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Accra Daily Mail

OPPORTUNITIES FOR AFRICA'S NEWBORNS **New report shows improvements in child survival in Africa**

GNA | Posted: *Wednesday, November 22, 2006*

Sub-Saharan Africa remains the most dangerous region in the world for a baby to be born - with 1.16 million babies dying each year in the first 28 days of life - but six low-income African countries, Burkina Faso, Eritrea, Madagascar, Malawi, Uganda and the United Republic of Tanzania, have made significant progress in reducing deaths among newborn babies, according to a new report published today.

The report, *Opportunities for Africa's Newborns*, brings together new data and analysis from a team of 60 authors and nine international organizations from the Partnership for Maternal, Newborn and Child Health, (PMNCH). The Partnership represents developing and donor countries, non-governmental agencies, foundations and multi-lateral organizations, including the World Health Organization.*

"Good news does come out of Africa," said Dr. Joy Lawn, co-editor of the report, who works in Africa for Saving Newborn Lives/Save the Children-US. "Whilst the survival of the African child has shown almost no improvement since the 1980s, the fact that during 2006 several large African countries have reported a dramatic reduction in the risk of child deaths gives us new hope of more rapid progress to save Africa's children."

Although no measurable progress has been made in reducing newborn mortality rates for babies during the first month of life in Africa at regional level, a turnaround has been seen in the six countries highlighted in the report, with an average reduction of 29% in over the last 10 years. Across the six countries, the reduction ranges from 20% in Tanzania and Malawi to 39% in Burkina Faso and 47% in Eritrea.* The authors identified factors that contributed to this progress.

For example: In Malawi, there is presidential-level commitment to maternal newborn and child health and increased investment by partners to address the lack of human resources. Tanzania has recorded a 30% reduction in child mortality and a 20% fall in newborn deaths over the last 5 years. District health managers set local budget priorities based on deaths in each district and this has meant increased government spending on essential maternal and child healthcare.

In Uganda, the performance of district health services is ranked each year and published in the national newspaper.

Eritrea has made consistent progress over 20 years in reducing child and newborn deaths with an average annual reduction of around 4% over the last decade through a focus on reaching high coverage of basic public health services, including to the poor.

Burkina Faso ensures that poor women do not pay for the catastrophic cost of an emergency caesarean section- often more than an average family income for the year. Up to half a million African babies die on the day they are born - most at home and uncounted. According to the report, Liberia has the world's highest newborn mortality rate at 66 deaths per 1,000 births compared to less than 2 deaths per 1,000 births in Japan and 6 deaths per 1,000 births in Latvia. Half of Africa's 1.16 million newborn deaths occur in just five countries - Nigeria, Democratic Republic of the Congo, Ethiopia, Tanzania and Uganda. Nigeria alone has over 255,000 newborn deaths each year.

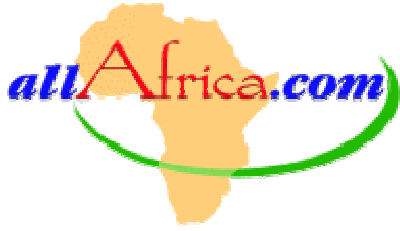
"The health of newborn babies has fallen between the cracks - Africa's un-named, and uncounted, lost children," said Dr Francisco Songane, Director of the Partnership. "We must count newborn deaths and make them count, instead of accepting these deaths as inevitable. The progress of these six African countries demonstrates that even the world's poorest countries can look after their newborns, their most vulnerable citizens. They have shown the way-we must seize the opportunity."

The President of the Pan-African Parliament, Hon. Amb. Gertrude Mongella, is spearheading action in maternal, newborn and child health through the African Union and the Pan African Parliament in Johannesburg. "Reaching every woman, baby and child in Africa with essential care will depend on us, the users of this publication. We all have a role to play as governments to lead, as policymakers to guarantee essential interventions and equity, as partners and donors to support programmes," she said.

The authors warn that opportunities to save newborn lives within existing programmes are often missed: For example two-thirds of women in Africa attend antenatal care yet only 10% receive preventive treatment for malaria and a mere 1% of mothers with HIV receive the recommended treatment to prevent mother to child transmission of HIV/AIDS.

The report found that two-thirds of newborn deaths in sub-Saharan Africa -up to 800,000 babies a year -could be saved if 90 percent of women and babies received feasible, low-cost health interventions. These include immunizing women against tetanus, providing a skilled attendant at birth, treating newborn infections promptly and educating mothers about hygiene, warmth and breastfeeding for infants. Saving these lives would take only an estimated US \$ 1.39 per capita-or US \$1 billion per year. According to the report, this cost would benefit others, in particular the one million stillborns and 250,000 mothers who also die each year.

Source: WHO



Africa: Countries Reduce Newborn Deaths

[BuaNews](#) (Tshwane)

November 22, 2006

Posted to the web November 22, 2006

Thapelo Sakoana

Six low-income countries in Africa have made significant progress in reducing deaths among newborn babies, according to a report published on Wednesday.

Titled "Opportunities for Africa's Newborns", the report consolidates new information and analysis from 60 authors and nine international organisations from the Partnership for Maternal, Newborn and Child Health (PMNCH).

Burkina Faso, Eritrea, Madagascar, Malawi, Uganda and the United Republic of Tanzania, have recorded successes in reducing infant mortality.

"Although no measurable progress has been made in reducing newborn mortality rates for babies during the first month of life in Africa at regional level, a turnaround has been seen in the six countries highlighted in the report, with an average reduction of 29 percent over the last 10 years," said the report.

Director for PMNCH, Dr Francisco Songane, said progress made in these countries demonstrated that the world's poorest countries cared about their newborn children.

"We must count newborn deaths and make them count, instead of accepting these deaths as inevitable. The progress of these six African countries demonstrates that even the world's poorest countries can look after their newborns, their most vulnerable citizens," said Dr Songane.

The reduction rate in these countries ranges from 20 percent in Tanzania and Malawi to 39 percent in Burkina Faso and 47 percent in Eritrea.

The authors of the report identified factors that contributed to progress in some countries. In Malawi, for example, the presidency is committed to child health and there is increased investment by different partners towards addressing a lack of human resources.

Tanzania registered a 30 percent reduction in child mortality and 20 percent decrease in newborn deaths over the past five years. This was attributed to the work of district health managers there.

"District health managers set local budget priorities based on deaths in each district and this has meant increased government spending on essential maternal and child healthcare."

In Uganda, the performance of district health services was ranked every year and published in the media.

Eritrea made consistent progress over 20 years in reducing child and newborn deaths with an average annual reduction of about 4 percent over the last decade, by spreading public health services to all people, including the poor.

An important factor identified in Burkina Faso was that poor women did not have to pay for an emergency caesarean section. The cost of the procedure in that country is estimated to often be more than an average family's annual income.

"Whilst the survival of the African child has shown almost no improvement since the 1980s, the fact that during 2006 several large African countries have reported a dramatic reductions in the risk of child deaths, gives us new hope of more rapid progress to save Africa's children," said Dr Joy Lawn, co-editor of the report

According to the report, it is estimated that about 500 000 babies die on the day they are born, most at home and uncounted.

Half of Africa's 1,1 million newborn deaths occurred in five countries: the Democratic Republic of Congo, Ethiopia, Tanzania, Uganda and Nigeria, with the latter accounting for 255 000 newborn deaths each year.

It also found that two-thirds of newborn deaths in sub-Saharan Africa, up to 800,000 babies a year, could be saved if 90 percent of women and babies received feasible, low-cost health interventions.

These include immunising women against tetanus, providing skilled attendants at birth, treating newborn infections promptly and educating mothers about hygiene, warmth and breastfeeding for infants.

