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Policy Brief

Reproductive, Maternal, Newborn and Child Health in Africa: Progress, Opportunities, Challenges

With fewer than 1,000 days remaining until the 2015 deadline for the Millennium Development Goals (MDGs), Countdown to 2015 data shows the progress that African countries are making — and the challenges that are preventing progress — in scaling up health interventions that save women's and children's lives.

Photo: WHO /Christopher Black

Models of success: African countries are reducing mortality rates

- 17 Countdown countries in Africa reduced their maternal mortality ratios by 50% or more between 1990 and 2010. Equatorial Guinea, Eritrea, and Egypt reduced maternal mortality by more than 70%.
- 14 Countdown countries in Africa reduced their under-5 mortality rates by over 50% from 1990 to 2011. Egypt, Liberia, and Rwanda cut child mortality by 65% or more.
- Progress is accelerating: approximately 30 African Countdown countries have achieved faster reductions in both maternal and child mortality since 2000 than in the previous decade.

More progress needed: Africa faces substantial challenges

- Nearly half of the world's child deaths, and more than half of all maternal deaths, take place in Africa (excluding north Africa). 36 of the 40 countries with maternal mortality ratios of 300 deaths per 100,000 live births or higher, and 23 of the 24 countries with under-5 mortality rates over 100 per 1,000 live births, are in Africa (excluding north Africa).
- In 2011, more than 1.1 million African newborns did not survive their first month of life, and 1 in 9 children in Africa (excluding north Africa) dies before the age of five.
- 9 Countdown countries in Africa — all of which have struggled with high HIV prevalence or civil war — experienced increases in maternal mortality between 1990 and 2010. (However, 8 of those 9 countries reduced maternal mortality during the 2nd decade of that period).

Countdown to 2015 tracks coverage levels for health interventions proven to reduce maternal, newborn and child mortality, together with data on maternal, newborn, and child survival, equity of coverage, health financing, policy and health system factors, and other determinants of coverage. It calls on governments and development partners to be accountable, identifies knowledge gaps, and proposes new actions to reach Millennium Development Goals 4 and 5, to reduce child mortality and improve maternal health. Countdown's data and analysis cover the 75 countries — 47 of them in Africa (including 46 of the 54 Member States of the African Union)* — that account for over 95% of global maternal and child deaths.

Countdown to 2015 country profiles enable countries to track progress, identify key areas where more progress is needed, and compare data between countries and over time. They are a valuable accountability tool for countries' efforts to achieve Millennium Development Goals 4 and 5 by the 2015 deadline. Country-level Countdown activities — including *Country Countdowns* and in-depth case studies — help stimulate the use of evidence by decision makers and key partners to take stock, identify areas of success and remaining challenges, and catalyse actions to accelerate progress. (See page 4.)

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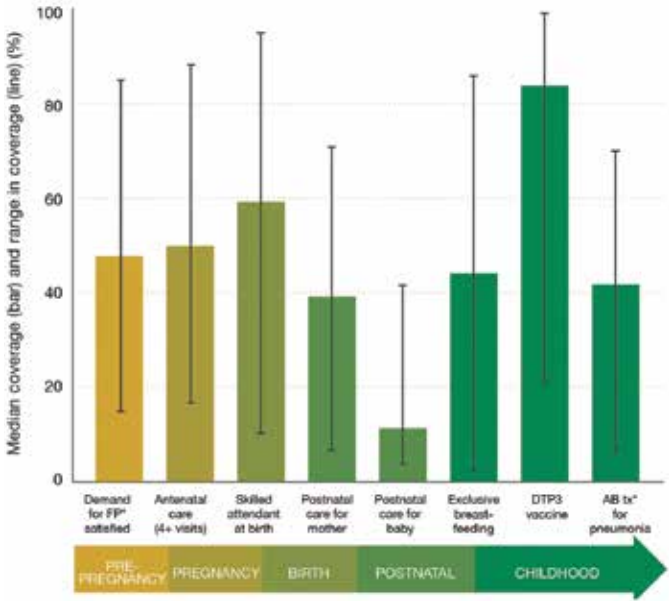
The time is now: We know what works to prevent maternal and child deaths

- More than half of maternal deaths are caused by haemorrhage or hypertension. Undernutrition, in a synergistic relationship with infectious diseases like pneumonia, diarrhoea, malaria, and HIV, accounts for almost half of all child deaths.
- Most maternal and child deaths can be prevented through cost-effective, available interventions. Now is the time to scale-up these interventions and provide high quality services to all population groups.
- By 2050, 1 in 3 births will take place in Africa (excluding north Africa), and almost 1 in 3 of the world's children will live there. Efforts to reach women and children with equitable, high-quality family planning, childbirth, and child health services must be intensified.

