

SAVING NEWBORN LIVES AND IMPROVING MATERNAL HEALTH AMONG REFUGEES IN WEST AFRICA

S. Harlass¹, C. Simanga Mulondi², K.J. Alla³, A. Burton¹, M.I. Oudou⁴, M. Obermeyer¹, E. Anastasi¹

¹UNHCR, Geneva, Switzerland, ²UNHCR, Yaounde, Cameroon, ³UNHCR, Ndjamena, Chad, ⁴UNHCR, Niamey, Niger

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Background and aims: West Africa has among the highest levels of maternal and neonatal mortality and morbidity globally, including amongst conflict-affected populations. Many lives could be saved and much human suffering averted with effective implementation of low-cost, high impact interventions.

Methods: UNHCR implemented a three-year Bill and Melinda Gates Foundation-funded project to reduce neonatal and maternal mortality and morbidity among 772,000 refugees in Cameroon, Chad and Niger. A mixed-method assessment identified needs and priorities. Action plans and a monitoring/supportive supervision tool were developed to track progress. Clinical training on leading causes of neonatal and maternal mortality were adapted using a low-dose, high-frequency approach. Health facilities were rehabilitated, equipped and supported with medicines and commodities, and job aids developed to enhance quality of care. Clinical activities linked with strong community outreach included home visits by community health workers during pregnancy and the first postnatal week.

Results: A 25% reduction in neonatal mortality rate was achieved with 33,530 births (from 19.0 in Q4 2018 to 11.9/1,000 live births in 2021, $p=0.02$). Uptake of kangaroo mother care reached nearly 100% among newborns < 2,000g. This, and improved clinical skills and availability of essential supplies, contributed to a decrease in neonatal mortality rates among low birth weight (LBW) newborns. Weighted case fatality rate for newborns with complications, and LBW newborns below 2000g decreased from 11.8% to 6.3%, and 31.5% to 12.3% respectively, from 2019 to 2021.

Conclusions: The combination of low-dose high-frequency trainings, health facility strengthening and community outreach activities improved neonatal outcomes and contributed towards sustainability. Future interventions among refugee populations should address persisting socio-cultural issues, including gender-related factors, affecting health access.

This study is: Other, please explain:

Details: As this initiative was carried out by UNHCR, it was not subject to MSF Ethics Review Board (ERB).

1. I confirm that the abstract and that all information is correct: Yes

2. I confirm that the abstract constitutes consent to publication: Yes

3. I confirm that I submit this abstract on behalf of all authors: Yes

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