

How to save lives in Africa

Canada could launch a revolution in maternal, newborn and child health, NGO leaders say

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GETTING A MEASLES SHOT IN ETHIOPIA: A dramatic increase in the number of frontline community health workers - trained to provide the very poor

with dependable care close to home - would save thousands of lives.

**Photograph by: ANDREW HEAVENS, REUTERS,
Freelance**

When your child is sick, where do you go? In Canada, your choices can include a walk-in clinic, a doctor's office, or an emergency room. If you're pregnant, you can turn to a midwife, a family doctor, or an obstetrician.

Sadly, too many of the world's poorest children and their families have no access to such services. It might take hours or even days to walk to the nearest clinic or hospital; their country might have only a handful of obstetricians or pediatricians; or they might just be too poor to afford what limited care does exist.

Because of this inequity, at least 8 million children die each year from mostly preventable causes before their fifth birthdays and more than 350,000 women die of complications from pregnancy, labour and delivery. It's time to bridge the gap that divides the world's poorest from the dependable and accessible health services that we take for granted.

This health gap really is even more intolerable given that many of the life-saving solutions that remain out of reach for millions - immunizations, oral rehydration salts, and nutritional supplements - often cost dimes, not dollars per treatment.

It does not have to be this way. Canada could launch a revolution in maternal, newborn, and child health by leading the G8 to invest in a massive increase in the number of frontline community health workers trained to provide the very poor with dependable care close to home. While not the whole solution, scaling up frontline health workers is a critical part of it and an area where Canada can add real value.

The answer is to provide families with the healthcare they need in the communities where they live. And this depends on a legion of frontline workers prepared to tackle the leading causes of illness and disease in the developing world. Frontline health workers include doctors, nurses, and midwives, but can also include community health workers - promising young women who are supported and trained to provide life-saving medical interventions in their own communities, whether rural villages or urban slums.

The answer lies with people like Fikre Berhanu, a community health worker in rural southern Ethiopia. She is one of 30,000 women trained to treat the main causes of illness and death in the poorest pockets of this sub-Saharan country. Berhanu has only the equivalent of a Grade 10 education, but she has received a year's training as a "health extension worker" and is now back in her community preventing and treating illness and saving lives.

She and her partner Meseret are frontline warriors in the battle to curb the most common and preventable killers of children and their parents. Working in one of 15,000 health posts spanning the rural country-side, they are trained to diagnose and treat ailments like malaria, diarrhea, pneumonia, and malnutrition; to vaccinate kids against killers like measles, polio, and diphtheria; to treat HIV and TB; and also to counsel women on birth spacing and contraception. Although not physicians or midwives, they are also trained in safe birthing techniques and are equipped to monitor the progress and contribute to the health of pregnant women.

As frontline community health workers, Berhanu and Meseret are central to the "continuum of care," the broad range of health-care services that connects homes and communities to clinics and hospitals. They, and many others like them around the world, are key to improving maternal, newborn, and child health.

Canada's investment must be new funding - not reassigned, not repackaged, and not reallocated - to insure a tremendous and measurable impact in lives saved. It is important that this investment not come at the expense of other priorities, such as the commitment to tackling HIV and AIDS.

Canada's share of the estimated \$30-billion global financing-gap to save 10 million women and children's lives by 2015 is \$1.4 billion over five years - an amount only slightly higher than the security tab for the G8 and G20 summits. Canada should commit to this as part of a larger, long-term effort to scale up our investment in health aid. We can only imagine what a million workers like Berhanu and Meseret could do for the lives of these 10 million women and children.

This month, Prime Minister Stephen Harper can show leadership by making a commitment to training and equipping hundreds of thousands more young women who will bridge the health divide, save lives, and ensure a stronger future for their communities. Let this be Canada's G8 legacy.

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