The Healthy Newborn Partnership met in Dhaka, Bangladesh from 3-5 February 2003 to discuss wide-ranging issues in newborn health and survival, and representatives of 31 multilateral, bilateral, and non-profit organizations participated. The interagency group took note that:

- Neonatal mortality now represents 40 percent of all under-five deaths that are reported globally, or around 4 million deaths annually. Nearly all of these deaths occur in the developing countries of Africa, Asia, and Latin America, and the majority are preventable;

- Achieving the United Nations Millennium Development Goal of reducing under-five and infant mortality rates will depend on reducing neonatal mortality by at least 50 percent of the current level;

- Although most neonatal deaths are avoidable, policy and program responses in many countries with a heavy burden of neonatal deaths are not adequate to reduce newborn mortality rates;

- The well-being of a newborn depends heavily on the health of the mother; therefore, making motherhood safer is critical to saving newborns.

The Partnership recognizes the commitment of the global community to reduce newborn deaths as reflected in:

- Resolution of the twenty-seventh special session of the UN General Assembly held in May 2002;

- Regional assessment of the care and management of the newborns conducted by the WHO Regional Office for Africa in 2001;

- Report of the Regional Consultation on Improving Neonatal Health in South East Asia Region organized by the WHO South East Asia Region and BASICS II/USAID in New Delhi in April 2002;

- Dhaka Declaration for Healthy Newborns presented at the First International Perinatal Congress held in Dhaka, Bangladesh, in February 2003.

While revisiting some of the groundbreaking success stories on newborn health in different parts of the world, the Partnership has:

- Been informed that global, regional, and national health strategies are being developed to address high rates of neonatal deaths by strengthening newborn care within existing maternal and child health programs;

- Shared approaches to prioritizing newborn health strategies suitable for diverse settings and scenarios of health systems in different parts of the developing world;

- Learned that proven, appropriate, cost-effective, and evidence-based interventions are available for improving newborn health and reducing neonatal mortality in many countries;

- Noted research findings that provide the evidence-base to support promotion of specific health practices on newborn health, both in community settings as well as at the health facility level;

- Taken note that a number of training manuals, operating guidelines, standard protocols, resource tools, and advocacy materials on promotion of safe motherhood and newborn health are currently available in easily reproducible and adaptable form.
Therefore, in order to reduce neonatal mortality worldwide, the Partnership calls for actions to:

I. Strengthen newborn health care in safe motherhood and child health programs in order to maximize the benefits of maternal and newborn health at all levels;

II. Build up national capacity to ensure access to skilled birth care for delivery of all pregnant women, as well as appropriate provision of newborn care at home;

III. Promote high quality care by adapting and implementing agreed global guidelines for clinical care through both pre- and in-service competency-based training;

IV. Urge the international community to commit and mobilize substantial global resources to reduce neonatal deaths, which are critical to achieving the Millennium Development Goal for child survival by the year 2015;

V. Strengthen efforts to eliminate neonatal tetanus by the year 2005 through promotion of high coverage of tetanus toxoid immunization and clean delivery practices;

VI. Pursue comprehensive efforts to address inequities in newborn health based on gender, geography or economic status, including incorporating maternal and newborn health in Poverty Reduction Strategy Papers;

VII. Strengthen strategic alliances and sustained partnerships between governments, civil society, political and community leaders, UN and international agencies, bilateral agencies, NGOs and professional bodies for mainstreaming newborn health and survival as a global priority;

VIII. Augment national efforts to improve female education and employment opportunities, delay the age at marriage, and provide contraceptive services.

The Healthy Newborn Partnership advocates improvements in newborn health care, particularly in settings where newborn deaths are common. This Partnership brings together representatives from many organizations, including:

w Academy for Educational Development (AED), USA
w Asian Development Bank (ADB)
w BPHC Public NGO Partnership, Bangladesh
w BASICS II, USA
w BRAC, Bangladesh
w CARE, USA
w Centre for Health and Population Research (ICDDR,B), Bangladesh
w Centre for Woman and Child Health, Bangladesh
w Department for International Development (DFID), UK
w EngenderHealth
w Family Care International (FCI)
w Government of the People’s Republic of Bangladesh
w Initiative for Maternal Mortality Programme Assessment (IMMPACT), UK
w International Confederation of Midwives (ICM)
w International Federation of Gynecology and Obstetrics (FIGO)
w International Pediatric Association, France
w International Perinatal Congress (IPC), Bangladesh
w International Perinatal Unit, Institute of Child Health (ICH), UK
w Istituto per l’Infanzia, Italy
w Karolinska Institutet, Sweden
w Maternal and Neonatal Health Program (MNH-JHPIEGO), USA
w Mitra and Associates, Bangladesh
w Population Council, USA
w Save the Children (USA), USA (Secretariat)
w Society for Education, Action, and Research in Community Health (SEARCH), India
w Styrelsen för internationellt utvecklingsutarbete (SIDA), Sweden
w United Nations Children’s Fund (UNICEF)
w United Nations Population Fund (UNFPA)
w United States International Agency for Development (USAID), USA
w White Ribbon Alliance, USA
w Women and Children First (WCF), UK
w World Bank
w World Health Organization (WHO)