frica Coalition On Maternal, Newborn & Child Health

Advancing Multi-sectoral Policy & Investment for Girls, Women, & Children's Health

fri-Dev.Info

Multisectoral Information, Data, Research & Evidence - for Health, Population, Human & Social Development

Pan African Campaign To
End Forced 'Marriage'
of Under Age Children

2015 Africa Scorecard On Maternal Health & Maternal Mortality /End Of MDGs- Post 2015 SDG Agenda Setting - *No Woman Should Die Giving Life*

Theme Of African Union Heads of State Summit: – "*Year of Women's' Empowerment and Development in Africa*" [#Africa2063]

Summary On Causes Of Maternal Mortality (See Factsheet For More Findings & Trends)

- Haemorrhage (Uncontrolled bleeding); Sepsis (Infection); Hypertensive Disorders; Unsafe Abortion; Prolonged Or Obstructed Labour - Poor Health Systems/Lack Of Skilled Personnel.
- Health & Medical Conditions Including Anaemia; Nutritional Status; Malaria; Hepatitis; Heart Disease; HIV/AIDS - All Increase Risk of Maternal Death.
- Multiple Pregnancies Spaced Too Closely Together/ Absence Of Family Planning; High Adolescent Fertility & High Total Fertility Rates; Female Genital Mutilation/Cutting.
- Social Factors Such As: Poverty; Inequity; Women's Low Status, & Negative Attitudes Towards Women's Health & Rights; Lack Of Education & Empowerment.
- Underlying Causes Of Maternal Mortality Include Underage/Adolescent Pregnancies From Underage/Child/Forced "Marriage' – Girls Under 18 Are More At Risk Than Older Women.
- Overall - Risk Of Maternal Mortality Is Highest For Adolescent Girls Under 15 Years Old. Complications In Pregnancy & Childbirth Are Leading Cause Of Death Among Adolescent Girls In Developing Countries.

Ranking By Life Time Risk Of Maternal Death	Country	Life Time Risk Of Maternal Death i.e – I in (2013)	Ranking By Maternal Mortality Ratio (MMR, Maternal Deaths Per 100,000 Live Births)	Country	Maternal Mortality Ratio (MMR, Maternal Deaths Per 100,000 Live Births) (2013)	Ranking - % Births Attended By Skilled Health Personnel	Country	% Births Attended By Skilled Health Personnel (2006-2013)
1	Chad	15	1	Sierra Leone	1,100	Joint 1	Libya	100%
2	Somalia	18	2	Chad	980	Joint 1	Mauritius	100%
3	Niger	20	3	Cent. African Rep	880	Joint 2	Botswana	99%
4	Sierra Leone	21	4	Somalia	850	Joint 2	Cape Verde	99%
5	Burundi	22	5	Burundi	740	Joint 2	Seychelles	99%
6	D.R. Congo	23	Joint 6	D.R. Congo	730	3	Algeria	95%
7	Mali	26	Joint 6	South Sudan	730	4	Congo	90%
8	Cent. African Rep.	27	7	Cote d'Ivoire	720	5	Gabon	89%
9	South Sudan	28	8	Guinea	650	6	Benin	84%
10	Cote d'Ivoire	29	9	Liberia	640	Joint 7	Comoros	82%
11	Guinea	30	10	Niger	630	Joint 7	Swaziland	82%
Joint 12	Liberia	31	11	Cameroon	590	Joint 8	Namibia	81%
Joint 12	Nigeria	31	Joint 12	Guinea-Bissau	560	Joint 8	Sao Tome & Principe	81%

