of Public-Private Partnership for Global Health  
Lily Kak, U.S. Agency for International Development

Innovations in Training Methods: Demystification, Simplification,  
Simulation & Quality Improvement  
Susan Niermeyer and Nalini Singhal, American Academy of Pediatrics

The Role of the Private Sector in Global Health: What is in it for us?  
Tore Laerdal, Laerdal Global Health

Rolling out HBB on a National Scale in Tanzania: Lessons Learned  
Georgina Msemu, Ministry of Health and Social Welfare

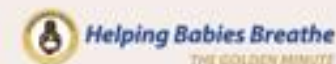
Helping 100,000 Babies Survive and Thrive  
Bogale Worku, Ethiopian Pediatrics Society,  
Naveen Thacker, Indian Academy of Pediatrics  
Nnenna Ihebuzor, National Primary Health Care Development Agency

## Helping Babies Breathe

Lessons learned guiding the way forward



A 5-year report from the HBB Global Development Alliance







# **Achievements and Lessons Learned from the HBB GDA:**

Harnessing the Power of Public-Private Partnership  
for International Health

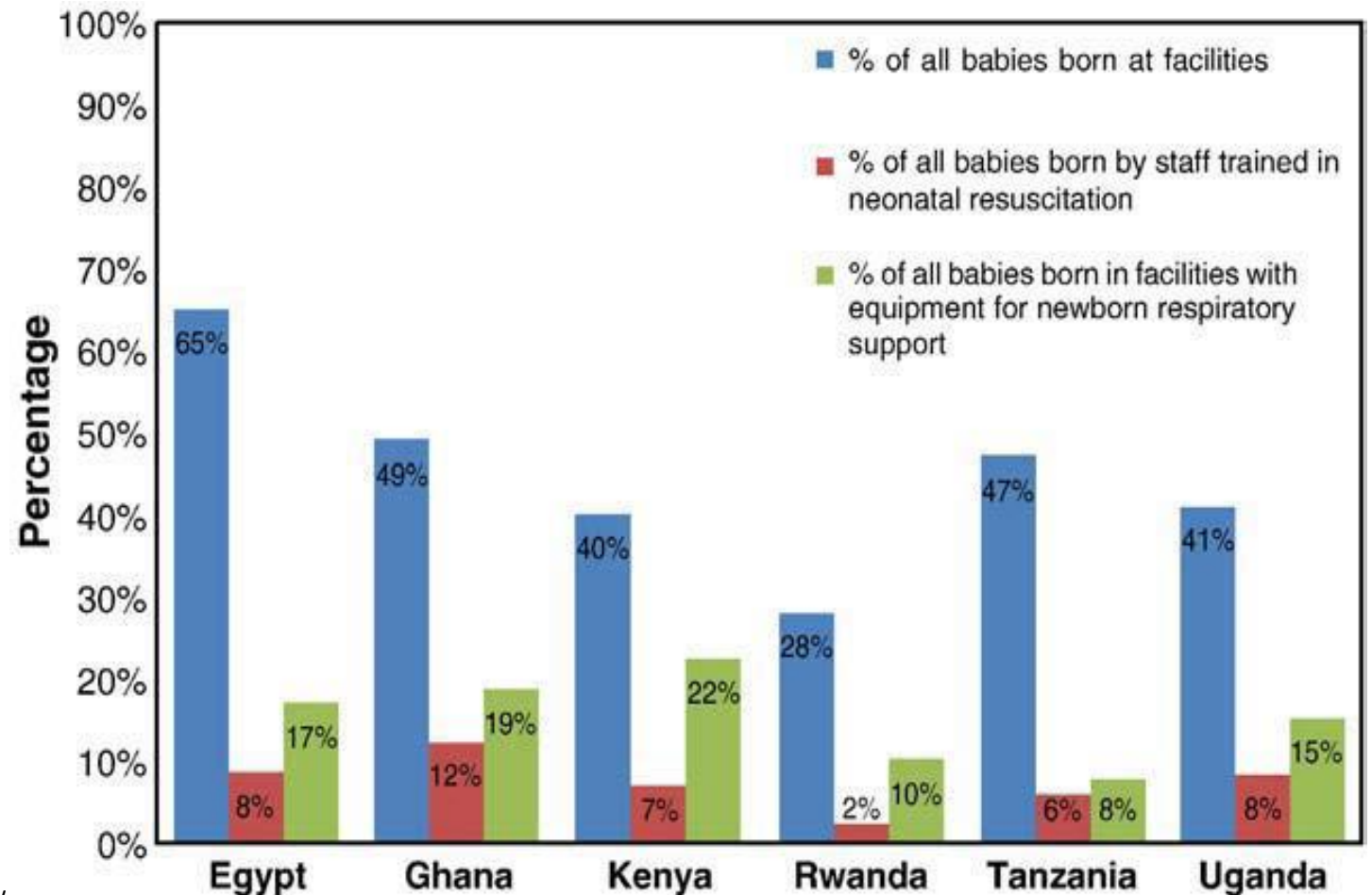
Lily Kak

United States Agency for International Development

# 2009 Call to Action to Help Babies Breathe

- 1 million newborns died because they could not breathe at birth
- Basic newborn resuscitation may avert 30% of newborn deaths
- But only one-eighth of babies had access to this intervention (in 6 African countries)

