

Maternal and child health in Ghana: progress, challenges and prospects

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It is unacceptable for mothers and children to die in the 21st century from preventable conditions with adequate knowledge and the know-how to deal with those conditions



Background

- Almost two decades since the launching of the Safe Motherhood Initiative, maternal mortality remains elevated, particularly in poor countries of Africa
- Recent findings on maternal mortality indicate that a woman living in sub-Saharan Africa has a 1 in 16 chance of dying during pregnancy or childbirth, as compared to a 1 in 2,800 risk for a woman living in a developed region
- Current estimates of maternal mortality, including those from WHO/UNICEF sources, range from between 500 and 1600 maternal deaths per 100,000 live births



Background

- The 2007 UN MDG progress expressed concern about the low pace in childhood mortality decline in SSA
- Concluded that at “current rates” no region in SSA will meet the MDG target of reducing mortality by two-thirds by 2015
- Described the lack of progress with MDG5 (maternal mortality) as a “Global Scandal”

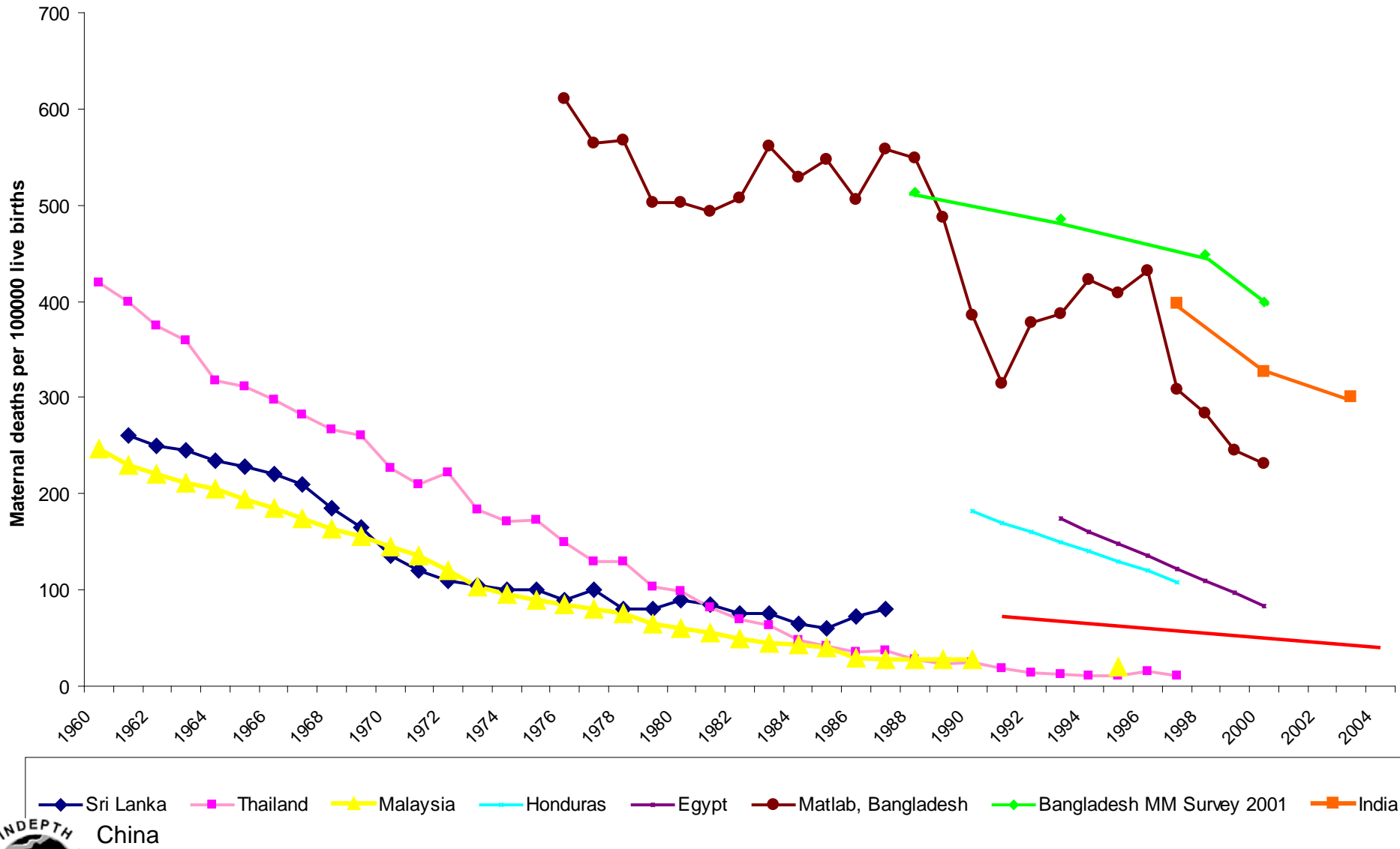


Critical Issues...