Life Time Risk Of Maternal Death i.e – I in			Maternal Mortality Ratio (MMR, Maternal Deaths Per 100,000 Live Births)			% Births Attended By Skilled Health Personnel		
Joint 13	Cameroon	34	Joint 12	Nigeria	560	9	D.R. Congo	80%
Joint 13	Malawi	34	13	Mali	550	10	Egypt	79%
14	Angola	35	14	Malawi	510	11	Djibouti	78%
15	Guinea-Bissau	36	15	Lesotho	490	Joint 12	Morocco	74%
16	Gambia	39	16	Mozambique	480	Joint 12	Tunisia	74%
17	Mozambique	41	17	Zimbabwe	470	13	Malawi	71%
Joint 18	Burkina Faso	44	18	Angola	460	14	Rwanda	69%
Joint 18	Uganda	44	19	Togo	450	15	Equatorial Guinea	68%
Joint 18	Tanzania	44	20	Madagascar	440	Joint 16	Burkina Faso	67%
19	Togo	46	21	Gambia	430	Joint 16	Ghana	67%
20	Madagascar	47	22	Ethiopia	420	17	Zimbabwe	66%
21	Congo	48	Joint 23	Congo	410	18	Cameroon	64%
22	Eritrea	52	Joint 23	Tanzania	410	19	Lesotho	62%
23	Ethiopia	52	Joint 24	Burkina Faso	400	Joint 21	Liberia	61%
Joint 24	Kenya	53	Joint 24	Kenya	400	Joint 21	Sierra Leone	61%
Joint 24	Zimbabwe	53	Joint 25	Eritrea	380	22	Burundi	60%
25	Comoros	58	Joint 25	Ghana	380	Joint 23	Mali	58%
Joint 26	Benin	59	Joint 26	Sudan	360	Joint 23	Uganda	58%
Joint 26	Zambia	59	Joint 26	Uganda	360	Joint 24	Cote d'Ivoire	57%
Joint 27	Senegal	60	27	Comoros	350	Joint 24	Gambia	57%
Joint 27	Sudan	60	28	Benin	340	Joint 24	Mauritania	57%
28	Lesotho	64	Joint 29	Mauritania	320	25	Senegal	51%
Joint 29	Ghana	66	Joint 29	Rwanda	320	Joint 26	Angola	49%
Joint 29	Mauritania	66	Joint 29	Senegal	320	Joint 26	Tanzania	49%
Joint 29	Rwanda	66	30	Swaziland	310	27	Zambia	47%
30	Equatorial Guinea	72	31	Equatorial Guinea	290	28	Guinea	45%
Joint 31	Gabon	94	32	Zambia	280	Joint 29	Kenya	44%
Joint 31	Swaziland	94	33	Gabon	240	Joint 29	Madagascar	44%
32	Sao Tome & Principe	100	34	Djibouti	230	Joint 29	Togo	44%
33	Djibouti	130	35	Sao Tome & Principe	210	30	Guinea-Bissau	43%
34	Botswana	200	36	Botswana	170	31	Cent African Rep	40%
35	Namibia	230	37	South Africa	140	32	Nigeria	38%
Joint 36	Morocco	300	38	Namibia	130	33	Niger	29%
Joint 36	South Africa	300	39	Morocco	120	34	Sudan	20%
37	Algeria	380	40	Algeria	89	35	Mozambique	19%
38	Egypt	710	41	Mauritius	73	Joint 36	Chad	17%
39	Cape Verde	740	42	Cape Verde	53	Joint 36	South Sudan	17%
40	Mauritius	900	43	Tunisia	46	37	Ethiopia	10%
41	Tunisia	1,000	44	Egypt	45	38	Somalia	9%
42	Libya	2,700	45	Libya	15		Eritrea	N/Av
	Seychelles	N/Av		Seychelles	N/Av		South Africa	N/Av
	Western Sahara	N/Av		Western Sahara	N/Av		Western Sahara	N/Av

2015 Africa Scorecard On Maternal Health / Maternal Mortality - *No Woman Should Die Giving Life*

Theme Of African Union Heads of State Summit: – "*Year of Women's' Empowerment and Development in Africa*" [#Africa2063]