Access to neonatal resuscitation in 6 African countries



Wall SN et al. Neonatal resuscitation in low-resource settings: *What*, who, and how to overcome challenges to scale up? Int J Gynecology & Obstetrics. October 2009, Vol. 107 Supplement

Wall et al.. International Journal of Gynecology & Obstetrics

Volume 107, Supplement 1 (2009)

# 2010 Acting on the Call: Helping Babies Breathe Alliance

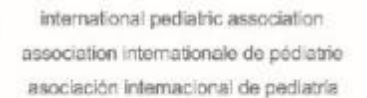
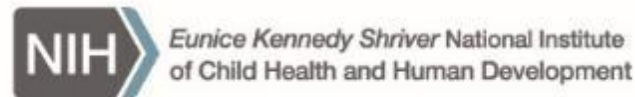
## Vision:

Significant reduction in neonatal mortality due to birth asphyxia

## Response:

***Helping Babies Breathe®***

*A Global Public-Private Alliance*



# Implementation Activities

## GLOBAL

- Engaged in evidence & policy formulation
  - Developed purpose-driven innovation
- 

## COUNTRY

- Fostered country ownership and leadership
  - Supported national plans, strategies, and guidelines
  - Integrated & rolled out HBB within existing national programs
  - Strengthened systems
-

# Changed Global Landscape for Newborn Resuscitation

- Introduced HBB in 77 countries, 52 led & coordinated by national governments
- Trained and equipped ~300,000 health providers
- Raised political commitment for tackling asphyxia-related newborn mortality
- Sparked the development of simple, effective innovative technologies
- Influenced evidence-based global policy recommendations on newborn resuscitation
- Increased the global demand, supply, and use of resuscitation equipment

Colours indicate the status of Helping Babies Breathe (HBB):

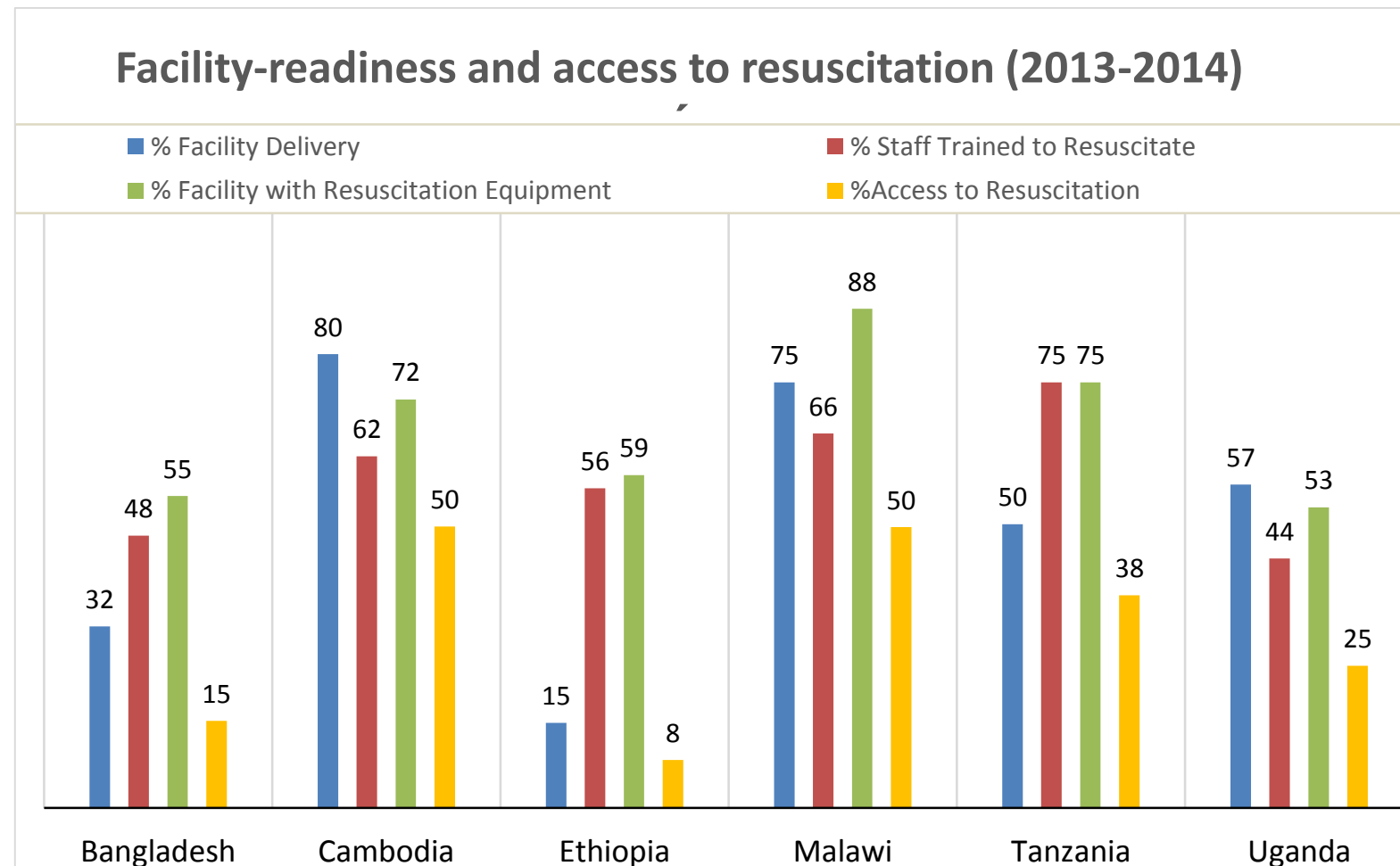
■ HBB introduced and national implementation

