The Department of MAKING PREGNANCY SAFER

Regional Highlights 2009

World Health Organization

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IN THE REGIONS

Regional Office for Africa (AFRO)

KEY STATISTICS
MATERNAL MORTALITY RATIO IN 2005 WAS 900 PER 100 000 LIVE BIRTHS COMPARED WITH 910 IN 1990
ANNUAL PERCENTAGE CHANGE IN MMR BETWEEN 1990-2005 = - 0.1%
BIRTHS ATTENDED BY SKILLED PERSONNEL RANGE FROM A HIGH OF 92% IN SOUTH AFRICA TO A LOW OF 6% IN ETHIOPIA
PERINATAL MORTALITY RANGES FROM 104 PER 1000 BIRTHS IN LIBERIA TO 38 PER 1000 BIRTHS IN UGANDA

Involving communities, preventing mother -to-child transmission of HIV/AIDS

Of the estimated 529 000 maternal deaths that occur globally every year, 48% are in the African region, a region that constitutes only 12% of the world's population and 17% of all births[1].

ROLLING OUT THE ROADMAPS

The WHO African Region has the highest maternal and neonatal mortality in the world and the lowest reduction in the number of maternal deaths in the past decade. Maternal and newborn health programmes in the Region face many challenges, including the lack of national commitment and financial support, inadequate coordination among partners and poorly functioning health systems.

For the past five years the Region has focused on developing and implementing national roadmaps to help countries speed up progress towards achieving MDGs 4 and 5. The key objectives of the roadmaps are to provide skilled attendance during pregnancy, childbirth, and the postnatal period at all levels of the health care delivery system including strengthening of the capacity of individuals, families, and communities to improve maternal and newborn health.

Roadmaps are now being implemented in 43 out of 46 countries in the Region. Among these, WHO is supporting 17 countries to strengthen the maternal and newborn health component in their district operational plans so that now 25 countries drew up focused district plans[2].

COMMUNITY HEALTH PROMOTION

In 2009 a framework for developing integrated health promotion actions at community level was finalized and AFRO organized a regional expert consultation aimed at improving community participation in MNH programmes in the Region. A total of 11 countries were supported in implementing community initiatives. These were designed to increase awareness of MNH issues and the socio-cultural factors that are responsible for health inequities and unequal access to health services and are thus also contributing to maternal and newborn deaths.

IMPROVING ACCESS TO SKILLED BIRTH ATTENDANTS

To save the lives of women and newborns, emergency obstetric maternal and neonatal care (EmOC) has to be available around the clock. In 2009, MPS helped to conduct EmOC needs assessments in Angola, Ethiopia, Malawi, Mozambique, Rwanda and Sierra Leone, and introduced them in a further 15 countries. The findings have been disseminated and used to mobilize resources at all levels and to develop new strategies to address the gaps in essential services.

