Guiding the way forward
Surviving and Thriving

Tayeeba was one of the first babies saved through this partnership. She needed help to start breathing and the birth attendant Sahkina was able to save her shortly after participating in the Helping Babies Breathe (HBB) program. Tayeeba’s story inspired the many national trainers who gathered in 2012 for the rollout of the program in Bangladesh.

Today, Tayeeba is a thriving five-year-old; over 500,000 birth attendants in 80 low-resource countries have participated in the program; and there are likely thousands of happy birthday stories like Tayeeba’s.

Key Achievements

- Developed an evidence-based transformative training methodology for maternal and newborn care.
- Demonstrated that quality improvement approaches are essential to sustain quality care.
- Transformed the global landscape for basic newborn resuscitation.
- Increased access to lifesaving resuscitation and training equipment.
- Integrated Helping Babies Survive and Helping Mothers Survive into 30 national programs.
- Demonstrated that strong professional associations are a pathway to sustainability.
- Mobilized $120M in contributions from all partners, 45% of which was cash.
Foreword

Global Development Alliances (GDAs) are USAID’s premiere model for public-private partnerships, helping to improve the social and economic conditions in developing countries and deepen USAID’s development impact. Survive and Thrive built on the award-winning Helping Babies Breathe GDA which clearly demonstrated that this was an effective model for rapid global rollout of a health intervention. USAID and partners expanded the scope and membership of the partnership. Survive & Thrive, to include maternal, newborn, and child health interventions with even greater potential for contributing to the global goal of ending preventable newborn, child and maternal deaths.

The partnership enabled several professional associations, NGOs, and the private sector to come together and leverage assets, technical expertise, influence and program platforms, exemplifying the power of partnership. The partnership leveraged a total of $120 million during 2010 - 2017 mobilized highly skilled volunteers from U.S. medical professional associations and NGOs to train, mentor, and develop educational materials; empowered national professional associations; and catalyzed the private sector to conduct research and develop innovative equipment appropriate for low-resource setting. The implementing partners supported countries to scale up these materials and innovations to strengthen national programs. The development and roll-out of a transformative training methodology that integrated simplified simulation-based training packages with quality improvement processes and low-dose, high-frequency practice drills has been institutionalized and firmly embedded in many national programs.

I congratulate the partners of Survive & Thrive for building on the success of Helping Babies Breathe and working towards strengthening the capacity of health providers to care for newborns and mothers as part of national programs. The partnership has created a momentum that will continue well beyond the end of the Alliance.

Lily Kak
Senior Advisor for Global Partnerships and Newborn Health
US Agency for International Development

Executive Summary

The Challenge

Globally, approximately 300,000 maternal, 2.6 million newborn, and 5.6 million under-five child deaths occur each year, largely from preventable and treatable causes. Another 2.6 million babies are stillborn.

The majority of maternal, newborn and child deaths are preventable and treatable with existing, cost-effective tools and interventions. Practices in health facilities are often far behind evidence-based Maternal, Newborn and Child Health (MNCH) standards. There is a critical need to improve the quality of services in order to reduce preventable deaths, especially as the rate of institutional deliveries and care-seeking for sick newborns and children increase in many countries.

The Response

Survive & Thrive is a public-private partnership established by the US Agency for International Development (USAID) with pediatric, obstetric, and midwifery professional associations, the private sector and civil society to improve MNCH outcomes through clinical training, systems strengthening and policy advocacy.

Survive & Thrive builds upon the successes of the Helping Babies Breathe (HBB) GDA, which was formed in 2010 to address global challenges in newborn resuscitation.1 Recognizing that the health and well-being of women and children are inextricably connected, the HBB GDA wanted to broaden its scope and partner base to improve maternal and child survival and tackle additional leading causes of newborn death beyond birth asphyxia. As a result, the Survive & Thrive (S&T) GDA was officially launched in 2012 at the Acting on the Call summit in Washington, DC.

1 Kak, Lily Joseph Johnson, Robert McPherson, William Kaeuser, and Eileen Schoen. Editors. Helping Babies Breathe: Lessons Learned Guiding the Way Forward. link to this publication
The Approach
The partners agreed on two key objectives: (1) support, sustain and strengthen high-quality, facility-based interventions and clinical competencies through training, quality improvement (QI) approaches, and the application of effective technologies and innovations; and (2) mobilize and equip members of professional associations to improve the quality of high-impact MNCH interventions in health facilities and to be champions in MNCH.

The Tools
A lack of access to health services provided by trained, skilled health care providers correlates strongly with high global maternal, newborn, and child mortality rates. Improving access to high-quality care provided by trained, competent, and equipped health providers is critical to save lives. Efforts by S&T partners responded to this global need by developing the following tools and resources:

- Helping Babies Survive (HBS) and Helping Mothers Survive (HMS) programs
- Improving Care of Mothers and Babies: A guide for improvement teams
- Professional Association Strengthening Manual
- Helping Mothers and Babies Survive Implementation Briefs

The Alliance utilizes the principle of country-led and country-owned initiatives, seeks the guidance and coordination of ministries of health, and involves host-country stakeholders in all Alliance activities. All activities are implemented within the national maternal and newborn health plan that is developed and owned by the participating national government.

Calendar of important milestones

- HBB GDA launched
- HBB GDA receives USAID Excellence Award
- S&T Alliance launched at Global Health Summit
- HMS BAB launched
- Launch of 10,000 Happy Birthdays Project in Malawi and Zambia
- HMS Secretariat formed
- HMS PE&I launched
- Improving Care for Mothers and Babies Guide launched
- HMM BABC launched
- HMM ECL&B and HMS CL&B coming 2019

Influence
- Results
- Network Program
- Shared knowledge
- Program Platforms
- Shared

Enabling coordination
- Provided advocacy
- Shaped global market
- Stimulated innovations
- Helped save lives

$110 million cash and in-kind contributions*


HBB listed as 1 of 10 breakthrough innovations at UNGA
ECEB and ECSB launched
Helping 100,000 Babies Survive & Thrive launched in India, Nigeria and Ethiopia
2nd Edition of HBB launched
Helping 100,000 Happy Birthdays launched in Malawi and Zambia
2010
2011
2012
2013
2014
2015
2016
2017
The Achievements

• Developed an evidence-based transformative training methodology for maternal and newborn care

The Helping Babies Survive and Helping Mothers Survive programs use an innovative, simulation-based approach enhanced by low-dose high-frequency practice, mentoring, and QI processes. The development and implementation of these educational modules have been informed by a rich body of scientific research studies conducted by multiple authors in many countries (see annotated bibliography on pages 33-43).

Large-scale studies that evaluated HBB programs in several hospitals in Tanzania and Nepal showed a 47% reduction in early 24-hour neonatal mortality and a 24% reduction in fresh stillbirths.

• Transformed the global landscape for basic newborn resuscitation

The partnership influenced global policy on newborn resuscitation, shaped the global market for resuscitation devices, stimulated the development of associated innovations and educational materials, and was a powerful force for advocacy through the widespread reach of its partners’ influence and networks.