■ HBB introduced

■ MDG 4 focus country HBB yet to be introduced

# Improved Access

- Trained up to 75% providers
- Equipped up to 88% facilities
- Increased access up to 50%\*

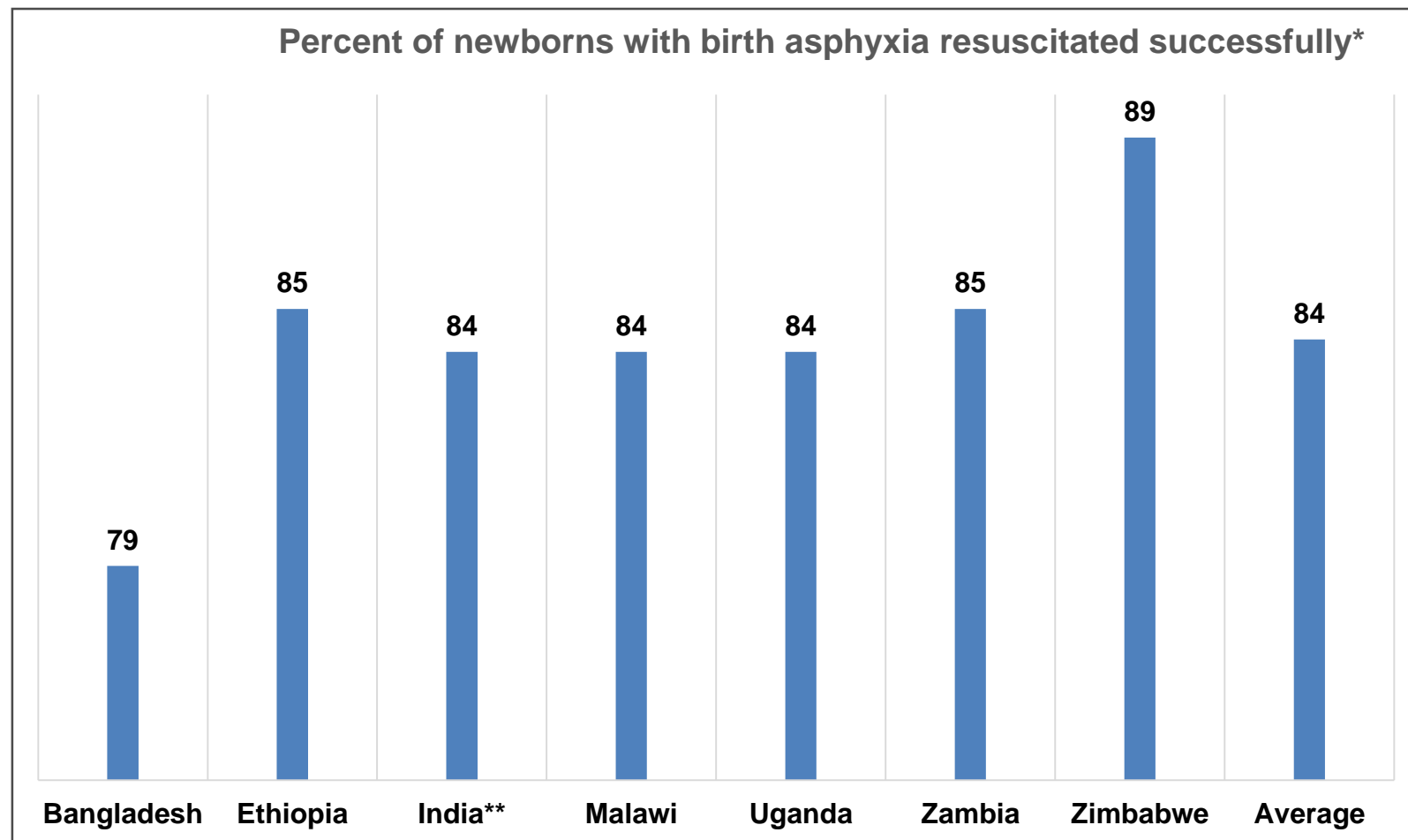


\*Access to Resuscitation: Staff trained adjusted for coverage of babies born in health facilities.



# Improved Capacity

Health providers successfully  
resuscitated an average of  
84% of babies



Source: Program reports, HBB Global Development Alliance, 2015.