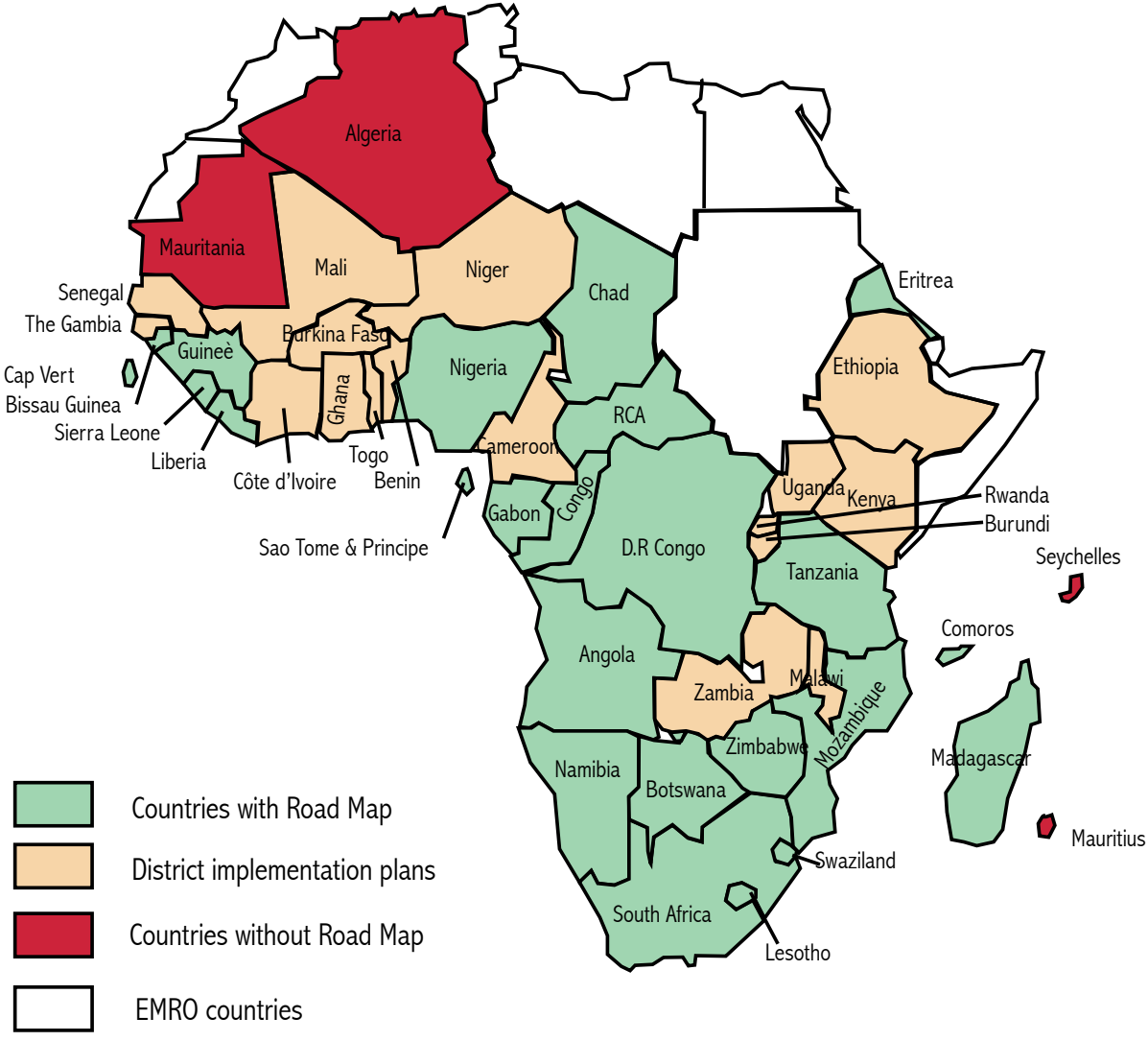
To help support countries in building the capacity of staff responsible for providing emergency obstetric care, a guide entitled *Recommendations pour la pratique clinique des soins obstétricaux et néonataux d'urgence en Afrique*[3] (Recommendations for clinical practice of EmOC in Africa) was developed and launched in collaboration with the African Society of Gynaecologists and Obstetricians (SAGO) and UNFPA. Pre-service and in-service training in EmOC was carried out in 24 countries. A total of 17 countries were supported to improve skills of health care providers

1. Roadmap for Accelerating the Attainment of the MDGs related to Maternal and Newborn Health in Africa. WHO – 2004 http://www.afro.who.int/en/divisions-a-programmes/drh/making-pregnancy-safer.html

2. Benin, Burkina Faso, Burundi, Cameroon, Central Africa Republic, Congo, Cote d'Ivoire, Ethiopia, Gabon, Gambia, Ghana, Kenya, Liberia, Malawi, Mali, Mauritania, Namibia, Niger, Nigeria, Rwanda, Senegal, Sierra Leone, Uganda, Togo and Zambia.

