



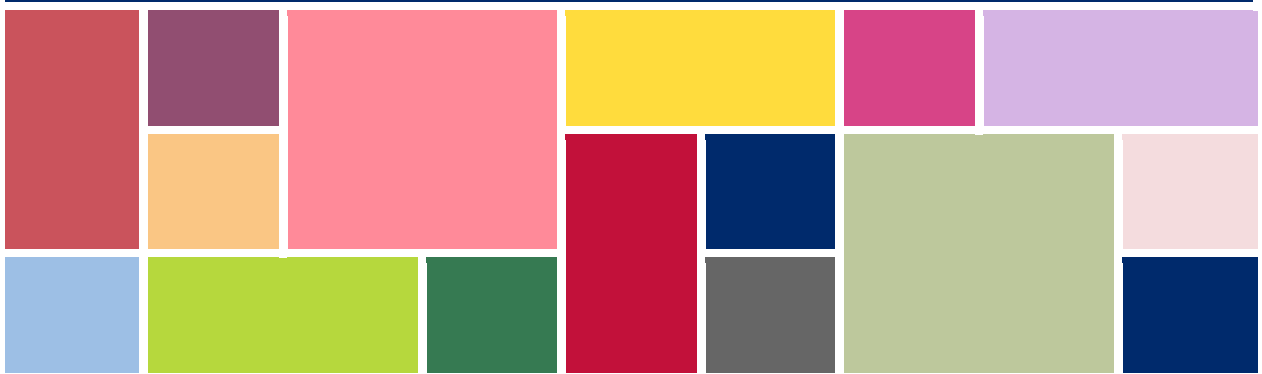
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Forming Subregional/National Neonatal Alliances in Latin America and the Caribbean: A Road Map

August 2019



The Maternal and Child Survival Program (MCSP) is the U.S. Agency for International Development's Bureau for Global Health flagship program for preventing maternal and child deaths, focusing on 25 countries. The program introduces and supports high-impact, sustainable reproductive, maternal, newborn and child health (RMNCH) interventions in partnership with ministries of health and other partners. This report is made possible by the generous support of the American people through the United States Agency for International Development (USAID), under the terms of the Cooperative Agreement AID-OAA-A-14-00028. The contents are the responsibility of the Maternal and Child Survival Program (MCSP) and do not necessarily reflect the views of USAID or the United States Government.

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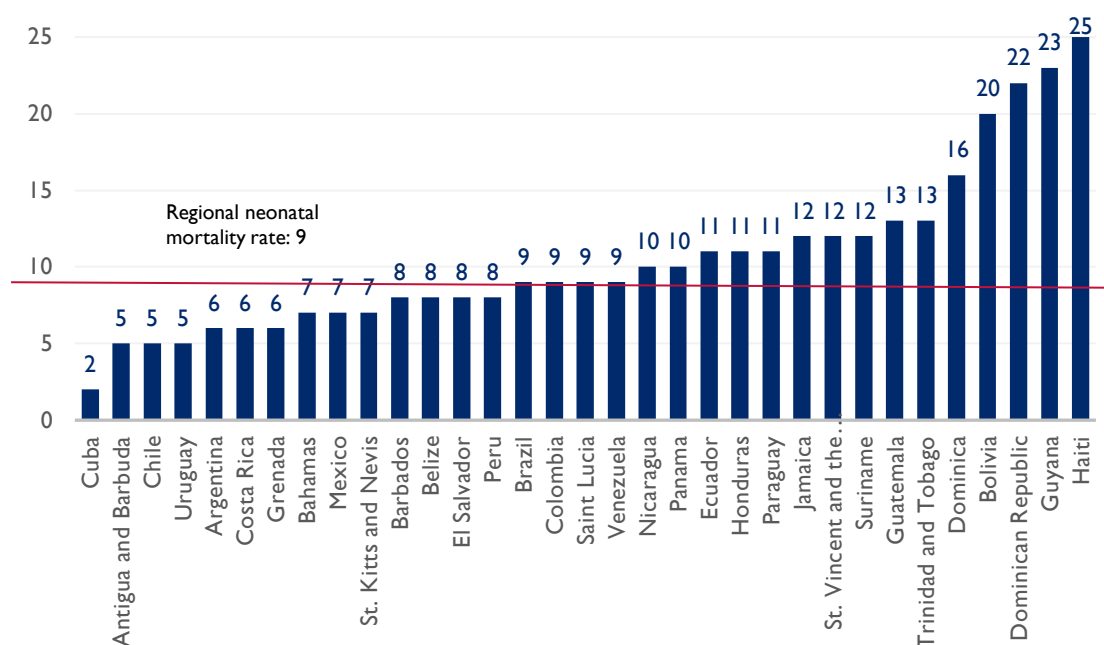
Purpose of the Road Map