"Saving these lives would take only an estimated US \$ 1.39 per capita-or US \$1 billion per year".

Welcoming the report, the President of the Pan African Parliament, Getrude Mongella said governments should play a role in reaching every woman and child in Africa with essential care.

"Reaching every woman, baby and child in Africa with essential care will depend on us, the users of this publication. We all have a role to play as governments to lead, as policymakers to guarantee essential interventions and equity, as partners and donors to support programmes," she said.

Mortality rates tumble for African children

Health programs paying dividends

By John Donnelly, Globe Staff | November 22, 2006



A mother cradled her 7-day-old son in Tanzania, one of six African nations cited in a new report for reducing child mortality. (John Donnelly/ Globe Staff)

WASHINGTON -- Many African countries have sharply reduced the deaths of young children in recent years, saving hundreds of thousands of lives, according to new data from 46 nations that contradict the perception that the world's poorest continent was making little gain against killer diseases.

In addition, a report being issued today said even more lives could be spared if greater focus were paid to saving newborns.

Across sub-Saharan Africa, the mortality rates for children under age 5 in some countries have decreased by as much as

30 percent in the past five years because of increases in immunization and the use of vitamin A supplements and oral rehydration therapy; a rise in the number of women seeking prenatal care; and the end of regional conflicts, according to child-health specialists.

Twelve of 18 African countries that compiled data from both the mid-1990s and from the last few years have reported decreases in the deaths of infants in their first 28 days of life, according to charts based on household surveys. Some nations, such as Eritrea, Ethiopia, Guinea, and Mozambique, have reduced deaths among newborns by about 40 percent in the last decade.

"There has been a lot of progress," said Vinod Mishra, director of research at ORC Macro, a Maryland-based company that conducted the door-to-door surveys in Africa and has been researching population and health trends there since the mid-1980s.

"There are improvements in delivery care . . . and we are finding that women who see a healthcare provider during pregnancy are four to five times more likely to receive postnatal care."

Mishra's findings suggest that programs not specifically aimed at reducing newborn and infant deaths also are having positive impacts on childhood survival.

Those programs, representing an infusion of billions of dollars in new investments, include HIV prevention outreach that brings pregnant women into clinics to try to lower the chance of passing the deadly virus to children at birth; and malaria initiatives that distribute bed nets to mothers in their homes or clinics.

A report issued today by the Partnership for Material, Newborn & Child Health, a group of nine international health groups, cites improvements in reducing child mortality in six nations -- Eritrea, Malawi, Burkina Faso, Madagascar, Tanzania, and Uganda. The report focuses on inexpensive interventions that could cut deaths in the first four weeks of life.

In Africa, an estimated 1.16 million die within the first month, about half of them in the first week. Even though Africa has 11 percent of the world's population, its newborn deaths account for a quarter of all such fatalities in the world. In addition, there are 1 million stillbirths on the continent.

Documents show that 164 of every 1,000 children in sub-Saharan Africa died before age 5 in 2004 and 2005, down from 176 in 2000.

Page 2 of 2 --

The number of newborns dying in sub-Saharan Africa barely changed : 41 per 1,000 in recent years, from 42 in 1995. But that figure masks improvements in several countries; the number of newborn deaths for the continent rose due to poor performances in some of the most populous countries, notably Nigeria.

While some public health specialists cautioned drawing firm conclusions from the newborn data because of relatively small samplings, Mishra, whose company did the surveys, said the reports reflected an important trend. "Those decreases are real," he said.

The major causes of newborn deaths are infection, conditions related to premature delivery, and problems in breathing during and soon after birth. The interventions include keeping babies warm and clean, regular breast-feeding, treating infections with antibiotics, and basic resuscitation using a \$5 self-inflating bag.

The report finds that interventions costing an additional \$1.39 per capita annually could save 800,000 newborns -- a roughly three-quarter decrease in deaths.

"The message is very clear: We spend a lot of time saying Africa is failing, but it looks now like we are seeing a turnaround for under-5 mortality," Dr. Joy Lawn of Save the Children , one of the authors of the report on newborn deaths, said in a telephone interview from Cape Town.

While Lawn said the end of conflicts in Eritrea, Ethiopia, and Madagascar almost surely increased the survival rates of newborns and infants, other countries such as Tanzania and Malawi had improved basic health care.

In addition, national measles vaccination campaigns, the start of more aggressive malaria control programs, and immunization efforts funded by the GAVI Alliance -- a public-private partnership that has committed \$1.2 billion to programs in 71 countries -- have all helped reduce childhood mortality, health specialists said.

Prabhat Jha , a professor of health and development at the University of Toronto, said the lesson should be that more progress is possible.

"It is quite surprising, in the face of AIDS and malaria, seeing overall declines in child mortality in Africa," he said. "I think it shows the value of putting basic public health programs in place and strengthening them."

John Donnelly can be reached at donnelly@globe.com ■

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Date: 22 Nov 2006

Title: African countries reduce newborn deaths

By Thapelo Sakoana, tel: (012) 314-2287

Six low-income countries in Africa have made significant progress in reducing deaths among newborn babies, according to a report published on Wednesday.

Titled "Opportunities for Africa's Newborns", the report consolidates new information and analysis from 60 authors and nine international organisations from the Partnership for Maternal, Newborn and Child Health (PMNCH).

Burkina Faso, Eritrea, Madagascar, Malawi, Uganda and the United Republic of Tanzania, have recorded successes in reducing infant mortality.

"Although no measurable progress has been made in reducing newborn mortality rates for babies during the first month of life in Africa at regional level, a turnaround has been seen in the six countries highlighted in the report, with an average reduction of 29 percent over the last 10 years," said the report.

Director for PMNCH, Dr Francisco Songane, said progress made in these countries demonstrated that the world's poorest countries cared about their newborn children.

"We must count newborn deaths and make them count, instead of accepting these deaths as inevitable. The progress of these six African countries demonstrates that even the world's poorest countries can look after their newborns, their most vulnerable citizens," said Dr Songane.

The reduction rate in these countries ranges from 20 percent in Tanzania and Malawi to 39 percent in Burkina Faso and 47 percent in Eritrea.

The authors of the report identified factors that contributed to progress in some countries.

In Malawi, for example, the presidency is committed to child health and there is increased investment by different partners towards addressing a lack of human resources.

Tanzania registered a 30 percent reduction in child mortality and 20 percent decrease in newborn deaths over the past five years. This was attributed to the work of district health managers there.

"District health managers set local budget priorities based on deaths in each district and this has meant increased government spending on essential maternal and child healthcare."

In Uganda, the performance of district health services was ranked every year and published in the media.

Eritrea made consistent progress over 20 years in reducing child and newborn deaths with an average annual reduction of about 4 percent over the last decade, by spreading public health services to all people, including the poor.

An important factor identified in Burkina Faso was that poor women did not have to pay for an emergency caesarean section. The cost of the procedure in that country is estimated to often be more than an average family's annual income.

"Whilst the survival of the African child has shown almost no improvement since the 1980s, the fact that during 2006 several large African countries have reported a dramatic reductions in the risk of child deaths, gives us new hope of more rapid progress to save Africa's children," said Dr Joy Lawn, co-editor of the report

According to the report, it is estimated that about 500 000 babies die on the day they are born, most at home and uncounted.

Half of Africa's 1,1 million newborn deaths occurred in five countries: the Democratic Republic of Congo, Ethiopia, Tanzania, Uganda and Nigeria, with the latter accounting for 255 000 newborn

deaths each year.

It also found that two-thirds of newborn deaths in sub-Saharan Africa, up to 800,000 babies a year, could be saved if 90 percent of women and babies received feasible, low-cost health interventions.

