“Birth is the medicine for death,” says a Hausa proverb.

THE tragic irony is that for millions of women today in Nigeria and throughout Sub-Saharan Africa, childbirth is a direct cause of death. A global study of maternal mortality recently published by the University of Washington paints a gloomy picture of the situation in Nigeria, where more than 36,000 women die each year. Only India has more maternal deaths. The lifetime risk of a woman dying during childbirth in Nigeria is 1 in 18, compared with 1 in 4,800 in the United States. This is unacceptable.

Almost all of these deaths are preventable. And yet thousands of women in Nigeria are dying and suffering every day because they lack access to affordable ante- and postnatal care, a safe blood supply, malaria-preventive mosquito nets, and basic transportation. For every woman who dies, 20 face serious medical problems or birth injuries often causing long-term disability and economic hardship. An estimated 800,000 women in Nigeria are living with obstetric fistula, a painful condition caused by obstructed labour that often results in stillbirth and leaves its victims with chronic incontinence. Such women often are shunned and ostracized by their families and communities.

Maternal mortality is not a women’s issue, it is a human issue. Particularly at risk are the children who depend on their mothers for food and care. At the African Union Summit in Kampala, African leaders recognized that the health of women and children is essential to the health of the nation. The focus on maternal health is also gaining impetus beyond Africa. Ahead of the United Nations Millennium Development Summit, the international community is calling for innovative strategies to improve maternal health in the developing world.

The African Renaissance will not progress if our political and community leaders don't fulfill their commitment to reduce maternal mortality. There is no magic bullet that will solve this crisis. Fortunately, there is a deep wellspring of wisdom in Africa. That wisdom tells us that improving the health of mothers is possible if we partner strategically with local and global entities. For example, the widespread problem of fistula prompted members of Nigeria’s Rotary clubs to take action. In 2005, they initiated a pilot project in the states of Kano and Kaduna to prevent and treat fistula and improve overall maternal health in the region. This project, which is supported by European Rotary clubs, the German government, non-profits and global corporate partners, is proving to be an overwhelming success.

Within two years, mortality in the maternity wards in the 10 hospitals assisted by the project has dropped by more than 50 per cent. The key to this success has been a thoughtfully conceived, comprehensive approach, which pools synergies through close collaboration between federal, state and local governments, traditional and religious leaders, and all the stakeholders. Step by step, the Rotary project team improved quality of care by providing medical equipment and training for local doctors, nurses and midwives. The project also includes a broad awareness campaign to educate the public about reproductive health issues.

Reaching the targets set for the UN’s Millennium Development Goal on maternal health will not happen overnight. The problem is complex, progress is slow, and many more women will die before, during or directly after childbirth due to conditions that are preventable.

But innovative, comprehensive approaches like the Rotary project in Northern Nigeria give us hope. It can provide a blueprint for success elsewhere in Africa. If we can pull together and scale up these kinds of successful programmes, we can save lives, families and communities. But we must act now.

• Majiyagbe is the principal counsel in J.B. Majiyagbe & Co. He is a member of the Rotary Club of Kano and was the first African to serve as World President of Rotary International (2003-04).