In seven countries (Bangladesh, Cambodia, Colombia, Ethiopia, Malawi, Tanzania and Uganda), governments and partners equipped up to 88% of facilities with resuscitation devices and trained up to 75% of health providers in neonatal resuscitation.

• Global access to life-saving therapy and training equipment

From 2010 through 2018, S&CT partners distributed 500,000 penguin suctioners, 250,000 bag-mask resuscitators, 150,000 simulators, and almost 70,000 sets of learning materials to low-resource areas around the world.

Global Health Media Project developed more than 90 training videos that have been narrated in 30 languages and have exceeded 90 million views online.

• Integrated HBS and HMS training modules into national programs

More than 30 countries have adapted and integrated S&CT tools into their national programs.

The Importance of Refresher Training

In 2011, Jhpiego conducted a literature review on teaching techniques which improve clinical practice. The evidence suggested that to change behavior, a combination of clinical simulation, skills practice, and feedback were needed. Repetitive interventions, rather than single interventions, were shown to be superior. Workplace learning improved skill acquisition and performance. These findings became the “low-dose, high-frequency” or LDHF approach: brief team-based simulation training at the facility followed by ongoing practice and other quality improvement activities to improve performance.

This methodology has been a large component of the implementation of the HMS and HBS programs.

• Demonstrated that quality improvement approaches are essential to sustain quality care

A major contribution of the partnership was the integration of quality improvement processes in the training modules and the development of a quality improvement guide for frontline health workers.

• Mobilized $120M in contributions from all partners, 45% of which was cash

Best Practices

Implementation of HBS & HMS programs

1. Secure Ministry of Health buy-in
2. Form a working group for planning, training, and monitoring
3. Develop national roll-out plan, for pre-service and in-service training, in both public and private sector
4. Provide learning materials and equipment at time of training
5. Identify and support local leaders and champions
6. Establish low-dose, high-frequency refresher training
7. Establish facility-level Quality Improvement teams
8. Collect and report local data on standardized indicators
9. Establish a system for reporting and feedback
10. Engage health care providers, families, and the broader community
Looking Forward
By placing a special emphasis on collaboration, strengthening health systems, improving the quality and availability of health services, and increasing the clinical capacity of providers to deliver skilled and respectful care, Survive & Thrive has played an important role in improving MNCH outcomes worldwide.

The lessons learnt in this alliance represent valuable stepping stones for future MNCH initiatives to
- leverage the opportunity of partnerships for increased impact
- capitalize on the evidence based educational methodology and materials developed by the GDA
- strengthen linkages to other Every Newborn Action Plan and WHO initiatives

The Neonatal Resuscitation Program (NRP), developed by the American Academy of Pediatrics (AAP), is the global standard of care for newborn resuscitation. However, NRP is intended for advanced settings with well-equipped, fully-staffed hospitals during delivery. In 2004, LDS Charities (LDSC) and the Global Network for Women and Children’s Health Research received permission from the AAP to develop simplified versions of neonatal resuscitation education. LDS Charities used their version to teach basic newborn resuscitation to health providers in low-resource settings. The Global Network used their version in “First Breath,” the first randomized trial of simplified resuscitation training and essential newborn care in six countries. In 2006, AAP convened a team of experts to develop educational materials for newborn resuscitation that specifically designed for low-resource settings. HBB and NRP essentially teach an identical approach to assessing the newborn and taking appropriate action for newborns who have trouble breathing at birth.

The creation of the Helping Babies Breathe Global Development Alliance (HBB GDA) was a direct response to combatting newborn mortality. The United States Agency for International Development (USAID), the American Academy of Pediatrics (AAP), Laerdal Global Health, Save the Children, and the National Institute for Child Health and Development (NICHD) founded the HBB GDA in 2010. LDS Charities, Johnson & Johnson and USAID implementing partners joined the alliance in the following year.

The HBB GDA addressed the global burden of birth asphyxia through the creation and global dissemination of HBB. From 2010 to 2015, the HBB GDA influenced global policy, increased the uptake of newborn resuscitation in national programs, supported the creation of local and global resuscitation indicators, and increased the global supply of resuscitation equipment.

Following these successes, the HBB GDA wished to broaden its scope beyond newborn resuscitation to tackle the other major causes of newborn death and expand to include maternal and child survival. The Survive & Thrive (S&T) GDA absorbed the HBB GDA and expanded the scope of work.

The S&T GDA partners harnessed the expertise and innovation of professional associations, the private sector, and the public sector to ensure that mothers, newborns, and children across the globe can Survive & Thrive to their full potential. Experts from American, international, and national professional associations collaborated to strengthen clinical competencies and champion providers through training, quality improvement approaches, and professional association strengthening.

This mission was crafted at a critical juncture in global health advancement as the Millennium Development Goals (MDGs) were transitioning into the Sustainable Development Goals. The S&T GDA brought together a broader menu of objectives and interventions focused on maternal, newborn, and child health with integration of quality improvement. Additional partners that signed on to the GDA included Jhpiego, the American College of Nurse-Midwives, the American College of Obstetricians and Gynecologists, Global Health Media Project, Project Cure, Sigma Theta Tau, International Pediatric Associations, and the American Heart Association.
The Programs

Multiple tools and resources were developed, enhanced, or produced by partners within the GDA. The core tools developed were a series of educational modules which addressed more than 75% of the causes for newborn and maternal mortality.

Critical learnings and best practices gleaned from implementation of these modules informed the development of new resources.

The HBS and HMS programs have a systems-based focus designed to improve clinical practices and strengthen country health systems. They can be used as stand-alone educational modules, integrated with one another, or integrated into a country’s existing health infrastructure and are complemented by low-cost, purpose-built simulators.

Helping Mothers Survive

Developed by Jhpiego, Helping Mothers Survive (HMS) is a suite of educational modules which strengthen critical skills around pregnancy, labor, delivery, and postpartum care.

Consists of the following programs:

- **Bleeding After Birth Complete (BABC)** – skills training to prevent, detect and manage postpartum hemorrhage including management of shock and advanced care skills.
- **Pre-eclampsia & Eclampsia (PE&E)** – skills for detecting and managing pre-eclampsia and eclampsia focuses on correct assessment and classification of hypertensive disorders of pregnancy, administration of loading and maintenance doses of magnesium sulfate and antihypertensive medications, and management of convulsions.
- **Threatened Preterm Birth Care (TPTBC)** – skill building for identification of women likely to deliver a preterm baby within 7 days and the actions that can be taken prior to birth to improve survival.
- **Essential Care for Labor and Birth (ECL&B)** – skills to assess and manage labor and delivery in order to detect and prevent early signs of complications. Coming in 2018.
- **Complicated Labor and Birth (CL&B)** – skills training to classify and manage prolonged and obstructed labor and associated complications.

Helping Babies Survive

Developed by the American Academy of Pediatrics, Helping Babies Survive (HBS) is a trio of educational modules which address the three main causes of newborn mortality globally.