1. Progress is possible
2. Cost-effective technologies are available to make that happen
3. Equity is critical
4. Accurate measurements key to change
5. Will and commitment to change is needed



Progress is possible



Measurement is critical

“A Millennium Development Goal which cannot be monitored cannot be met or missed.”

Johansson and Stewart, UNDP, 2002



Equity is critical...

- Inclusion of improved maternal health in the MDGS has brought renewed attention to what Ramsome and Graham described as “...21st century problem essentially for the poor, and one virtually eliminated for people with the means and status to access healthcare. Such marker of global inequity is shocking and is an indication of wider developmental issues...”



What options exists for measuring outcomes?

- Censuses
 - Poor in capturing events...periodicity too long
- Civil Registration Systems
 - Poorly developed
- Surveys
 - Large sample size
 - Estimate events several before survey
 - Wide confidence intervals
- Demographic Surveillance System
 - Cover entire districts...could establish
 - Verbal Autopsy
- Health records, etc



What is the current situation in Ghana?

- Both maternal and child health remain a major challenge.
- Reductions witnessed in infant and child mortality during the 1970s through early 1990s have either stagnated or reversed
- Maternal mortality still unacceptably high
- Services still not reaching the poor and vulnerable populations
- Close to 90 % of qualified health service personnel concentrated in the urban areas of the South



Process Indicators for Measuring Progress

- Infant and child mortality rates
- Percentage of children immunize
- Maternal Mortality Rate**
- Proportion of births attended by skilled attendant
 - Skilled care at delivery \neq just skilled attendants, but also crucial supportive environment
 - Skilled attendant \neq health worker, but an accredited health professional trained to proficiency in skills needed to manage normal and complicated cases



Process indicators

- Caesarean section rates
(WHO/UNICEF/UNFPA)
 - <5%- some life-threatening obstetric complications not receiving adequate care
 - >15%- C/S probably being over-used

