

HEALTH ISSUES

MATERNAL AND CHILD HEALTH

West and Central Africa (WCA) has the highest maternal mortality rate in the world, with 724 per 100,000 live births. The risk of maternal death through childbirth, meaning the probability that a 15-year-old girl will die from complications of pregnancy or childbirth during her lifetime, can be as high as 1 in 27 in 2020 in WCA, which is eight times the global average.

The WCA region also has the highest infant mortality rate, with 92 deaths per 1,000 live births in 2021, or one child dying every 17 seconds in the region (WHO, 2021) - far from the United Nations goal of reaching 25 deaths per 1,000 live births in 2030. The neonatal mortality rate in West and Central Africa is 30.5 deaths per 1,000. Yet most of these deaths would be preventable if health systems were strengthened as a whole.

ENSURING THE AVAILABILITY AND QUALITY OF MATERNAL, NEWBORN AND CHILD HEALTH SERVICES

The health of women and children is a priority for Solthis. Our work is aligned with the Sustainable Development Goals (SDGs) and the goal to reduce the global maternal mortality rate to below 70 per 100,000 live births by 2030. We are working to ensure the availability and quality of maternal, newborn and child health services, particularly in Guinea and Niger, through the I-POP and AIRE projects.



13,400
children

and

786
women
still die

in the world every day
of preventable or
curable causes.

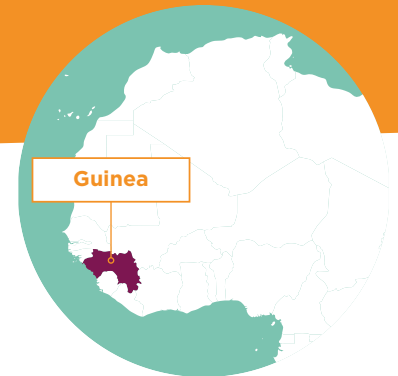
(WHO 2024 and 2020)



I-POP PROJECT

Introducing of point of care to optimize postnatal prophylaxis for HIV-exposed newborns

HEALTH ISSUES
MATERNAL AND CHILD HEALTH



In Guinea, only 36% of infants exposed to HIV receive early neonatal testing for HIV at 6 weeks old, and the results often take several months, which does not allow for early treatment of infected infants, but is crucial to increase their chances of survival. In addition, pregnant women living with HIV have low levels of access to viral load testing, which helps measure at the end of pregnancy whether it is necessary to adapt preventive treatment for the newborn to the risk of transmission. The I-POP project is exploring the value of putting in place a machine that is simple for care providers to use to carry out viral load testing for mothers and early infant diagnosis in the largest maternity hospital in Conakry, with a view to optimizing preventive treatment for exposed infants and testing them immediately to ensure the best chance of survival for infected infants.



Since the start of the project, 6,045 pregnant women have been tested for HIV during childbirth, which identified 70 women living with HIV. All these women received viral load testing at the time of childbirth, which enabled their newborns to receive the appropriate preventive treatment, reducing the risk of transmission. **Early neonatal diagnosis at 6 weeks was carried out on 98% of infants.** All tests were negative, showing the effectiveness of prevention.

In 95% of cases, results were given to the mothers the same day, on average within 2.5 hours (compared to 41% and a delay of 47 days before the project). These improvements in lead times **increased retention in care of mothers and infants at 9 months, from 27% before the project to 89%.**

KEY INFO

 **Duration:** 3 years (2021 - 2024)

 **Funding:** ANRS-MIE, Rotary Guinea Foundation, Paris City Hall

 **Partners:** PNSLH, IRD-Trans VIHMI, INSERM

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2.30
hours average time
to deliver results
(compared
to 47 days)



89%
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infants



We are very happy to have the machine on site. We do the test ourselves and in 1.5 hours we have the child's results. It's part of our daily lives and it's a huge achievement because we used to wait 2 to 3 months. Now we can improve the child's chances of survival.

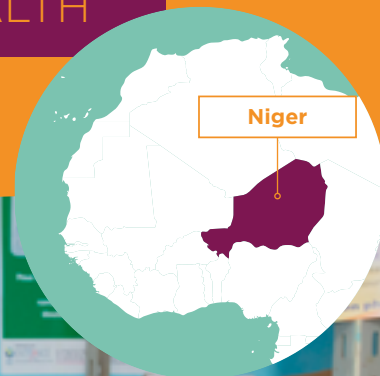
Dr. Yalikhathou Camara (pediatrician).



AIRE PROJECT

Improving the identification of respiratory distress in children under five

HEALTH ISSUES
MATERNAL AND CHILD HEALTH



KEY INFO

Duration: 3 years (2019 - 2022) with an extension period until May 2023.

Funding: UNITAID and AFD

Partners: Ministry of Public Health, Population and Social Affairs (through the Directorate of Mother and Child Health - DSME, the Division of Neonatal Child Health - DSNI), BEFEN

[Find out more](#)

In 2023, as part of implementing the final part of the project, **pulse oximeters (POs) were procured and put in place in the project's 40 integrated health centers.**

Integrated Management of Neonatal and Childhood Illness (IMNCI) materials, the register and training modules have been revised to incorporate PO.

Finally, as part of project close-out, **a scale-up plan and a costed operational plan have been developed and validated.**

Thanks to the training received, we have acquired knowledge that allows us to look after patients (sick children) properly and make informed referrals on time... The PO enables us to save time in consultations, reduce the waiting time and quickly refer children in need of oxygen therapy. I urge the Ministry of Health to make the PO available in all health centers in Niger.

Mrs. Hamadi Nana Mariama, Head of the Route Filingue integrated health center. Niamey - Niger.



56 POS and **21** oxygen concentrators available in the project's integrated health centers



179 health workers trained in IMNCI/PO



30 people trained in oxygen therapy and preventive maintenance