This document identifies major steps needed to create a subregional or national neonatal alliance. They are recommendations based on experiences of Latin American and Caribbean (LAC) Neonatal Alliance members at the regional and country level. It articulates a shared strategic approach and aims to serve as a resource for countries within the LAC region to create their own alliances considering their local context.

Background

The [Sustainable Development Goal \(SDG\) 3](#)—“Ensure healthy lives and promote well-being for all at all ages”—states the need for countries to reduce the neonatal mortality rate to at least as low as 12 per 1,000 live births. Over the past two decades, neonatal mortality in LAC has shown important improvements. Neonatal mortality rates have decreased from 23 in 1990 to 10 per 1,000 live births in 2017 in the LAC region (UNICEF, 2018). However, there are considerable differences in the neonatal mortality among countries in the region (see Figure 1). Even for countries that have made great strides in reducing mortality and morbidity, national rates often conceal significant inequities among vulnerable populations within countries. For instance, in the Dominican Republic, El Salvador, and Guatemala, neonatal mortality is three times greater among the poorest newborns than the wealthiest (UNICEF 2016).

Figure 1: Neonatal mortality rate (deaths per 1,000 live births) in Latin American and Caribbean countries, 2015



Source: UNICEF. Health Equity Report 2016. Analysis of reproductive, maternal, newborn, child and adolescent health inequities in Latin America and the Caribbean to inform policy making.

In LAC, rapidly diminishing funding from donor agencies makes it especially critical to mobilize the region’s own significant capacity and resources to address long-standing, major disparities in reproductive, maternal, neonatal, child, and adolescent health.

In response to this situation, a group of passionate newborn health advocates in 2005 created the LAC Neonatal Alliance as a collaborative group seeking to prioritize newborn health in the LAC region.

Mission of the LAC Neonatal Alliance

The LAC Neonatal Alliance serves as an important vehicle to promote evidence-based, high-impact interventions for newborn health; synergize efforts of key newborn health partners in the LAC region; and increase effectiveness through collaboration so that policies and actions allow more newborns to survive and thrive.

The Alliance advocates for newborn health in LAC within the continuum of reproductive, maternal, and child health through interagency efforts. It promotes evidence-based policies and programming, with a specific focus on reducing inequities among the most vulnerable populations.

Strategic Objectives of the LAC Neonatal Alliance

To achieve its mission, the Alliance leverages its members' expertise and resources to coordinate efforts in four areas:

1. Formulation and monitoring of regional and global initiatives aimed at the health of the newborn
2. Strengthening of partnerships at the regional and country levels on issues related to neonatal health, including the establishment and bolstering of national alliances
3. Global, regional-, and country-level advocacy on critical and specific issues of the newborn
4. Connecting professionals with the tools, expertise, and resources they need to advance their work in newborn health

The Alliance supported the dissemination of the Regional Strategy and Action Plan for Newborn Health that ended in 2015, currently supports the dissemination of the Every Newborn Action Plan (EWEC) and contributes to the Every Woman Every Child -LAC movement (EWEC 2017). As the LAC region implements the Global Strategy for Women's, Children's and Adolescent's Health 2016-2030 (WHO 2017), and specifically Pan American Health Organization's Regional Plan of Action for Women's, Children's and Adolescents' Health 2018-2030 (PAHO 2018), the Alliance plays a critical role in providing technical expertise in the documentation and implementation of policies and strategies that target persistent inequities among vulnerable groups within newborn health.