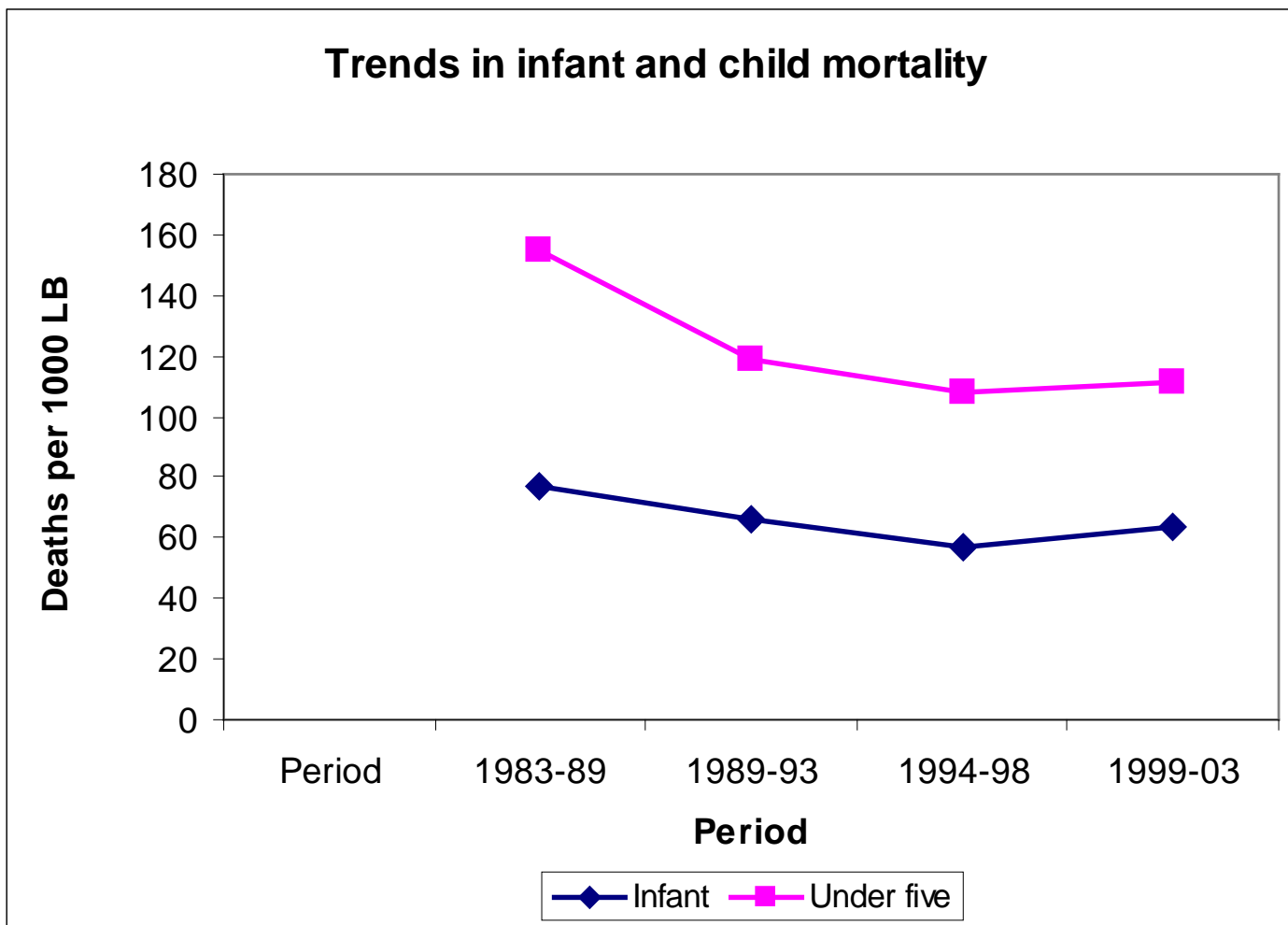


Less controversial estimates for childhood mortality...

- Neonatal mortality -- 43 per 1000 live births
- Infant mortality – 64 per 1000 live births
- Under five mortality – 111 per 1000 live births



But represent erosion in gains...



*If we add results of Multiple Indicator Cluster Survey (77 per 1000), infant mortality even goes much higher



Reanalysis of the 2003 DHS data showed that neonatal mortality is the key driver for the increases in childhood mortality – infant and U5



Estimates vary for maternal mortality....

- Ghana Statistical Service 1992 (National Survey)
 - 214/100,000 LB ---gross underestimate
- WHO/UNICEF/UNFPA (Model Estimates)
 - 1990 740
 - 1995 590
 - 2000 540
 - 2005 560



Other Estimates....

- Kassena-Nankana District (NHRC)
 - 1995-96 637
 - 2002-04 373
- Central Region (IMMPACT Project)
 - 2005 734
- Ghana Health Service Institutions
 - 2007 226

