

Country action is needed for maternal and child health in Africa

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Sub-Saharan Africa has only 11% of the world's population, yet more than half of the world's maternal, newborn and child deaths, and two-thirds of the world's AIDS deaths. New data reveal that the pace of mortality reduction is accelerating. With only 5 years remaining before the Millennium Development Goals (MDGs) should be met, urgent action in countries is needed — not global statistics and competitions over estimates.

Two new articles in this week's *PLoS Medicine* analyse the current status of maternal, newborn, and [child health](#) in Africa, and identify which interventions hold the greatest potential in varying countries to prevent the nearly 4.7 million mothers, newborns, and children deaths that occur each year in sub-Saharan Africa. The publication of these two articles launches a [PLoS Medicine](#) series on maternal, newborn, and child health in Africa, which will continue through 13 July 2010. Based upon consultations with 60 scientists and policy makers from nine countries and using local and regional data, the series' authors provide a snapshot of maternal, newborn, and child health in the region, review evidence-based solutions, and identify high-impact opportunities for reducing maternal and [child mortality](#).

In the first paper, Dr. Joy Lawn from Save the Children and colleagues report that rapid progress is being made for some health challenges but the five biggest challenges for maternal, newborn, and child health in sub-Saharan Africa are complications of pregnancy and childbirth, newborn illness, childhood infections, malnutrition, and HIV/AIDS. Many

scientifically proven interventions are available but most are underused in African countries, say the authors. For example, across the region 71% of pregnant women receive at least one antenatal care visit with a doctor, nurse, or midwife. But less than half of all births are attended by skilled personnel, less than a third of mothers and babies receive routine postnatal care, only 29% of children with pneumonia receive antibiotics, and less than a quarter of women have access to contraception.

No country can scale-up and implement all possible interventions at once; priorities need to be set. The second paper in the series, by Professor Robert Black and colleagues, reports the results of a priority setting analysis using the Lives Saved Tool (LiST). Estimates of mortality reduction for 42 sub-Saharan African countries show that nearly 4 million deaths would be averted if well known interventions such as emergency obstetric care, breastfeeding counselling, kangaroo mother care for preterm babies, and treatment for diarrhoea and pneumonia reached 90% of families. A detailed analysis of nine diverse African countries found that feasible increases in the coverage of high-impact outreach interventions could save 486,000 lives and would cost an estimated additional US \$1.21 per capita. Feasible increases in the coverage of facility-based interventions could save 105,000 lives at an estimated additional cost of US \$0.54 per capita.

As the MDG target of 2015 approaches, the authors of the series conclude that each day 13,000 African mothers, newborns and children die. Progress is being made especially in a few leading countries, but "even more lives could be saved if countries used data to increase coverage and quality of care in the short term. Local and national governments, policymakers and donors should be encouraged to make better use of science and data to inform effective action now," say the authors.

More information: Kinney MV, Kerber KJ, Black RE, Cohen B,

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