\*\*India data are based on facility records from Jharkhand, Haryana, and Uttar Pradesh states supported by USAID's Maternal and Child Health Integrated Program. An additional 10% (not shown in this chart) were resuscitated with oxygen for a total of 94% successful resuscitation

*\*"Asphyxia:" babies that did not breathe at birth. "Successful resuscitation:" babies that began to breathe when one or more of the HBB action steps were taken: drying, stimulation, airway-clearing and bag-mask ventilation.*

# Saved Lives

In Tanzania:

- Reduction in early neonatal deaths within 24 hours by 47%
- Reduction in fresh stillbirth by 24%

Globally:

- Estimated 340,000 fewer deaths due to intrapartum complications (including birth asphyxia) between 2009 and 2013

# PEDIATRICS®

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

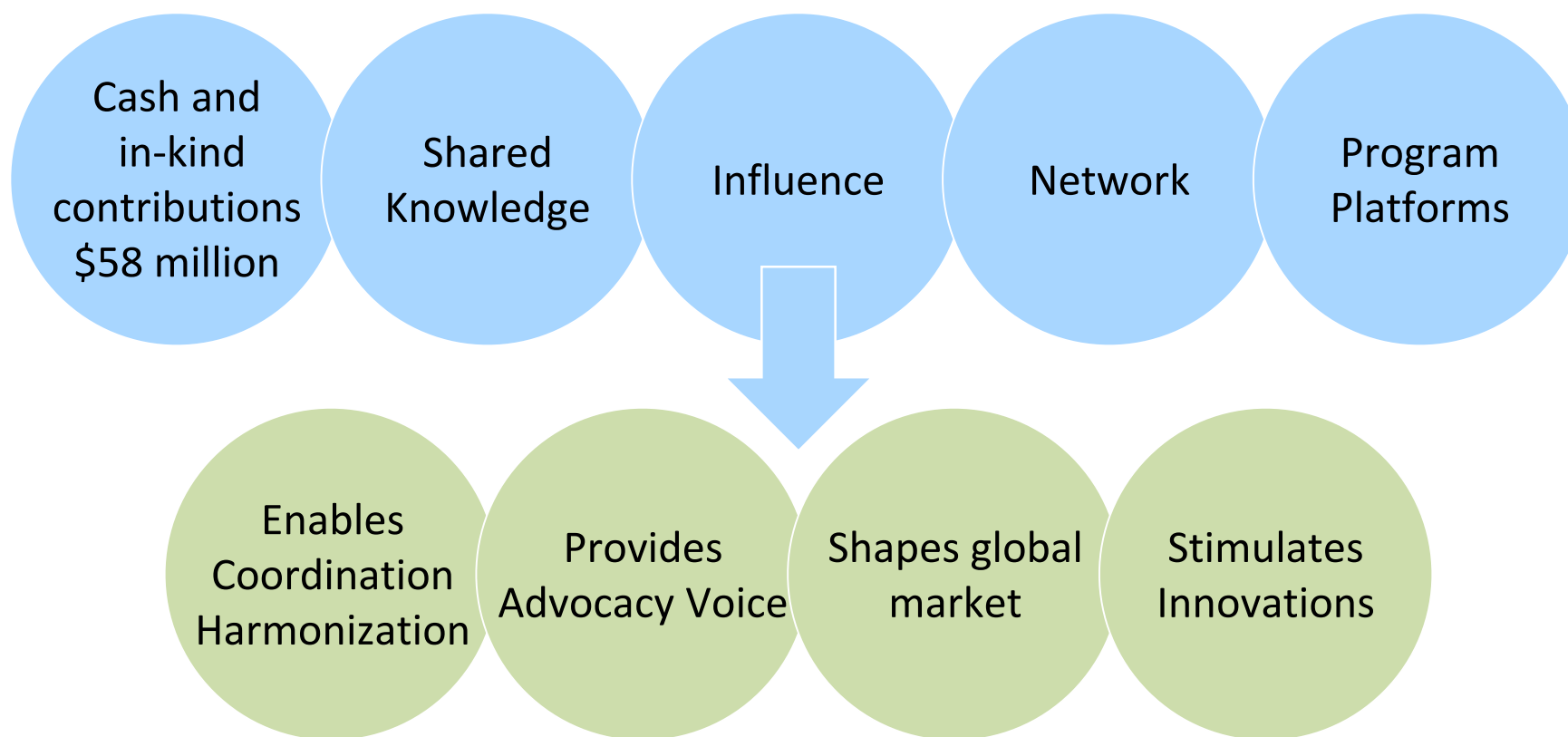
## **Newborn Mortality and Fresh Stillbirth Rates in Tanzania After Helping Babies Breathe Training**

Georgina Msemo, Augustine Massawe, Donan Mmbando, Neema Rusibamayila, Karim Manji, Hussein Leslo Kidanto, Damas Mwizamuholya, Prisca Ringla, Hege Langli Ersdal and Jeffrey Perlman

*Pediatrics*, originally published online January 21, 2013;  
DOI: 10.1542/peds.2012-1795