These include immunising women against tetanus, providing skilled attendants at birth, treating newborn infections promptly and educating mothers about hygiene, warmth and breastfeeding for infants.

"Saving these lives would take only an estimated US \$ 1.39 per capita-or US \$1 billion per year".

Welcoming the report, the President of the Pan African Parliament, Getrude Mongella said governments should play a role in reaching every woman and child in Africa with essential care.

"Reaching every woman, baby and child in Africa with essential care will depend on us, the users of this publication. We all have a role to play as governments to lead, as policymakers to guarantee essential interventions and equity, as partners and donors to support programmes," she said. - BuaNews

Monday 27 November 2006

1.16 million baby deaths in Africa annually: study

JOHANNESBURG – Africa's infant mortality rate of 1.16 million per year placed it on a par with England's figures in the early 20th century, according to a study released on Wednesday.

"Opportunities for Africa's Newborns" indicated that half of these deaths occurred in Nigeria, the Democratic Republic of Congo, Ethiopia, Tanzania and Uganda. Nigeria alone had over 255 000 newborn deaths a year.

Most of these children died nameless as in Africa babies were traditionally not named until the sixth week after birth.

"Africa's child mortality now is similar to that of England in the beginning of the 20th century, or Sweden at the start of the 19th century. So we are way behind," said Dr Francisco Songane, director of the Partnership for Maternal, Newborn and Child Health.

Of the total infant deaths, half died on their birthday. The major causes were infections, including tetanus, pre-term birth complications and birth asphyxia. All of these were "highly preventable", said Dr Joy Lawn, senior research and policy advisor for Saving Newborn Lives/Save the Children US.

Most of these deaths could be prevented by avoiding adolescent pregnancy, spacing births at least two years apart and ensuring clean and safe child births assisted by a skilled attendant. Breastfeeding could save 15 percent of babies by preventing infections. Tying babies to the mother's chest or back to keep them warm would also bring down the death rate.

The report indicated that up to 800 000 babies a year could be saved if 90 percent of women and babies received these interventions. They came at a cost of US\$1.39 (R10) per capita or US\$1 billion (R7.24 billion) a year. This would also benefit the one million stillborn babies and 250 000 mothers who died each year.

Lawn said Africa did not suffer from a lack of policy.

"I think the risk is that we have lots of road maps and commitment, but how do we translate this into action?" The good news however was that six countries -- including Malawi, Tanzania, Uganda, Eritrea and Burkina Faso -- had managed an average reduction of 29 percent over the last 10 years in newborn mortality rates. In Malawi this was attributed to "presidential-level commitment" to newborn and child health. In Tanzania district health managers set local budget priorities based on deaths in each district, which led to increased government spending. In Uganda the performance of district health services was ranked annually and published in the national newspaper.

Lawn said South Africa's neonatal mortality rate of 21 deaths per 1 000 births -- about half the average for Africa -- hid a lot of inequities as the rate was high in some, particularly rural, areas of the country and low in others.

According to the report: "There has been virtually no progress in reducing (South Africa's) newborn death rate in the last 10 years. This lack of progress is an important barrier to meeting child survival targets, especially for the Millennium Development Goals."

Lawn commented: "I think in a country... with such resources... there should be progress, but it doesn't seem to be on the agenda".

Pan African Parliament president Gertrude Mongella said in a statement on the release of the study that cost-effective interventions already existed in the policies of most countries, but did not reach the poor.

"In the past, newborns died unseen and uncounted, but now donors are beginning to recognise newborn health as a priority," she wrote. – *Sapa*

INCREASED OPPORTUNITIES FOR AFRICA'S NEWBORNS ...

NEW REPORT SHOWS IMPROVEMENT IN CHILD SURVIVAL FOR FIRST TIME SINCE THE 1980'S

Coastweek - - Sub-Saharan Africa remains the most dangerous region in the world for a baby to be born - with 1.16 million babies dying each year in the first 28 days of life.

However: six low-income African countries, Burkina Faso, Eritrea, Madagascar, Malawi, Uganda and the United Republic of Tanzania, have made significant progress in reducing deaths among newborn babies, according to a new report published this week in Johannesburg, South Africa.

The report, *Opportunities for Africa's Newborns*, brings together new data and analysis from a team of 60 authors and nine international organizations from the Partnership for Maternal, Newborn and Child Health, (PMNCH).

The Partnership represents developing and donor countries, non-governmental agencies, foundations and multi-lateral organizations, including the World Health Organization.

"Good news does come out of Africa," said Dr. Joy Lawn, co-editor of the report, who works in Africa for Saving Newborn Lives/ Save the Children-US.

"While the survival of the African child has shown almost no improvement since the 1980s, the fact that during 2006 several large African countries have reported a dramatic reduction in the risk of child deaths gives us new hope of more rapid progress to save Africa's children."

Although no measurable progress has been made in reducing newborn mortality rates for babies during the first month of life in Africa at regional level, a turnaround has been seen in the six countries highlighted in the report, with an average reduction of 29 per cent in over the last 10 years.

Across the six countries, the reduction ranges from 20 per cent in Tanzania and Malawi to 39 per cent in Burkina Faso and 47 per cent in Eritrea.

The authors identified factors that contributed to this progress.

For example: In Malawi, there is presidential-level commitment to maternal newborn and child health and increased investment by partners to address the lack of human resources.

Tanzania has recorded a 30 per cent reduction in child mortality and a 20 per cent fall in newborn deaths over the last five years.

In Uganda, the performance of district health services is ranked each year and published in the national newspaper.

Up to half a million African babies die on the day they are born - most at home and uncounted.

According to the report, Liberia has the world's highest newborn mortality rate at 66 deaths per 1,000 births compared to less than two deaths per 1,000 births in Japan and six deaths per 1,000 births in Latvia.

Half of Africa's 1.16 million newborn deaths occur in just five countries - Nigeria, Democratic Republic of the Congo, Ethiopia, Tanzania and Uganda. Nigeria alone has over 255,000 newborn deaths each year.

"The health of newborn babies has fallen between the cracks - Africa's un-named, and uncounted, lost children," said Dr Francisco Songane, Director of the Partnership.

"We must count newborn deaths and make them count, instead of accepting these deaths as inevitable.

"The progress of these six African countries demonstrates that even the world's poorest countries can look after their newborns, their most vulnerable citizens.

"They have shown the way-we must seize the opportunity."

The report found that two-thirds of newborn deaths in sub-Saharan Africa - up to 800,000 babies a year - could be saved if 90 percent of women and babies received feasible, low-cost health interventions.



Opportunities for Africa's newborns

New report shows improvements in child survival in Africa for the first time since the 1980s — but more than a million African babies still die in the first month of life

22 NOVEMBER 2006 | JOHANNESBURG/GENEVA -- Sub-Saharan Africa remains the most dangerous region in the world for a baby to be born — with 1.16 million babies dying each year in the first 28 days of life — but six low-income African countries, Burkina Faso, Eritrea, Madagascar, Malawi, Uganda and the United Republic of Tanzania, have made significant progress in reducing deaths among newborn babies, according to a new report published today.

The report, *Opportunities for Africa's newborns*, brings together new data and analysis from a team of 60 authors and nine international organizations from the Partnership for Maternal, Newborn and Child Health, (PMNCH). The Partnership represents developing and donor countries, non-governmental agencies, foundations and multi-lateral organizations, including the World Health Organization.*

Opportunities for Africa's newborns: Practical data, policy and programmatic support for newborn care in Africa

Date: 22/11/2006

Organisation: Partnership for Maternal, Newborn and Child Health (PMNCH)

Resource type: Publication (general)

<http://www.who.int/pmnch/media/publications/oanfullreport.pdf>

[22 November 2006] – Each year at least 1.16 million newborns die in sub-Saharan Africa within the first 28 days of life, making the region the world's most dangerous to be born in, yet more than two thirds of these infants could be saved with low cost, low tech action, according to a United Nations-backed report released today.