3. Rapport Synthèse du Séminaire de Lancement du Guide des Recommandations pour la Pratique Clinique des Soins Obstétricaux et Néonataux d'Urgence en Afrique, Bamako, Mali, du 21 au 24 juillet 2009, WHO Regional Office for Africa http://www.afro.who.int/fr/divisions-et-programmes/drh/pour-une-grossesse-a-moindre-risque/mps-publications/doc_details/3741-recommandations-pour-la-pratique-clinique-des-soins-obstetricaux-et-neonataux-durgence-en-afrique.html

STATUS OF ROADMAP DEVELOPMENT IN AFRO, DECEMBER 2009



in providing essential newborn care using the WHO Course on Essential Newborn Care.

REMOVING THE FINANCIAL BARRIERS TO HEALTH CARE

As a result of continued advocacy, 10 countries in the WHO African Region, Angola, Benin, Burkina Faso, Burundi, Chad, Kenya, Malawi, Mali, Niger and United Republic of Tanzania, removed the financial barriers to skilled care at birth and emergency obstetric and neonatal care, by providing free maternity care or by subsidizing MNH services. These initiatives are expected to increase the use of maternal health services and reduce maternal and newborn mortality.

SPEEDING UP PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV/AIDS (PMTCT)

An increasing number of maternal deaths in the Region are due to indirect causes, such as HIV/AIDS, TB and malaria. Many pregnant women in Africa are being diagnosed with HIV. In some regions of southern, east and central Africa, 20-30% of all pregnant women are infected. In some countries, HIV infection transmission rates from mother to child range from 25% to 40%[1].

Accelerated comprehensive PMTCT plans have been implemented in 34 countries in the Region[2]. This has contributed to a significant increase in PMTCT interventions. In addition, 16 countries have adapted their national curricula and developed national training plans on PMTCT.

Since 2008, nine countries in the Region with high levels of HIV-related disease have been implementing PMTCT activities supported by the Canadian International Development Agency (CIDA)[3]. A mid-term review of the programme carried out in Zambia in April 2009 revealed that after just one year some innovative approaches had emerged as good practice.

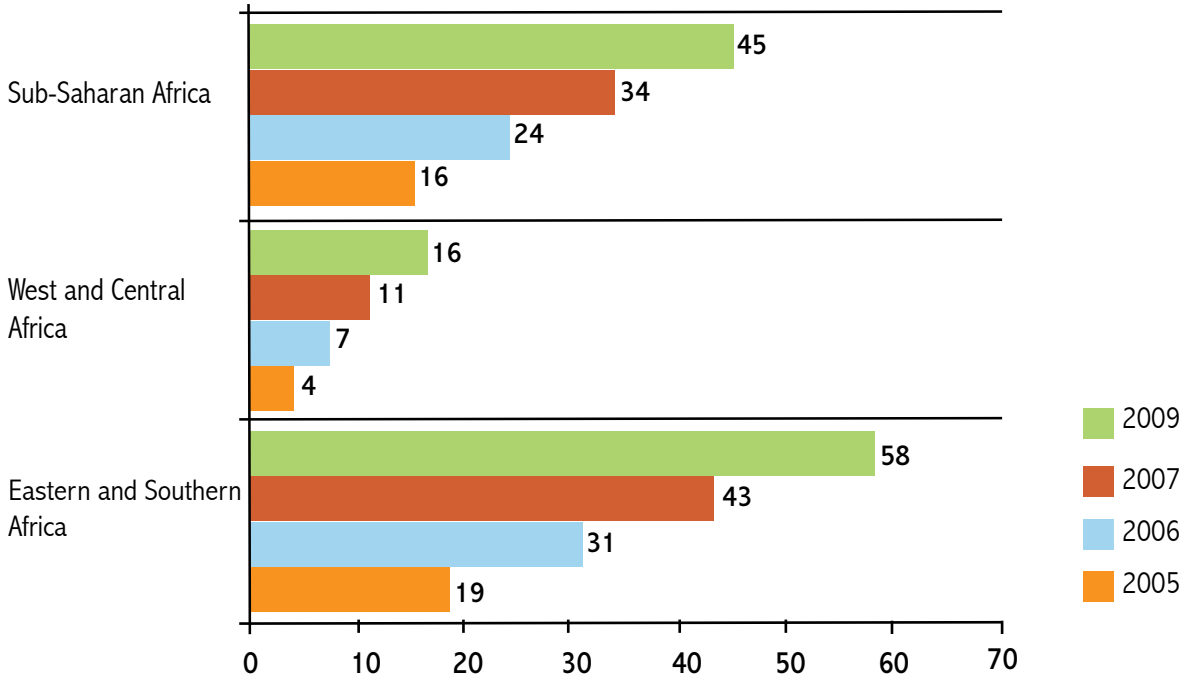
For example, the recruitment and training of "motorcycle riders" to transport laboratory samples in the mountainous country of Lesotho improved the turn around time for laboratory results from six to three weeks. In Swaziland, outsourcing of activities to NGOs helped alleviate the human resource constraints within the public sector. The method was used successfully with HIV testing and counselling (HTC) and also helped speed up implementation. In Zambia, innovative approaches such as the use of the Mother Baby Pack increased the number of women delivering in facilities and attending postnatal services.