# Lessons Learned

## Partnership is an Effective Strategy



# Lessons Learned

## Sustained impact requires

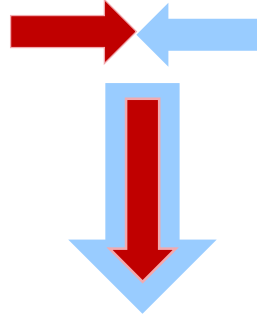
- Government leadership and ownership
- Engaging health professional associations as champions, advocates, and trainers of the program
- Institutionalization of HBB within national plans, budgets, policies and guidelines
- Embedding clinical and quality improvement skills in pre-service education and in-service training
- Strengthening procurement logistics and management
- Introducing appropriate indicators in national health management information system
- Establishing processes in the health facility on use of facility data for continuous improvement



# Way forward



**Helping Babies Breathe®**  
THE GOLDEN MINUTE®



***survive & thrive***

professional associations, private sector and global health scholars  
saving mothers, newborns and children

Broaden scope of partnership from newborn resuscitation

Integrate clinical and QI skills

“Helping Babies Survive” to address major causes of newborn death

“Helping Mothers Survive” to address major causes of maternal death

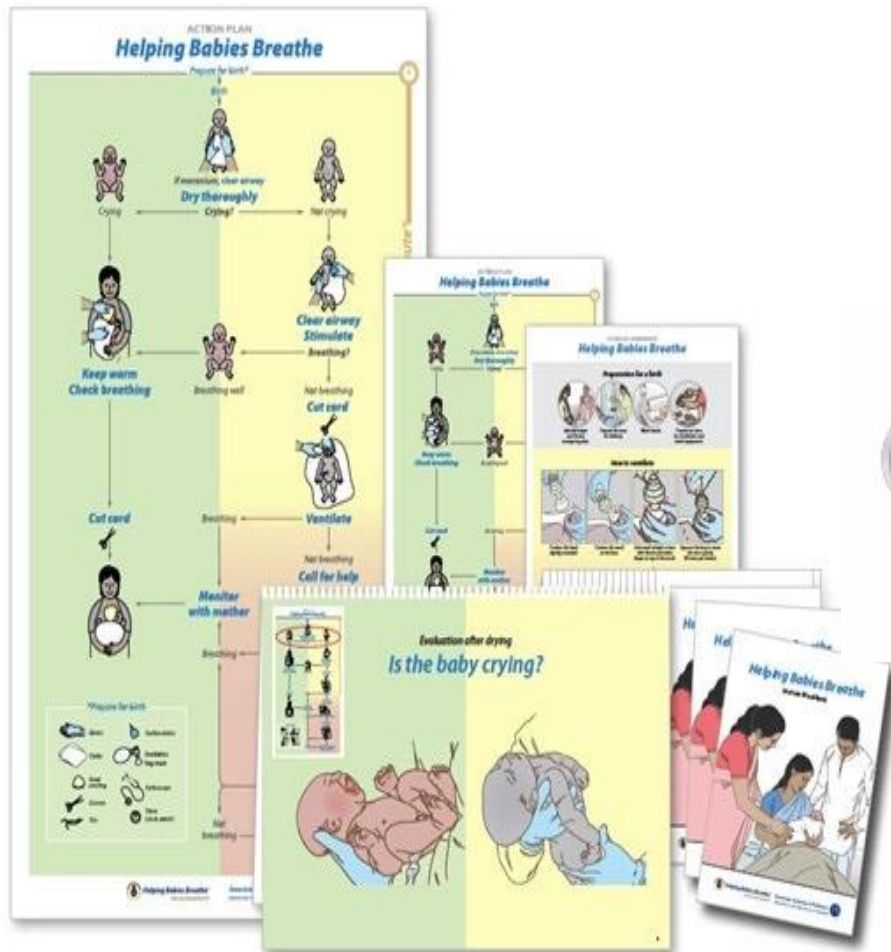


# Innovations in Training Methods

Demystification, Simplification, Simulation & Quality Improvement (QI)

