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**ROAD MAP FOR ACCELERATING THE ATTAINMENT
OF THE MILLENNIUM DEVELOPMENT GOALS RELATING
TO MATERNAL AND NEWBORN HEALTH IN AFRICA**

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Background

1. Maternal and newborn morbidity and mortality ratios have remained serious public health challenges in the African Region for many decades. Despite the fact that Member States have adopted various human rights treaties and conventions related to the improvement of maternal and newborn health, the translation of these commitments into practice remains largely elusive. The persistently high maternal and newborn morbidity and mortality rates constitute a silent emergency that calls for urgent attention. The death of a woman during pregnancy or childbirth is a matter of social injustice.

2. The maternal mortality ratio in the African Region is the highest in the world, estimated at an average of 1 000 deaths per 100 000 live births. Combined with the low contraceptive prevalence rate of 13% and the high total fertility rate of 5.5 children per woman, this increases the lifetime risk of maternal death. In many countries, between 25% and 33% of all deaths of women of reproductive age is the result of a complication of pregnancy or childbirth. For every maternal death, there are at least thirty women who suffer short- or long-term disabilities.¹

3. Early sexual activity and marriage are very common in Africa and contribute significantly to maternal and newborn morbidity and mortality. Approximately 13% of all maternal deaths occur among adolescents, mainly as a result of complications of unsafe abortion. The majority of the disabilities, especially obstetric fistulas, are also most prevalent in the adolescent age group.²

4. The average newborn mortality rate in Africa is 45 deaths per 1 000 live births, the highest in the world, compared with 34 in Asia, 17 in Latin America and 5 in developed countries. The vast majority of neonatal deaths in Africa are due to three main causes: birth asphyxia (40%), low birth weight and prematurity (25%), and infections (20%).¹

5. Africa has not been able to significantly reduce maternal and newborn mortality. There are various reasons which include:

- (a) inadequate national commitment and financial support;
- (b) lack of access, availability and use of quality skilled care during pregnancy, childbirth and the immediate postnatal period;
- (c) poorly functioning health systems with weak referral systems, especially during obstetric and neonatal emergencies;
- (d) poor logistics for management of drugs, family planning commodities and equipment;
- (e) weak national human resource development and management, including the continuing brain drain of skilled personnel within and outside Africa, and from public to private sector; and unclear policies concerning practice regulation;
- (f) growing poverty, particularly among women, and inadequate financial investment in women's health;

¹ UNFPA, State of the world population 2002, New York, United Nations Population Fund, 2002.

² WHO, UNICEF and UNFPA, Maternal mortality in 2000: Estimates developed by WHO, UNICEF and UNFPA, Geneva, World Health Organization (<http://www.reliefweb.int>, 20 October 2003, accessed 18 June 2004).

- (g) harmful sociocultural beliefs and practices, including inadequate male involvement, coupled with low status of women which limit their decision-making power.

The way forward

6. Deeply concerned by the persistently high maternal and newborn morbidity and mortality, participants at the Millennium Summit in 2000 developed the millennium development goals (MDGs) and agreed to increase efforts to improve maternal health and reduce child mortality. In this context, the WHO Regional Office for Africa took the lead and, with the participation of all relevant partners, developed a Road Map to accelerate the attainment of the MDGs relating to maternal and newborn health in Africa.

7. The Road Map provides a framework for building strategic partnerships for increased investment in maternal and newborn health at institutional and programme levels, focusing particularly on the health service and community levels. Partners will pay special attention to the availability of emergency obstetric and neonatal care and skilled attendance at all levels.

8. Consensus among the major stakeholders at African regional level to support countries over the next eleven years using this Road Map is a breakthrough in efforts to reduce maternal and newborn mortality.

Objectives of the Road Map

9. The main objective is to accelerate the reduction of maternal and newborn mortality and the attainment of the MDGs in Africa. Specific objectives are:

- (a) to provide skilled attendance³ during pregnancy, childbirth and the postnatal period at all levels of the health care delivery system;
- (b) to strengthen the capacity of individuals, families and communities to improve maternal and newborn health (MNH).

Implementation and strategies

10. The implementation of the Road Map will be guided by the principles of equity, evidence-based decision-making, complementarity, health systems approach, partnership, appropriateness and relevance.

11. Various suggested strategies will make a difference. These include:

- (a) improving the provision of and access to quality MNH care, including family planning services;
- (b) strengthening the referral system;

³ *Skilled attendance* refers to the process by which a pregnant woman and her infant are provided with adequate care during labour, birth and the postnatal period, whether the place of delivery is the home, health centre or hospital. The attendant must have the necessary skills and must be supported by an enabling environment at various levels of the health care system, including a supportive policy and regulatory framework; adequate supplies, equipment and infrastructure; and an efficient system of communication, referral and transport.

- (c) strengthening district health planning and management of MNH care, including family planning services;
- (d) advocating for increased commitment and resources for MNH and family planning;
- (e) fostering partnerships;
- (f) promoting the household-to-hospital continuum of care and empowering communities.

Roles of Member States

12. Member States will develop and strengthen national strategies and programmes. These will ensure availability of emergency obstetric and neonatal care and skilled attendance; allocation of adequate resources; reviewed and updated policies and programmes, supervision and participatory monitoring of the programmes involving all stakeholders, civil society, families and communities at local and national levels.

Role of the World Health Organization

13. WHO will provide support to countries for the planning, implementation, monitoring and evaluation of national Road Maps to accelerate the attainment of the millennium development goals related to maternal and newborn health. This support will be coordinated by ministries of health.

Conclusion

14. Considering the magnitude of maternal and newborn mortality, it is essential that immediate actions be taken, using input from many sectors to scale up existing interventions. If nothing is done, it is estimated that over the next ten years, there will be **at least**:

- 2.5 million maternal deaths **and**
- 49.0 million maternal disabilities, **resulting in at least**
- 7.5 million child deaths **and**
- US\$ 45 billion in productivity loss.

15. Most maternal and newborn deaths are avoidable if pregnant women have timely access to skilled care when complications arise. The various evidence-based, cost-effective and feasible interventions are well-known in all Member States. They include improved education and care, better health infrastructure, greater rights for women, involvement of all stakeholders and coordination of efforts in the context of health sector reforms. The results obtained from the implementation of the Road Map will depend on the determination of governments and partners to create an enabling environment and deliberate investment in the health of women and children.