Humanitarian crises in Southern Africa

And Maternal health

By
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Introduction

12% of the world population live in the region

36% Reproductive ill-health occur in Africa

MMR 1000/100,000LB

1987: SMI- A global initiative launched
  - in response to the high maternal/perinatal mortality
  - 50% reduction of maternal mortality by Y2000
Introduction

• **1997: Review of SMI after 10 years**
  
  – Results in general showed the MMR to be increasing
  – the need for more effective actions
  – Humanitarian crises aggravate the condition
  – Recent survey indicate the life-time risk of Maternal mortality has doubled
  – Malawi: The MMR increased by 71%
<table>
<thead>
<tr>
<th>Countries</th>
<th>MMR/100,000LB</th>
<th>% skilled attendant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angola</td>
<td>1500</td>
<td>1500</td>
</tr>
<tr>
<td>Botswana</td>
<td>250</td>
<td>480</td>
</tr>
<tr>
<td>Lesotho</td>
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<td>610</td>
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<tr>
<td>Malawi</td>
<td>560</td>
<td>752</td>
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<tr>
<td>Mozambique</td>
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<td>1100</td>
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<tr>
<td>Namibia</td>
<td>370</td>
<td>370</td>
</tr>
<tr>
<td>South Africa</td>
<td>230</td>
<td>340</td>
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<tr>
<td>Swaziland</td>
<td>560</td>
<td>225</td>
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<tr>
<td>Zambia</td>
<td>200</td>
<td>649</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>570</td>
<td>610</td>
</tr>
</tbody>
</table>
Causes for the high MMR

- Poor health system
  - Lack of skilled human resource
    - E.g Mozambique -23% peripheral health facilities do not have qualified man power
  - Shortage of essential drugs and equipment
    - Zimbabwe 73% peripheral health facilities has depleted stock of essential drugs
  - Mal-distribution of skilled manpower: More than 50% concentrated in Urban area
  - Morale of the health care providers
- HIV/AIDS
- Poverty- Food shortage and malnutrition
- Man made and natural disasters
Direct causes

- Hemorrhage – 25%
- Infection – 15%
- Obstructed labor – 12%
- Pre-eclampsia and Eclampsia – 8%
- Unsafe abortion – 13%
- Indirect causes – 20% (Malaria, HIV, TB, etc)
- Other direct causes – 7%
Effect of malnutrition on maternal health

- Maternal health
  - Compromised immune functions
    - Communicable diseases become killers
    - Pregnant women become susceptible
  - Pregnancy outcome guarded
    - Abortion, LBW, IUGR, congenital abnormalities
    - Pre-term labour and prematurity
  - Intra-uterine malnutrition affects later life
  - Low ANC attendance: Break down of vaccination
  - Increase home deliveries
KEY INTERVENTIONS

- Needs assessment
- IEC: Safe delivery, Feeding practice, FP
- Training (pre-service and in-service)
  - Skilled attendance at birth
- Supply of basic drugs and equipment
- Functional referral system
  - Ambulance or Traditional means of transport
- Radio-communication
Key interventions

- Improve community participation
  - Community sensitization
  - Train community health workers

- Develop coordination mechanism
  - Sectors
  - Programmes- TB, STI/HIV/AIDS, Malaria
  - Implementing agencies
Antenatal care

- **Objective:** Establish contact with the pregnant woman and identify and manage current and potential risk and problems, plan for safe delivery
- **At least three visits (Health facility or outreach)**
- **Content of ANC**
  - Risk assessment
  - Detection and management of complications
  - Observation and recording of clinical data
  - Maintenance of maternal nutrition
ANC cont..

- Micronutrient supplementation (Iron, Folic acid, Iodine, Vit A, Calcium etc)
- Supplementary feeding
- Immunization
- Supply of delivery kits
- IEC
- Prevention of major diseases. E.g Anemia
Delivery

- Improve skilled attendant
- Home deliveries
  - Supply of delivery kits
  - Establish system of supervision
  - Link to referral system
- health facilities: Essential Obstetric care
Post-natal care

- 50% maternal deaths occur after delivery
- Micro-nutrient supplementation
- Breast feeding
Role WHO

- Training
- Development of guidelines and tools
- Supply of essential drugs and equipment
- Technical support to affected countries
- Support affected countries strengthen Health information system