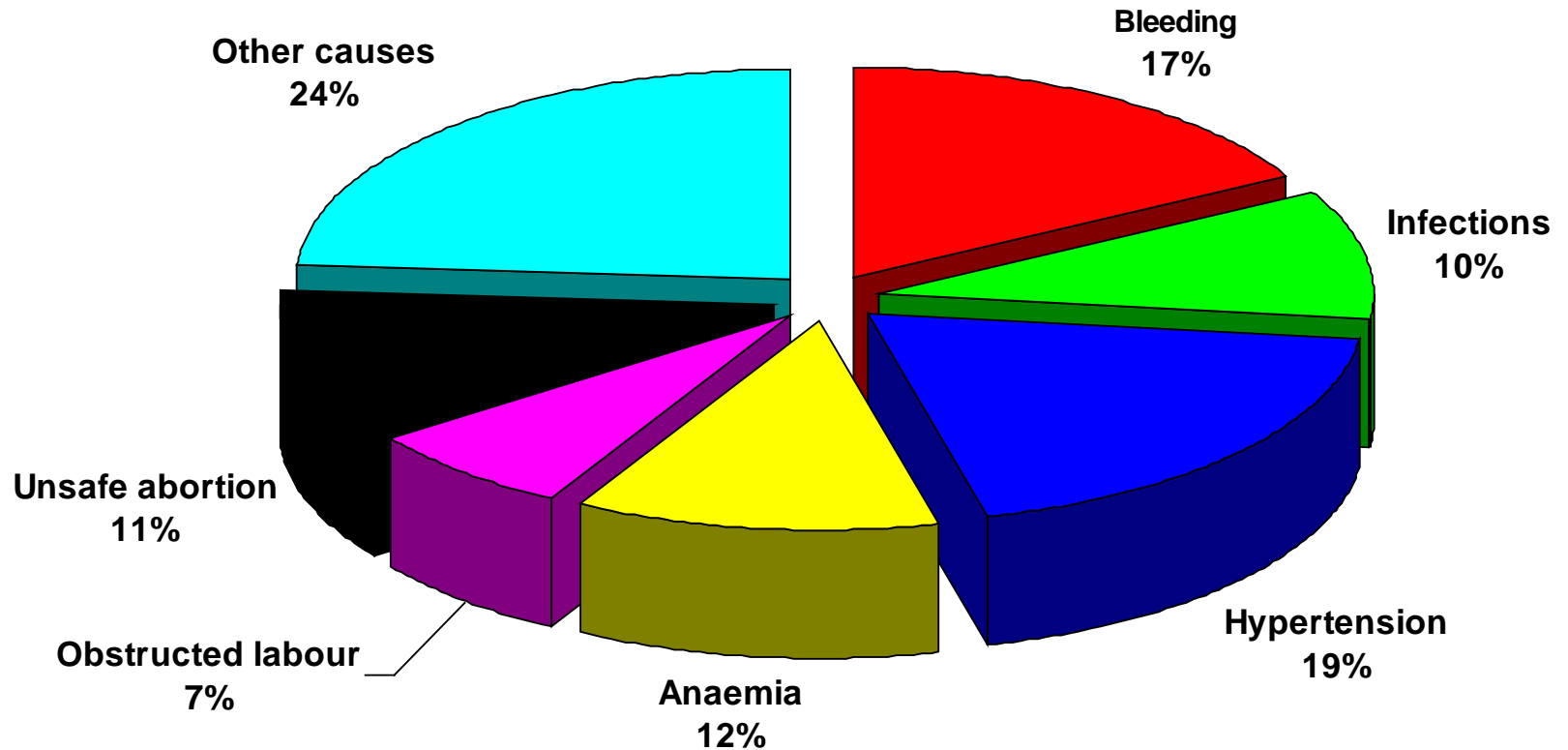


Other indicators

- 53 percent of deliveries occur at home
- 47 percent assisted by medically trained personnel. 31 % by TBAs
- Caesarean deliveries as proportion of all births
 - RCH Unit estimates C/S rate to be 4% in 2007



What are major causes of maternal deaths?



What is driving the worsening conditions?

- Poverty and inequity
- Poor health systems systems...financing, infrastructure, personnel, drugs, etc
- Non-health services...water, sewage systems, and general sanitation
- Corruption in disbursement of health funds



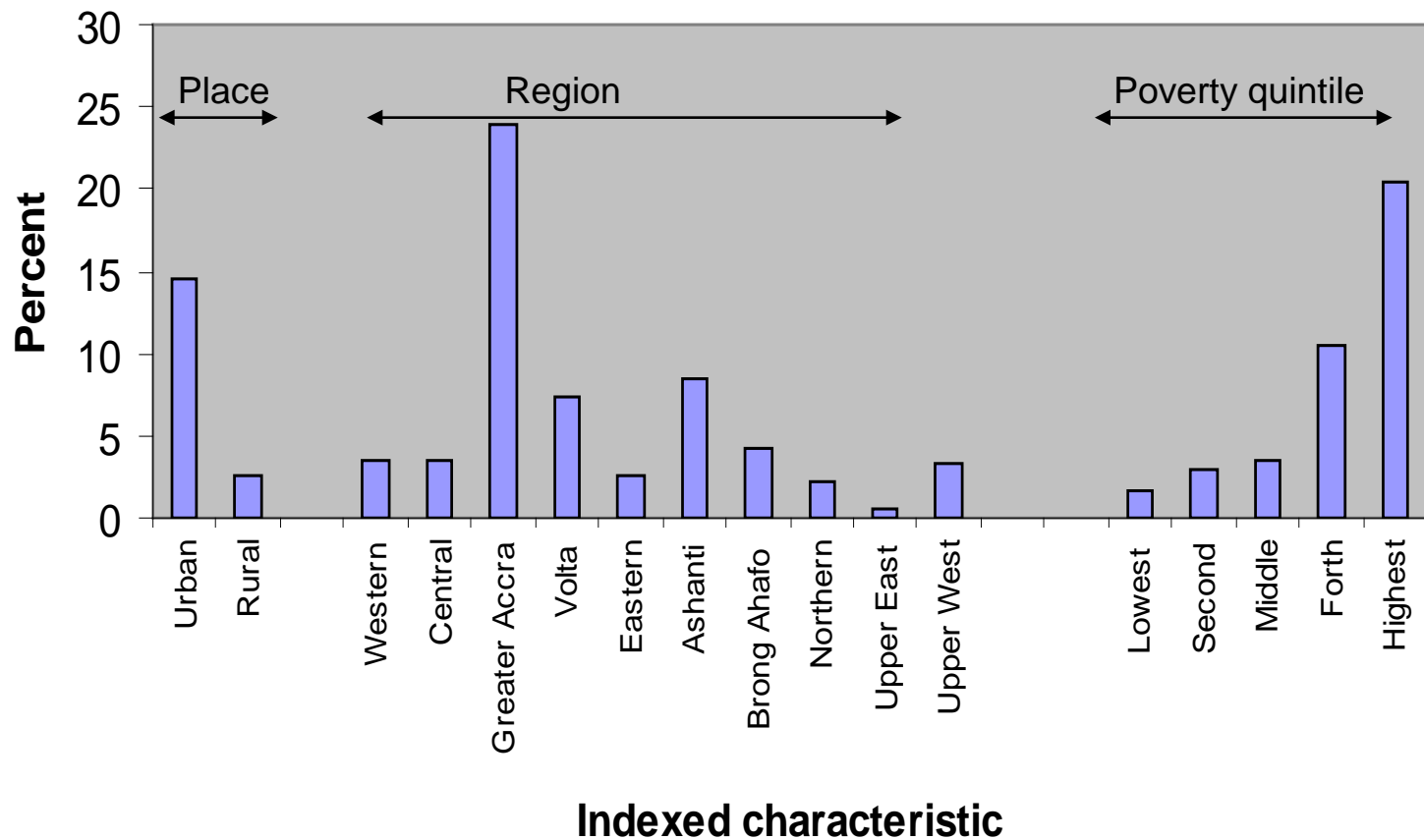
Equity is critical...