Research Findings & Trends At A Glance / Direct & Indirect Causes of Maternal Death - Accounting For Majority Of Maternal Deaths

✖ **Haemorrhage (Uncontrolled bleeding); Sepsis (Infection); Hypertensive Disorders; High Blood Pressure; Unsafe Abortion; Prolonged Or Obstructed Labour.**

✓ These complications can often be effectively treated or managed by accessible health systems - with adequate skilled personnel and facilities

✓ Access to antenatal care in pregnancy, skilled care during childbirth, and care /support in the weeks after childbirth are crucial for all women. Attendance by skilled health professionals for timely management and treatment can make the difference between life and death.

- **Severe bleeding** - after birth can kill even healthy women within hours if unattended. (Injecting oxytocin immediately after childbirth effectively reduces the risk of bleeding)

- **High blood pressure** - Pre-eclampsia / eclampsia: Early detection and management – through monitoring blood pressure, screening urine for protein- is crucial to survival before onset of convulsions and other life-threatening complications. (Administering drugs such as magnesium sulfate for pre-eclampsia can lower women's risk of developing eclampsia)

  Pre-eclampsia (toxemia of pregnancy) is also characterized by proteinurea (protein in the urine, general edema (swelling), and sudden weight gain..

  Eclampsia is characterized by kidney failure, seizures, and coma during pregnancy or post-partum. Can lead to maternal and/or infant death.

- **Sepsis (infection) –** is related to poor hygiene and infection control during delivery / or presence of untreated sexually transmitted infections during pregnancy.

  Infection can be prevented or managed through high standards of infection control, appropriate prenatal testing and treatment of maternal infection, and appropriate use of intravenous or intramuscular antibiotics during labour and post-partum period.

  Infection after childbirth can be eliminated by good hygiene. Death from Infections can be reduced or eliminated when recognized early and treated.

- **Prolonged or Obstructed Labor -** Caused by cephalopelvic disproportion (CPD) - disproportion between size of the fetal head and maternal pelvis; or by the position of fetus at the time of delivery.

  Use of assisted vaginal delivery methods such as forceps, vacuum extractor, or performing a Caesarean Section can prevent adverse outcomes.

  CPD is leading cause of obstetrical fistula.

  There is increased incidence among women with poor nutritional status.

- **Unsafe Abortion -** In some parts of the world unsafe abortion accounts for 1/3 of maternal deaths. Globally an estimated 67,000 cases of abortion related deaths occur annually**.**

  Preventive measures include quality family planning services; safe abortion; and competent post-abortion care.

✖ **Health & Medical Conditions Including Anaemia; Nutritional Status; Malaria; Hepatitis; Heart Disease; HIV/AIDS - All Increase Risk of Maternal Death.**

✓ These complications can often be effectively detected, treated, improved or managed by health systems with adequate skilled personnel and facilities.

✓ Access to antenatal care in pregnancy, skilled care during childbirth, and care /support in the weeks after childbirth are crucial for all women. Attendance by skilled health professionals for timely management and treatment can make the difference between life and death.

- Risk of adverse outcomes can be reduced through prenatal identification and treatment; and availability of appropriate basic emergency obstetric care (EmOC) at the time of delivery

✖ **Multiple Pregnancies Spaced Too Closely Together/ Absence Of Family Planning; High Adolescent Fertility & High Total Fertility Rates; Female Genital Mutilation/Cutting.**

- To promote family planning and prevent unwanted pregnancies - All women, and girls should have access to reproductive and sexual health education and services including access to family planning; contraception, safe abortion services to the full extent of the law, and quality post-abortion care.
- Public and community education / enactment and enforcement of laws outlawing Female Genital Mutilation / Cutting - are crucial to ending maternal deaths related to negative practices impactimng on health of women and girls.

✖ **Social Factors Such As: Poverty; Inequity; Women's Low Status, & Negative Attitudes Towards Women's Health & