

FOREWORD

It is my pleasure to have seen that the publication of this Special Issue of the Ethiopian Medical Journal (EMJ) on Community Based Newborn Care (CBNC) is realized. CBNC provides lifesaving services and is part of our commitment to reducing the morbidity and mortality among newborns, thereby also enhancing wellbeing among their families. Indeed, Ethiopia is one of the first countries in the world to provide these services at the community level, which has been now been scaled up and provided nationally. The dissemination of our experience and lessons learned to date through this Special Issue of the EMJ, I hope, will encourage other country programs to adopt similar approaches to improve newborn health.

During the period 2000 - 2016, Ethiopia reduced under-five child mortality by 60%, a reduction from 166 to 67 per 1000 live births. The leadership and political commitment from the government, the advances in evidence-based interventions, and the improvement in health, nutrition and family planning services provided the impetus for this notable achievement. It is widely recognized that Ethiopia has been at the forefront in reaching vulnerable women and children, especially in rural areas, rapidly and progressively scaling-up its Health Extension Programme (HEP) since 2003. More than 38,000 salaried Health Extension Workers (HEWs), the majority of them young women, have been deployed to over 15,000 health posts across the country. Women volunteers organized under the Health Development Army and working with communities have been instrumental in expanding healthy behaviours and practices among the population, including early care seeking for newborn illnesses.

The Federal Ministry of Health (FMOH) introduced and scaled-up Integrated Community Case Management during 2010-2012. The package constitutes high quality basic curative interventions for children under five years of age. When referral is not possible and depending on the diagnosis, HEWs provide treatment with oral antibiotics, oral rehydration solution/zinc, or anti-malarial drugs. However, evidence showed limited care seeking by young infants under-two months of age, a group vulnerable to serious infection. Combined with the observation that newborn mortality declined, much more slowly since 2000, accounting for some 43% of all under-five deaths, the FMOH intensified relevant and required interventions.

The FMOH designed and launched the implementation of CBNC in 2013. This was incorporated into the National Newborn and Child Survival Strategy. Guidelines, training materials, and provider support tools were developed and made available to service providers. Under the leadership of the Ministry, resources were mobilized and partners, including the United Nations Children's Fund (UNICEF), The United States Agency for International Development (USAID), the World Health Organization (WHO), Children's Investment Fund Foundation (CIFF) and technical agencies worked together to roll out and support implementation in all of the four agrarian regions in the country. CBNC has been initiated in selected woredas in the regions requiring special support to learn from and replicate in the remaining woredas. The program is a priority of the government's Health Sector Transformation Plan (HSTP) and is to be expanded nationwide by the end of the first HSTP period.

This Special Issue of EMJ documents the efforts of the government and development partners to introduce and scale up CBNC to improve the coverage and quality of services, to create demand, and to strengthen health system performance. I sincerely believe that the evidence generated will be instrumental in improving policy and decision making on critical issues related to CBNC in Ethiopia and beyond.

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