- 2003 Demographic and Health Survey also shows that children in the three northern regions are more likely to be stunted than other Ghanaian children elsewhere
- Unequal distribution of health personnel (up to 90 % in South) making patient-doctor ratio 1: 90,000 in some parts of the country

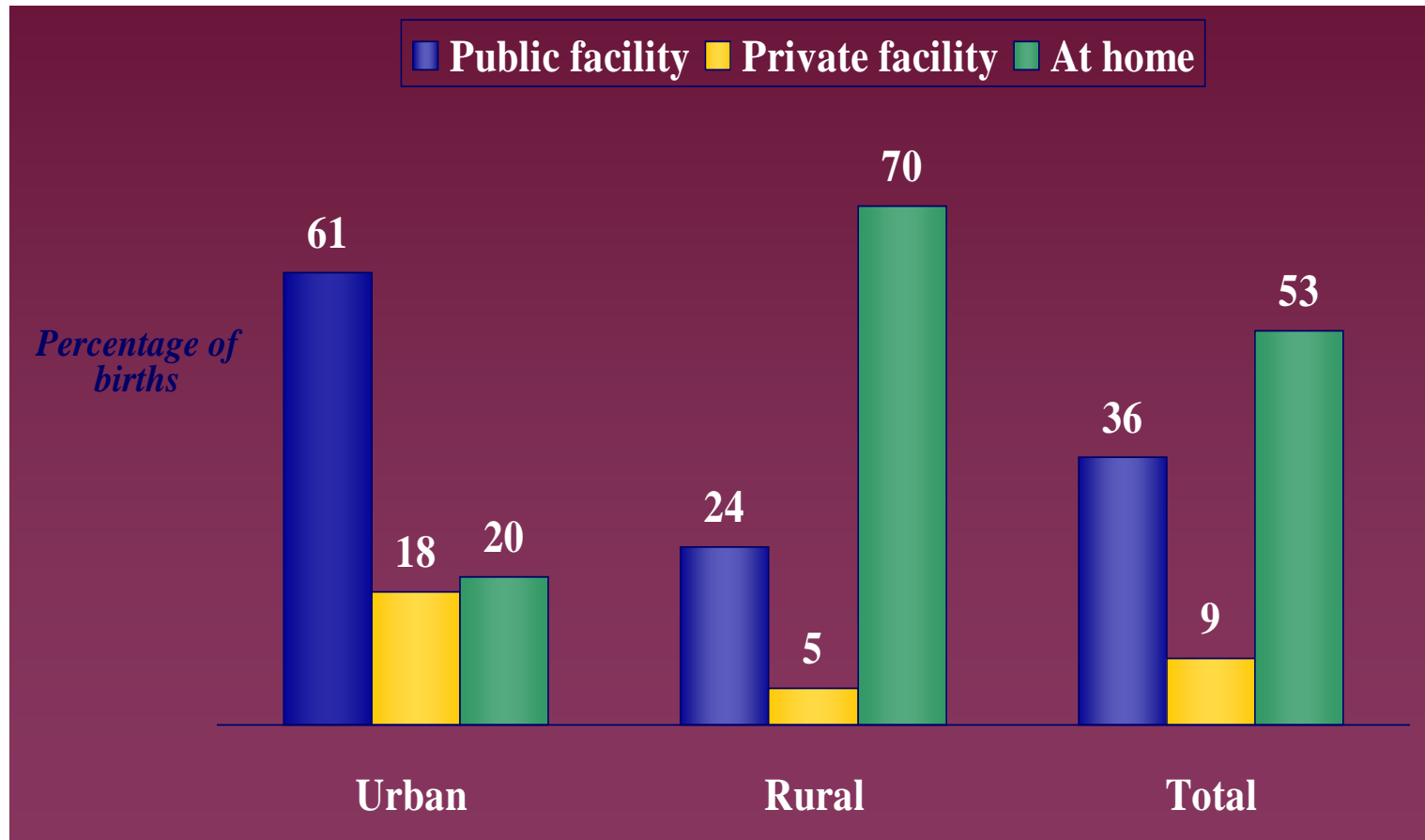


Equity is critical....

