

SUPREME

Contributing to the fight against eclampsia and anemia during pregnancy

Reducing maternal, neonatal, and infant mortality remains one of the most urgent health challenges in low- and middle-income countries. The United Nations ranks reducing maternal and infant mortality as the top sustainable development goal in health. Yet in many countries, progress has stalled. Most fatal complications occur during pregnancy, mainly due to four factors: obstetric hemorrhage, hypertensive disorders, maternal sepsis, and unsafe abortions. In Senegal, it is estimated that:

- 153 maternal deaths per 100,000 live births
- 53% of all women aged 15 to 49 suffer from anemia, which is associated with maternal and perinatal mortality, prematurity, preeclampsia, low birth weight, intrauterine growth restriction (IUGR), and cesarean delivery.
- 20.4 newborn deaths per 1,000 live births
- 9,764 stillbirths per year, or 18 per 1,000.

Many of these deaths are preventable. Globally, 98% of these deaths occur in low- and middle-income countries.

KEY INFORMATION

Project duration: 4 years (01-2026 / 12-2029)

Beneficiaries: pregnant women, vulnerable and marginalized populations, adolescent girls, people affected by climate change, healthcare providers at all levels, community members (male partners and other opinion leaders)

Source de funding: Unitaid

Partners: AMREF (Lead); JHPIEGO (en affiliation de la Johns Hopkins University); Market Access Africa (MMA)

Countries of operation: Senegal

OBJECTIVES

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Specific objectives:

- Providing evidence for the prevention and management of preeclampsia and maternal anemia
- Raise awareness among communities about the importance of quality prenatal care
- Ensure the availability of essential products for the treatment of preeclampsia and maternal anemia
- Promote the adoption and effective use of care models for preeclampsia and anemia

MAIN ACTIVITIES

- Support ministries of health in developing comprehensive care packages to improve the quality of prenatal care services at all points of service delivery, including the referral system.
- Design implementation research in collaboration with health ministries and stakeholders, develop study protocols, and obtain ethical approvals.
- Supply and deliver products to pilot sites
- Conducting research on implementation (RI) to produce evidence

EXPECTED RESULTS

- Generating evidence on the feasibility, acceptability, and cost of comprehensive, context-appropriate, and women-centered care programs for EP/MA
- Improved awareness, knowledge, and education about quality prenatal care services and improved models of care at the local, regional, and national levels
- Maintaining the availability of key PE/MA products to support their nationwide rollout
- Facilitating the adoption and use of PE/MA care models, including new and underutilized products



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