Structure and Governance of the LAC Neonatal Alliance

The LAC Neonatal Alliance is composed of general members led by an executive committee and working groups according to the needs of the membership. The membership includes clinicians and their professional associations, international multilateral agencies, governments and private-sector partners.

There are nearly 30 member organizations, including five national-level alliances (Alianza Neonatal del Paraguay, El Colectivo por la Salud Neonatal de Perú, Alianza Neonatal República Dominicana, Alianza Neonatal Haiti, and La Mesa Nacional por una Maternidad y Nacimiento Seguros in Bolivia).

In 2009, a memorandum of understanding formalized the membership of regional professional associations, such as the Latin American Pediatric Association (ASCON), Latin American Federation of Societies of Obstetrics and Gynecology (FLASOG), the International Confederation of Midwives (ICM), and the Pan American Federation of Nursing Professionals (FEPPEN).

The LAC Neonatal Alliance coordinates with its membership via the following methods:

- Virtual and in-person meetings
- Webinars
- eNewsletters/bulletins
- LAC Neonatal Alliance Facebook: @AlianzaNeonatalparaAmericaLatinaYelCaribe
- Email: alianzaneonatal2014@gmail.com

Figure 2. LAC Neonatal Alliance Partners



The Power of Working in Alliances

[SDG 17](#) states the importance of “Revitalizing the global partnership for sustainable development” in order to achieve success in moving the agenda forward. This includes building partnerships upon shared vision and values among governments, the private sector, and civil society at global, regional, national, and local levels.

There is no single organization that can implement all of the interventions that will reduce neonatal morbidity and/or mortality at the highest level of proficiency. Collaborative alliances support the execution of strategic objectives of global or regional health strategies. The main purposes of these alliances are for partners to cooperate in implementing activities, developing new strategies, and providing updates for new technologies. Alliances are an increasingly important strategic method to help organizations grow (EWEC 2017).

A multitude of organizations and partners work to advance newborn health at various levels: health care providers, national and subnational governments, community leaders, nonprofit and multilateral technical experts, civil society groups, professional organizations, and others. Despite sharing a passion for newborn health, these groups do not traditionally collaborate at a sustainable and coordinated level (EWEC 2017). Weak coordination can lead to inefficiencies and the creation of parallel programs and strategies; inadequate and inconsistent sharing of information, updates, and country experiences; and inconsistent or unsustainable projects enacted in isolation. These challenges can be addressed when professionals are connected to one another beyond their in-country peers and cadre-specific associations, learning from each other and sharing priorities.

The LAC Neonatal Alliance is a platform through which members learn about emerging global priorities and evidence-based practices in newborn health, and receive support to adopt new approaches and adapt policies. The Alliance supports the development and strengthening of national Neonatal Alliances. These alliances have taken a variety of shapes and approaches to address neonatal health, which have been adapted to local settings, but all share the alliance’s basic mission. Ideally, these alliances are strongly supported or led by the Ministry of Health (MOH) in each country, giving them a sustainable voice at the national level. The LAC Neonatal Alliance is also a resource for sharing LAC experiences and lessons learned within the global community.

Country Neonatal Alliances in the LAC Region

Since 2005, the LAC Neonatal Alliance has prioritized support to countries in the region to establish Neonatal Alliances (Table 1).