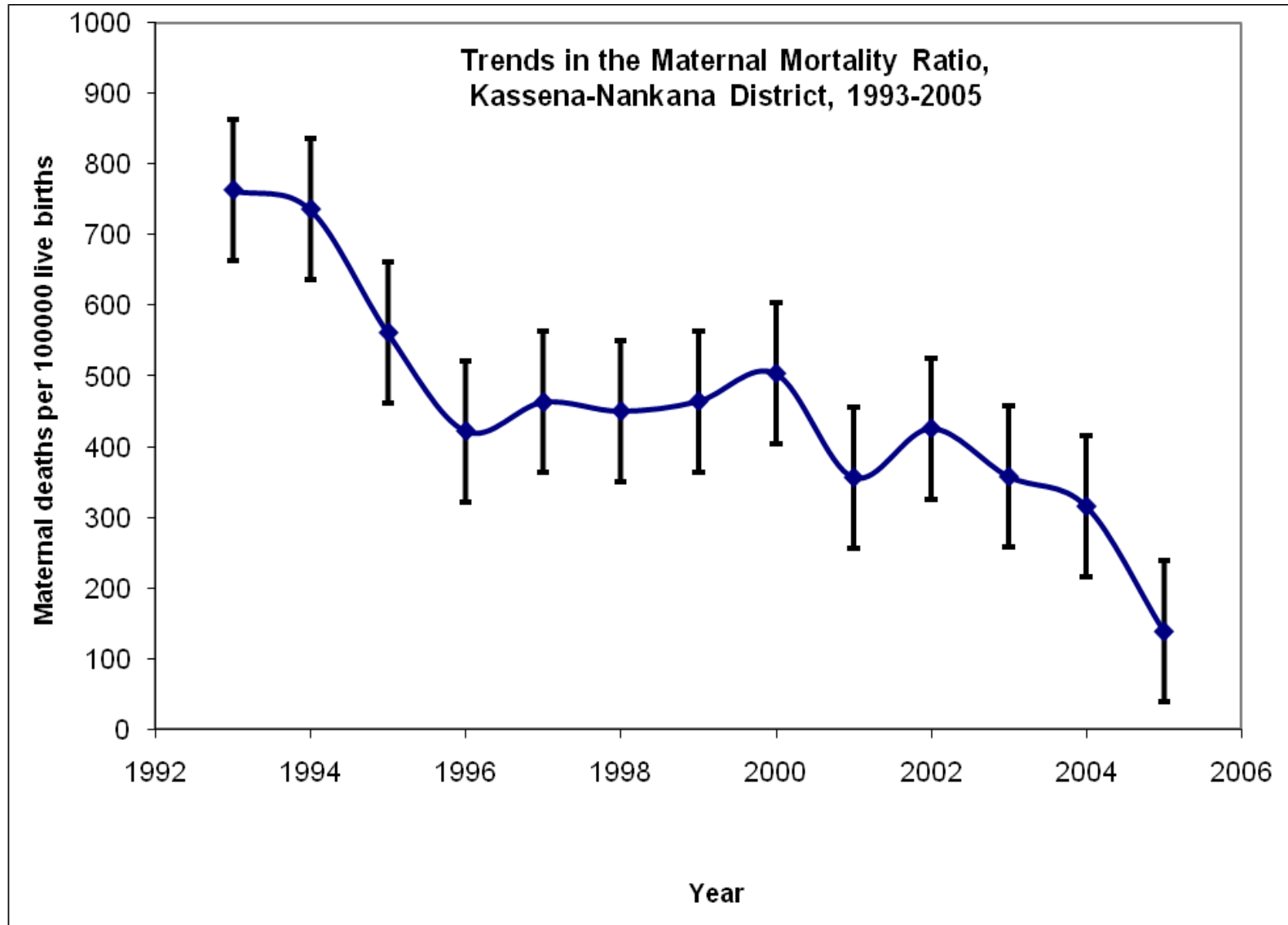
Percentage of deliveries assisted by health profession (doctor), according to selected characteristics