Consists of the following programs:

- **Helping Babies Breathe (HBB)** – teaches basic management of neonatal resuscitation, with a focus on quick identification of an asphyxiated newborn and getting the baby to breathe within the first minute after delivery.
- **Essential Care for Every Baby (ECEB)** – teaches essential newborn care practices for babies from birth to time of discharge from facility. It includes skin-to-skin care, initiation and maintenance of breastfeeding, essential care provided during the first hours of life, assessing for danger signs and proper referral procedures.
- **Essential Care for the Small Babies (ECSB)** – teaches the special care needed for small or premature babies. This includes alternative breast milk feeding options, thermal regulation, infection prevention, stabilization of baby for transport and home care guidance.
The Tools

Helping Mothers and Babies Survive Implementation Briefs

Over the course of the GDA, a need was identified to provide more formal support to country implementers in scaling-up HMS and HBS modules. Working with AAP, Jhpiego released a set of six briefs to address key topics. The GDA partners drew on extensive field implementation experience to prioritize and address the key areas in which program managers and implementing organizations often require additional guidance for successful programming. These tools are available for global use at no cost on the HMS and HBS websites.

Global Health Media Video Series

The HMS and HBS training modules are complemented by over 90 videos produced by Global Health Media Project. These videos are organized in four series that cover small baby care, newborn care, breastfeeding, and childbirth. Reach out of these video series:

- 30 different languages available
- 90 million views online.

Improving Care of Mothers and Babies: A guide for improvement teams

An important component of the GDA is to ensure that quality improvement is part of the implementation and long-term sustainability of maternal and newborn care. The AAP and the USAID ASSIST Project led development of Improving Care of Mothers and Babies: A guide for improvement teams. This guide was designed for providers who want to learn and apply special methods to improve the care they provide. This guide facilitates implementation of QI activities at the facility level.

Professional Association Strengthening Manual

Led by ACNM, ACOG, and the ICM, the GDA developed and launched a manual designed to assist professional associations in strengthening their core competencies. The series of modules contain materials for strengthening the infrastructure of a professional association, enhancing its value to members, and increasing its impact within the health system and society.

Positive experiences from the impact of strengthening midwifery associations through the 19,000 Happy Birthdays project helped contribute to this manual.
The Achievements

Working together with partners across multiple countries, the GDA has achieved significant results and made a meaningful impact on the way care is delivered.

Developed an evidence-based transformative training methodology for maternal and newborn care informed by a robust body of research published in peer-reviewed journals

A key achievement of the GDA was the development and implementation of a suite of eight innovative educational modules that simplified and demystified complex clinical skills through simple pictorial materials. The educational modules used a simulation-based approach boosted by frequent drills called low-dose high-frequency practice, and QI processes. A combination of all these approaches empowered and trained over 500,000 health providers and was demonstrated to have improved retention of skills and provider performance long after the initial training.

The GDA worked to integrate the implementation of the HMS and HBS programs so that providers would have skills to care for the mother and baby holistically. This simulation-based, integrated approach will now continue as the gold standard for rolling out new maternal and newborn interventions at the country level. In Uganda, partners worked together to implement HBB and HMS-BAB in 125 facilities in 12 remote districts.

In Rwanda, GDA partners supported the government to introduce low-dose, high-frequency training, mentorship and quality improvement activities as part of a national scale-up effort. As a result, birth asphyxia has moved down to the second cause of neonatal death, rather than the first, in Rwanda.

Demonstrated that quality improvement approaches are essential to sustain quality care

A major contribution of the partnership was its development of the Improving Care of Mothers and Babies guide, a practical tool to engage frontline health workers in identifying and solving their local problems in quality of care. This approach combined with the HBB training reduced the mortality among asphyxiated babies by 73% in 206 USAID-ASSIST supported facilities in Mali.

Transformed the global landscape for basic newborn resuscitation

GDA efforts were responsible for the introduction of HBB in over 80 countries in partnership with governments, professional associations, and health providers.

Today, HBB is institutionalized in national health programs, has influenced national policies and guidelines, has encouraged procurement of essential supplies for resuscitation, and has brought visibility to birth asphyxia.

In Nepal, HBB implemented with a QI initiative increased the use of bag-mask ventilation from 0 to 84 % of asphyxiated newborns, decreased suction by 87 %, and increased stimulation by 62 %. The stillbirth rate dropped from 9 to 3.2 per 1000 deliveries and the early neonatal mortality dropped from 5.2 to 1.9 per 1000 live births (ref citation in annotated bibliography).
Demonstrated that professional associations are a pathway to sustainability

Partners helped the Society of Obstetrics and Gynaecology of Nigeria, the Paediatric Association of Nigeria, and the National Association of Nigeria Nurses and Midwives (NANNM) to support the Federal Ministry of Health in Nigeria. The professional associations signed memoranda of understanding with the government and have actively trained and mentored health providers to improve the quality of services. The GDA partners worked with the Nigerian professional associations to adapt and integrate the HBS training modules into the national newborn program.

ACNM supported the Myanmar Nurses and Midwives Association (MNMA) in a multi-year effort to strengthen their association. The collaboration and support provided by the GDA, and other donors, to MNMA considerably increased the capacity of the association. The notable areas of improvement were:

- Enhanced ability to develop policy and strategy in the management and governance of the association.
- Reviewed and revised the constitution in accordance with best practices.
- Received membership to the International Confederation of Midwives.
- Increased their human resource capacity to carry out their mission.
- Fostered a stronger relationship with Ministry officials.

Another example of strengthening of professional associations is the ICM 50,000 Happy Birthdays program, described on page 28 of this report.

Mobilized $120M in contributions from all partners during 2010-2018.

Between 2010 to 2018, the partnership leveraged a total of $120 million by mobilizing multiple organizations to contribute monetary and non-monetary resources. These resources were used to raise awareness at the country and national level, develop key tools and resources, and many of the other key achievements reached in the GDA.

Increased the global demand and supply of life-saving therapy and training equipment

Survive & Thrive educational programs use low-cost, evidence-based, purpose-driven innovations that are integrated with learning materials and quality improvement measures. In order to support and sustain these high-quality facility-based MNCH interventions, GDA partners increased the demand and supply of lifesaving maternal and newborn care commodities.

Integrated HBS and HMS training modules into national programs

More than 30 countries have adapted and integrated the GDAs tools into their national programs. This is significant because national adaptation tends to support greater sustainability and support for the programs.

In Bangladesh, the Ministry of Health integrated HBS into their comprehensive newborn care package and rolled it out nationwide. 30,000 skilled birth attendants were trained on HBB and 85,000 health providers trained on essential newborn care, including 16,000 providers who received refresher training.

Between 2014-2017, Zimbabwe adopted 34 national policies, strategies and guidelines promoting perinatal and newborn interventions which included HBB, ECEB, and ECSB educational modules.

Nigerian health professional associations worked with the GDA partners to adapt and integrate the HBS educational modules into their national newborn care program. In addition, the ministry and other partners adopted the HMS PE&E module to address a leading cause of maternal death in Nigeria.

HBB was listed as one of ten breakthrough innovations for recommended further scale up in a PATH report presented by Ban ki-Moon to the UN General Assembly in September 2013.