“It would cost an additional \$1.39 per capita per year to provide 90 per cent of women and babies in sub-Saharan Africa with all the essential health packages,” according to the study, *Opportunities for Africa's newborns*, produced by the Partnership for Maternal, Newborn and Child Health (PMNCH). Its proposals include immunizing women against tetanus, providing skilled attendants at birth and treating newborn infections promptly.

Amid the grim statistics there is some good news: six low-income countries – Burkina Faso, Eritrea, Madagascar, Malawi, Uganda and Tanzania, have made significant progress in reducing these deaths.

“Good news does come out of Africa,” said Joy Lawn, co-editor of the report, who works in Africa for Saving Newborn Lives/Save the Children-US, one of the partners in PMNCH, which includes the UN World Health Organisation (WHO) and more than 80 other organisations and foundations in developing and donor countries.

“Whilst the survival of the African child has shown almost no improvement since the 1980s, the fact that during 2006 several large African countries have reported a dramatic reduction in the risk of child deaths gives us new hope of more rapid progress to save Africa's children,” she added.

Up to half a million African babies die on the day they are born, most at home and uncounted. Liberia has the world's highest newborn mortality rate at 66 deaths per 1,000

births compared to less than 2 deaths per 1,000 births in Japan and 6 deaths per 1,000 births in Latvia.

Half of Africa's 1.16 million newborn deaths occur in just five countries – Nigeria, Democratic Republic of the Congo (DRC), Ethiopia, Tanzania and Uganda. Nigeria alone has over 255,000 newborn deaths each year.

On any given day in sub-Saharan Africa, according to the report, 3,100 newborns die, another 2,400 are stillborn, 9,600 others die after their first month and before their fifth birthday, and 700 women succumb to pregnancy-related causes.

The report's other low-cost life-saving recommendations include educating mothers about hygiene, warmth and breastfeeding, delaying the first pregnancy until after 18, spacing pregnancies at least 24 months apart, and treating malaria during pregnancy and HIV and other sexually transmitted diseases especially among adolescent girls.

“Saving these lives would take only an estimated \$1.39 per capita – or \$1 billion per year,” WHO said in a news release. “This cost would benefit others, in particular the 1 million stillborns and 250,000 mothers who also die each year.”

The report called on African countries to produce a plan of action and mobilise internal resources, and on international donors to leverage resources to meet the additional needs identified by these countries.

“The health of newborn babies has fallen between the cracks – Africa's un-named, and uncounted, lost children,” PMNCH Director Francisco Songane said. “We must count newborn deaths and make them count, instead of accepting these deaths as inevitable.

“The progress of these six African countries demonstrates that even the world's poorest countries can look after their newborns, their most vulnerable citizens. They have shown the way – we must seize the opportunity,” he added.

FRONTPAGE AFRICA

Newborn Mortality Rate: Liberia Ranks # 1; Other African Nations Make Progress

11/24/06 - Sidiki Trawally, strawally@FrontPageAfrica.com



Although no measurable progress has been made in reducing newborn mortality rates for babies during the first month of life in Africa at regional level.

The World Health Organization is reporting that some low-income countries in Africa have made significant improvement in reducing deaths among newborn babies. However, WHO says Liberia remains with the world's highest newborn mortality rate.

In its report entitled, Opportunities for Africa's Newborns, WHO says countries, including Burkina Faso, Eritrea, Madagascar, Malawi, Uganda and Tanzania are making progress to save the lives of

newborn babies.

However, WHO says Liberia has the world's highest newborn mortality rate at 66 deaths per 1,000 births compared to less than 2 deaths per 1,000 births in Japan and six deaths per 1,000 births in Latvia. It says half of Africa's 1.16 million newborn deaths occur in just five countries, including Nigeria, Democratic Republic of Congo, Ethiopia, Tanzania and Uganda. Nigeria alone has over 255,000 newborn deaths each year.

The report found that two-thirds of newborn deaths in sub-Saharan Africa -up to 800,000 babies a year -could be saved if 90 percent of women and babies received feasible, low-cost health interventions. These include immunizing women against tetanus, providing a skilled attendant at birth, treating newborn infections promptly and educating mothers about hygiene, warmth and breastfeeding for infants.

Saving these lives would take only an estimated US \$ 1.39 per capita-or US \$1 billion per year. According to the report, this cost would benefit others, in particular the one million stillborns and 250,000 mothers who also die each year.

The authors of the WHO report warn that opportunities to save newborn lives within existing programs are often missed. For example two-thirds of women in Africa attend antenatal care yet only 10% receive preventive treatment for malaria and a mere 1% of mothers with HIV receive the recommended treatment to prevent mother to child transmission of HIV/AIDS.

Prior to releasing this new report, WHO had suggested that sub-Saharan Africa remains the most dangerous region in the world for a baby to be born with at least 1.16 million babies dying each year in the first 28 days of life.

The WHO report brings together new data and analysis from a team of 60 authors and nine international organizations from Partnership for Maternal, Newborn and Child Health, (PMNCH). Partnership represents developing and donor countries, non-governmental agencies, foundations and multi-lateral organizations, including the World Health Organization.

UNNAMED, UNCOUNTED

The health of newborn babies has fallen between the cracks - Africa's un-named, and uncounted, lost children. We must count newborn deaths and make them count."

Dr Francisco Songane, Director of the Partnership



"Good news does come out of Africa," said Dr. Joy Lawn, co-editor of the report, who works in Africa for Saving Newborn Lives/Save the Children-US. "Whilst the survival of the African child has shown almost no improvement since the 1980s, the fact that during 2006 several large African countries have reported a dramatic reduction in the risk of child deaths gives us new hope of more rapid progress to save Africa's children."

Although no measurable progress has been made in reducing newborn mortality rates for babies during the first month of life in Africa at regional level, the WHO report says a turnaround has been seen in the six countries highlighted in the report, with an average reduction of 29% in over the last 10 years. Across the six countries, the reduction ranges from 20% in Tanzania and Malawi to 39% in Burkina Faso and 47% in Eritrea.

The authors identified factors that contributed to this progress.

They say in Malawi, there is presidential-level commitment to maternal newborn and child health and increased investment by partners to address the lack of human resources. Tanzania has recorded a 30% reduction in child mortality and a 20% fall in newborn deaths over the last 5 years. District health managers set local budget priorities based on deaths in each district and this has meant increased government spending on essential maternal and child healthcare.

In Uganda, the performance of district health services is ranked each year and published in the national newspaper. Eritrea has made consistent progress over 20 years in reducing child and newborn deaths with an average annual reduction of around 4% over the last decade through a focus on reaching high coverage of basic public health services, including to the poor.

Burkina Faso ensures that poor women do not pay for the catastrophic cost of an emergency caesarean section- often more than an average family income for the year. Up to half a million African babies die on the day they are born - most at home and uncounted.

"The health of newborn babies has fallen between the cracks - Africa's un-named, and uncounted, lost children," said Dr Francisco Songane, Director of the Partnership. "We must count newborn deaths and make them count, instead of accepting these deaths as inevitable. The progress of these six African countries demonstrates that even the world's poorest countries can look after their newborns, their most vulnerable citizens. They have shown the way-we must seize the opportunity."

The President of Pan-African Parliament, Gertrude Mongella, is spearheading action in maternal, newborn and child health through the African Union (AU) and the Pan African Parliament in Johannesburg. "Reaching every woman, baby and child in Africa with essential care will depend on us, the users of this publication. We all have a role to play as governments to lead, as policymakers to guarantee essential interventions and equity, as partners and donors to support programs," she said.

