

Maternal and Child Health Strategic Approach – Africa

Objectives

By 2013, USAID will work with national governments and national and international partners in sub-Saharan Africa to implement sustainable approaches in MCH priority countries that will:

- Decrease U5MR by 25 percent
- Decrease MMR by 25 percent
- Decrease malnutrition by 15 percent
- Increase use of SBAs by 15 percent

MCH Priority Countries	
BENIN	MOZAMBIQUE
DR CONGO	NIGERIA
ETHIOPIA	RWANDA
GHANA	SENEGAL
KENYA	SUDAN
LIBERIA	TANZANIA
MADAGASCAR	UGANDA
MALAWI	ZAMBIA
MALI	

Problem statement

Mortality rates for mothers and children under 5 years of age remain alarmingly high in sub-Saharan Africa, where nearly 250,000 women die annually from pregnancy and childbirth-related conditions, and where less than half of all births are attended by a SBA. Adolescent pregnancy, low contraceptive prevalence (13 percent), and high fertility (estimated at 5.6 children per woman) increase the lifetime risk of maternal death. An African woman's lifetime risk of dying from pregnancy and childbirth-related conditions is 1 in 22, compared with 1 in 8,000 in industrialized countries. These regional figures mask considerable differences between and within countries. For example, the maternal mortality ratio (MMR) – maternal deaths per 100,000 live births – is estimated to be 560 in Ghana and 2,037 in Southern Sudan.

The overall U5MR in sub-Saharan Africa has improved, dropping from 187 per 1,000 live births in 1990 to 160 in 2006. However, this represents an average annual rate of decline in child mortality of only 1.0 percent over the past 16 years. This rate must increase to 10.5 percent for the period of 2007 to 2015 in order to achieve the MDG 4 target. The decrease in child mortality in sub-Saharan Africa also lags badly relative to other developing regions. Over the past 6 years, the percentage decline in child mortality was 14 percent for South Asia, 23 percent for Latin America, and 28 percent for East Asia and the Pacific, but only 6 percent for sub-Saharan Africa. The challenge for Africa is to reduce child and maternal mortality within a resource-constrained environment, with weak health systems, a workforce crisis, and an HIV/AIDS epidemic. The need to move beyond the current reach of the health system is evident in the fact that almost 80 percent of the children dying in Africa die at home without seeing a health care provider. On the present course, by 2010, sub-Saharan Africa will account for more than half of all child mortality worldwide.

What has been accomplished to date

USAID and partners have achieved significant successes where sufficient funds, strong national leadership, and effective implementation strategies have come together. U5MR rates have declined by 15 percent to 35 percent in Ethiopia, Malawi, Madagascar, Mozambique, Rwanda, Tanzania, and Zambia over the previous 5 years.

*Child Survival in Sub-Saharan Africa – Taking Stock**, an evaluation of USAID's Africa child survival programs, found that countries that achieved the greatest impact on mortality reduction had clear national objectives to reduce U5MR; programmed at scale to achieve population coverage; implemented a number of key interventions with high impact to achieve adequate program scope; developed operational partnerships with

* Marx M. Child Survival in Sub-Saharan Africa – Taking Stock. Washington, D.C., Academy for Educational Development [AED], Support for Analysis and Research in Africa [SARA], [2005], [290] p. (USAID Contract No. AOT-C-00-99-00237-00)

other donors, NGOs, and the government that supported mutual program objectives; and designed effective programs based on national and local epidemiological and cultural factors.

Challenges

Major challenges for expanding and accelerating progress in the Africa region include:

- Weak health systems that have led to commodity disruptions, inadequate management, poor availability and use of information, and lack of supervision and oversight
- A health manpower crisis that affects all levels of the health sector
- An HIV/AIDS epidemic that erodes human capacity, diverts scarce resources, degrades organizational capacity, and fragments social and economic networks
- High comorbidity of malaria and HIV/AIDS
- Natural disasters, epidemics, and civil unrest, in all of which women and children suffer disproportionately
- High prevalence of malnutrition due to food insecurity and poor nutritional practices
- Frequent use of informal providers, including traditional healers and drug sellers, who rarely manage childhood illness correctly

Strategies

USAID's approach to improving maternal, child, and newborn health in sub-Saharan Africa will:

- Program at scale a sufficient number and range of priority health interventions to achieve high impact
- Support a mix of focused interventions for high impact and systems improvements for sustainability
- Improve the quality of delivery of health services in both public and private health
- Utilize the private sector and effective community outreach and mobilization strategies to improve management of childhood illnesses at the household and community levels
- Support innovative health financing approaches to mobilize resources and extend coverage
- Support strategies to address critical health workforce issues that have an impact on MCH services
- Establish strategic partnerships with government, other donors, and country stakeholders
- Maximize linkages with investments in HIV/AIDS and malaria prevention and treatment