

Global Health Day

Helping Babies Survive: Lessons Learned from Global Facilitators-The First Decade

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Background: Helping Babies Breathe (HBB) was first launched in 2010 as an evidence-based educational package to train healthcare workers in neonatal resuscitation in low- and middle- income countries (LMIC). Two subsequent courses, Essential Care for Every Baby (ECEB) and Essential Care for Small Babies (ECSB), were later added to teach immediate newborn care and management of complications of prematurity. Together, these courses create the Helping Babies Survive (HBS) curriculum. In the decade since, although much has been learned regarding best practices for effective trainings, overcoming challenges to implementation, and sustaining impactful HBS interventions around the world, there has been no purposeful examination of lessons learned from HBS Master Trainers. The intent of this study is to gather data on lessons learned from the field, to identify the essential elements of successful HBS interventions worldwide.

Methodology: To estimate the total global reach of the HBS program, we obtained equipment distribution data from Laerdal and HBS material download data from the HBS website as of March 2020. To understand the lessons learned from Master Trainers who have experience conducting courses, we used three sources of data for the qualitative analysis. First, we examined all of the records and comments from the HBS website of courses that were recorded. Next, we examined HBS Stories from the Field, first-hand accounts of training published on the HBS website. Finally, we sent a survey to all HBS Master Trainers, which asked where they have taught HBS and included six questions related to their experience.

Results: More than one million pieces of equipment (simulators, flip charts, provider guides and action plans) have been distributed worldwide. HBS materials have been downloaded from the website more than 130,000 times and have now been translated into 28 languages, used by approximately 850,000 providers in 158 countries. Qualitative analysis revealed three major themes critical to building a sustainable program: support, planning and local context. Sub-themes emphasised the importance of 1) having local contacts initiated prior to training, 2) communication with local health care systems and in the local language, 3) frequent and sustained hands-on practice during and after the course, 4) demonstrating success to the learners, 5) identifying gaps in knowledge or care with the local system, 6) having the adequate time and supplies for training, and 7) adapting to changing situations.

Discussion: HBS has had incredible reach worldwide since its inception ten years ago. Lessons learned from experienced trainers represent a vital distillation of first-hand experience into widely applicable

knowledge to be utilized to reduce potential failures and achieve desired outcomes. Findings from this study offer further guidance on best practices for implementing and sustaining HBS trainings and provide insight into challenges and successes experienced by Master Trainers in LMIC settings around the world.

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