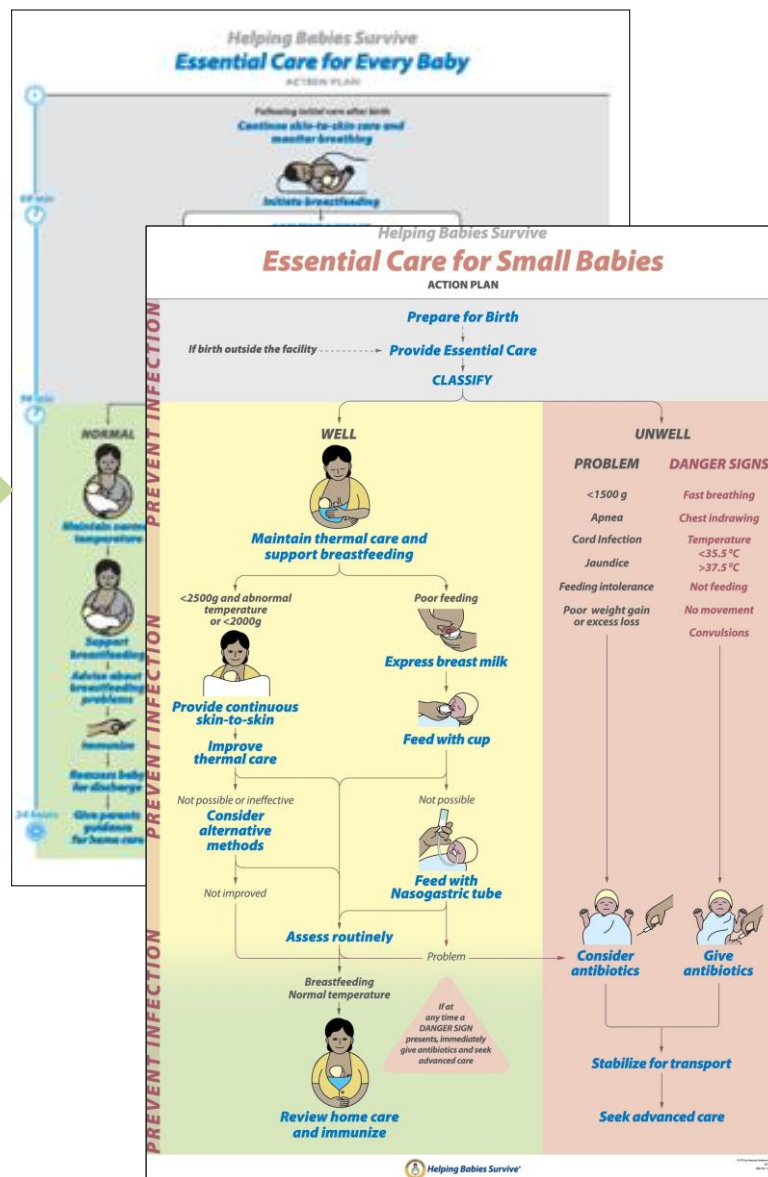
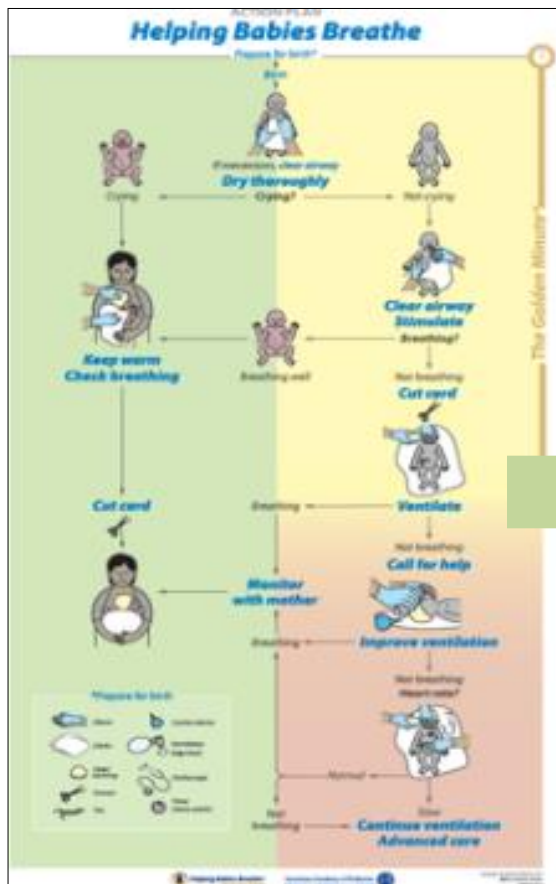
Susan Niermeyer and Nalini Singhal,  
American Academy of Pediatrics

# Demystification, Simplification, and Simulation



- Effectiveness of basic steps, not intensive care
- Graphic Action Plan and learning materials
- Purpose-built neonatal simulator for skill-building and practice
- Empowerment of birth attendants to change performance and outcomes

# HBB catalyzing HBS



## Educational principles

- Low-dose, high frequency practice to change performance
- Facility-level framework for change - Action Plan
- Identification of outcomes and processes for improvement - Provider Guide
- Education of families to support care - Parent Guide





# Role of the private sector in Global Health

What is in it for us?

Tore Laerdal,  
Laerdal Global Health

# 50 Years of Lifesaving Partnerships

Since 1960, Laerdal has helped train over 400 million lifesavers and save over 2 million lives by CPR



## Lesson learned

- Lifesaving must be simple to learn and remember.
- The greatest opportunities for saving lives relate to day of birth
- Low-income countries need highly affordable and culturally fit products