Harold Doan and Associates Ltd.

News when you need it.

Saturday, November 25, 2006 - 03:58 PM

1.16 MILLION NEWBORNS IN SUB-SAHARAN AFRICA DIE EACH YEAR - UN REPORT

Press Release - UN News Center

Nov 23 2006

Each year at least 1.16 million newborns die in sub-Saharan Africa within the first 28 days of life, making the region the world's most dangerous to be born in, yet more than two thirds of these infants could be saved with low cost, low tech action, according to a United Nations-backed report released today.

"It would cost an additional \$1.39 per capita per year to provide 90 per cent of women and babies in sub-Saharan Africa with all the essential health packages," according to the study, Opportunities for Africa's newborns, produced by the Partnership for Maternal, Newborn and Child Health (PMNCH). Its proposals include immunizing women against tetanus, providing skilled attendants at birth and treating newborn infections promptly.

Amid the grim statistics there is some good news: six low-income countries - Burkina Faso, Eritrea, Madagascar, Malawi, Uganda and Tanzania, have made significant progress in reducing these deaths.

"Good news does come out of Africa," said Joy Lawn, co-editor of the report, who works in Africa for Saving Newborn Lives/Save the Children-US, one of the partners in PMNCH, which includes the UN World Health Organization (WHO) and more than 80 other organizations and foundations in developing and donor countries.

"Whilst the survival of the African child has shown almost no improvement since the 1980s, the fact that during 2006 several large African countries have reported a dramatic reduction in the risk of child deaths gives us new hope of more rapid progress to save Africa's children," she added.

Up to half a million African babies die on the day they are born, most at home and uncounted. Liberia has the world's highest newborn mortality rate at 66 deaths per 1,000 births compared to less than 2 deaths per 1,000 births in Japan and 6 deaths per 1,000 births in Latvia.

Half of Africa's 1.16 million newborn deaths occur in just five countries - Nigeria, Democratic Republic of the Congo (DRC), Ethiopia, Tanzania and Uganda. Nigeria alone has over 255,000 newborn deaths each year.

INTERNATIONAL
Herald Tribune

Report highlights plight of Africa's newborn babies

The Associated Press

The birth of a baby should be a time of celebration. Yet for African babies, this is when they are at the greatest risk of death.

Every year about 300,000 babies in Africa die on the day of their birth, another million are stillborn and 1.16 million die in their first month. Yet for US\$1.39 (about €1) per person, 800,000 newborn lives could be saved every year, a report said Wednesday.

The report by The Partnership for Maternal, Newborn & Child Health, a coalition of research institutes, governments, groups like the World Health Organization and others, said more than two-thirds of newborn deaths could be avoided with low cost, low tech steps, most of which are already in place in African countries but do not reach the poor.

The young victims are "Africa's unnamed, and uncounted, lost children," said Dr. Francisco Songane, director of the Partnership.

African countries are increasingly recognizing that addressing this problem is vital. The report, "Opportunities for Africa's Newborns", provides data from 46 countries as well as practical solutions.

However, it also paints a bleak picture of a continent with an average of 41 deaths per 1,000 live births — the same rate as England 100 years ago.

Of the 20 countries in the world with the highest risk of neonatal deaths, or deaths in the first 28 days of life, 15 are in Africa.

Liberia has the highest risk of newborn deaths, with 6.6 percent of babies dying in their first month compared to Seychelles with 0.9 percent. In comparison, only 0.4 percent of babies die in this period in the United Kingdom and the United States and 0.2 percent in Japan.

Even in South Africa, a relatively wealthy nation, there has been no change in newborn deaths for over a decade. It ranks fourth on the list of countries with the lowest risk of newborns dying with 2.1 percent. But this is double that of the top three countries of Seychelles, Cape Verde and Mauritius because South Africa's wealth is far from evenly distributed.

The report said birth, the first day and the first week of a baby's life are the time of highest risk for mothers and children.

However, less than half of all African women receive skilled care during childbirth or effective postnatal care. This is also the crucial time for other medical steps, especially prevention of mother-to-child transmission of HIV.

The top three causes of newborn death are infections, prematurity, and asphyxia. Low birth weight underlies the majority of newborn deaths and is linked to maternal health, nutrition and infections such as malaria and HIV.

The report also noted that more than half of African babies who die do so at home — never reaching a hospital or a clinic. In some countries, such as Ethiopia, as many as 95 percent die at home.

While the impact of HIV/AIDS and macroeconomic factors have been cited as reasons for slow progress in reducing child mortality in Africa, the report pointed to failings in government programs.

The report said that rather than focussing on reducing neonatal deaths, child survival programs have focused on causes of death after the first month such as pneumonia, diarrhea, malaria, and vaccine preventable conditions.

The report said two-thirds of newborn deaths could be avoided if essential steps such as providing a skilled attendant at birth, treating newborn infections promptly and educating mothers about hygiene, breast-feeding and keeping babies warm reached 90 percent of African mothers and newborns. This would cost an addition US\$1.39 (about €1) per person a year and about US\$1 billion (€780,000 billion) per year would be required to scale up services across the continent.

"Deaths of newborn babies are not because we don't have the knowledge. The knowledge is there. We can get a reduction from 40 percent to 12 percent without having to have intensive care," said Dr Joy Lawn, coeditor of the report, who works in Africa for Saving Newborn Lives/Save the Children-US.

The report highlights six low-income countries that are making progress in saving newborn lives with an average reduction of 29 percent in over the last 10 years.

Across the six countries, the reduction ranges from 20 percent in Tanzania and Malawi to 39 percent in Burkina Faso and 47 percent in Eritrea.

"Good news does come out of Africa," said Lawn. "While the survival of the African child has shown almost no improvement since the 1980s, the fact that during 2006 several large African countries have reported a dramatic reduction in the risk of child deaths gives us new hope of more rapid progress to save Africa's children."

France

Counting African lives lost in the first weeks

By Celia W. Dugger

The New York Times

More than a million babies die across Africa every year in their first month of life, a tragedy neglected by donor countries and African governments and hidden from view because the deaths often occur in societies where mothers and their babies are secluded after birth and the children go unnamed for weeks, according to a report by dozens of medical and public health experts released Wednesday.

"Look at the reaction in the U.S. or the U.K. if even one baby dies, particularly if there is malpractice," said Dr. Joy Lawn, a lead author of the report, "Opportunities for Africa's Newborns." "Families get very upset and there's a big hoo-ha. In Africa, there's a taboo around mourning a baby."

Major international efforts to reduce child mortality from measles, malaria and diarrhea have largely benefited older babies and young children who have survived the trials of being a newborn. The 60 scientists and doctors who collaborated on the report say they hope to bring a new focus to the care of infants in Africa during the first days and weeks of life.

Countries where newborns have the highest risk of dying - among them, Liberia, Ivory Coast, Mali and Nigeria - also have the most easily preventable deaths, according to the report, which was financed by Save the Children, the United States Agency for International Development and the World Health Organization. Following are some of the most significant findings:

¶ Many of the more than 300,000 babies who die because they are not breathing at birth could have been saved if birth attendants knew a simple resuscitation technique that relies on a mask and plastic bag device that can be sold for as little as \$10.

¶ Some 70,000 babies die of tetanus infections that could have been prevented if mothers had been given two 20-cent tetanus shots when they were pregnant.

¶ Many of the babies born prematurely who die could have survived if they had been kept warm and snug against their mother's chests, skin to skin, and wrapped in place with a cloth.

