

NEWS

African Science Academy Development Initiative

Date: Nov. 9, 2009

FOR IMMEDIATE RELEASE

NEARLY 4 MILLION WOMEN AND CHILDREN COULD BE SAVED ANNUALLY IN SUB-SAHARAN AFRICA WITH STRATEGIC INVESTMENTS IN PROVEN INTERVENTIONS

ACCRA, Ghana – The lives of almost 4 million women, newborns, and children in sub-Saharan Africa could be saved every year if well-established, affordable health care interventions reached 90 percent of families, according to a joint report by the national science academies of seven African countries. Many African nations are underutilizing existing scientific knowledge to save lives, says the report, which calls on scientists, health care providers, policymakers, and development agencies to partner on ways to use the latest evidence to fill the gap between the discovery of new interventions and their delivery to families most in need. The report was released today at the annual conference of the African Science Academy Development Initiative, which aims to strengthen effective links between African science academies and national decision makers.

Half of the world's maternal and child deaths each year occur in sub-Saharan Africa, where 265,000 mothers die during pregnancy or childbirth, 1.2 million babies die in their first month of life, and an additional 3.2 million do not reach their fifth birthday. More than 880,000 stillbirths go largely unnoticed by global researchers and policymakers. The U.N.'s Millennium Development Goals call for reducing under-five mortality by two-thirds (MDG4) and maternal mortality by three-fourths (MDG5) by 2015. While acknowledging that most African nations are not on track to meet the goals by then, the report highlights noteworthy exceptions. For example, Eritrea has achieved an annual 4 percent rate of reduction in under-five mortality since 1990, Tanzania and Ghana have experienced up to 30 percent declines since 2000, and Malawi was recently declared itself on track for MDG4.

"Ghana has achieved a reduction in under-five mortality over the past five years as well as an increase in skilled attendance at birth, but to get on track for the Millennium Development Goals by 2015, we [must] value the evidence-based priorities presented in this report," said Professor Reginald Fraser Amonoo, president of the Ghana Academy Arts and Sciences, which is celebrating its 50th anniversary this year and hosting the ASADI conference.

The new report, *Science In Action: Saving the Lives of Africa's Mothers, Newborns, and Children*, encourages policymakers and other stakeholders to use a scientific approach when setting priorities to improve maternal, newborn, and child health. In particular, local data should be used to identify and prioritize strategic, evidence-based, and essential health interventions that, if scaled up, would have the greatest impact on saving lives.

The report includes a new analysis in which modeling software called the *Lives Saved Tool (LiST)* was used to estimate the number of lives that would be saved by increasing coverage of a range of essential maternal, newborn, and child health interventions. The analysis suggests that if, by 2015, 90 percent of children under five years old and mothers were covered by already well-known and essential health interventions, about 4 million lives would be saved annually, avoiding an estimated 85 percent of current maternal, newborn, and child deaths; this would exceed the MDGs for maternal and child health.

(MORE)

Some of the most effective interventions include increased availability of contraception, skilled attendance at childbirth, neonatal resuscitation and improved newborn care, case management of pneumonia, and promotion of breastfeeding, malaria prevention, and immunization.

The authors of the report also used national data to assess the effect of achievable increases within two years in priority interventions in the seven countries with science academies participating in ASADI -- Cameroon, Ghana, Kenya, Nigeria, Senegal, South Africa, and Uganda -- as well as Ethiopia and Tanzania. Achievable increases are defined as improvements in the quality of care for all births that take place in facilities and a 20 percent increase in selected interventions provided outside of facilities. The analysis showed that such increases in coverage in the nine example countries would save the lives of 770,000 women, newborns, and children each year.

Because the context of health systems varies among countries, interventions have different effects. The report authors therefore showed how many lives could be saved by selected priority interventions in different health system contexts. For example, in settings with few births in facilities, increasing family planning is feasible, saves many lives, and is relatively low cost. The estimated cost of these priority interventions is "extremely affordable" on a per capita basis, the report notes. In fact, the average cost for increasing these selected high-impact interventions to achievable levels in the nine example countries within two years is less than \$2 per capita.

Based on the evidence, priorities for maternal, newborn, and child health in sub-Saharan Africa include making childbirth safe, giving newborn babies a healthy start, and preventing and managing infections in newborns and young children, the report says. The evidence also shows that high-impact interventions are most effective and efficient when integrated into existing health delivery systems, yet more research is needed on how to deliver care closer to home and reach populations in remote areas. More study is needed on the use of alternative cadres for certain tasks as well.

The report was authored by representatives of the seven African science academies and a team they assembled of more than 60 experts. One of the report's coordinating authors, Joy Lawn, director of global evidence and policy at Saving Newborn Lives/Save the Children in Cape Town, South Africa, believes that the report will serve as a call to action. "Accelerated action now based on data and science has the potential to save millions of lives every year and to put many African countries on track to reach the Millennium Development Goals for maternal and children survival," she said. "All of us have a role to play."

The development of the report was supported by the U.S. National Academies; Save the Children; the Academy of Sciences of South Africa; Johns Hopkins Bloomberg School of Public Health; Mars, Inc.; and UNICEF. The report, additional details on the analysis and on the assumptions used in the *LiST* model, a list of contributors, and more information about ASADI are available at <<http://national-academies.org/asadi>>. ASADI is a collaboration among the African science academies, the U.S. National Academies, and others to strengthen the ability of the African academies to inform policymaking and public discourse through evidence-based advice. The initiative is funded by a grant from the Bill & Melinda Gates Foundation.

Media Contacts: Francis Ankrach, Ghana Academy of Arts and Sciences, Accra
+233 24-863693 or <ankrahfrancis@yahoo.com>

Mary Kinney, Saving Newborn Lives/Save the Children, Cape Town, South Africa
+27-83-444-8211 or <mvkinney@gmail.com>

William Kearney, U.S. National Academy of Sciences, Washington, D.C.
+1-202-334-2138 or <wkearney@nas.edu>

#