

Maternal, newborn and child health in Africa

In much of the African region there has been little improvement in maternal, newborn and child health since the end of the 1980s. In some parts, some of the gains of the post-independence years have been reversed. However, there are interventions that work in the African setting and the key to success is scaling these up effectively.

These are among findings in the first African Regional Health Report: The Health of the People, which describes the magnitude of maternal, newborn and child mortality in the region as 'Africa's "silent epidemic"'. With the region accounting for 11% of the world's population but 20% of global births, the report reminds that approximately 45% of maternal deaths globally as a result of pregnancy and childbirth are in Africa, neonatal mortality in the region, at 29% of the neonatal mortality globally, is the highest in the world, and that mortality of children under 5 years increased to 43% of the global total in 2003, up from 31% in 1990.

The report says that improvements in maternal and newborn health have occurred in Cape Verde, Mauritius and Seychelles through public health education, including education for girls, family planning and strong political commitment to HIV/AIDS prevention and care. Some countries have found ways to address the challenges they face in financing health care for maternal, newborn and child health. E.g. Mali and Mauritania have developed community financing schemes to subsidise maternal health care services.

Another success is improved access to antenatal care, with some countries using antenatal consultations not only to prepare the mother for the birth but as a platform to provide other essential screening and care, such as

for HIV/AIDS, TB and malaria.

A further key to success in Africa is boosting community involvement in health care delivery. One way to do this is to deliver more services through community providers, e.g. by supporting community-based family planning services to improve utilisation of contraception.

Governments and international agencies need to deliver essential and sustainable maternal, newborn and child health care services to the people who need them, says the report. Unless current efforts are stepped up, most countries in the African region will have little or no chance of substantially reducing the toll of avoidable maternal, newborn and child death and disease in the foreseeable future. Rapid progress is needed to come even close to achieving the target reductions envisaged by the Millennium Development Goals (MDGs) on maternal and child health. In order for the MDG project to succeed in the African region governments and donors must pledge more funds and tightly coordinate their efforts in a way that can be sustained in the long term.

The recent UN Millennium Project report 'Public Choices, Private Decisions: Sexual and Reproductive Health and the Millennium Development Goals', estimates the amount to meet the developing world's sexual and reproductive health needs to meet the MDGs at US\$36 billion per year by 2015. The Partnership for Maternal Newborn and Child Health (PMNCH) report 'Opportunities for Africa's Newborns' finds that two-thirds of newborn deaths in sub-Saharan Africa could be saved if 90% of women and babies received low-cost health interventions, including immunising women against tetanus, providing a skilled attendant at birth, treating newborn infections promptly and educating mothers about hygiene,

warmth and breastfeeding for infants, at an estimated US\$1.39 per capita – or US\$1 billion per year.

Source: www.who.int

First large-scale HIV vaccine study starts in South Africa

The first large-scale test of concept (phase IIb) HIV vaccine trial in South Africa has been started by the South African AIDS Vaccine Initiative (SAAVI). The Phambili ('Going forward') trial is the largest HIV vaccine trial in South Africa to date, and will involve 3 000 participants from 4 provinces – Gauteng, North West, Western Cape and KwaZulu-Natal – at trial sites located in Soweto, Cape Town, Klerksdorp, Medunsa and Durban.

The test vaccine is the MRKAd5 HIV-1 trivalent vaccine, which was developed by Merck & Co., Inc., and is based on adenovirus – a common cold virus that has been modified. The trial will enable the testing of the concept that the study vaccine either prevents HIV infection or lowers HIV levels in those who become infected. The trial will also determine if this vaccine, which is based on clade B HIV, has the potential to protect against the clade C virus, the subtype prevalent in South Africa. It is also expected to provide insight on how the test vaccine might work in a predominantly heterosexual HIV epidemic, how well the vaccine works in women, and whether the vaccine works in populations with pre-existing immunity to the viral vector used in the vaccine.

Volunteers will be healthy HIV-negative men and women, aged 18 - 35 years, who are sexually active and not pregnant. The trial will last about 4 years and will be conducted jointly with the international HIV Vaccine Trials Network (HVTN).

Source: www.saavi.org.za