Focus on coverage: the key to progress

- For 6 of 8 key RMNCH interventions across the continuum of care (Figure 1), the median coverage level for African Countdown countries with recent data available is 50% or lower; median coverage exceeds 80% only for DTP3.
- The wide ranges in coverage for these life-saving interventions show that progress varies across the African Countdown countries. For each intervention, except for postnatal care for baby, at least one country achieved coverage of at least 70%; for every intervention, there is at least one country with unacceptably low coverage below 25%.

FIGURE 1: Coverage varies across the continuum of care
Coverage levels for selected indicators of intervention coverage,† median and range for African Countdown countries with data available, 2007-2012



** FP = Family planning; AB tx = antibiotic treatment for pneumonia*

† Definitions of these and other Countdown indicators are available at www.countdown2015mnch.org/about-countdown/country-selection-and-data

Sources: DTP3: WHO and UNICEF; postnatal care for mother and postnatal care for baby: Saving Newborn Lives analysis of Demographic and Health Surveys; all other indicators: UNICEF global databases, January 2013, based on Demographic and Health Surveys, Multiple Indicator Cluster Surveys, and other national surveys

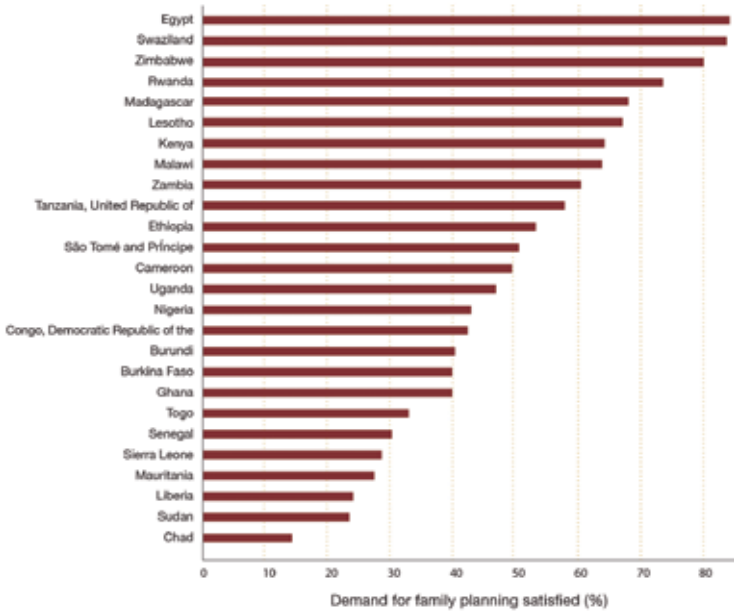
Meeting the demand for family planning

- High fertility contributes to population pressures and health care challenges in many countries: 35 Countdown countries in Africa (excluding north Africa) have fertility rates of 4 children per woman or higher.
- Access to contraception prevents maternal, newborn, and child deaths by reducing unintended and high-risk pregnancies and unsafe abortions, and by enabling women to space their pregnancies.
- The majority of African Countdown countries with available data are meeting less than half of their populations' demand for family planning (Figure 2).

Addressing nutrition saves lives

- Undernutrition, in a synergistic relationship with infectious diseases, accounts for almost half of all child deaths.
- Stunting, the key indicator for assessing child undernutrition (Figure 3), reflects chronic exposure to inadequate diets and infections, especially in the first two years of life. Africa is the only major world region where the absolute number of stunted children increased in the last decade, because of continued high population growth.
- Stunting is often rooted in poverty and limited educational and income-earning opportunities for women. In all African Countdown countries, children of mothers with less education are at higher risk of stunting (Figure 4).
- African countries must continue to prioritize multi-sectoral efforts to improve the nutritional status and life chances of women and children.