This technique, called kangaroo mother care, uses the mother's body heat to care for a small premature baby suffering from low body temperature. It has been found as effective

as incubator care, the report said. Lacking an understanding of their babies' need for warmth, poor mothers often give them cold baths.

Lawn, a senior researcher and adviser to a project on newborns at Save the Children USA, said it was only in recent years that researchers have analyzed data collected in large-scale surveys, documenting the number and patterns of newborn deaths. "There wasn't anybody interested to pull the data for newborns," she said.

The new report breaks down newborn death rates by country and finds that some of the poorest ones have made impressive strides, a sign that even with minimal resources notable improvements can be made. Eritrea, Malawi, Tanzania and Ethiopia have significantly reduced the risk of newborn deaths in recent years.

But there is a long way to go, the report says. Though a majority of newborn deaths occur in the first week of life, most health care providers across sub-Saharan Africa advise mothers to return with their babies for a checkup only after six weeks.

"This is a visit for survivors," the report said.

This study of Africa, which has the highest rates of newborn deaths globally, builds on a Save the Children report released in May addressing the four million newborn deaths that occur annually around the world. The Bill and Melinda Gates Foundation, which finances Save the Children's work, years ago identified the gap in attention to newborn health.

In the United States, 4.7 newborns die for every 1,000 born, compared with 66 per 1000 in Liberia, which has the highest rate in the world.

SOUTH AFRICA

Africa's grim baby death toll

Wed, 22 Nov 2006

Africa's infant mortality rate of 1.16 million per year placed it on a par with England's figures in the early 20th century, according to a study released on Wednesday.

"Opportunities for Africa's Newborns" indicated that half of these deaths occurred in Nigeria, the Democratic Republic of Congo, Ethiopia, Tanzania and Uganda. Nigeria alone had over 255 000 newborn deaths a year.

Most of these children died nameless as in Africa babies were traditionally not named until the sixth week after birth.

"Africa's child mortality now is similar to that of England in the beginning of the 20th century, or Sweden at the start of the 19th century. So we are way behind," said Dr Francisco Songane, director of the Partnership for Maternal, Newborn and Child Health.

Major causes of death

Of the total infant deaths, half died on their birthday. The major causes were infections, including tetanus, pre-term birth complications and birth asphyxia. All of these were "highly preventable", said Dr Joy Lawn, senior research and policy advisor for Saving Newborn Lives/Save the Children U.S.

Most of these deaths could be prevented by avoiding adolescent pregnancy, spacing births at least two years apart and ensuring clean and safe child births assisted by a skilled attendant. Breastfeeding could save 15 percent of babies by preventing infections. Tying babies to the mother's chest or back to keep them warm would also bring down the death rate.

Significant number can be saved

The report indicated that up to 800 000 babies a year could be saved if 90 percent of women and babies received these interventions. They came at a cost of \$1.39 per capita or \$1-billion (R7.24-billion) a year. This would also benefit the one million stillborn babies and 250 000 mothers who died each year.

Lawn said Africa did not suffer from a lack of policy.

"I think the risk is that we have lots of road maps and commitment, but how do we translate this into action?"

The good news, however, was that six countries — including Malawi, Tanzania, Uganda, Eritrea and Burkina Faso — had managed an average reduction of 29 percent over the last 10 years in newborn mortality rates.

In Malawi this was attributed to "presidential-level commitment" to newborn and child health. In Tanzania district health managers set local budget priorities based on deaths in

each district, which led to increased government spending. In Uganda the performance of district health services was ranked annually and published in the national newspaper.

SA's rate

Lawn said South Africa's neonatal mortality rate of 21 deaths per 1000 births — about half the average for Africa — hid a lot of inequities as the rate was high in some, particularly rural, areas of the country and low in others.

According to the report: "There has been virtually no progress in reducing [South Africa's] newborn death rate in the last 10 years. This lack of progress is an important barrier to meeting child survival targets, especially for the Millennium Development Goals."

Lawn commented: "I think in a country... with such resources... there should be progress, but it doesn't seem to be on the agenda".

Pan African Parliament president Gertrude Mongella said in a statement on the release of the study that cost-effective interventions already existed in the policies of most countries, but did not reach the poor.

"In the past, newborns died unseen and uncounted, but now donors are beginning to recognise newborn health as a priority," she wrote.

Sapa

1,16m baby deaths in Africa annually - study

November 22 2006 at 03:00PM

Johannesburg - Opportunities For Africa's Newborns indicated that half of the reported 1,16 million deaths occurred in Nigeria, the Democratic Republic of Congo, Ethiopia, Tanzania and Uganda. Nigeria alone had over 255 000 newborn deaths a year.

Most of these children died nameless as in Africa babies were traditionally not named until the sixth week after birth.

"Africa's child mortality now is similar to that of England in the beginning of the 20th century, or Sweden at the start of the 19th century. So we are way behind," said Dr Francisco Songane, director of the Partnership for Maternal, Newborn and Child Health.

Of the total infant deaths, half died on their birthday. The major causes were infections, including tetanus, pre-term birth complications and birth asphyxia. All of these were "highly preventable", said Dr Joy Lawn, senior research and policy adviser for Saving Newborn Lives/Save the Children US.

Most of these deaths could be prevented by avoiding adolescent pregnancy, spacing births at least two years apart and ensuring clean and safe child births assisted by a skilled attendant. Breastfeeding could save 15 percent of babies by preventing infections. Tying babies to the mother's chest or back to keep them warm would also bring down the death rate.

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In Malawi this was attributed to "presidential-level commitment" to newborn and child health. In Tanzania district health managers set local budget priorities based on deaths in each district, which led to increased government spending. In Uganda the performance of district health services was ranked annually and published in the national newspaper.

Lawn said South Africa's neonatal mortality rate of 21 deaths per 1 000 births - about half the average for Africa - hid a lot of inequities as the rate was high in some, particularly rural, areas of the country and low in others.

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AFRICA

Study highlights baby deaths in Africa

Johannesburg, South Africa

22 November 2006 01:48

Africa's infant mortality rate of 1,16-million per year placed it on a par with England's figures in the early 20th century, according to a study released on Wednesday.

"Opportunities for Africa's Newborns" said that half of these deaths occurred in Nigeria, the Democratic Republic of Congo, Ethiopia, Tanzania and Uganda. Nigeria alone had over 255 000 newborn deaths a year.

"Africa's child mortality now is similar to that of England in the beginning of the 20th century, or Sweden at the start of the 19th century. So we are way behind," said Dr Francisco Songane, director of the Partnership for Maternal, Newborn and Child Health. Of the total infant deaths, half died on their birthday. The major causes were infections, including tetanus, pre-term birth complications and birth asphyxia. All of these were "highly preventable", said Dr Joy Lawn, senior research and policy advisor for Saving Newborn Lives/Save the Children United States.

Most of these deaths could be prevented by avoiding adolescent pregnancy, spacing births at least two years apart and ensuring clean and safe child births assisted by a skilled attendant.

Breastfeeding could save 15% of babies by preventing infections. Tying babies to the mother's chest or back to keep them warm would also bring down the death rate.

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In Malawi this was attributed to "presidential-level commitment" to newborn and child health. In Tanzania, district health managers set local budget priorities based on deaths in each district, which led to increased government spending. In Uganda the performance of district health services was ranked annually and published in the national newspaper.

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Over One Million Newborns Die Within A Month In Africa Each Year

Main Category: [Pediatrics News](#)

Article Date: 22 Nov 2006 - 11:00am (PST)

Sub-Saharan Africa remains the most dangerous region in the world for a baby to be born - with 1.16 million babies dying each year in the first 28 days of life - but six low-income African countries, Burkina Faso, Eritrea, Madagascar, Malawi, Uganda and the United Republic of Tanzania, have made significant progress in reducing deaths among newborn babies, according to a new report published today.

