AFRO CONSULTATION MEETING ON
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SOCIAL DETERMINANTS
IN MATERNAL AND
NEWBORN HEALTH:
THE WORK OF AFRO

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Outline of the Presentation

- Issues and Challenges
- Determinants
- Response
- Way Forward in the Region
- Conclusion
Magnitude of the problem
Worldwide

Maternal and Newborn mortality constitute a silent emergency in Africa and has remained so for many decades.

Every year:

- >500,000 women die of pregnancy related causes, 99% in Developing countries; half occur in the African Region: A Region that constitutes only 13.5% of the world’s population and only 23.5% of the births.

- 11 Millions of under-five die, within them 4 Millions before 28 days after delivery

- 3.3 Millions still births.
Maternal mortality in 2000

Total maternal deaths = 529,000

- Asia: 253,000
- Africa: 251,000
- Latin America/Caribbean: 22,000
- Developed countries: 2,500

MNM = Good Indicator of Social Inequality in the World.

Africa has the highest Maternal mortality Ratio in the world: 1,000/100,000 live births.

- Lifetime Risk of Maternal Death:
  - Africa: 1:16
  - Asia: 1:100
  - Latin America and Caribbean: 1:160
  - Europe: 1:2,400
  - North America: 1:3,500
Magnitude of the problem in Africa

Maternal Mortality Ratio rose from 870 deaths per 100,000 Live Births in 1990 to 1,000 per 100,000 Live Births in 2001

- Every minute, one woman dies due to causes related to pregnancy, childbirth and post-natal period
- 1,500 women dying per day
- 130 newborns die every hour.
- Five 747-Jumbo jets crashing daily
Causes of Maternal Death

- Haemorrhage: 25%
- Sepsis: 15%
- Hypertension disorders: 12%
- Abortion: 13%
- Obstructed labour: 8%
- Indirect: 20%
- Other direct causes: 7%
- Hypertension disorders: 12%
Underlying Factors

- Delay in accessing healthcare services
- Sociocultural practices: preference to deliver at home
- Poor coverage of health facilities with maternity beds and skilled attendants
- Lack/depletion of skilled personnel
  - Low enrolment and training of midwives
  - Brain drain
  - Inequitable deployment
  - Human resources loss in arm conflicts
  - Lack of supervision (Motivation).
- Low public investment in social sectors, health and education in particular
- Poverty (patient, health facility).
Skilled attendant at delivery, 2000

Nationally reported, population-based data for 142 countries covering 98% of births in less developed regions
Issues and Challenges

- Growing poverty, particularly among women;
- Manmade and natural disasters (civil conflicts, epidemics, floods...) that erode gains made in health, destroy infrastructure, disrupt services, divert resources and hinder access to care.
- Inadequate access to Education, especially for the girl-child;
- Lack of improvement in women’s health, RH, and population-related programmes;
- Neglect of women’s legal and human rights;
Social Determinants

- Weak national commitment and financial support for MNH;
- Poor co-ordination amongst partners;
- Inadequate male involvement.
- Poor social status of the woman.
- Harmful socio-cultural beliefs and practices;
- Lack of access to skilled attendance
- Poor functioning health systems with weak referral systems.
- Weak national human resource development and management.
- Negative impact of HIV/AIDS pandemic on HRH.
Work at AFRO Level

MPS Programme
- Regional RH Task Force.
- Road Map:
  - Provision of Skilled Attendance
  - Strengthening the capacity of the community
- Repositioning FP.
- Special Attention to Adolescent Health.
- Involvement of Individuals, Families and Community.
MPS: To Address the "3 Delays" causing maternal and newborn deaths:

1st Delay
Delay in the Home

2nd Delay
Delay in Accessing the Health Facility

3rd Delay
Delay in receiving care at the health facility
MPS: Link the community with the formal health system

- Community involvement in planning, implementation, monitoring, and evaluation
- Educate and encourage women and families to:
  - recognize danger signs
  - know when and where to seek appropriate care
  - develop birth preparedness plans
- Community-based health insurance
- Community transportation
The Road to Safe Motherhood

No Entry

- Poor socio-economic development
- Excessive fertility
- High-risk pregnancy
- Life-threatening complications
- Death

- Raising the status of women
- Poverty reduction and quality reproductive health services including family planning
- Community-based maternity services
- Accessible first-level referral services

World Health Organization
Regional Office for Africa

WHO-Regional office for Africa
Way forward in the Region

- Capacity building:
  - Training of Skilled attendants at all levels.
  - Community extension workers.
    - Individual women, family and community.

- Strategising human resource development:
  - Staff motivation, (involvement of partners).
  - Delegation of responsibilities.
  - Exchange of experience.

- Strengthening of referral system.

- Strengthening linkages between community and health facility (Continuum of care, Role of TBAs).

- Resource mobilisation (partners, Countries, NGOs, etc).

- Enabling environment.

WHO-Regional office for Africa
CONCLUSION

• A lot of mothers and children continue to die every year especially in Africa.

• Causes are known, It is possible to avoid these deaths using available resources even in poor situation settings.

• The right to life and health is a basic human right.

• Every one has a role to play to deal with the Social Determinants.

• The time for action is NOW.