

4. Implementation

The recommendations should be adapted to the needs of different countries, local contexts, and individual families and infants. The Guideline Development Group proposed implementation considerations for each recommendation and also reflected on adoption, adaptation and implementation to ensure availability, accessibility, acceptability and quality of care, in accordance with a human rights-based approach. Providers of services for the preterm or low-birth-weight (LBW) infant must consider the needs of, and provide equal care to, all individuals and their newborns.

Health policy considerations for the adoption and scale-up of recommended interventions for the care of the preterm or LBW infant:

- A firm government commitment to scale-up and increased coverage of these interventions is needed, irrespective of social, economic, ethnic, racial or other factors. National support must be secured for all recommendations, not just for specific components.
- To set the policy agenda, to secure broad anchoring and to ensure progress in policy formulation and decision-making, representatives of training facilities and the relevant medical specialties and professional societies should be included in participatory processes at all stages, including prior to an actual policy decision, to secure broad support for scaling up.
- To facilitate negotiations and planning, situation-specific information on the expected impact of the implementation of the recommendations on service users, health workers and costs should be compiled and disseminated.

Health system or organization-level considerations for implementation:

- Derivative tools should be updated, such as *Integrated management of childhood illness: management of the sick and young infant aged up to 2 months (201)*, *Pocket book of hospital care for children and Guidelines for the management of common childhood illnesses (202)*, and global and national essential medicines lists.
- National and subnational subgroups may be established to adapt and implement these recommendations, including the development

or revision of existing national or subnational guidelines or protocols.

- Long-term planning is needed for resource generation and budget allocation to address the shortage of health workers and trained community health workers, to improve facility infrastructure and referral pathways, and to strengthen and sustain high-quality small and sick newborn care services.
- Implementation of the recommendations should involve pre-service training institutions and professional bodies, so that training curricula for small and sick newborn care services can be updated as quickly and smoothly as possible.
- In-service training and supervisory courses will need to be developed according to health workers' professional requirements, considering the content and duration of the courses and the procedures for the selection of health workers for training. These courses can also be explicitly designed to address staff turnover, particularly in low-resource settings.
- Standardized tools will need to be developed for supervision, ensuring that supervisors are able to support and enable health workers to deliver integrated, comprehensive small and sick newborn care services.
- A strategy to optimize the use of human resources.
- Tools or "job aids" for implementation at the different levels of health-care facility and in communities will need to be developed or updated with all the key information.
- Strategies will need to be devised to improve supply chain management according to local requirements, such as developing protocols for the procedures of obtaining and maintaining the stock of supplies, encouraging health workers to collect and monitor data on the stock levels and strengthening the provider-level coordination and follow-up of medicines and health-care supplies required for implementation.
- Development or revision of national guidelines and/or health-care facility-based protocols is needed.
- Good-quality supervision, communication and transport links between community, primary- and higher-level facilities need to be established to ensure that referral pathways are efficient.

- Successful implementation strategies should be documented and shared as examples of best practice for other implementers.

User-level considerations for implementation:

- Community-sensitizing activities should be undertaken to disseminate information about the importance of each component of care, and infants' rights to receive care for their health and well-being. This information should provide details about the timing and content of the recommended contacts, and about the expected user fees.

Considerations for humanitarian emergencies:

- The adaptation of the recommendations should consider their integration and alignment with other response strategies. Additional considerations should be made for the unique needs of families and infants in emergency settings, including their values and preferences. Context-specific tools may be needed in addition to standard tools to support the implementation by stakeholders of the recommendations in humanitarian emergencies.