The report, Opportunities for Africa's newborns, brings together new data and analysis from a team of 60 authors and nine international organizations from the Partnership for Maternal, Newborn and Child Health, (PMNCH). The Partnership represents developing and donor countries, non-governmental agencies, foundations and multi-lateral organizations, including the World Health Organization.

"Good news does come out of Africa," said Dr. Joy Lawn, co-editor of the report, who works in Africa for Saving Newborn Lives/Save the Children-US. "Whilst the survival of the African child has shown almost no improvement since the 1980s, the fact that during 2006 several large African countries have reported a dramatic reduction in the risk of child deaths gives us new hope of more rapid progress to save Africa's children."

Although no measurable progress has been made in reducing newborn mortality rates for babies during the first month of life in Africa at regional level, a turnaround has been seen in the six countries highlighted in the report, with an average reduction of 29% over the last 10 years. Across the six countries, the reduction ranges from 20% in Tanzania and Malawi to 39% in Burkina Faso and 47% in Eritrea.

The authors identified factors that contributed to this progress. For example:

-- In Malawi, there is presidential-level commitment to maternal newborn and child health and increased investment by partners to address the lack of human resources.

-- United Republic of Tanzania has recorded a 30% reduction in child mortality and a 20% fall in newborn deaths over the last 5 years. District health managers set local budget priorities based on deaths in each district and this has meant increased government spending on essential maternal and child healthcare.

-- In Uganda, the performance of district health services is ranked each year and published in the national newspaper.

-- Eritrea has made consistent progress over 20 years in reducing child and newborn deaths with an average annual reduction of around 4% over the last decade through a focus on reaching high coverage of basic public health services, including to the poor.

-- Burkina Faso ensures that poor women do not pay for the catastrophic cost of an emergency caesarean section- often more than an average family income for the year.

Up to half a million African babies die on the day they are born - most at home and uncounted. According to the report, Liberia has the world's highest newborn mortality rate at 66 deaths per 1,000 births compared to less than 2 deaths per 1,000 births in Japan and 6 deaths per 1,000 births in Latvia. Half of Africa's 1.16 million newborn deaths occur in just five countries - Nigeria, Democratic Republic of the Congo, Ethiopia, United Republic of Tanzania and Uganda. Nigeria alone has over 255,000 newborn deaths each year.

"The health of newborn babies has fallen between the cracks - Africa's un-named, and uncounted, lost children," said Dr Francisco Songane, Director of the Partnership. "We must count newborn deaths and make them count, instead of accepting these deaths as inevitable. The progress of these six African countries demonstrates that even the world's poorest countries can look after their newborns, their most vulnerable citizens. They have shown the way-we must seize the opportunity."

The President of the Pan-African Parliament, Hon. Amb. Gertrude Mongella, is spearheading action in maternal, newborn and child health through the African Union and the Pan African Parliament in Johannesburg. "Reaching every woman, baby and child in Africa with essential care will depend on us, the users of this publication. We all have a role to play as governments to lead, as policymakers to guarantee essential interventions and equity, as partners and donors to support programmes," she said.

The authors warn that opportunities to save newborn lives within existing programmes are often missed. For example two-thirds of women in Africa attend antenatal care yet only 10% receive preventive treatment for malaria and a mere 1% of mothers with HIV receive the recommended treatment to prevent mother to child transmission of HIV/AIDS. The report found that two-thirds of newborn deaths in sub-Saharan Africa -up to 800 000 babies a year -could be saved if 90 % of women and babies received feasible, low-cost health interventions. These include immunizing women against tetanus, providing a skilled attendant at birth, treating newborn infections promptly and educating mothers about hygiene, warmth and breastfeeding for infants. Saving these lives would take only an estimated US \$ 1.39 per capita-or US \$1 billion per year. According to the report, this cost would benefit others, in particular the one million stillborns and 250 000 mothers who also die each year.

Quotations from other Partnership members

Professor E. Oluwole Akande, chair of the African Regional Maternal Newborn and Child Health Task Force.

"Policy frameworks such as the Roadmap for Maternal and Newborn Survival are now in place in many African countries to reach every mother and baby with essential care. The gap remains between policy and action," said Professor E. Oluwole Akande. "This

publication helps to bridge this gap and will be an invaluable toolkit for action."

Kate Kerber, co-editor of the publication

"We identified the ABCD of progress by examining the six low income countries that are progressing ", said Kate Kerber. "Accountable leadership, Bringing national policy into district-level action, Community ownership, and Demonstrated focus on reaching all mothers, newborn and children with essential life-saving care"

Dr Doyin Oluwole, Director of Africa 2010 (one of the authors of the report)

"Maternal, newborn and child health care is the backbone of a healthy health system." states Doyin Oluwole. "African decision makers are finding that systematically addressing newborn health benefits existing maternal and child health care and promotes integration with other programmes. Integration saves lives and money."

The Partnership for Maternal, Maternal, Newborn & Child Health (PMNCH)

PMNCH represents more than 80 organizations, agencies and country members. Involved in this publication included: Saving Newborn Lives/Save the Children-US, The World Health Organization, WHO/AFRO, UNICEF, 2 regional offices of UNICEF in Africa, the Population Council, USAID, BASICS, ACCESS, AED, ACQUIRE, Africa 2010, MAQ and LINKAGES and the International Federation of Gynecology and Obstetrics (FIGO). Others involved include: International Paediatric Association (IPA), Union of African Paediatric Societies and Associations (UNAPSA).

African babies face uphill struggle for life

JOHANNESBURG: A baby born in Africa faces a harrowing struggle to survive even a day due to a lack of basic ante-natal care, a report by a raft of international health organisations said on Wednesday. Around 500,000 children die on the world's poorest continent within the first 24 hours while an average of 1.1 million lose their fight for life within a month of their birth, said the report compiled by researchers from groups such as the World Health Organisation, Save the Children and USAID.

“There are many women and babies out there who don't have anybody to shout for them and are dying uncounted and unnamed but definitely not unmoored, said Joy Lawn of Save the Children at the report's launch in Johannesburg. Many of the babies died as a result of infections and diseases that could be easily and cheaply prevented.

Simple ante-natal care including tetanus immunisation and malaria control, clean and safe childbirth care with a skilled midwife, and breastfeeding support could save almost 800,000 babies. “If these essential interventions reached 90 per cent of women, 67 per cent of these deaths could be prevented,” said Lawn. The report detailed how the risk of infant mortality rate was highest in countries which have been blighted by conflict. Topping the list was Liberia which has a mortality rate of 66 deaths per 1,000 births, closely followed by Ivory Coast and Sierra Leone. Five countries, including those with large populations such as Nigeria and the Democratic Republic of Congo, account for half of all newborn deaths on the continent. “Nigeria alone has more than a quarter million newborn deaths and is really not making a lot of progress,” said Lawn.

While the infant mortality rate is closely linked to poverty levels, some of the most traditionally impoverished countries such as Eritrea and Malawi have managed to turn around mortality rates thanks to increased government spending. Francisco Songane, director of the Geneva-based Partnership for Maternal, Newborn and Child Health, said countries had to make child health a bigger priority.

“We have to work in an integrated manner and avoid vertical programmes-that is why the newborns fall through the cracks,” added Songane who is a former health minister of Mozambique.

Counting African Lives Lost in First Weeks

By CELIA W. DUGGER

Published: November 22, 2006

More than a million babies die across Africa every year in their first month of life, a tragedy neglected by donor countries and African governments and hidden from view because the deaths often occur in societies where mothers and their babies are secluded after birth and the children go unnamed for weeks, according to a report by dozens of medical and public health experts released today.

