

G8 revisits maternal and child deaths

More funds pledged at summit for the two UN Millennium Development Goals farthest from their targets.

After a decade of disappointing progress in the effort to cut maternal and newborn deaths, world leaders last week resolved to try again. So far, the focus has been on the modest scale of the commitment — US\$5 billion over five years. But scientists say that existing research could help countries to make the best use of the money.

Each year, some 342,900 mothers die of complications due to pregnancy and childbirth, and 3.6 million newborns die within their first month of life. Roughly half of the deaths are concentrated in sub-Saharan Africa, which is home to just 11% of the world's population (see 'Why they die').

Today, few poor countries are on track to reach goals set a decade ago for the year 2015: reducing the mortality rates of children under five by two-thirds and deaths related to pregnancy by three-quarters from 1990 levels. These are two of the eight Millennium Development Goals agreed by members of the United Nations in 2000, and they are the farthest from being realized. "What's heart-wrenching about the whole thing is that we know what to do," says Meg French, the UN Children's Fund (UNICEF) Canada's director of international programmes. "We know how to treat diarrhoea. We know how to stop post-partum haemorrhage."

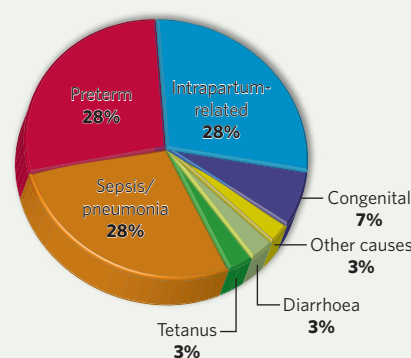
The continuing bad news about maternal and newborn health prompted the Canadian government, host of last week's G8 summit in Huntsville, Ontario, to take up the matter. The sum pledged by leaders at the close of the meeting falls far short of the US\$24.6 billion experts say is needed to address the problem. However, Robert Black, a physician and epidemiologist with the Johns Hopkins Bloomberg School of Public Health in Baltimore, Maryland, has shown that, if targeted carefully, simple, low-cost steps could still have a big impact.

Using specially developed software known as the Lives Saved Tool (LiST), Black and his colleagues simulated the effect of interventions such as family planning and access to medicines on mortality rates in nine countries in sub-Saharan Africa. They found that scaling up programmes that dispatch health workers to provide services such as family planning, antenatal care and immunization so that they reached an additional 20% of the population over the next two years — which they estimate would cost about \$1.21 per capita — would avert almost 22% of maternal, newborn and child

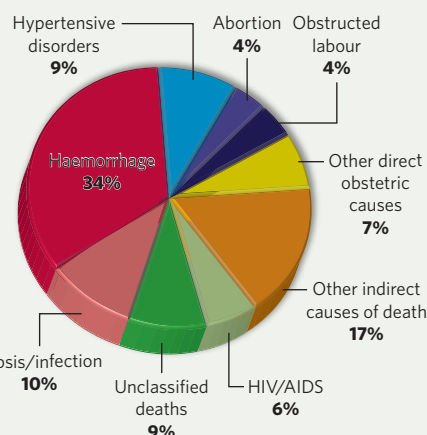
WHY THEY DIE

Causes of maternal and newborn child deaths in sub-Saharan Africa.

Newborn



Maternal



deaths per year. For another 54 cents per capita, upgrading existing facilities to provide services including caesarian sections and blood transfusions would avoid another 26% of maternal and newborn deaths, they report in the current issue of *PLoS Medicine* (I. K. Friberg *et al.* *PLoS Med.* 7, e1000295; 2010). "Targeting what's most feasible can have a big impact," says Black.

Many researchers and advocacy groups argue that focusing on family planning services will have the greatest effect. The World Health Organization estimates that 215 million women in the developing world want but do not have access to contraceptive services.

In a report called 'Adding It Up' released last December, the Guttmacher Institute, a non-profit organization based in New York that

focuses on sexual and reproductive health, makes the case for doubling current expenditure for family planning from \$3.1 billion to \$6.7 billion annually. It argues that contraception is central to reducing not only the maternal death rate, but child mortality as well.

"What we found is that doubling current spending on birth control could reduce maternal death by 70% and newborn death by 44%," says Susan Cohen, the institute's director of government affairs. "Helping women prevent pregnancies that they themselves don't want means more resources will be freed up for those women having wanted pregnancies who may need obstetrical care." Cohen also points out that saving mothers' lives saves the lives of their existing children as well: many studies have shown that children are much more likely to die after losing their mother.

But enthusiasm about what can be done with any new money must also be tempered by the G8's record on keeping its promises. In 2005, at the summit in Gleneagles, UK, the G8 leaders promised \$25 billion per year by 2010 towards alleviating poverty in Africa. Five years later, according to the Organisation for Economic Co-operation and Development, only about half of that money has been paid out.

World leaders will have another opportunity to revisit the issues of maternal and child death in September, when the UN convenes its summit to consider progress — or lack thereof — on the Millennium Development goals.

Alison Motluk



Around half of the world's maternal and newborn child deaths occur in sub-Saharan Africa.

SOURCE: M. V. KINNEY ET AL./PLOS