

Every death counts: Saving the lives of mothers, babies and children in South Africa

The major health challenges affecting the lives of women, babies and children in South Africa are pregnancy and childbirth complications, newborn illness, childhood illness, HIV and AIDS, and malnutrition. The country needs to address these 'Big 5' in order to meet the Millennium Development Goals (MDG) for maternal, newborn and child survival, and for combating HIV and AIDS by 2015, according to a new report titled 'Every death counts'.

The report, which combines three earlier reports – on the Confidential Enquiry into Maternal Deaths in South Africa, the Perinatal Problem Identification Programme (PPIP) and the Child Healthcare Problem Identification Programme (Child PIP) – states that every year in South Africa at least 1 600 mothers die due to complications of pregnancy and childbirth, 20 000 babies are stillborn and another 22 000 die before they reach 1 month of age. In total at least 75 000 children die before their fifth birthday.

Consequently maternal and child mortality in South Africa continues to be a challenge, with poverty an important underlying cause of death that is related to each of the Big 5 health challenges.

Nevertheless solutions do exist, say the authors of the three reports, who for the first time have come together to present a unified call for action on maternal and childhood deaths in South Africa, more than half of which occur needlessly. Better care requires improvement in both coverage and quality of care. In South Africa a high percentage of births take place in health care facilities and high coverage for many primary health care interventions, such as contraception, antenatal visits and immunisations for children have been achieved.

However, gaps in the health care system require strengthening, such as referral links and quality of care. Consistent, high-quality implementation, especially for the poorest citizens, is required of the interventions to address the Big 5 health challenges, most of which are part of health care packages already in policy in South Africa.

If these interventions reached all families in South Africa, as many as 40 200 babies and children could be saved every year and a high proportion of deaths prevented among mothers.

In addition, actions should be taken to reduce unwanted pregnancies and to ensure full immunisation coverage. For further future action improved data are required on mortality rates and cause of death, especially HIV status, on strategies for providing postnatal care, and on the coverage, outcomes and quality of care provided.

Source: www.mrc.ac.za

Poor countries losing out on family planning benefits

Poor countries as well as wealthy donors and aid agencies are losing sight of the value of contraception, family planning and other reproductive health programmes in helping to boost economic growth and reduce the high birth rates that are associated with endemic poverty, poor education and high numbers of maternal and infant deaths, the World Bank says in a new discussion paper.

The paper, titled 'Population issues in the 21st century: the role of the World Bank', states that 35 countries, mostly in sub-Saharan Africa, have birth rates of more than 5 children per mother, and that of the estimated 210 million women worldwide who become pregnant every year, more than 500 000 die during pregnancy and childbirth and about 1 in 5 resorts to abortion because of poor access

to contraception. Moreover, some 68 000 women die each year as a result of unsafe abortion, 5.3 million suffer temporary or permanent disability, and many end up being ostracised within their own communities.

In other low- and middle-income countries, among them those in North Africa, however, fertility has declined to the extent that total fertility rates are converging towards replacement level. As a result, the priorities of donor countries and development agencies appear to have shifted toward other issues and global funds and initiatives have largely bypassed the funding of family planning.

The Bank says that its need for engagement in population issues pertains to economic growth and poverty reduction, as well as inequities in terms of the impact of high fertility on the poor and other vulnerable groups, and that it continues to play a central role in ensuring access to all reproductive programmes through policy advice and financial assistance. The Bank commits itself to continuing, in its discussions with client countries, to affirm its long-standing and strong commitment to the Cairo Consensus on family planning and sexual and reproductive health, and to providing countries with whatever financial and technical help they request in this area.

Joy Phumaphi, vice-president for human development at the World Bank and a former health minister in Botswana and WHO assistant director-general, said in a statement that the full and equal participation in development of poor women depends directly on accessing essential sexual and reproductive health care.

'The Bank is committed to helping these women, along with the UN Population Fund, WHO, and the technical health agencies, to make voluntary and informed decisions about fertility.'

Source: www.worldbank.org