

A L I V E



An Advocacy Model for
Saving Newborn Lives

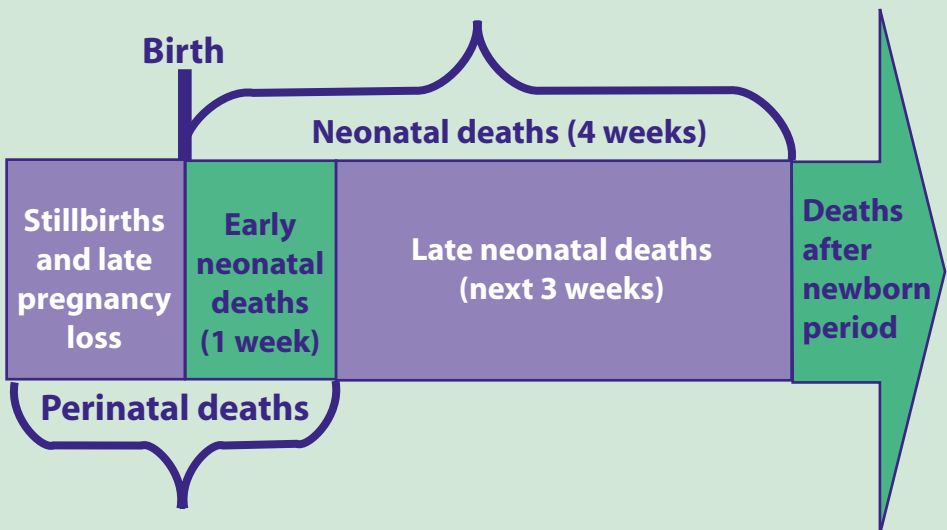
What is ALIVE?

■ **ALIVE** is an **advocacy process** designed to mobilize the will and the resources to reduce neonatal mortality (deaths within the first four weeks of life). ALIVE helps to create a policy environment supportive of newborn health by stimulating **policy dialogue** and strategic planning on this neglected health crisis. ALIVE brings together local champions of child survival and energizes them around a coherent set of goals.

■ The ALIVE process uses interactive computer models with country-specific and international data to estimate the impact of poor maternal health and inadequate care during pregnancy, delivery, and the neonatal period on:

- Neonatal and maternal deaths,
- Short- and long-term illnesses and disabilities, and
- Productivity.

Period of Perinatal and Neonatal Mortality



■ **ALIVE's** data-based models examine maternal health and obstetric factors contributing to neonatal mortality, morbidity, and disabilities, including:

- Neonatal infections, such as sepsis
- Tetanus
- Birth asphyxia (lack of oxygen)
- Malaria and anemia
- Syphilis
- Iodine deficiency
- Low birth weight

■ **B**ecause the newborn's life and health are dependent upon the survival of the mother, ALIVE also examines factors that contribute to maternal mortality and disability, including hemorrhage, high blood pressure, tetanus, obstructed labor, and malaria and anemia.

■ **U**sing the best available empirical data, ALIVE projects the survival, health, and economic impact of maintaining the status quo versus implementing known interventions to reduce neonatal mortality and morbidity. The data provide **sound arguments** for giving higher priority to neonatal health in policy formation, strategy development, and resource allocation. This information is used to develop clear and compelling country-specific **advocacy presentations** that highlight the importance of investing in neonatal health.

"The plight of the world's newborns is real; the case for addressing it is strong; and the solutions are within our grasp. All that is needed is to mobilize the will and the resources to put the necessary interventions into practice."

- State of the World's Newborns, Save the Children, 2001

What are the elements

- **ALIVE** develops local capacity for data analysis and advocacy through a two-week participatory process that includes the following six elements:

1 Formation of a multidisciplinary team of about 15 local health professionals, economists, demographers, sociologists, and others to engage in evidence-based advocacy.

2 Collection and review of local and international data, such as:

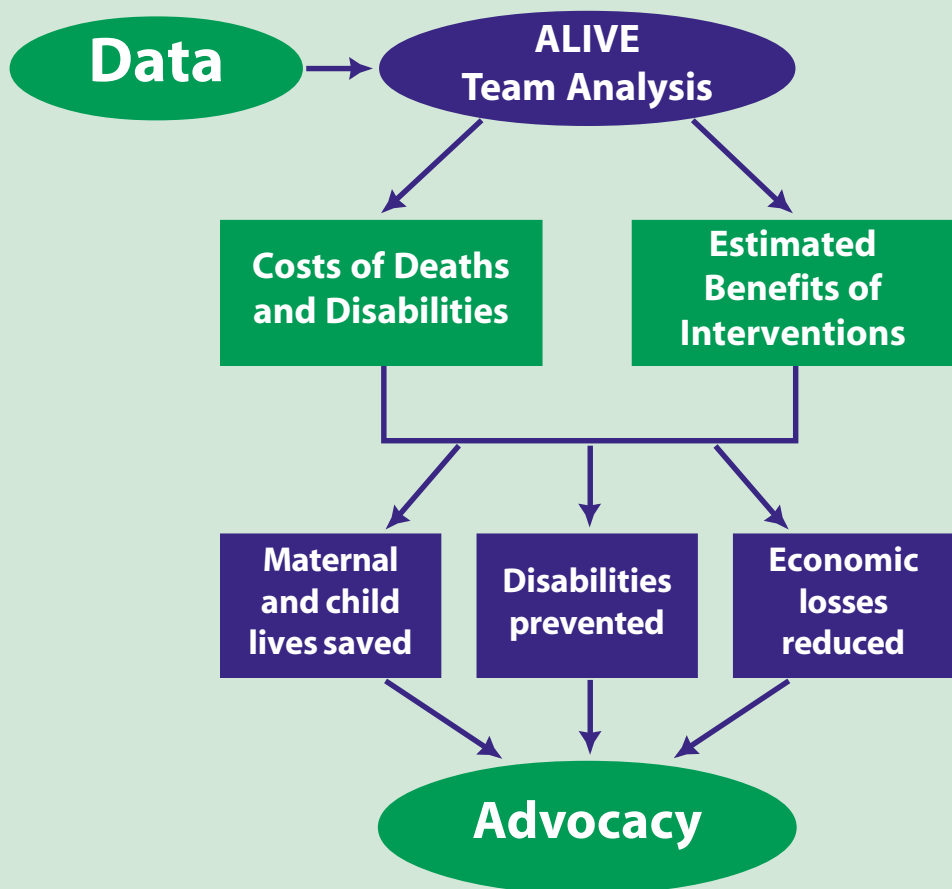
- Population-based surveys
- Published scientific studies
- Country-specific surveys and studies
- Health services information
- WHO's Global Burden of Disease Report
- UNICEF's State of the World's Children
- Save the Children's State of the World's Newborns and State of the World's Mothers