“Look at the reaction in the U.S. or the U.K. if even one baby dies, particularly if there is [malpractice](#),” said Dr. Joy Lawn, a lead author of the report, “Opportunities for Africa’s Newborns.” “Families get very upset and there’s a big hoo-ha. In Africa, there’s a taboo around mourning a baby.”

Major international efforts to reduce child mortality from [measles](#), [malaria](#) and diarrhea have largely benefited older babies and young children who have survived the trials of being a newborn. The 60 scientists and doctors who collaborated on the report say they hope to bring a new focus to the care of infants in Africa during the first days and weeks of life.

Countries where newborns have the highest risk of dying — among them, [Liberia](#), [Ivory Coast](#), [Mali](#) and [Nigeria](#) — also have the most easily preventable deaths, according to the report, which was financed by Save the Children, the United States Agency for International Development and the [World Health Organization](#). Following are some of the most significant findings:

Many of the more than 300,000 babies who die because they are not breathing at birth could have been saved if birth attendants knew a simple resuscitation technique that relies on a mask and plastic bag device that can be sold for as little as \$10.

Some 70,000 babies die of tetanus infections that could have been prevented if mothers had been given two 20-cent tetanus shots when they were pregnant.

¶Many of the babies born prematurely who die could have survived if they had been kept warm and snug against their mother's chests, skin to skin, and wrapped in place with a cloth.

This technique, called kangaroo mother care, uses the mother's body heat to care for a small premature baby suffering from low body temperature. It has been found as effective as incubator care, the report said. Lacking an understanding of their babies' need for warmth, poor mothers often give them cold baths.

Dr. Lawn, a senior researcher and adviser to a project on newborns at Save the Children USA, said it was only in recent years that researchers have analyzed data collected in large-scale surveys, documenting the number and patterns of newborn deaths. "There wasn't anybody interested to pull the data for newborns," she said.

The new report breaks down newborn death rates by country and finds that some of the poorest ones have made impressive strides, a sign that even with minimal resources notable improvements can be made. Eritrea, Malawi, Tanzania and Ethiopia have significantly reduced the risk of newborn deaths in recent years.

But there is a long way to go, the report says. Though a majority of newborn deaths occur in the first week of life, most health care providers across sub-Saharan Africa advise mothers to return with their babies for a checkup only after six weeks.

"This is a visit for survivors," the report said.

This study of Africa, which has the highest rates of newborn deaths globally, builds on a Save the Children report released in May addressing the four million newborn deaths that occur annually around the world. The [Bill and Melinda Gates Foundation](#), which finances Save the Children's work, years ago identified the gap in attention to newborn health.

In the United States, 4.7 newborns die for every 1,000 born, compared with 66 per 1000 in Liberia, which has the highest rate in the world.

Africa most dangerous place for newborns: report

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By Stella Mapenzauswa

JOHANNESBURG (Reuters) - Each year more than one million babies in sub-Saharan Africa die before they are a month old because of a lack of essential health care, a U.N. report said on Wednesday.

"Sub-Saharan Africa remains the most dangerous region in the world for a baby to be born -- with 1.16 million babies dying each year in the first 28 days of life," said the report published, in Johannesburg and Geneva.

The document, drafted by nine agencies including the World Health Organization, said six countries in the region had made progress in improving care, reducing neonatal deaths by about 30 percent in the past decade.

"Whilst the survival of the African child has shown almost no improvement since the 1980s, the fact that during 2006 several large African countries have reported a dramatic reduction in the risk of child deaths gives us new hope," said co-editor Joy Lawn.

Up to half a million African babies die on the day they are born, with Liberia having the world's highest neonatal mortality rate at 66 deaths per 1,000 births, compared with fewer than two deaths for 1,000 births in Japan.

Half of Africa's 1.16 million neonatal deaths occur in Nigeria, Democratic Republic of the Congo, Ethiopia, Tanzania and Uganda, the report said.

Burkina Faso, Eritrea, Madagascar, Malawi, Tanzania and Uganda had made significant progress in reducing infant deaths over the last 10 years, thanks to increased government spending on basic health care.

The report said opportunities to save the lives of newborns within existing programs were often missed, with only one-tenth of women in Africa attending antenatal care receiving preventive treatment for malaria.

Only one percent of mothers with HIV had treatment to avoid transmitting the virus to their babies during childbirth.

"Up to 800,000 babies a year could be saved if 90 percent of women and babies received feasible, low-cost health interventions," the report said, adding this would cost about \$1 billion per year.

The United Nations said in October that more than 18 million children in Africa would be orphaned by HIV/AIDS by the end of the decade if more was not done to combat the pandemic among the continent's overwhelmingly young population.

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«Trend» news agency: News from Azerbaijan and South Caucasus

1.16 million Newborns in sub-Saharan Africa die each year - UN report

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(un.org) - Each year at least 1.16 million newborns die in sub-Saharan Africa within the first 28 days of life, making the region the world's most dangerous to be born in, yet more than two thirds of these infants could be saved with low cost, low tech action, according to a United Nations-backed report released today.

"It would cost an additional \$1.39 per capita per year to provide 90 per cent of women and babies in sub-Saharan Africa with all the essential health packages," according to the study, Opportunities for Africa's newborns, produced by the Partnership for Maternal, Newborn and Child Health (PMNCH). Its proposals include immunizing women against tetanus, providing skilled attendants at birth and treating newborn infections promptly.

Amid the grim statistics there is some good news: six low-income countries - Burkina Faso, Eritrea, Madagascar, Malawi, Uganda and Tanzania, have made significant progress in reducing these deaths, reports [Trend](#).

"Good news does come out of Africa," said Joy Lawn, co-editor of the report, who works in Africa for Saving Newborn Lives/Save the Children-US, one of the partners in PMNCH, which includes the UN World Health Organization (WHO) and more than 80 other organizations and foundations in developing and donor countries.

"Whilst the survival of the African child has shown almost no improvement since the 1980s, the fact that during 2006 several large African countries have reported a dramatic reduction in the risk of child deaths gives us new hope of more rapid progress to save Africa's children," she added.

Up to half a million African babies die on the day they are born, most at home and uncounted. Liberia has the world's highest newborn mortality rate at 66 deaths per 1,000 births compared to less than 2 deaths per 1,000 births in Japan and 6 deaths per 1,000 births in Latvia.

Half of Africa's 1.16 million newborn deaths occur in just five countries - Nigeria, Democratic Republic of the Congo (DRC), Ethiopia, Tanzania and Uganda. Nigeria alone has over 255,000 newborn deaths each year.

On any given day in sub-Saharan Africa, according to the report, 3,100 newborns die, another 2,400 are stillborn, 9,600 others die after their first month and before their fifth birthday, and 700 women succumb to pregnancy-related causes.

The report's other low-cost life-saving recommendations include educating mothers about hygiene, warmth and breastfeeding, delaying the first pregnancy until after 18, spacing pregnancies at least 24 months apart, and treating malaria during pregnancy and HIV and other sexually transmitted diseases especially among adolescent girls.

"Saving these lives would take only an estimated \$1.39 per capita - or \$1 billion per year," WHO said in a news release. "This cost would benefit others, in particular the 1 million stillborns and 250,000 mothers who also die each year."

The report called on African countries to produce a plan of action and mobilize internal resources, and on international donors to leverage resources to meet the additional needs identified by these countries.

"The health of newborn babies has fallen between the cracks - Africa's un-named, and uncounted, lost children," PMNCH Director Francisco Songane said. "We must count newborn deaths and make them count, instead of accepting these deaths as inevitable.

"The progress of these six African countries demonstrates that even the world's poorest countries can look after their newborns, their most vulnerable citizens. They have shown the way - we must seize the opportunity," he added.