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SMALL AND SICK NEWBORN ESSAY

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Making a case for investing in small and sick newborn care: the case of Zambia

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Introduction

We are driven to raise awareness about a vital but frequently disregarded component of healthcare; the small and sick newborn care (SSNC) as a supporter of global health equity. The first month of a child's existence is crucial, and providing complete care for babies who are small and sick is essential for their survival and long-term well-being. This essay will discuss the importance of funding SSNC initiatives, with a focus on creating a comprehensive framework that is appropriate for Zambia's particular situation. This essay argues in favor of Zambia's establishment of an all-encompassing SSNC program. We can create a solid framework that addresses the difficulties faced by small and sick newborns by concentrating on key elements such as Family-Centered Care, Leadership and Governance, Human Resources, Information Systems, Infrastructure, Finance, Medical Supplies and Devices, and Infection Prevention. The essay will also outline possible challenges and obstacles and the mitigation factors. Finally, a conclusion will be made.

Family-Centered Care

A vital first step toward securing a healthy future for our communities, both locally and worldwide, is to invest in the care of small and sick newborns. In this essay, we examine the various facets of this investment while highlighting the value of a Family-Centered Care (FCC) strategy[1]. The FCC is a method for organizing, delivering, and assessing healthcare with the aim of fostering constructive relationships between healthcare professionals, clients, and families[1]. All families dream that their newborn babies will survive and thrive[2] . Following childbirth, families develop anxieties arising from the condition of the baby such as difficulties with breastfeeding and admission. We can make a strong argument for allocating resources to Small and Sick Newborn Care (SSNC) by analyzing the impact at the global, national, and local levels.

Care for small and sick newborns is a common obligation that calls for cooperation on a global scale. According to the World Health Organization (WHO) and the United Nations International Children's Emergency Fund (UNICEF)[3], investments in newborn health are crucial for achieving the larger Sustainable Development Goals[4]. To reduce newborn mortality and morbidity, The Lancet's Every Newborn Series[5] emphasizes the need for urgent worldwide action. Through foreign investment, we can improve health systems, advance research, and exchange best practices, establishing a community where each newborn has the chance to flourish.

In Zambia, a thorough investment plan in SSNC can produce significant results on a national scale. According to the NEST360 and UNICEF[6], the government through the Ministry of Health (MoH), should ensure that there is adequate infrastructure and healthcare providers to support family-centered care. In line with the Eighth National Development Plan (8NDP) 2022-2026 Socio-economic Transformation for Improved Livelihoods[7], the MoH should invest in skilled and knowledgeable human capital reserves for small and sick newborns who will enable active and meaningful participation of parents and families in caring for their small and sick newborns. When parents are actively involved in the care process, it improves the health outcomes of the infants and children and lowers long-term healthcare expenses[8].

Locally, where people immediately profit from better healthcare services and infrastructure, the impact of SSNC investment is most apparent. As a nation, we need to ensure that the FCC approach is implemented at all levels of care up to the community level. A supportive environment for families with small and sick newborns should be fostered by local health facilities and healthcare providers implementing Family-Centered Care models.

Leadership and Governance

Leadership and governance are essential tenets to ad-

dressing inequalities towards small and sick newborns. Inequalities for these infants exist even at birth. These inequalities come about because of differences in essential newborn care skills and knowledge that birth attendants possess. For example, an asphyxiated baby at birth, attended by a healthcare provider trained in advanced newborn care is more likely to have a better resuscitation outcome than a similar baby attended to by a healthcare provider with Helping Baby Breath skills. Therefore, to end preventable deaths for newborns requires the improvement of skills and knowledge of human capital for newborn care. The MoH needs to scale out advanced neonatal resuscitation skills and knowledge development. This will help healthcare providers in remote places to stabilize and transfer newborns to the next levels of care.

Leadership in SSNC investments goes beyond just formulating policies; it also includes efficient execution and monitoring. Due to creative leadership, Rwanda concentrated on lowering newborn mortality rates in 2013 and was successful in doing so in the rural districts of Kayonza and Kirehe[9]. On the other hand, Rwanda's governance aims to foster an atmosphere that allows SSNC initiatives to succeed. The World Bank study "The State of the World's Midwifery 2021"[10] emphasizes the significance of governance frameworks in guaranteeing the availability and efficacy of qualified healthcare providers, a critical component in the field of newborn care. Strong leadership and governance at the national level are essential to a successful SSNC investment strategy. As a result, I would push for the inclusion of SSNC in national health strategies, drawing from reliable organizations like the WHO and UNICEF.