Nurse Eva helped Michael to breastfeed in Nakasale, Uganda. Photo credit: Johnson & Johnson
<table>
<thead>
<tr>
<th>Country</th>
<th>Lead</th>
<th>Time Period</th>
<th>Highlights</th>
<th>Next Steps</th>
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<tbody>
<tr>
<td>Bangladesh</td>
<td>GDA Lead: MCHIP</td>
<td>2013-2017</td>
<td>- Best practice step* 5 has been implemented</td>
<td>- Quality improvement and monitoring have been incorporated into this roll-out plan.</td>
</tr>
<tr>
<td>Democratic Republic of Congo</td>
<td>GDA Lead: MCSP</td>
<td>2015-2018</td>
<td>- Best practice step* 4 has been implemented</td>
<td>- The MOH will validate the training package and MCSP will continue to support the implementation.</td>
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<td>Ethiopia</td>
<td>GDA Lead: AAP, ACHNM, Save the Children, and Johnson &amp; Johnson</td>
<td>2014-2018</td>
<td>- Best practice step* 6,7,8 have been implemented</td>
<td>- Clinical data collection will take place to evaluate neonatal health outcomes for all deliveries of those trained in pre-service.</td>
</tr>
<tr>
<td>Haiti</td>
<td>GDA Lead: LDS Charities</td>
<td>2011-2017</td>
<td>- Best practice step* 4 has been implemented</td>
<td>- The 50,000 Happy Birthdays project is offering continued support of the progress made through the 10,000 Happy Birthdays project with the roll-out of additional training programs in both in-service and pre-service facilities.</td>
</tr>
<tr>
<td>India</td>
<td>GDA Lead: NPI (100,000 Babies) &amp; ACOG (PMS)</td>
<td>2014-2017</td>
<td>- Best practice step* 5 has been implemented</td>
<td>- The updated NSSK will be rolled out. Quality improvement and monitoring have been incorporated into this roll-out plan.</td>
</tr>
<tr>
<td>Kyrgyzstan</td>
<td>GDA Lead: LDS Charities</td>
<td>2010-2017</td>
<td>- Implemented HBB, HMS, BAR, ECEB, ECSB, and HMC PE&amp;E.</td>
<td>- Scale up ECEB, ECSB, and HMC PE&amp;E. Incorporate HMS and HBB into national curricula.</td>
</tr>
<tr>
<td>Malawi</td>
<td>GDA Lead: ICM and Leaental</td>
<td>2011-2017</td>
<td>- MOH endorsed HBB in 2011 and agreed to national scale-up.</td>
<td>- Clinical data collection will take place to evaluate neonatal health outcomes for all deliveries of those trained in pre-service.</td>
</tr>
<tr>
<td>Mexico</td>
<td>GDA Lead: AAP and LDS Charities</td>
<td>2014-2017</td>
<td>- MOH endorosed national newborn guidelines</td>
<td>- Scale up ECEB, ECSB, and HMC PE&amp;E. Incorporate HMS and HBB into national curricula.</td>
</tr>
</tbody>
</table>

* Best Practice steps are listed on p 9.
Shortly after Caroline Makoko gave birth to her son, she experienced profuse bleeding which threatened her life. Her midwives at the Chilomoni Health Center in Malawi had been trained in the Helping Mothers Survive program and knew what to do to save her life. Thanks to midwives Regina Kanyerere and Naomi Guba, Caroline survived and one less baby lost a mother.

Nigeria

GDA Lead: AAP/ACNM, MCSP/Save the Children and Johnson & Johnson
Time Period: 2014-2018
Highlights:
- Adaptation and localization of HBS materials by the FMOH.
- 93 national level master trainers trained and rolled out to five zonal trainings.
- All training followed by post-training supportive supervision.
- All best practice steps* have been implemented.
Next Steps: Step-down trainings planned to continue through 2018, and UNICEF has committed to implementing ongoing newborn training in 17 states.

Pakistan

GDA Lead: MCSP
Time Period: 2013-2017
Highlights:
- Rolled-out LDHF training, supervision and mentorship in 16 districts in Sindh.
- Trained 1,500 SBAs from 750 health facilities.
- Best practice steps* 3 and 4 have been implemented
Next Steps: Scale up to all 30 districts in Pakistan.

Rwanda

GDA Lead: MCHIP
Time Period: 2013-2017
Highlights:
- HBB training, supervision and mentorship in 16 districts in Sindh.
- Trained 1,500 SBAs from 750 health facilities.
- Best practice steps* 3 and 4 have been implemented
Next Steps: Implementation of Provincial Newborn Plans.

Tanzania

GDA Lead: MCSP
Time Period: 2014-2018
Highlights:
- Rolled-out LDHF training, supervision, and QI activities for MNH.
- Trained providers in 12 hospitals and 160 health centers.
- Decreased proportion of live births with asphyxia from 2.4% in 2015, to 1.3 % in 2017.
- Best practice steps* 1, 2, 3, 4, 6, 7, 8, 9, 10 have been implemented
Next Steps: Scale up to all 30 districts in Rwanda.

Uganda

GDA Lead: Jhpiego & AAP
Time Period: 2012-2015
Highlights:
- Jhpiego implemented a trial in 125 facilities in 12 remote districts and trained providers on LDHF practice of HMS BAB and HBB.
- Across all facilities, there was a 17% reduction in PPH, 47% reduction in retained placenta, 34% reduction in intrapartum stillbirth, and 62% reduction in early newborn death.
- Best practice steps* 1, 4, 5, 6, 8, 9, 10 have been implemented
Next Steps: Jhpiego has been working with the MOH to adopt the LDHF methodology.

Zimbabwe

GDA Lead: MCHIP
Time Period: 2014-2018
Highlights:
- Guided policy focused on perinatal and newborn outcomes
- Supported national and provincial level HBS training.
- Incorporation of HBB, ECEB and ECSB into national BEmONC training.
- Best practice steps* 3, 4, 5, 6, 7, 8 have been implemented
Next Steps: MOH plans to implement national roll-out of revised guidelines and implement HBS programs.

* Best practice steps are listed on p 9
Lessons Learned

The partners of the GDA have learned some key lessons about program implementation and partnership.

Best practices: ten steps to implement HBS and HMS

The partners reached a consensus on best practices for program implementation at a meeting in Utstein, Norway. These included ten implementation steps to create sustained impact, leading to increased survival of mothers and babies.

1. Secure Ministry of Health buy-in
2. Form a working group for planning, training, and monitoring
3. Develop national roll-out plan for pre-service and in-service training in both public and private sector
4. Provide learning materials and equipment at time of training
5. Identify and support local leaders and champions
6. Establish low-dose, high-frequency refresher training
7. Establish facility-level quality improvement teams
8. Collect and report local data on standardized indicators
9. Establish a system for reporting and feedback
10. Engage healthcare providers, families, and the broader community

A well-implemented educational program is embedded in a strong health system

Successful implementation of HBS and HMS programs require country-led commitment, readiness, and follow-up to create local accountability and ownership. Each country has to identify its own gaps and define realistic service delivery standards and patient outcome goals depending on available financial resources for sustainability.