FIGURE 2: Action is needed to meet family planning needs
Demand for family planning satisfied,* African Countdown countries, 2007-2012



** "Demand for family planning satisfied" refers to the proportion of women married or in union who are currently using any method of contraception, among those who want to space or limit childbearing*

Rapid gains for PMTCT: what about other interventions?

- In 2005, most countries had low coverage both for prevention of mother-to-child transmission of HIV (PMTCT) and for careseeking for pneumonia. Today, PMTCT coverage has risen dramatically, but still far too few families seek appropriate care for childhood pneumonia (Figure 5).
- The message is clear: Advocacy, political commitment, and financial investment can bring rapid increases in coverage.
- The same level of attention that has been devoted to HIV services must be extended to other leading killers of women and children, including pneumonia and diarrhoea, which together account for 15 times more child deaths than AIDS.

Saving Africa's newborns: an urgent imperative

- In 2011, 1.1 million African babies did not survive their first 4 weeks of life — more newborn deaths than occurred in 1990. This increase in the total number of newborn deaths is related to continued high birth rates and too little progress in reducing newborn mortality.
- Approximately 43% of all child deaths occur during the first month of life, and this percentage is expected to increase over time as child mortality levels continue to drop. Among African Countdown countries, this percentage ranges from 25% in Burkina Faso to 56% in Morocco.
- The leading killers of Africa's newborns are preterm birth (see box), complications at or around childbirth, and infection, including sepsis and meningitis. And many African babies are born with a low birth weight, putting them at increased risk of poor health outcomes.

Turning the tide: scaling up services for mothers and newborns

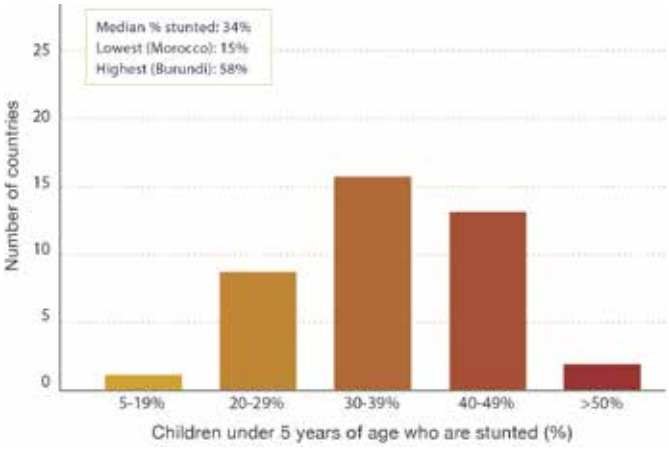
- Most newborn deaths can be prevented through available, cost- effective interventions including family planning and high-quality antenatal, intrapartum, and immediate postnatal care services. Yet coverage for these interventions remains too low across African Countdown countries — representing missed opportunities to reach women and babies with needed care (Figure 1).
- A baby not breathing at birth will die within minutes, but a skilled birth attendant can resuscitate her and save her life. Neonatal sepsis can kill in hours, but an infection recognized at a postnatal visit can be effectively treated with antibiotics. Health care workers at the facility and community levels must be adequately trained and equipped with supplies to perform these life-saving services.

Countdown to 2015: Building momentum within countries

For countries striving to achieve MDGs 4 and 5, information is a powerful and essential force for change. Understanding which interventions are being delivered effectively, and identifying gaps in coverage, can help countries determine how to improve policies and programs aimed at saving women's and children's lives. Country-level Countdown activities help governments and their partners build attention and commitment to RMNCH; focus national health strategies to achieve high and equitable coverage of high-impact interventions; increase and more efficiently allocate financial resources for health; improve the quantity and quality of data; strengthen national capacity to assess, analyse, and use data for evidence-based action; and foster accountability.