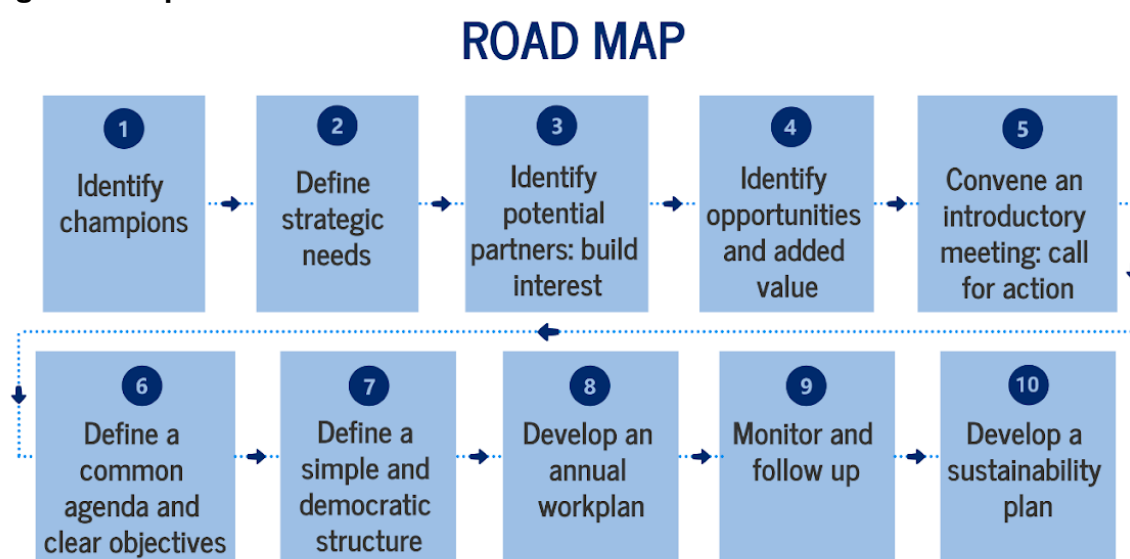
Table 1: Existing neonatal alliances in the LAC region

Country	Name of local alliance	Year alliance was created	Current status
Barbados	Neonatal Alliance of Barbados	2013	Not active*
Bolivia	La Mesa Nacional por una Maternidad y Nacimiento Seguros	1995	Active
Dominican Republic	Alianza Neonatal República Dominicana	2013	Active
El Salvador	Alianza Neonatal de El Salvador https://www.facebook.com/Alianza.Neonatal.ES/	2010	Active
Haiti	Haiti Neonatal Alliance	2011	Not active**
Paraguay	Alianza Neonatal del Paraguay	2015	Active
Peru	El Colectivo por la Salud Neonatal de Perú	2006	Active

In this road map, we share the lessons learned from Bolivia, the Dominican Republic, Paraguay, and Peru as they established and continue operating their country alliances, fostering “south to south” technical assistance and different academic articles that document the importance of the Alliances and the necessary steps to follow (Miller-Petrie, Mazia, Serpa 2014, Segil 2012, Mosher 2015, Gonzalez 2001).

Road Map and Recommended Steps

Figure 3. Steps to create a neonatal alliance



1. Identify champions

In every country, there are individuals or organizations that excel in supporting health issues—in this case, newborn health. Champions believe in change and are key communicators who create a supportive environment.

Sometimes, they are already working in other health networks. It is crucial to seize their attention on the importance of building capacities to create a common agenda for newborn health and coordinating activities.

2. Define strategic needs

Before making the decision to create an alliance, it is important to have an understanding of current newborn mortality and morbidity at regional/national/subnational level and an awareness of the landscape, i.e.: MOH and external stakeholder inputs.

Issues to consider in a needs assessment include:

- Is newborn health currently on the country agenda?
- What are the government's priorities in this area?
- Which organizations are working in newborn health?

3. Identify potential partners: Build interest

After the needs assessment and identifying possible organizations to support a national alliance, the next step is to conduct a mapping of existing stakeholders, identifying groups or individuals who would be interested in collaborating to support the newborn health agenda.

