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THE MEANING OF VIBRANT AFRICA

Aiko Doden

Sitting next to me on the plane bound for Kenya from southern Sudan was a Norwegian gynaecologist. I had just completed my two weeks' reporting assignment in Africa, and the gynaecologist had finished hers and was heading home. The doctor said that she had volunteered to work in southern Sudan on a three-month assignment, but was cutting it short by one month. "I have not seen so many deaths of mothers and babies before in my career. It was just too much," she said, and asked me what mission had brought

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me all the way from Asia. “I was covering that very issue, maternal and child mortality,” I replied. She then said I too must have seen many deaths. “The war is supposed to be over but people are still dying in Sudan.”

Improving the maternal mortality rate is among the eight targets of the UN Millennium Development Goals that the international community pledged to achieve by 2015. As of 2009, the maternal mortality rate not only lags far behind, but the gap between the developed and the developing world is shockingly acute, with more than 85% of maternal mortality accounted for by South Asia and Sub-Saharan Africa. Africa has two faces. One is a resource-rich land of hope and opportunity, and the other a land of mounting challenges. Africa can only become a vibrant land of hope and opportunity, the theme of last year’s Tokyo International Conference on International Development (TICAD), when people themselves feel that lives are improving and when people live on to enjoy life.

The gynaecologist was right in saying that the war was ‘supposed’ to be over in Sudan. The Comprehensive Peace Agreement reached in 2005 brought to an end what was known as the longest civil war in Africa, but peace remains fragile. Because of the prolonged civil war, Sudan’s basic healthcare services are not adequate, resulting in a high maternal mortality rate. One out of every 53 pregnant women die before or during childbirth, while in Japan the ratio is one in 11,600. Mothers and infants die not only because of a lack of medical services, but also from malnutrition, lack of education and lack of access to hospitals. At the root of all these is poverty. A peace agreement may have been reached, but the peace dividend itself has yet to be shared among the Sudanese people.

In the state of Sennar that I visited, there are only about 30 hospitals for a large state one-tenth the size of Japan. In Sudan, about 70% of pregnant mothers give birth at home and mothers rely on village midwives for safe delivery. That is why the Japan International Cooperation Agency (JICA) established a midwife training programme called “The Mother Nile Project” in 2008 to improve the maternal mortality rate by empowering midwives. JICA experts are sent from Japan to provide capacity building courses that improve the skills of the local midwives. Japan has drastically decreased its own maternal mortality rate to one-third of that in the decade following World War II by strengthening its

network of basic health services. Countries like Sudan that are in the midst of nation building are trying to follow in its footsteps.

Midwives told me that they not only tend to deliveries, but also keep their eyes on the pregnant mothers throughout their pregnancies. They will visit the houses of women in the village, talk to them, comfort them and educate them so that they will be able to avoid whatever risks may come with pregnancies. It is said that midwives often has to challenge social norms in rural villages since it is common for people to think that giving birth requires no professional assistance for a cost and that therefore no midwives are needed.

A midwife called Faiza recalled she once had to confront a husband, telling him that it was his responsibility as husband and father to ensure that both the infant and the mother stayed well. She said she regards it as her social responsibility to save the lives of the people in the village because she is the only one in the village who has the skill and the expertise to do so. Equally, it would be Japan's social responsibility in the international community to provide such assistance to save lives in Africa through individuals like Faiza.

Wars not only take lives in battle, but also cause significant delays in anti-poverty programmes and the implementation of health services. The negative effects will be manifested evidently in high maternal and child mortality rates in the years that follow unless adequate services are provided in time. Vibrant Africa will only be realized if these problems are properly addressed. Reaching a peace agreement is one thing, but building peace is another. The initiative has to go on because it takes longer to secure peace than to break it. 

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