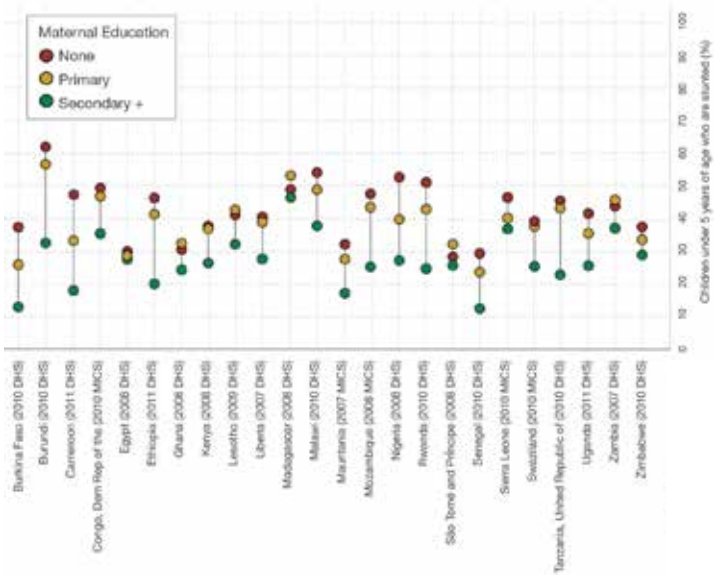
Learn more about Countdown's in-depth country case studies, and about the *Country Countdown*, a country-led multi-stakeholder process to use RMNCH data to improve decision-making and accountability, at www.countdown2015mnch.org/country-countdown.

FIGURE 3: Stunting prevalence indicates widespread undernutrition
Children under 5 years of age who are stunted (%), 40 African Countdown countries, 2007-2012



Source: UNICEF global databases, January 2013, based on Demographic and Health Surveys, Multiple Indicator Cluster Surveys, and other household surveys

FIGURE 4: Stunting is lower when mothers have been educated
Stunting prevalence by maternal education, African Countdown countries with recent data



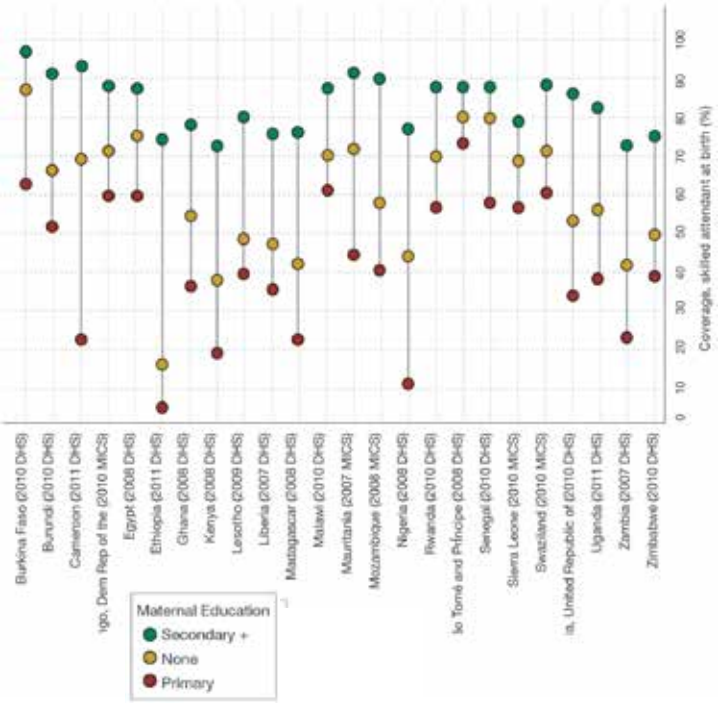
Source: Demographic and Health Surveys and Multiple Indicator Cluster Surveys

Reaching the unreached: equity for women and newborns

- Countries that have rapidly increased coverage for key RMNCH interventions have accomplished this mainly by improving coverage for the poorest and most vulnerable. Focusing on equity is essential to achieving progress on MDGs 4 and 5.
- Coverage of interventions around the time of birth, when the risk of maternal and newborn mortality is highest, tends to be substantially higher among women and newborns from wealthier households. Interventions requiring a functioning health system, such as skilled attendant at birth, are particularly inequitable.
- In all African Countdown countries, women with secondary or higher education are more likely to give birth with a skilled attendant than women with only primary or no education (Figure 6). Initiatives to improve the status of women, including girls' and women's access to education, must be prioritized.