Is it important to have a mixed and diverse composition linking state and nonstate actors, including the MOH, relevant academic and professional organizations (pediatrics, obstetrics, nursing, midwifery), social security, UN organizations, nonprofit and civil society organizations, and the private sector, that links to newborn health.

While selecting partners, the need for new ideas, skills, resources, and opportunities must be considered. The following characteristics help to define potential partners:

- *Compatibility*: Building an alliance with a known partner reduces the risk of failure, since we know with whom we are partnering.
- *Capability*: Every partner has a special expertise. This supports the interaction between partners and creates synergies.
- *Commitment*: Partners must believe in the need for an alliance to support newborns to survive and thrive.

4. Identify opportunities and added value

Before proposing a partnership with a potential alliance partner, identify the expected value added of this partnership and what the alliance may offer. Effective strategic alliances have to be mutually beneficial and provide value to all participating organizations. They also need to build on member expertise and resources to be more powerful and effective than each member is when operating independently. During the introductory meeting, the identified value has to be delineated for each organization. Sharing new approaches, models, and effective interventions create sustainability among alliances.

Clearly establish what each organization will be sharing, what is within the scope, and what is out of the scope. Partnerships can be quickly frustrated when groups are afraid to lose their organizational identity or when they try to use the alliance to accomplish their own activities.

5. Convene an introductory meeting: Call for action

Schedule an introductory meeting with potential partners to present initial ideas and plan. It is essential to review current opportunities, strategy, and the specific steps beforehand that you would like the group to undertake to reach this goal. Discuss pros and cons of working together. Even if they are initial ideas, this process is important, since it creates ownership and ensures that everyone is in agreement.

6. Define a common agenda and clear objectives

In the following meetings, brainstorm opportunities to reach the common goal (e.g.: increased infant survival or reduction of infant morbidity). Focus on core interests, and discuss objectives and expectations for this partnership. Negotiate an arrangement that includes risk and benefits (not necessarily equal) for all sides (Segil 2019).

First, determine what your alliance can accomplish over the next 12 months. Then you can strategize a more ambitious agenda.

A common agenda not only articulates the shared problem that you intend to address together but also requires that partners understand the issue correctly and are in agreement on the strategy or intervention that would best address the problem.

Box 1. Every Woman Every Child (EWEC) suggested postnatal best practices (EWEC 2015):

- Care in the facility for at least 24 hours after an uncomplicated vaginal birth
- Immediate drying and thermal care
- Neonatal resuscitation with bag and mask
- Early initiation of breastfeeding (within the first hour)
- Hygienic cord and skin care
- Initiation of prophylactic antiretroviral therapy for babies exposed to HIV
- Kangaroo mother care for small babies
- Extra support for feeding small and preterm babies with breast milk
- Presumptive antibiotic therapy for newborns at risk of bacterial infection
- Continuous positive airway pressure to manage babies with respiratory distress syndrome
- Detection and case management of possible severe bacterial infection
- Management of newborns with jaundice
- Detection and management of genetic conditions
- Postnatal contact with a skilled health care provider, at home or in the health facility, around day 3, day 7, and at 6 weeks after birth

Source: Every Woman Every Child (EWEC). 2015. *The Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)*.

While creating your strategy, include best practices that partners have already developed or evidence-based best practices that are recommended at global level to ensure your partnership is effective. See Box 1 as an example of current best practices.

7. Define a simple and democratic structure

A simple organizational structure is recommended. It should consider roles and responsibilities, efficient communication channels, decision-making standards, and adaptiveness to new situations. At this stage, the alliance is mostly driven by the passion and commitment of the partners.

Once established, formalization is an important way to strengthen the alliance. Standardized structures with roles and responsibilities of the governance bodies might have to be established in order to consolidate the organization. Governance structures like alliance steering committees and operational management teams are essential. But fluid and regular informal communication can be even more critical, enabling real-time, daily alliance management and issue resolution (Sanders 2019).