1. Roadmap for Accelerating the Attainment of the MDGs related to Maternal and Newborn Health in Africa. WHO – 2004
Publication available at: http://www.afro.who.int/en/divisions-a-programmes/drh/making-pregnancy-safer.html

2. Angola, Benin, Botswana, Burkina Faso, Burundi,Cameroon, Central Africa Republic, Congo, Cote d'Ivoire, DRC , Eritrea,Ethiopia, Ghana, Guinea Bissau, Kenya, Lesotho, Liberia, Malawi, Mali, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Senegal, Sierra-Leone, South Africa, Swaziland, Tanzania, Togo, Uganda, Zambia, Zimbabwe

3. Central African Republic; Democratic Republic of Congo; Ethiopia; Lesotho; Mozambique; Nigeria; Swaziland; Zambia and Zimbabwe.

INCREASE OF THE PERCENTAGE OF WOMEN WITH HIV RECEIVING RETROVIRAL TREATMENT FOR PMTCT FROM 2005-2008



LAUNCH OF MATERNAL, NEWBORN AND CHILD HEALTH WEEK IN LIBERIA

WHO provided technical and financial support for the organization of a Maternal, Newborn and Child Health Week in Liberia. The event aimed to raise the profile of maternal and newborn health in a country where maternal mortality remains high and to advocate for a presidential declaration on the designation of one week in May as “Maternal, Newborn and Child Health Week”.

A further goal was to obtain consensus on and promote delivery of a life saving package of essential services for women and newborns that would be used nationwide at health and community facilities beyond the first “MNCH Week”.

The event was launched on 2 December 2009 in a rural community in Margibi County. Under the slogan “ Healthy community, healthy people, healthy nation” WHO, the Ministry of Health and Social Welfare and the county health team worked with the


Health Ministry, Partners Launch Newborn & Maternal Child Health Week

By Alaskai Moore Johnson, Health Correspondent, from Margibi County

A PICTORIAL ON THE OFFICIAL LAUNCHING OF THE NEWBORN AND MATERNAL CHILD HEALTH WEEK HELD IN SANGBA TOWN, WOLOLA CLAN, BORLORLA DISTRICT, MARGIBI COUNTY. IT WAS LAUNCHED UNDER THE SLOGAN: HEALTHY COMMUNITY, HEALTHY PEOPLE, WEALTHY NATION AND WAS SPONSORED BY INTERNATIONAL PARTNERS, INCLUDING THE WORLD HEALTH ORGANIZATION (WHO) LIBERIA OFFICE.

PICTORIAL BY ALASKAI MOORE JOHNSON, HEALTH CORRESPONDENT