FIGURE 6: Educated women are more likely to give birth with a skilled attendant

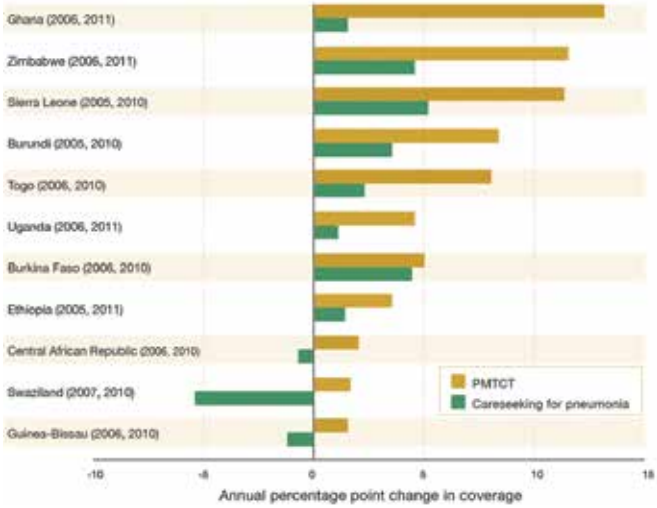
Skilled attendant at birth, by maternal education, African Countdown countries with recent data



Source: Demographic and Health Surveys and Multiple Indicator Cluster Surveys.

FIGURE 5: Rapid gains for PMTCT: Why can't we do the same for other interventions?

Annual percentage point change in coverage for careseeking for childhood pneumonia and PMTCT over about 5 years; African Countdown countries with sufficient data (around 2005 and around 2010)



Sources: ARVs for PMTCT: UNAIDS, Report on the Global AIDS Epidemic, 2012, published via AIDSinfo; Careseeking for pneumonia: UNICEF global databases, January 2013, based on Demographic and Health Surveys, Multiple Indicator Cluster Surveys, and other national surveys

Investing in care around the time of birth: a triple return on investment

Around the time of birth, there is a stark survival and care gap between low- and high-income countries. But effective care before, during, after, and between pregnancies can prevent intrapartum stillbirths and save maternal and newborn lives — a triple return on countries' investments to close this gap by training skilled birth attendants and equipping facilities with needed supplies.

- An estimated 1 million third- trimester stillbirths occur each year in Africa; many of these happen during labour. The risk of an intrapartum stillbirth is 24 times higher for an African woman than for a woman in a high-income country, yet stillbirth is often invisible in African country policies, plans, and programmes.
- Interventions proven to reduce stillbirths and improve birth outcomes for both mother and newborn include high-quality childbirth services, supportive policies protecting women from harmful conditions during pregnancy, comprehensive family planning and antenatal care services, and induction of post-term pregnancies at 41 weeks and later.
- Of African babies who survive childbirth, far too many are born too soon or too small. Approximately 4 million preterm births occur every year in Africa. About 12% of all births in sub- Saharan Africa are preterm. Of 11 countries with preterm birth rates over 15%, 9 are African Countdown countries.
- Preterm birth increases the risk of death and disability, exacting a heavy toll on families and health systems. Feasible and low-cost interventions, such as antenatal corticosteroids, kangaroo mother care, breastfeeding support, and antibiotic treatment for infections, can save and improve the lives of preterm babies.

Momentum for action to end preventable newborn deaths

There is growing hope for Africa's newborns. Widespread use of 4 commodities and devices prioritized by the UN Commission on Life Saving Commodities (antenatal steroids, resuscitation devices, chlorhexidine cord cleansing, and antibiotics for neonatal sepsis treatment), as part of the delivery of high-quality services, could save millions of newborn lives each year. Success stories — notably in Botswana, Malawi, and Rwanda, where impressive reductions in newborn mortality have been achieved in recent years — offer examples that can be applied in other African countries.

Every Newborn is a movement, linked to *Every Woman Every Child* and *A Promise Renewed* and initiated by African and Asian countries, to accelerate progress for newborn survival and health and end preventable newborn deaths by 2035. A process of country consultation and sharpening of national plans will contribute to the global *Every Newborn* action plan, which will be launched at the World Health Assembly in May 2014. More information is available at www.globalnewbornaction.org

These actions, at the national, regional, and global levels, hold real promise for newborns and their families. Because newborn survival is so closely linked with maternal and child health, progress in scaling up interventions that save newborn lives will contribute to countries' efforts to fulfill the promise of MDGs 4 and 5, strengthen their health systems, and improve living conditions for millions of families in thousands of communities in Africa and around the world.

The time for action is now.