The structure should be functional and incorporate all partners in building ownership through formal responsibilities. The challenge is typically how to create structures to enhance active participation in implementing the agenda. The model in Box 2, used for the regional LAC Neonatal Alliance, can be adapted by national alliances.

Box 2. The LAC Neonatal Alliance model

Members: The LAC Neonatal Alliance includes organizations, associations, agencies, individuals, governments, and the private sector whose mission, values, and practices are in alignment with the alliance's mission. New members are added by majority vote of the executive committee at any point of the year. Those seeking membership send a letter to the chair, providing a brief description of the organization, their mission, and a request for membership.

The alliance reserves the right to exclude from its membership any association, government, or company that manufactures or sells products that are known to be harmful to the environment or human health without counterbalancing benefits, or that knowingly engage in practices that violate human rights.

Members are responsible for:

- Sharing information and experiences with the whole membership
- Contributing their skills and resources to the alliance work plan implementation
- Advocating for the advancement of the newborn agenda in the region within the continuum of care
- Actively participating in committees, working groups, meetings, and forums
- Contributing to the alliance strategy planning and work plan development

Members meet through in-person or virtual meetings, at least once a year, to define strategic lines of action and work plans.

The **Executive Committee (EC)** is responsible for drafting the annual work plan with inputs from the membership during the annual meeting, identifying resources, managing intermember communications and exchanges, representing the alliance with other regions and partners globally, and providing overall strategic direction according to the work plan.

The EC will comprise no less than five and not more than nine members:

- Two standing members representing the Pan American Health Organization and UNICEF
- Rotating members serve a term of 2 calendar years, beginning in January following the annual meeting election process:
- At least one representative of a national alliance or professional association from the region
- Any agency that (aside from the Pan American Health Organization and UNICEF) that contributes significantly to the operations of the alliance (presently the US Agency for International Development)
- A partner bringing contributions on the global dialogue on newborn health (presently the US Agency for International Development's Maternal and Child Survival Program)
- Others as needs are determined by the EC

The chair is proposed by the EC and voted on by all members during biannually at the annual meeting to serve for 2 years.

To be eligible, EC candidates must have been a member of the alliance for at least 1 year, have time allocated for this purpose, and be supported by their organization. An administrative coordinator will support the EC.

The EC meets in person on an annual basis at minimum, and at least quarterly via teleconference. Virtual meetings may also be called according to needs.

The decision-making process is by majority vote. Deadlines for feedback must be provided, and silence/abstinence is considered to be consent.

The **chair** leads the work of the EC. The chair represents the alliance or delegates to EC members in external meetings. Official communications from the alliance should be sent by the chair unless delegated to an EC member. The chair shall also review all internal and external materials prior to finalization.

The **administrative coordinator** supports the chair and EC in scheduling meetings and calls, drafting communications, taking and sharing notes, and other tasks as decided by the group.

Committees and working groups: The alliance creates and dissolves committees on an as-needed basis to advance specific activities. To date, the following committees have been active: membership, website, communication, surveillance, and committees. Any members of the alliance can participate in the committee.

8. Develop an annual work plan

The work plan should delineate how the national alliance will achieve its goal and respond to the objectives envisioned. It should be simple and structured so that every partner may easily recognize their contribution.

When developing the workplan, consider which activities are priorities to accomplish during the year in partnership with contributing organizations. A work plan should not be a list of existing partner activities but should describe the specific activities that are led by or have significant contribution from the group, i.e. would not occur without the structure of the interagency group.

When structuring the work plan, make sure the plan is achievable, the plan is flexible, and responsibilities and deadlines are clear. The first plan must be simple enough to maintain motivation among members.

Maximum and minimum goals should be established. The maximum (outcome/impact) is one that represents the alliance's long-term success, and the minimum (output) is what should be achieved in order to continue the partnership. Choose manageable and realistic activities, such as events and campaigns that you can leverage to obtain results over time.