Professional associations are critical allies for change and sustainability

Health professional associations play an integral role in ensuring MNCH programming is executed appropriately and adequately at district, regional, and national scale. The GDA has learned through its partnerships that national health professional associations are extremely valuable in leveraging change in government policies and practices around maternal, newborn, and child care. This includes the provision of technical assistance and mentoring and in creating strong local ownership of a program.

Data-based quality improvement process is essential to learn, improve and adapt care

An important component to ensure sustainability is the use of quality improvement science to continuously improve, learn and adapt the process of care. This includes capacity building at the worksite, using mentoring and other strategies to help facility teams continuously identify gaps, and routinely monitoring and refining strategies to address barriers to quality care.

At the inception of a global alliance, it is critical to agree upon routine monitoring and reflection. All partners should regularly evaluate and report their activities and learnings. The monitoring and evaluation framework for in-country implementation should be well established at the inception of the intervention and be aligned with the ultimate goals of the partnership.

Strong partnerships begin with collaborative relationships

The past five years have proven that partners have been able to have more impact on MNCH through collaborative initiatives via the GDA than on their own. Careful program design ensures that the strengths of the public-private partners are utilized to their full extent while recognizing that not all partners will have deep expertise in program implementation but will bring strong technical skills to enhance the implementation.

A partnership leverages complementary technical expertise and financial resources. It allows for multiple aspects of programs to come together in synergy and harmony to achieve a common goal. Partnerships allow participating organizations to coordinate with each other, avoid duplication of effort, and engage in clear communication and collaboration. Every partner needs to have a clear and defined role with expectations agreed upon in a memorandum of understanding as part of the membership; this needs to be established at the outset and revisited regularly throughout the partnership so all partners demonstrate ownership.

Throughout the course of a partnership, commitments and energy levels can wane; therefore, it is important to regularly evaluate partner commitments and visit strategic plans to confirm that all are performing up to original expectations.

Job’s Story

In 2009, Baby Job was one of the first babies resuscitated after the introduction of HBB in Kenya. Nurse Mary Wekesa (to the right in the large image) resuscitated Baby Job, and today Job’s parents Denis and Emily have watched with pride and joy as their son grows and attends school.

This second photo in 2015 represents so much more than a little boy’s first day of school. It represents all the hopes and dreams for the future that every single pregnancy and every newborn baby around the world, encapsulates for their parents, families, and communities.

Without HBB, this picture, and thousands of other like it, in the 80 countries where HBB has rolled out since 2010, would never have happened.
Looking Forward

The lessons learnt from the S&T alliance should be considered a stepping stone to scaling up global initiatives on maternal, newborn and child survival, in order to:

Leverage expertise across partnerships for increased impact

The hallmark of the GDA is its public-private partnership model. Bringing together organizations across multiple sectors—non-profit, private, government, and professional health associations—offers an opportunity to tackle MNCH issues comprehensively; by working alongside in-country governments and health professionals to implement high-impact health interventions. This type of partnership can leverage the combined resources and expertise necessary to achieve desired health outcomes.

Capitalize on the evidence-based educational methodology and materials developed by the GDA

The materials developed within the GDA umbrella have been pilot-tested and utilized successfully with national partners. Future programming needs to extend beyond training towards sustaining health systems improvement.

Additional HMS educational modules are under development, with Essential Care in Labor & Delivery and Complicated Labor & Delivering planning for release in 2019, and Vacuum Assisted Birth shortly following.

Strengthen linkages with the Every Newborn Action Plan and the vision of Ending Preventable Maternal Mortality

As a roadmap for ending preventable newborn mortality and stillbirth and reducing maternal mortality, the Every Newborn Action Plan (ENAP) was developed within the Every Woman Every Child (EWEC) framework and endorsed by more than 190 member states of the World Health Assembly in 2014. Similarly, Ending Preventable Maternal Mortality (EPMM) vision was developed by a global group of maternal health advocates to contribute to the EWEC framework. Any future endeavors must link to ENAP and EPMM and engage with partners aligned with that vision.

Continued partnerships and programs should go beyond the survival of mothers and babies and include their thriving.

Regina’s baby did not breathe at birth, but Monica Tipe, one of Haydom’s most experienced midwives, who had been trained in HBB and HMS-Bleeding after Birth, immediately started resuscitation helping the baby survive. When the baby was brought to the Neonatal Unit, Mama Regina started bleeding heavily because the placenta was not complete when it emerged. Midwife Monica manually removed the remaining placenta and stopped the hemorrhage.

Saving Children’s Lives

The Saving Children’s Lives (SCL) program was developed by the American Heart Association in 2013 to address main causes of death among children from 1 to 5 years of age.

After AHA joined the S&T alliance the program has been further aligned with the educational methodology of the Helping Babies Survive modules, and focused on teaching community and hospital health workers in rural settings to recognize, stabilize, and treat severely-ill children.

Studies in Botswana, India and Tanzania show that the program can strengthen the links between district and community to help reduce mortality beyond the newborn period.
Strengthening Professional Associations:
Making All Birthdays Happy

50,000 Happy Birthdays is a program led by the International Confederation of Midwives (ICM), developed with the support of Laerdal Global Health. It builds on the success of the 10,000 Happy Birthdays project, which increased the professional capacity of 10,000 midwives and strengthened the midwifery associations in Zambia and Malawi. The goal of the project was to strengthen midwifery care, and train up to 10,000 midwives and other health providers to ensure 10,000 more lives of mothers and newborns saved. The midwifery associations introduced and scaled up the Helping Babies Breathe and Helping Mothers Survive programs in these countries - from 2014 to 2017.

A well trained and supported midwife can make the difference between life and death

50,000 Happy Birthdays program expands the scale of the previous project, with the goal to contribute to strengthening midwives’ competencies in saving lives at birth in additional three countries; Ethiopia, Rwanda and Tanzania. The program was launched in Lusaka, Zambia in February 2018 in the presence of Ministry of Health and Midwifery Association representatives from all five countries.

The simulation-based Helping Mothers Survive and Helping Babies Survive programs, developed within the Survive & Thrive partnership, will be used to train, equip and empower midwives to save even more lives at birth, contributing also to reducing morbidity and ensuring a better birth experience. The program continues to be led by the national midwifery associations of the respective countries, with technical support from ICM, Laerdal Global Health and key partners such as Jhpiego, AAP and LDS Charities. By 2020, the program will be evaluated, and the results presented at the ICM Triennial Congress Indonesia.

50,000 Happy Birthdays will expand on the previous achievements by:

- Establishing a base of master trainers
- Increasing emphasis on low-dose high-frequency pedagogy
- Introducing all training programs in pre-service education
- Strengthening the capacity of midwifery associations to manage large scale programming
- Increasing partnerships with national, regional and global partners
- Ensuring a robust monitoring and evaluation of the program

Making all birthdays happy

Beyond lives saved, the program will also contribute to reducing morbidity and increasing women’s satisfaction with their birth experience. A mother who has safely given birth to a healthy baby and has received respectful maternity care will experience a happy birthday.