Human Resources

Human Resources for health are essential to attaining Universal Health Coverage (UHC)[6]. In Zambia, the statistics show that 84% of births occur in healthcare facilities[11]. This underscores the importance of having adequate numbers of the right people and teams that are knowledgeable and skilled to provide an enabling environment for families and their newborns [2]. This will enhance the provision and maintenance of high-quality care for small and sick newborns.

Establishing an SSNC program in Zambia should involve a strategic approach that encompasses both healthcare professionals and community newborn care agents (CNCAs). This integrated model ensures that care is not only provided in healthcare facilities but extends into communities, reaching mothers and newborns where they live. The World Health Organization (WHO) emphasizes the essential role of care at the community level in reducing newborn mortality and enhancing overall well-being for mothers and children, recognizing its foundational importance[12].

Information Systems

To monitor progress toward eliminating avoidable neonatal deaths and disability[6] , timely, accurate data is crucial. For efficient planning, implementation, and evaluation of healthcare initiatives, high-quality data for neonatal care must be ensured. Quality data can support gap analysis, progress tracking, and evidence-based decision -making[13]. Information technology can make it easier to systematically gather and analyze data on prenatal and neonatal deaths [14]. In Zambia, healthcare providers need to take proactive action to address issues including premature births, birth difficulties, and infections that increase mortality by quickly identifying risk factors.

Zambia, through the MoH, can systematically address the underlying causes of prenatal and neonatal death by utilizing technology to gather, evaluate, and act on data, thereby raising the standard of care given to small and sick newborns. So, rather than just being a technological advancement, investing in information systems designed for small and sick newborns in Zambia is a strategic necessity for improving healthcare outcomes and safeguarding the future of the country. By fostering collaboration, data-driven decision-making, and efficient resource allocation, these systems can contribute significantly to reducing neonatal mortality rates and ensuring the well-being of the smallest and most vulnerable members of society[15].

Infrastructure

During the 2018 Zambia Demographic Health Survey, 84% of births in Zambia took place in healthcare facilities [11]. Therefore, it is crucial that Zambia, through the MoH, adopts innovative ideas for how to improve the infrastructure for providing care for small and sick newborn babies. One such innovation is the creation of community-based care facilities for newborns who are small and sick. These facilities can provide basic treatment, health education, and support for parents, minimizing the need for parents to travel great distances to larger healthcare facilities. we, therefore, highly recommend the strategic placement of these facilities within communities, managed and operated by dedicated Community Newborn Care Agents (CNCAs).

Furthermore, neonatal-friendly rooms should be included in the architectural plans for new healthcare institutions, especially those for primary care. Specialized neonatal units, family centered care environments, and facilities that promote the well-being of both infants and their parents should all be taken into consideration during design. Finally, private sector involvement can improve healthcare facilities by bringing in knowledge, creativity, and finance to better prepare them to address the unique requirements of small and sick babies.

Finance

In Zambia, the care and welfare of small and sick babies

necessitates a multimodal strategy that addresses challenges associated with finances, the economy, and resource mobilization. Aparadigm shifts in financial strategies, supported by solid economic facts, is essential to ensuring their well-being. Zambia faces a challenge in providing small and sick neonates with high-quality care. The nation's progress toward meeting the national goal of reducing neonatal death from 27/1,000 live births to 12/1,000 live births by 2026[16] will be significantly impacted without "sufficiently financing high-quality small and sick newborn care" [6] .

It is crucial to have economic data on the infant care implementation, particularly the budget impact. An investment case should be carefully considered by policymakers, who should do a "Benefit-Cost Analysis (BCA) that can establish the return on investment (ROI) for investing in reducing newborn mortality risk"[6]. As a nation, we must prepare for small and sick infant care interventions by considering investments in human capital, infrastructure, medical supplies, and equipment. Even though facility-based small and sick newborn care is costly, it improves newborn health outcomes[17]. Therefore, it is cost-effective to make sure that medical facilities have the staff, facilities, supplies, and tools needed to care for small and sick newborns.

Universal Health Coverage (UHC)[6] for small and sick babies and their families depends on the wise utilization of financial resources. For people to be able to get vital medical services in Zambia without endangering their ability to maintain a level of life, the idea of financial protection in healthcare is essential. To give its inhabitants financial security, the government of the Republic of Zambia has realized the value of putting in place a National Health Insurance Scheme (NHIS). Therefore, it is the responsibility of the National Health Insurance Management Authority (NHIMA) to guarantee that access is effective and that the expenses of medical treatments are shared by everybody. Reducing out-of-pocket costs for people seeking healthcare is an important feature of financial protection because high out-of-pocket costs can be a barrier to access, especially for those with limited financial resources[18]. Zambia can ensure that healthcare services are accessible and affordable for everyone by putting measures in place to reduce these costs.