3 Data entry and analysis of the estimated consequences of poor maternal health and child disabilities.

4 Consensus-building among team members on priorities and strategies for saving newborn lives.

s of the ALIVE process?

- 5 Training** of the team in the use of computer models, advocacy planning, and the development of computer-generated presentations with persuasive scripts.
- 6 Advocacy** with government officials and representatives from donor agencies, civil society, and the media to raise awareness about the plight of newborns, create a forum for discussion, and stimulate action.

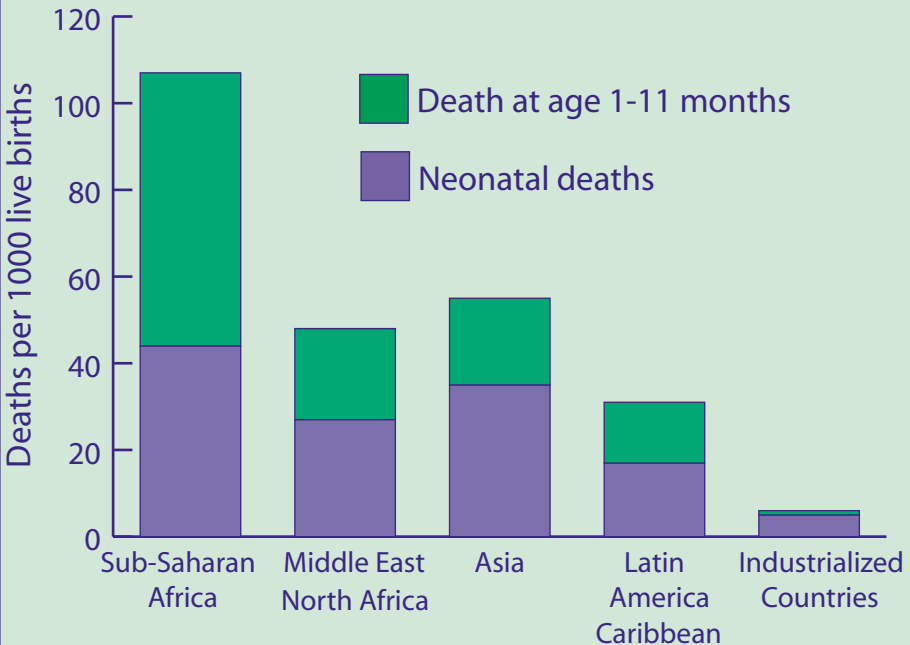


Why focus on newborns?

Worldwide an estimated four million babies are stillborn, and four million die before reaching one month of age. Despite dramatic reductions in many countries in deaths of children between the ages of one month and five years, limited progress has been made in reducing deaths that occur in late pregnancy and during the first four weeks of life.

Globally, neonatal deaths represent more than 50 percent of deaths in the first year of life. And of these neonatal deaths, two-thirds occur in the first week of life. If the international development community is to achieve its goal of two-thirds reduction in the death rate of children under five years of age, substantial improvements in neonatal health must be made.

Mortality in the First Year of Life



What solutions does ALIVE present?

- **ALIVE** provides a framework for discussion of the most appropriate interventions in a given setting. It does not answer questions of cost-effectiveness of different interventions or prioritize them. Each country team determines the appropriate mix.
- **E**xperts estimate that about 70 percent of neonatal deaths can be prevented using known and simple interventions during pregnancy, delivery, and the newborn period. Many of the interventions promoted through safe motherhood initiatives will also result in improvements in newborn survival and health. ALIVE identifies these interventions along with simple, effective interventions specifically for the newborn.



Community-based interventions play a critical role in the prevention of neonatal deaths since the majority of all births take place at home, without the assistance of a skilled attendant.

Who can use ALIVE?

- **P**olicy makers, community leaders, health care professionals, nongovernmental organizations, development assistance agencies, the media, and others can use ALIVE to raise awareness of the consequences of inadequate maternal and neonatal care. ALIVE is a flexible tool that can serve different advocacy objectives, as defined by the country team.

ALIVE is an advocacy tool of the Academy for Educational Development's Center for Health Policy and Capacity Building. ALIVE was developed by the Center with funding from Save the Children's Saving Newborn Lives initiative and from USAID, Bureau for Africa, Office of Sustainable Development through the Support for Analysis and Research in Africa (SARA) Project.



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