Ann Phoya, President of AMAMI (left) and Franka Cadeé, President of ICM (right)
The Alliance Partners

USAID is committed to ending preventable newborn, child and maternal mortality and strengthen national health systems to deliver high-quality high-impact interventions at scale. USAID will continue to support the rollout of effective interventions and the use of the innovative materials developed by the partnership.

The American Academy of Pediatrics (AAP) is a professional association with a long-standing commitment towards achieving high-quality, high-impact maternal, newborn and child health interventions that save lives. Consistent with past roles as HBB and S&T Secretariat, the AAP will continue to support programs that enhance the impact of and expand access to newborn survival interventions and promote best practices.

Laerdal Global Health (LGH) has worked in close collaboration with the Alliance partners to develop high-impact, low-cost solutions to complement the HBS and HMS training modules. LGH is committed to continuing the work supported through the S&T GDA.

Save the Children focuses on delivering high-impact, sustainable interventions in partnership with local governments and partners. Save the Children was involved in the alliance through three programs: The Maternal Child Survival Program, Saving Newborn Lives, and the Johnson & Johnson Newborn Health projects.

The Alliance Partners

- **USAID**
  - US Agency for International Development
  - Is committed to ending preventable newborn, child and maternal mortality and strengthening national health systems to deliver high-quality, high-impact interventions at scale.

- **AAP**
  - American Academy of Pediatrics
  - Has worked in close collaboration with the Alliance partners to develop high-impact, low-cost solutions to complement the HBS and HMS training modules.

- **Laerdal Global Health (LGH)**
  - Has continued to provide ongoing support to the Alliance through the S&T GDA.

- **Save the Children**
  - Focuses on delivering high-impact, sustainable interventions in partnership with local governments and partners.

- **Johnson & Johnson**
  - Believes saving mothers and newborns is one of the most important investments in global health.

- **LDS Charities**
  - Is the humanitarian arm of the Church of Jesus Christ of Latter-day Saints.

- **Bill & Melinda Gates Foundation**
  - Works with partners worldwide to reduce inequities in health by developing new tools and strategies and improving delivery of high-impact health products and services to the world’s poorest communities.

- **American College of Obstetricians and Gynecologists (ACOG)**
  - Is committed to leveraging its expertise and the commitment of US OB/GYNs to support women’s health programs around the world.

- **American College of Nurse-Midwives (ACNM)**
  - Is a professional organization who works to support midwives and advance the practice of midwifery through promoting education, research and advocacy.

- **ACNP**
  - Is a profession that is dedicated to working with partners to provide and continue the efforts of the alliance.

- **Global Health Media Project**
  - Is dedicated to carefully designing and producing high-quality videos that play an important role in training frontline health workers.

- **Sigma Theta Tau International Honor Society of Nursing**
  - In partnership with Johnson & Johnson Global Community Impact, conducts the Maternal-Child Health Nurse Leadership Academy in Africa. The program has trained more than 2,300 health care professionals in programs such as HBB, and the program will continue its work and expand to additional countries.

- **Global Health Media Project**
  - Is dedicated to carefully designing and producing high-quality videos that play an important role in training frontline health workers.

- **University Research Co., LLC (URC)**
  - Is dedicated to continuing to provide technical assistance to strengthen and improve health care and social systems and advance capacity development.

- **International Pediatric Association (IPA)**
  - Has leveraged its expertise in pediatric resuscitation to address under-five mortality.

- **American Heart Association (AHA)**
  - Has leveraged its expertise in pediatric resuscitation to address under-five mortality.

- **USAID flagship Maternal and Child Survival Program (MCSP)**
  - And its predecessor, the Maternal and Child Health Integrated Program (MCHIP), provided multi-faceted support to the Survive & Thrive GDA, MCSP. Contributed technically to the development and dissemination of the HBS materials, resulting in strengthened newborn health programming and improved quality of care for mothers and babies within a number of country programs. Technical assistance from MCSP and MCHIP supported countries’ journeys to self-reliance by strengthening professional associations, improving quality of care by building provider’s capacity and influencing changes to national MNH policy.
A cluster-randomized trial in 20 districts in Tanzania. A statistically significant reduction in postpartum haemorrhage where the intervention occurred suggests that the decrease in morbidity and mortality from PPH who received intravenous uterotonic. This study concluded that HBB training on neonatal outcomes, including fresh stillbirth and first-day mortality primarily through Helping Babies Breathe, but limited conclusions can be drawn about its impact on other neonatal outcomes. Continued research on the sustained knowledge and skills is needed to evaluate the long-term impact of the Helping Babies Survive program.

Together with the refresher course in a timely manner will ensure that the participants are better prepared to meet neonatal emergencies in low-income countries like Nepal where most deliveries occur at homes by traditional birth attendants. This study concluded that HBB training on neonatal newborn simulator significantly improved the knowledge of the participants.

The goal of this study was to determine retention of resuscitation skills by different cadre of providers using the approved HBB Spanish translation in a rural clinic and community hospital in Honduras. Assessments showed rapid loss of resuscitation skills occurs after an initial training. Repeated practice leads to retention of skills in all types of providers. Further investigation is warranted to determine the clinical correlation of neonatal outcomes after HBB training.
A trial in 12 facilities in Uganda compared three strategies of support for LOCF provider practice to improve retention of provider skills in prevention and treatment of postpartum hemorrhage, neonatal asphyxia, and newborn resuscitation before every birth, used self-evaluation checklists, and attended weekly review meetings were more likely to retain their neonatal resuscitation skills. Further studies are required to evaluate HBB-QIC in primary care settings.

This first-ever country-level study assesses results from the 3-year national rollout of the HBB program in Tanzania by measuring coverage, adoption and retention of provider skills, acceptability among providers, and barriers and challenges to at-scale implementation. The program was successful in equipping providers with life-saving newborn resuscitation skills and equipment; however, assessing impact on mortality requires greater efforts.

This paper provides users of HBS and HMS programs with a 10-point list of essential implementation action steps designed to promote successful national implementation of HBB/HMS. The list evolved through an Utstein consensus process, involving a broad spectrum of international experts, and can be used to guide processes in low-resourced countries. Successful implementation of HBS and HMS training programs require country-led commitment, readiness, and follow-up to ensure coverage, adoption and retention of provider skills in prevention and treatment of postpartum hemorrhage and neonatal asphyxia.

This study details the design and implementation of a comprehensive newborn health initiative including HBS programs. The initiative featured a combined HBB/HCSB/CB program with integrated quality improvement (QI) systems. The intervention was implemented through a partnership of a multidisciplinary team of technical experts and the Ministry of Health. Using a train-the-trainer model, the initiative aimed to provide ongoing program monitoring, reinforcement, and mentorship. Assessing the cognitive, affective, behavioral, and clinical outcomes, this study concludes that partnerships fostering collaborative training interventions contribute essential clinical resources to local providers. Further, they empower providers to better care for their patients and promote the training and supervision of their colleagues, and strengthen the local health care system, ultimately improving the quality of care, and support improved health outcomes.