## Response:

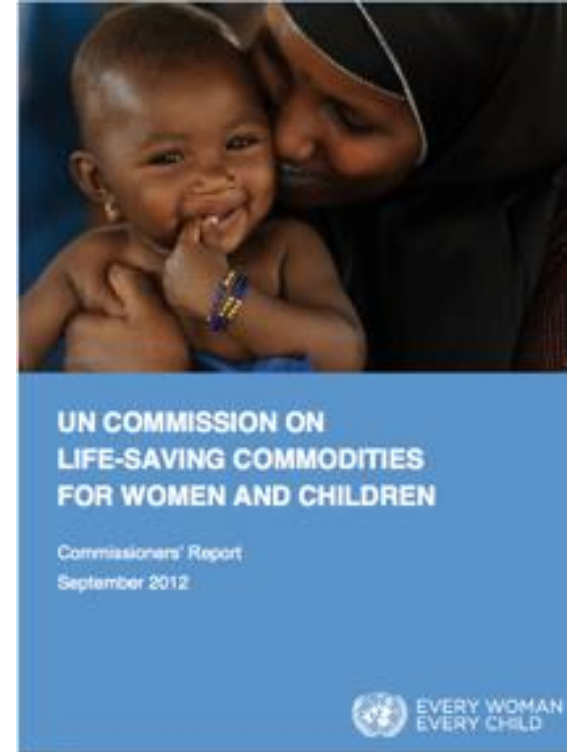
A not-for-profit company to work closely with alliance partners and local stakeholders

# The HBB Alliance offers an Opportunity for More Impact

Private sector has focus on results/impact

Impact is best achieved through collaboration on implementation

- 70,000 NeoNatalies and around 200,000 suction and resuscitation devices so far provided to support the HBB roll out (products on the UN priority list of Essential Commodities for Scale Up)
- Additional products supporting the new programs under the Helping Babies Survive umbrella



# Helping build a Better Company

Financial Results



Sales



Operating Results

Mission Achievement



Lives Saved



Life-years Saved

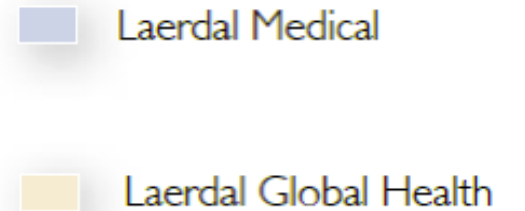
Other Factors



Employee Motivation



Brand Equity







# **Rolling Out Helping Babies Breathe On a National Scale In Tanzania**

Lessons Learned

Georgina Msemo,  
Ministry of Health and Social Welfare, Tanzania

# HBB Rollout in Tanzania



Pilot study reduced early newborn mortality by 47% and stillbirth by 24%\*

## Government commitment and ownership

- Presidential commitment and declaration of birth asphyxia as a priority intervention
- National commitment to equip all health providers with resuscitation devices
- HBB declared as national teaching methodology for newborn resuscitation
- Committed national newborn focal person at the MOHSW
- Commitment of regions and districts



\*Msemo G. et al. Newborn Mortality and Fresh Stillbirth Rates in Tanzania After HBB Training. Pediatrics (2013);131:e353–e360.

# HBB Rollout in Tanzania – Lessons Learned

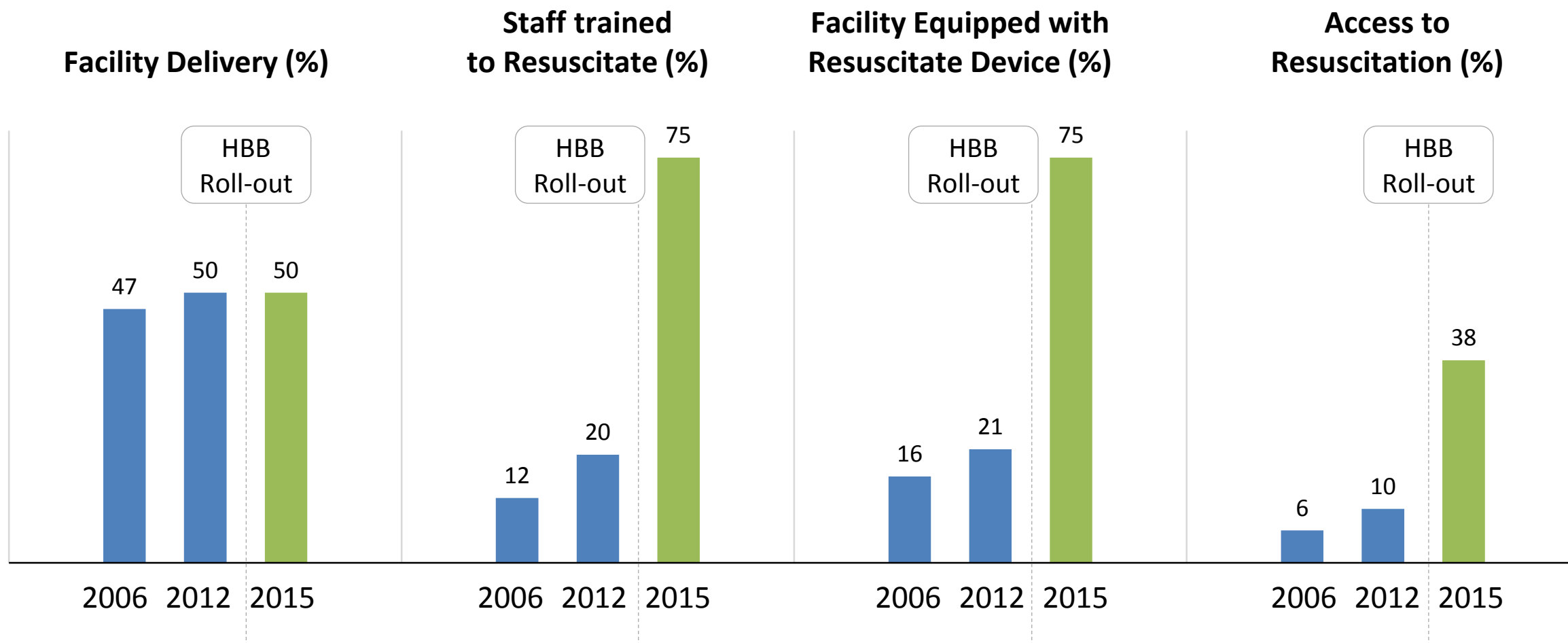
- Supported by CIFF, UNICEF, WHO, USAID, LDSC & Jhpiego
- Districts to budget for newborn health interventions
- Pre- and In-service training
- Equipment procured by government and partners
- From vertical to integrated program
- HBB included in national HMIS and local reporting tools
- Clinical coaching and mentoring priority activities

