Progress report on the road map for accelerating the attainment of the Millennium Development Goals relating to maternal and newborn health in Africa

Triphonie Nkurunziza, Assumpta Muriithi, Leopold Ouedraogo and Isseu Toure
WHO Regional Office for Africa
Corresponding author: Triphonie Nkurunziza, e-mail: nkurunzizat@who.int

For many years, maternal and newborn mortality in Africa has been among the highest worldwide, representing about 50% of all maternal deaths.¹ In order to achieve the target of Millennium Development Goal (MDG) 5, i.e. to reduce maternal mortality by three-quarters of the 1990 levels by 2015, concerted effort is needed in maternal and newborn health (MNH) interventions.

In response to this challenge the Fifty-fourth session of the WHO Regional Committee in 2004 adopted Resolution AFR/RC54/R9 on the road map for accelerating the attainment of the Millennium Development Goals related to maternal and newborn health in Africa. The objectives of the road map are to provide skilled attendance during pregnancy, childbirth, and the postpartum period and to strengthen the capacity of individuals, families and communities to improve maternal and newborn health.

The priority interventions of the road map aim to improve access to and availability of quality maternal and newborn health services, including family planning; prevent mother-to-child transmission of HIV; strengthen the referral system; empower individuals, families and communities; foster partnerships for MNH; and strengthen district planning, management, monitoring and evaluation of MNH services.

This report succinctly presents the progress made in implementing the road map and proposes next steps for further action.

Progress made

As of December 2012, 43 out of the 46 countries in the African Region had developed their national MNH road map and included maternal, newborn and child health issues in their poverty reduction strategies and health plans. Thirty-five countries² had developed district MNH operational plans, these same 35 countries³ had developed plans for scaling up PMTCT and 29⁴ had developed a strategy on repositioning family planning.

To improve the quality of MNH services, 28 countries⁵ introduced maternal death reviews (MDR) and made maternal death a notifiable occurrence within 48 hours. Countries have been applying WHO revised planning and monitoring tools to strengthen MNH interventions. In addition, the guidelines on essential newborn care and home-based newborn care have been used to strengthen the capacity of health care providers in 32 countries.⁶ The number of countries with more than 50% skilled birth attendance coverage increased from 24 in 2005 to 28 countries⁷ in 2008. Eleven⁸ of these countries reached the coverage of over 80%.

A strategic framework to eliminate new HIV infections among children by 2015 and to keep their mothers...
alive was developed to help countries reach 90% reduction in new infections. Twenty of the 21 priority countries\(^8\) developed elimination of mother-to-child transmission plans with WHO support. By the end of 2011, the percentage of pregnant women living with HIV who received antiretroviral therapy (ART) to prevent MTCT had reached 59% as compared with 49% in 2009 and was estimated to be between 75% and 100% in six countries.\(^9\) This has significantly contributed to the fall by 24% of new paediatric HIV infections in the Region from 2009 to 2011.

Through advocacy for MNH, 25 countries\(^11\) removed financial barriers to emergency obstetric and newborn care services (EmONC). Furthermore, a Safe Motherhood Day or week has been institutionalized in 22 countries.\(^10\) All Member States have endorsed the African Union Campaign for Accelerated Reduction of Maternal Mortality in Africa (CARMMA). So far, 41 countries\(^13\) have launched their national campaigns.

Furthermore at their 15\(^{th}\) ordinary session held in Kampala in July 2010, heads of state and government of the African Union committed themselves to accelerating efforts to improve the state of Africa's women and children in order to attain MDGs 4, 5 and 6 including building partnerships for elimination of mother-to-child transmission of HIV by 2015.

Following the launch of the Global Strategy for Women's and Children's Health by the United Nations Secretary-General, 34 countries\(^14\) in the Region renewed their commitment to accelerating the attainment of MDGs 4 and 5 such as increasing the health budget, providing free maternity care, increasing the number of nursing and midwifery schools along with enrolment, increasing family planning uptake and strengthening community involvement in MNCH services. Despite the efforts and commitments to implement the road map, only two countries, namely Equatorial Guinea and Eritrea, are on track to achieve the MDG 5 target. However, 17 countries\(^15\) have reduced their maternal mortality ratio by more than 50%. Some countries from the southern African Region, which recorded an increased maternal mortality ratio between year 1990 and 2000 due to HIV epidemic, are now recording a decline due to the increased availability of HIV drugs.

Currently 23 countries\(^16\) have conducted a medium-term review of their national road map to identify gaps and bottlenecks and developed MDG acceleration plans.

The challenges faced by maternal and newborn health in the Region are well known and include inadequate access to quality MNH health care; inequitable distribution of quality MNH services; inadequate financial and human resources; huge burden of HIV/AIDS, malaria and other infections; and weak community involvement and participation. Furthermore, weak health systems and especially health information systems hamper consistent tracking of the progress made. The prevalence in the Region of other health determinants such as poverty, gender inequity and poor communication systems contribute to delays in timely accessing MNH services.
Next steps

To accelerate progress towards the achievement of MDG 5, countries, with the support of partners, should:

a) Accelerate the implementation of the road map to contribute towards the attainment of the MDGs related to maternal and newborn health at all levels;

b) Increase access to quality services through capacity building in MNH and PMTCT;

c) Mobilize and allocate financial and human resources to accelerate the implementation of the MNH essential interventions. This also includes removing financial barriers at the point of service delivery;

d) Effectively integrate HIV/AIDS and malaria services into MNH interventions;

e) Scale up PMTCT interventions towards the attainment of the goal of eliminating mother-to-child transmission of HIV by 2015;

f) Strengthen skills to engage individuals, women, communities and other sectors in order to address maternal and newborn health needs as well as the key determinants of health especially among vulnerable population groups;

g) Institute strong and functional monitoring and evaluation system in order to monitor progress against agreed indicators and targets. Strengthen the system of tracking resources allocated to women’s and children’s health in order to ensure that more funds are used for the intended purposes of reaching those who need them most; and

h) Strengthen documentation and operational research activities to generate evidence on interventions, strategies and tools that are feasible and effective in reducing maternal and newborn mortality.

References


8. Algeria, Benin, Botswana, Cape Verde, Congo, Democratic Republic of the Congo, Mauritania, Namibia, Sao Tome and Principe, Seychelles and Swaziland.


15. Gambia (50%), Guinea (50%), Sao Tome (51%), Mali (51%), Niger (52%), Sao Tome and Principe (54%), Benin (55%), Algeria (56%), Burkina Faso (57%), Malawi (59%), Cape Verde (61%), Madagascar (62%), Angola (62%), Rwanda (63%), Ethiopia (64%), Eritrea (73%) and Equatorial Guinea (81%)