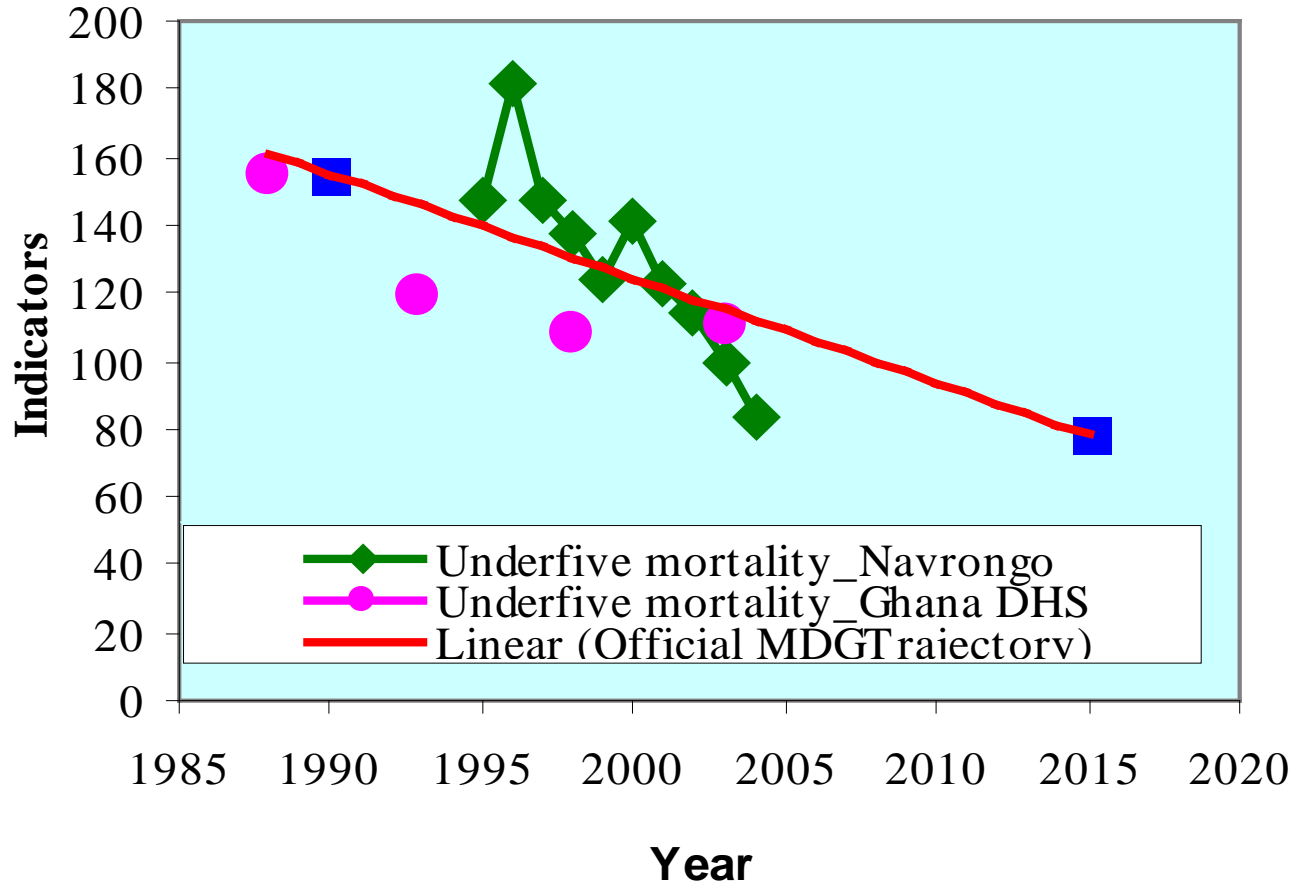
Supervised deliveries



Progress is possible...