The authors developed and implemented a quality improvement cycle (QIC) at a tertiary hospital in Nepal to improve adherence to HBB protocol and reduce perinatal mortality. The HBB QIC reduced intrapartum stillbirth and first-day neonatal deaths and the number of reusable supplies, observations with supportive feedback and focus group discussions when implementing HBB can result in improved clinical practice.


This prospective cross-section study of the OSCE tool was conducted among HBB-trained birth attendants in five regions of Tanzania. The best OSCE performances were recorded among providers from facilities with high annual birth volumes. The simplified OSCE tool could facilitate implementation of national-level HBB programs.

In this prospective study to evaluate newborn resuscitation competencies, Sudanese village midwives’ performances in the HBB OSCE were recorded prior to, 3 and 12 months following HBB training. OSCE assessments showed that participants absorbed and sustained HBB skills for at least a year, and regular low-intensity, manikin-based skills training with peers may help sustain face-to-face mentoring.


This cross-sectional study ECEB-trained healthcare providers from 12 district hospitals in Ghana completed a 21-item OSCE tool to assess neonatal care competence. The OSCE tool demonstrated substantial reliability and the providers exhibited satisfactory performance. The OSCE tool could be useful in similar settings and could have potential for up-scale use in assessing neonatal management skills.

This article details China’s dual approach to address birth asphyxia using the Neonatal Resuscitation Program (NRP) and Helping Babies Breathe. As a large and rapidly developing country, China has geographic- and resource-related challenges to improving clinical care to reduce neonatal mortality. Both NRP and HBB use the same evidence base; these two programs target differently-resourced facility settings. This article illustrates how NRP and HBB can be implemented in countries where needs and resources vary regionally and locally. The introduction and implementation of NRP and HBB in China have already shown substantial benefits in a relatively short amount of time. The authors provide a number of lessons learned and detail future steps to better achieve reductions in neonatal mortality in China.


This study examined the impact of HBB training on resuscitation skills of Sudanese village midwives and perinatal outcomes. HBB training and peer-peer skills practice was associated with improvements in newborn resuscitation and perinatal outcomes. HBB training combined with peer skills practice could have immense benefits if expanded nationally.


This project was aimed to assess the impact of frequent brief (3-5 minute) on-site HBB simulation training on newborn resuscitation practices in the delivery room and the potential impact on 24-hour neonatal mortality. A newborn simulator was placed in the labor ward and frequent brief HBB simulation training was implemented on-site; 3-min of weekly paired practice, assisted by local-trained Local trainers also facilitated 40-minute monthly re-trainings. The researchers reported that the number of neonates receiving resuscitation increased, as did those who received suctioning. Neonates receiving bag mask ventilation decreased as did 24-hour mortality. The study concludes that the on-site frequent brief HBB simulation training appear to facilitate transfer of new knowledge and skills into clinical practice and is accompanied by a decrease in neonatal mortality.


This systematic literature review examined acquisition and retention of NR knowledge and skills by birth attendants in low- and middle-income countries. Authors conclude that knowledge and skills falloff over time is a signiﬁcant barrier to success of neonatal resuscitation programs. Refresher training and structured practice can prevent this decline.

In this prospective cross-section study of the OSCE tool as access to neonatal care competence. The OSCE tool demonstrated substantial reliability and the providers exhibited satisfactory performance. The OSCE tool could be useful in similar settings and could have potential for up-scale use in assessing neonatal management skills.

Implementation of HBB in rural Zanzibar was effective using the train-the-trainer implementation strategy combined with follow-up over time. Observations revealed that HBB skills and knowledge were carried over into practice. Authors suggest that key strategies such as mentoring, allocation of reusable supplies, observations with supportive feedback and focus group discussions when implementing HBB can result in improved clinical practice.

The study was conducted at the facility between July 2012 and September 2013. The causes of 399 neonatal deaths and the day of death, up to 27 days, were collected before and after the training course. Deaths caused by intrapartum-related complications were reduced from 51% to 33%. The authors conclude the continuum of postnatal care for newborn infants needs to be strengthened after Helping Babies Breathe training to maintain the gains in neonatal survival on the day of delivery.

The objective was to assess the impact of frequent brief (3-5 min weekly) on-site HBB simulation training on newborn resuscitation practices in the delivery room and the potential impact on 24-hour neonatal mortality. A newborn simulator was placed in the labor ward and frequent brief HBB simulation training was implemented on-site; 3-min of weekly paired practice, assisted by local-trained Local trainers also facilitated 40-minute monthly re-trainings. The researchers reported that the number of neonates receiving resuscitation increased, as did those who received suctioning. Neonates receiving bag mask ventilation decreased as did 24-hour mortality. The study concludes that the on-site frequent brief HBB simulation training appear to facilitate transfer of new knowledge and skills into clinical practice and is accompanied by a decrease in neonatal mortality.

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BMC Pediatrics, 15(1), 71.

Researchers developed and evaluated a mobile delivery room timer to document the time interval from birth to the initiation of newborn crying/spontaneous respiration or bag and mask ventilation in five hospitals in Karnataka, India. The mobile delivery room timer is a cell phone-based application that recorded key events including crowning, delivery, and crying/spontaneous respiration or bag and mask ventilation. There was high concordance between the mobile delivery room timer and observed time elapsed between birth and crying/spontaneous respiration or ventilation. The researchers concluded this type of tool may be useful in reinforcing neonatal resuscitation training and the need to ensure spontaneous or assisted ventilation by The Golden Minute. This study focused on Essential Care for Every Baby (ECCB), assessing the overall design of the course; the ability of facilitators to teach the course; and the knowledge and skills acquired by the learners. Testing occurred at 2 global sites, one in Kenya and one in India. Data from a facilitator evaluation survey, a learner satisfaction survey, a multiple-choice question (MCQ) examination, performance on two objective structured clinical evaluations (OSCEs), and pre- and post-confidence assessments were analyzed using descriptive statistics. Pre-post course differences were examined. Comments on the evaluation form and post-course group discussions were analyzed to identify potential program improvements. Findings indicate ECB program was highly acceptable, demonstrated improved confidence, improved knowledge and developed skills.

In this study the Helping Babies Breathe program was provided to students and staff at the teaching and referral hospital in Liberia. Results showed a significant increase in neonatal knowledge as well as attainment of skills by staff and students. It is expected that full implementation will include establishing agency procedures, supervision, and support to staff in the delivery room and will ultimately result in lower neonatal mortality due to asphyxia. Similar institutions seeking to implement the HBB program should fully support the initial training initiative and plan for ongoing implementation support. Preparing nurses and midwives as certified trainers can make this valuable lifesaving knowledge and skill available to those delivering babies under high risk conditions in low-resource areas. The findings of the study showed that Helping Babies Breathe program is effective to improve the knowledge and skill regarding neonatal resuscitation among experimental group of Auxiliary Nurse Midwives (ANM) students. Findings revealed that Helping Babies Breathe program was effective to improve knowledge and skill of subjects under study. There was no gain in knowledge and skill regarding neonatal resuscitation among control group of ANM students.

This review of HBB provides readers with insight into the strategic assessment of global neonatal mortality that led to the development of the program, how that assessment shaped the educational program as a catalyst for change, and how a global public–private alliance has promoted HBB implementation and continues to strive for sustainable improvement in newborn health.