## Next Steps:

- New policy for continuous professional development
- Development of national clinical mentoring system
- Advanced care training in referral centers



# Facility Readiness and Access To Newborn Resuscitation in Tanzania



*Sources:*

*Tanzania Service Provision Assessments, 2006. National Bureau of Statistics, Ministry of Health and Social Welfare, & Macro International Tanzania Service Availability and Service Assessment, 2012. Ministry of Health and Social Welfare. Program Data compiled by Jhpiego for the Ministry of Health and Social Welfare, Tanzania, 2015*





# Future Directions

## Helping Babies Survive

Bogale Worku  
Ethiopian Pediatrics Society, Ethiopia

Naveen Thacker,  
Indian Academy of Pediatrics, India

Nnenna Ihebuzor,  
National Primary Health Care Development Agency, Nigeria



# Ethiopia

## OBJECTIVES AND ACTIVITIES

### 1. Improve clinical competence and quality of care in 180 hospitals

- Adapt HBS materials for newborn-corner program
- Conduct advocacy meetings for partners and professionals
- Train health 200 college tutors and 720 midwives in 180 hospitals
- Establishing newborn corners in 180 hospitals across the country
- Strengthen QI, supportive supervision, and mentoring in 180 hospitals

### 2. Strengthen professional associations

- Train/update EPS and EMA members in advocacy, newborn health, & quality
- Twinning partnership between US and Ethiopian professional associations, hospitals and NICUs
- Establish community of practice



# India

Goal: Create a replicable model of immediate newborn care in support of the INAP

## OBJECTIVES AND ACTIVITIES

1. Create national newborn care standards, supported by training programs, government logistics and performance monitoring.
2. Strengthen existing NSSK training (Resuscitation +ENC) by incorporating updated training methodologies from HBS modules.
3. Train all providers working with post-partum and deliveries in adapted HBS modules in 5 pilot districts.
4. Utilize low-dose, high-frequency refresher training and mentoring to maintain knowledge and skills
5. Monitor process/outcome measures and evaluate the impact of interventions on mortality
6. Integrate principles of QI processes and health systems management in program design, implementation, monitoring and evaluation.



# Nigeria

## OBJECTIVES AND ACTIVITIES

1. Improve coverage and quality of maternal and neonatal services in public and private health facilities in 7 states to support the Nigerian ENAP\*
  - Adapt the Helping Babies Survive modules
  - Conduct cascade training starting in facilities that are a part of the Midwives Services Scheme and the Subsidy Reinvestment and Empowerment Program
  - Introduce clinical governance and QI approaches
  - Integrate within national HMIS
2. Strengthen professional associations
3. Improve proficiency of clinicians in project management

*\*Seven states: Ebonyi, Jigawa, Kaduna, Kano, Katsina, Kogi and Lagos.2. (Pediatric Association of Nigeria, Nigerian Society of Neonatal Medicine, Society of Gynecology and Obstetrics of Nigeria, and National Association of Nigerian Nurses and Midwives)*

*3. (proposal development, financial management, project monitoring and evaluation)*

# For more information

For any comments and question, please email us on [HBB@aap.org](mailto:HBB@aap.org) or send in your questions using twitter: [#HBBwebinar](https://twitter.com/HBBwebinar)

The following documents will be available on Healthy Newborn Network and Helping Babies Breathe websites:

- “The Helping Babies Breathe – Lessons learned guiding the way forward” 5 year report
- HBB webinar power point presentation
- Responses to the questions sent in during the webinar
- Recording of the HBB webinar

Healthy Newborn Network

<http://www.healthynewbornnetwork.org/resource/helping-babies-breathe-lessons-learned-guiding-way-forward>

Helping Babies Breathe [www.helpingbabiesbreathe.org](http://www.helpingbabiesbreathe.org)

## Helping Babies Breathe

Lessons learned guiding the way forward



A 5-year report from the HBB Global Development Alliance



Thank you