After agreeing on the plan, there must be agreement and commitment among all members to implement it. This agreement should be reflected in writing in the work plan and identifying the point person from each organization, who will ensure implementation takes place for the corresponding activity as scheduled.

9. Monitor and follow up

Even the most well-crafted work plan will not be successful if it is not implemented and monitored regularly. Continually review your alliance achievements against the workplan to monitor and make changes when you find something is not working. The monitoring process also allows you to document your successes, which should be celebrated.

In order to accomplish this step, it is important to establish milestones to evaluate your efforts and create specific indicators (qualitative and quantitative) to identify the alliance's progress. SMART objectives, which are specific, measurable, achievable, relevant, and time oriented, help to focus your efforts and use your time and resources productively.

10. Develop a Sustainability plan

A simple definition of sustainability is the quality of being able to continue over a period of time. This is the challenge for every alliance. Alliances need to identify the aspects of sustainability in which they have strengths: institutional (recognition as a technical leader), programmatic (skills to implement a high-quality plan), or financial (the ability to mobilize resources).

For long-term sustainability, alliances must create a plan to accomplish their mission and activities in these three dimensions, especially the financial. It is important that the workplan be costed or that there be a clear budget for the year's activities so that finances are not be a barrier to success. Consider efficiencies like leveraging group's in-kind contributions (e.g., administrative support to conduct activities) and low-cost or free resources when planning activities (e.g., free social media platforms for sharing information, etc.).

A sustainability plan is a tool that can help the alliance to thrive long term. It is important to identify the feasibility of fundraising strategies and discuss them with the partners at the onset. Different sustainability strategies may include:

- Active participation from long-standing global/regional multilateral organizations (Pan American Health Organization, UNICEF)
- Members of the Alliance can plan to include specific budget for the alliance's operation in their organization's newborn and child health funded programs.
- Diversification of potential sources of funding

- The Alliance offering consulting services, such as technical assistance to the government or to other countries
- Corporate Social responsibility/Partnering with private sector: private businesses support the communities from which they financially profit

Challenges in Developing Alliances

After years of working together, the LAC Neonatal Alliance and its partners have identified some common challenges in the development and sustainability of alliances, which are also reflected in the literature. Networks often face four challenges in generating attention and resources for the conditions that concern them: problem definition, positioning the agenda, coalition building, and governance (Shiffman 2017). Health networks that effectively address these tasks are more likely to eventually gain support and overcome barriers.

Bringing together different partners that vary in organizational cultures, leadership styles, attitudes, and approaches has been an important challenge. Language difference could also be a challenge if targeting the integration of civil society from certain vulnerable subgroups and/or establishing subregional or regional alliances.

Lack of trust among partners can cause difficulty among alliances and bring about a lack of commitment among colleagues. Another challenge to consider is the risk faced in alliances with the partner selection. Some of the alliances fail just because the partner structure does not work well.

Many alliances fail due to poor decision-making, poor coordination, and ineffective leadership. Please see below for some best practices that can help mitigate these common pitfalls.

Lessons Learned and Recommended Best Practices

Building an alliance takes time, effort, commitment, and the motivation of various stakeholders in order to accomplish shared goals. The following best practices suggest ways to deal with the aforementioned challenges.

Three case studies (El Colectivo por la Salud Neonatal de Peru, Alianza Neonatal de El Salvador, and the Bolivian Safe Birth and Motherhood Committee) were considered for this road map. Below, you will find some of their lessons learned.

All three alliances agreed that a partnership entails a systematic and continuous process that allows for, responds to, and adapts to political and social changes in the framework of mutual agreements. It is imperative to create a balance between the state/international organizations/civil society in favor of a shared vision in order to maintain good coordination.