Authors analyzed the cost effectiveness of HBB at Haydon Lutheran Hospital (HLH) in rural Tanzania. Costs per life saved were USD 233, while they were USD 4.21 per life year gained. Costs for maintaining the program were USD 80 per life saved and USD 1.14 per life year gained. Authors conclude that HBB is a low-cost intervention, and implementation in HLH has been highly cost effective. To facilitate further global implementation of HBB, a cost-effectiveness analysis including government, urban hospitals and district facilities is necessary.

A review of education and training literature was conducted between May and June 2011 to identify effective training approaches. The evidence suggests using multiple interactive techniques including clinical simulation with skills practice and feedback was identified as the most effective approach. Didactic techniques using passive instruction, such as reading and feedback was identified as the most effective approach. The evidence suggests using multiple interactive techniques including clinical simulation with skills practice and feedback was identified as the most effective approach. Didactic techniques using passive instruction, such as reading and lecture, were found to have little or no impact on learning outcomes. Retraining interventions, rather than single interventions, were shown to be superior. Workplace learning improved skill acquisition and performance.

Authors describe the need to reduce global perinatal mortality and specifically address intra-partum-related hypoxia leading to death and disability especially in resource-limited settings. Based on an analysis of current science and educational programs, authors suggest that simple resuscitation education such as ‘Helping Babies Breathe’ can help transfer competency into clinical practice and lead to sustainable programs impacting neonatal mortality and morbidity.


The educational effectiveness of HBB training on newborn simulation of knowledge from Doctors, Nurses and Medical Students was evaluated before and after training. Participants underwent a 2-day training course of 5 hours each. A post course practical skills evaluation was performed.

This report documents the long-term impact of a one-day HBB training on practical skills and management of different strategies among providers in a rural Tanzanian hospital. When providers simulated “Routine Care” and “Neonatal Resuscitation” seven months after HBB training, skills and performance were significantly better. By contrast, neonatal management in the real room was the corresponding time period did not improve and in fact was worse. Thus, less newborn infants were stimulated and the time to initiate face mask ventilation was longer. Subsequently, measures were taken (short HBB re- trainings delivered regularly and frequently with local mentoring) to improve the transfer of routine interventional knowledge and skills into clinical practice. Further research is necessary to explore the impact of these measures on performance and patient outcome. More focus on early stimulation and discussions around local implementation should be prioritized during HBB training.


This study evaluated the effectiveness of HBB training in reducing stillbirth (SB) and pre-discharge and neonatal mortality (NMR) in Southern India. A total of 3,599 birth attendants from rural, district and urban facilities were trained in HBB, and authors found that the training systematically improved provider knowledge and performance. Assessments also showed that HBB training reduced SB without increasing NMR, indicating that resuscitated infants survived the neonatal period.


This study sought to characterize knowledge changes and resuscitation skills after national-level HBB training in Ethiopia, the factors correlated with successful training and training perceptions. Assessments showed that the HBB training improved neonatal resuscitation knowledge and was well-received among providers. A lower trainee-to-trainer ratio was associated with improved knowledge scores.


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Evans, C. L., Balint, E., Akulunzi, A., Peer-assisted learning to sustain provider performance after onsite, low-dose, high-frequency training and practice to prevent and treat postpartum hemorrhage and neonatal asphyxia: A pragmatic, cluster-randomized trial in Uganda. Submitted to PLoS ONE.

This cluster-randomized trial in 125 facilities in 12 districts of Uganda provided providers in HMIS BAB and H8B to >700 providers. Three approaches to facilitating simulation-based peer practice were compared: Uttermost provision within one minute of birth; increased and remained high in all groups, but was greater in the groups with support for ongoing practice. Simulated skills maintenance for postpartum hemorrhage prophylaxis remained high across all study groups 7 to 8 months after the intervention however skills for newborn care remained high only in the full intervention group. For all groups, combined incidence of postpartum hemorrhage and retained placenta declined 17% and 47%, respectively and fresh stillbirths and newborn death prior to discharge decreased by 34% and 62%, respectively, from baseline and remained reduced 6-9 months post-intervention.


This study utilized qualitative methods to examine the effect of multi-professional simulation training on PPH on providers’ perceptions. After the second of two simulation training programs at two hospitals in Tanzania, ten focus group discussions comprising 42 nurse midwives, doctors, and medical attendants, were carried out. The key finding was the perceived importance of team training as learning feature, and the perception of improved ability to use a teamwork approach to PPH.


This quasi-experimental, pre–post–intervention study involved on-site multi-professional, scenario-based PPH training. Conducted in a two-week period in October 2013 and another 2 weeks in November 2014 in a rural hospital in Tanzania. Results showed a 47% reduction in blood transfusion.


The study contributes to new knowledge on how simulation training with BAB through mastery and vicarious experience. In the Nelissen study, trainers had little or no prior experience. In the Egenberg study, trainers had prior experience as obstetrician-gynecologist or anesthesiologist.


This study examined changes in PPH 4 before and after BAB training. Three thousand six hundred twenty-two births, before and after BAB training, were included. The incidence of PPH (500-1000 ml) significantly reduced from 2.1% to 1.3% after training. The proportion of women who received oxytocin as part of management of PPH increased significantly (before training 43.0% after training 61.2%).


The quality of PPH prevention increased substantially in facilities that implemented competency-based training and quality improvement interventions, with the most dramatic improvement seen at lower-level facilities. As Tanzania continues with efforts to increase facility births, it imperative that the quality of care also be improved by promoting use of up-to-date guidelines and ensuring regular training and mentoring for health care providers so that they adhere to the guidelines for care of women during labor. These measures can reduce maternal and newborn mortality.


This study examined whether inter-professional simulation training for PPH could influence the frequency of blood transfusions and uterine artery embolization after introduction of mandatory simulation training on management of postpartum hemorrhage. In 2009, 20.8% of women with estimated blood loss >500ml received transfusion vs. 12.3% in 2011.


In response to the Nelissen study in 2012, Jhpiego responded outlining the changes based on learning from the Tanzania study. The Jhpiego study took the Nelissen study one step further by exploring trainee experience as trainers beyond simple orientation to the materials. As a result, trainer preparation was reinforced and training time was increased whereby the BAB agenda was increased to one full day.


In 2014, the Nelissen study, and the Nelson et al. study, showed that the Jhpiego training resulted in an immediate increase in knowledge, skills, and confidence. While knowledge and simulated basic skills declined after nine months, confidence and simulated obstetric emergency skills were largely retained. These findings indicate a need for continuation of training.


In 2021, BP providers were trained in a half day BAB course onsite in Tanzania. Nine months later, 36 providers were tested for knowledge and skills retention. Training resulted in an immediate increase in knowledge, skills, and confidence. While knowledge and simulated basic skills declined after nine months, confidence and simulated obstetric emergency skills were largely retained. These findings indicate a need for continuation of training.
Formed in 2012, the Survive & Thrive Alliance merged with the previously formed Helping Babies Breathe Global Development Alliance.