

# How £350 in 1898 saves lives around the world today

When a Liverpool ship-owner founded the Liverpool School of Tropical Medicine (LSTM) at the end of the 19<sup>th</sup> century, he could hardly have anticipated that, more than 100 years later, his initial pledge of £350 would have translated into a research portfolio of £229 million.

Nor could Sir Alfred Lewis Jones have predicted that the school, the first of its kind in the world, would, by the beginning of the 21<sup>st</sup> century, be regarded as a global leader in the fight against infectious, debilitating and disabling diseases.

But the LSTM has firmly established itself as a postgraduate centre of excellence in the field of tropical medicine for research, teaching and consultancy work. In total, the school works in more than 70 countries, ever mindful of its mission to improve the health of the globe's poorest people.

Those who are unfamiliar with the school's endeavours may be surprised to learn that among its plethora of research projects, training and technological initiatives is a programme focusing on maternal and newborn health. Based at the Maternal and Newborn Health Unit (MNH), the "Making It Happen" programme has recently been awarded more than £18 million in grants from a number of organisations including

UNICEF and the Department for International Development.

Consideration of the scale of deaths and ill health of women and babies demonstrates how vital the "Making It Happen" programme is, and illustrates the need for funding. It has been estimated that, each year, 358,000 women worldwide die from complications arising from pregnancy and childbirth. Many more survive but have long-lasting illness or disability. There are about four million neonatal deaths and three million stillbirths annually. These are staggering statistics, particularly given that more

than three-quarters of all deaths occur in South Asia and sub-Saharan Africa.

"The whole aim [of "Making It Happen"] is to design evidence-based packages of care for developing countries to try and reduce the number of women and babies who die in childbirth," says Dr Nynke van den Broek, who leads the MNH. "Here in the UK you assume that your baby will be healthy and you will come out of it alive. We want to try and make a difference [in countries where that is not the case]."

With more than 20 years of experience in the area of maternal and newborn health, Dr van den Broek, an obstetrician-gynaecologist, has been head of the MNH since its inception in 2006. With four strategic areas under her leadership – skilled birth attendance, essential

obstetric and newborn care, quality of care and pregnancy outcome – she and her 25-strong team offer unique expertise to those in need.

In the three years that "Making It Happen" has been running in five countries (Bangladesh, India, Zimbabwe, Sierra Leone and Kenya), there has been a reduction of 40 per cent in the number of pregnant women who come to hospital and subsequently die. The number of stillbirths across the five countries has dropped by 15 per cent.

"We started off not even daring to hope that we would have that effect," Dr van den Broek says. "But using a targeted training package and support to midwives and doctors in hospitals and health centres has really made a difference. It's all been over and above what we expected."

By the end of 2011, "Making It Happen", with the support of volunteer midwives and obstetricians from The Royal College of Obstetricians and Gynaecologists, had trained almost 3,000 healthcare providers and almost 300 national facilitators. Analysis of all levels of healthcare workers showed that their knowledge and skills significantly improved after the

training. Researchers from the MNH unit at LSTM found that there had been better care and monitoring of women who had complications during labour and delivery, and that morale and teamwork on the

labour wards had improved.

"We are pretty proud of the fact that we can make and have made a positive impact," says Dr van den Broek, "having ensured that over half a million women had more skilled attendance and a better birth experience".

Phase one of "Making It Happen" finished at the end of December. Now Dr van den Broek and her colleagues are embarking on phase two.

"Working with governments and our partners, we will continue working in the initial five countries across Asia and Africa," she says, "and we are also expanding the programme to include an additional seven countries who have invited us to come.

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*We want to try and make a difference*

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