Trends in under five mortality in Ghana and the MDG Targets

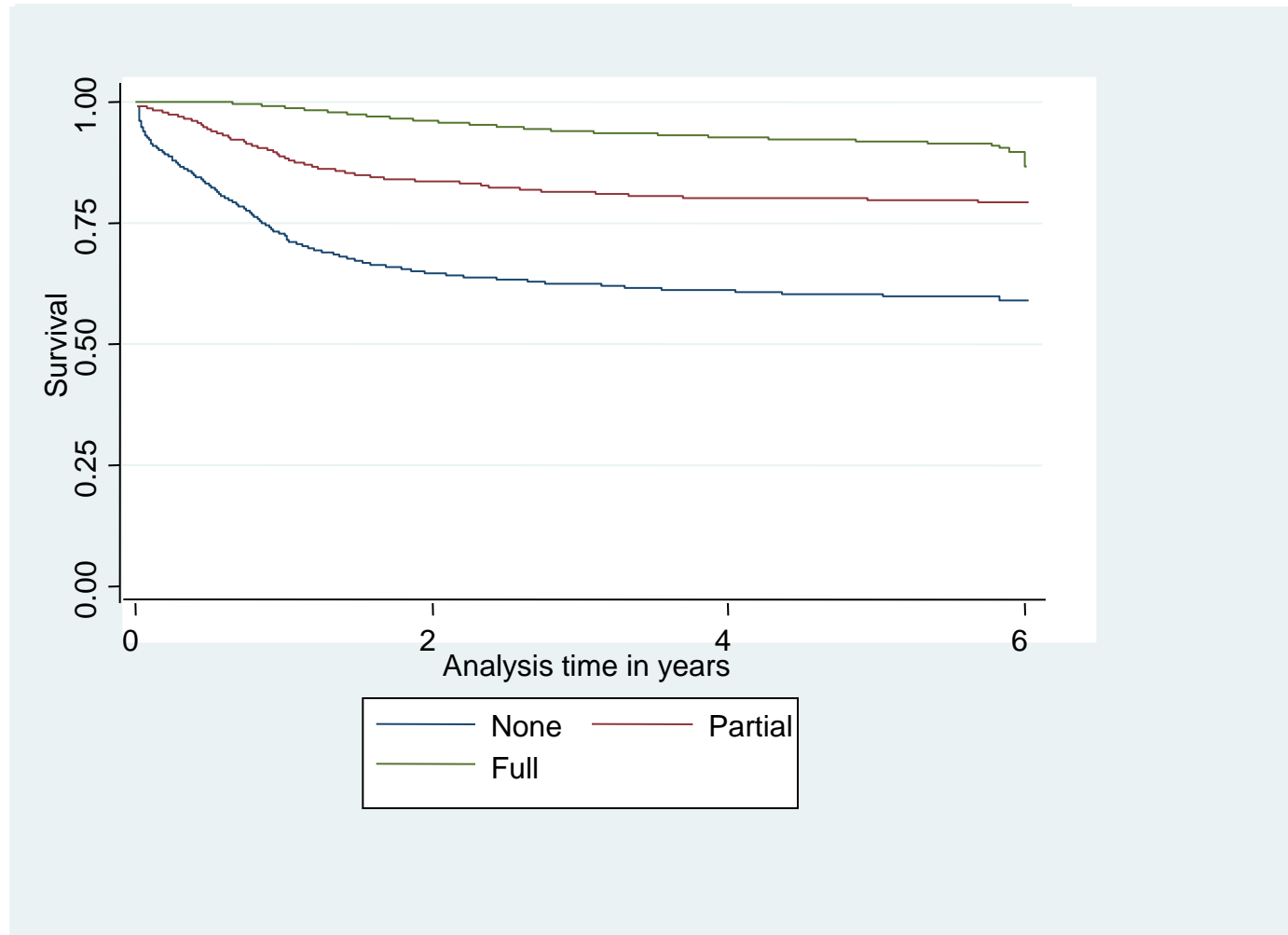


We know what to do...

- Prevention of unwanted pregnancies: **Family Planning**
- Prevention of complications: **Skilled Care at Delivery**
- Prevention of death by timely management of life-threatening complications: **Emergency Obstetric Care**
- Streamline referral system and provide ambulatory services in rural
- Prevention of killer diseases of children: **antenatal care and immunization**
- Improve nutrition for children



Kaplan-Meier Cumulative Probabilities of Survival, by immunization status of under five children



Source: Bawah et al. 2008



What needs to be done is clear

1. Improve on water and sanitation
2. Improve on child nutrition
3. Renew focus on family planning, skilled care at delivery, & emergency obstetric care

Combined with:

1. More health professionals
2. Greater financial resources
3. Robust tracking of progress & accountability
4. Sustained political commitment
5. Target poor and vulnerable communities
6. Focus on policies to reduce the disparities in health status



Lots of policy documents, pronouncements, but...

- Although there is a comprehensive population policy it is not vigorously implemented
- 2003 Safe motherhood policy lacks a comprehensive strategy for reducing maternal mortality...emphasis on emergency obstetric care and emergency transportation
- Abortion law poorly understood, even by health workers
- Institutions task to implement policies are themselves poorly resourced

Policies...

- Policies pronouncements adhoc, piecemeal and often driven more by politics rather than professional judgement (free med care for children and pregnant women)
- If progress has to be made, health system approach has to be adopted

Have Civil Society Organizations played a role? Yes, but could they do more...

- Provide training to health workers on community nutrition and health
- Micro lending to mothers for income generation purposes
- Running community clinics and drug distribution



CSOs and Health delivery...

- Involve in the provision of health promotion materials, such bednets, vitamin A supplementation, etc
- Establish village health committees and these provide a voice in the design and implementation of community health programmes



Can do more...

- More coordination of efforts by CSOs
- More often government functionaries see civil society groups as “trying to shoot down” government
- Need to engage government functionaries more so that they understand CSOs are allies in health development and promotion
- Press for more accountability in the use of public funds (health insurance funds)



Can do more...

- Press for the placement of more qualified personnel in managerial positions
- Collaborate with research institutions for empirical evidence for advocacy
- Where possible, collaborate with government in direct health service promotion and delivery
- MDGs campaigns are shedding more light on issues



Thank you!