Medical Supplies and Devices

Zambia is not exempt from the need for adequate medical supplies for small and sick newborns, like other Low-and Middle-Income Countries (LMICs)[6] . For Zambia to provide top-notch care for small and sick newborns, it is essential to ensure access to quality-assured medications, supplies, and technologies. The medical equipment and supplies are required to assist in managing the needs of small, sick newborns, including those for thermal care, assisted feeding and fluid administration, oxygen administration, management of neonatal sepsis, management of neonatal jaundice, prevention and management of neonatal encephalopathy, and management of congenital abnormalities[6] .

To improve access to quality-assured medicines, supplies, and technologies, the MoH should foster collaborations with the private sector to procure and distribute essential medical supplies as these facilities also provide NHIMA services. Private health facilities can leverage their expertise in logistics and distribution to ensure a more efficient and reliable supply chain for newborn care essentials according to the WHO Model List of Essential Medicines for Children[19] . The NHIMA should encourage more private health facilities to provide high-quality NHIMA services.

Infection Prevention

Newborn infection continues to be a major source of morbidity and mortality, particularly in middle- and low-income countries[20]. For the health of neonates who are small and sick, infection control is essential. The Infection Prevention and Control (IPC) Assessment Framework (IPCAF) was created by the WHO to facilitate the implementation of the recommendations on the fundamental elements of IPC programs at the acute healthcare facility level[21].

Zambia ought to intensify thorough hand cleanliness efforts within medical facilities using the IPCAF. Make sure hand sanitizers are available in neonatal care units in strategic locations and train healthcare staff on correct hand washing practices. To monitor and enhance compliance, creative approaches should be used, such as electronic hand hygiene monitoring devices. It is advisable to promote the use of real-time infection surveillance technologies for tracking the prevalence of infections in newborn care facilities. Trends should be discovered through data analysis. This will make it possible for healthcare facilities to react quickly to potential epidemics and put preventive measures in place.

To guarantee the prudent use of antibiotics, the MoH should strengthen the antimicrobial stewardship initiatives. Guidelines for prescribing antibiotics should be used, and regular monitoring of antibiotic use should be improved. In healthcare facilities, regular quality assurance audits should be encouraged and carried out, with an emphasis on infection control procedures. This may involve evaluations of protocol adherence, facility cleanliness, and appropriate medical waste disposal.

Challenges and obstacles for a SSNC program implementation

Like every healthcare project, implementing an SSNC program in Zambia has its own set of difficulties. For the program to be successful and last, it is essential to recognize and solve these issues. Lack of neonatal facilities and medical supplies is one of the problems. The government should make investments to upgrade and expand the healthcare system, especially in rural areas.

This could entail constructing NICUs, assuring the accessibility of necessary medical supplies, and improving current facilities.

The second problem is the scarcity of qualified neonatologists and specialist nurses. Implementation of training programs for a specialized workforce for neonatal care should be accelerated by the government. Encourage medical personnel to specialize in neonatology by offering financial aid or other forms of assistance. Investigate collaborations with global organizations to offer specialized training.

The third problem is how cultural values affect how people seek medical care. It will be crucial to implement culturally relevant awareness programs to inform communities of the value of SSNC. It will be advantageous to work together with local authorities and traditional healers to win their support and participation in promoting healthy newborn care practices. Potential disruptions brought on by political instability are last but not least. Collaboration with lawmakers is required to highlight the significance of SSNC as a long-term, bipartisan health issue. It will be beneficial to create backup strategies to guarantee program continuation during political turbulence.

Conclusion

In conclusion, the case for investing in SSNC is not just a matter of healthcare but a comprehensive approach to nurturing the foundation of our future generations. The first month of a child's life is a critical period that shapes their survival and long-term well-being. Through this essay, we have explored the multifaceted dimensions of SSNC, emphasizing key elements such as Family-Centered Care, Leadership and Governance, Human Resources, Information Systems, Infrastructure, Finance, Medical Supplies and Devices, and Infection Prevention.

In making a case for investing in SSNC, we advocate not just for the survival of small and sick newborns but for a healthier, more equitable, and resilient society. The impact goes beyond healthcare; it's a societal investment in the well-being of the most vulnerable members. As we navigate the challenges and obstacles, let us envision a future where every newborn, regardless of size or health condition, has the opportunity to thrive. The time to establish an all encompassing SSNC program in Zambia is now, and the benefits will resonate through generations, laying the groundwork for a healthier and more prosperous nation.

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