Intersectoral Collaboration

The three alliances acknowledged the importance of involving other governmental sectors aside from health, and both Peru and Bolivia are working with intersectoral organizations. Peru's neonatal collective is part of the *Mesa de Concertación Social de lucha contra la pobreza* (related to fighting poverty), and Bolivia works through the Safe Birth and Motherhood Committee. Some specific lessons are listed below:

- Ensuring equitable maternal and neonatal health is not only a public health issue but also a social justice issue. For this reason, it is important to maintain an intersectoral approach that incorporates other social and economic sectors in the alliance.
- Having a shared agenda with both maternal and newborn issues is still a challenge, as the newborn is often invisible within the maternal agenda.
- Participation of the ministries of education, justice, and others guarantee that different perspectives are included that can determine a comprehensive approach to health.

Membership

- The three alliances agreed that members are their best asset. They also agreed on the importance of working with the MOH, which should lead the group. This avoids creating a parallel structure and allows creation and implementation of national and regional neonatal policies. If the MOH takes ownership, it can help to bring to the table major stakeholders, and as the leader of the health sector, it can coordinate activities closely with them to support national plans.
- They also recommended including a diversity of members with strong technical capacities. Members can then each play to their strengths and provide multiple perspectives, including clinical, public health, governmental, and scientific.
- Include professional associations and academic institutions in your membership to have the greatest impact. If you impact students, you impact a future generation of health care providers.
- Select dedicated representatives from each member organization to maintain consistent participation and continuity of action.
- Dedication, passion, and commitment of members, combined with companionship, trust, and openness between members, facilitates cooperation.
- The success of the committee over the years has been based on the ability of the members to work together without losing institutional autonomy, under common goals and clear roles and responsibilities.

Power of Information

- Begin by conducting a situational analysis so that there is a common understanding of the major factors contributing to neonatal mortality. Continue to monitor the status of these factors in the field.
- Focus on the three main causes of neonatal deaths—complications from prematurity, asphyxia, and infection—and on low-cost interventions, but do not neglect to incorporate maternal health aspects within neonatal priorities.
- Focus on data collection and monitoring to truly understand neonatal health in-country. Propose strategies based on statistical evidence. These data will also help support national advocacy efforts.
- Become a resource of technical assistance for the MOH. Focus on the most vulnerable areas and try to form regional-level alliances in those areas.

Exchange Experiences

- Focus on sharing technical data with members. Increase your combined knowledge. Focus on neonatal care as a part of the continuum of care, from preconception to postnatal care.
- Review success stories and best practices from the region to shape strategy. Keep an institutional memory.
- It is important to maintain the reputation of the alliance as a reliable partner and a technical reference for maternal and newborn health. The alliance is a platform to share experiences and update members on evidence-based interventions for maternal and newborn health, which allows for scale-up of successful interventions.

Common Objectives

- Ensure that there is a shared mission and values among members, which implies defining common objectives and identifying shared areas of interest. Look for ways to cooperate, not to differentiate. Each organization should represent its own area of expertise.
- Values, which include respect, transparency, equity, shared leadership, and trust among the partners, have given the committee technical, social, and financial sustainability.

Structure

- Find a strong coordinator and a secretary to provide a backbone to the alliance.
- The organizational structure is important. Form a nonhierarchical, nonbureaucratic structure to guide the alliance. Keep it simple. Remain flexible as a group but ensure consistency and commitment.
- Define the roles of your membership and avoid overworking individual members. Create flexible working groups for specific tasks.
- Hold monthly meetings consistently.

Funding

- Identify finances for the collective. Reach out to other alliances to collaborate.
- Identify where partners can provide funding (in-kind contributions etc.).

Conclusion

Alliances are important for building partnerships and leveraging existing technical and financial resources to continue moving the neonatal health agenda forward in the Latin American and Caribbean region. Organizations that work in the neonatal health space can replicate and adapt the steps and approaches outlined in this road map to form neonatal alliances in countries or subregions where they do not exist. Other regions and countries can also improve upon the experiences shared in this document and apply them beyond neonatal health.

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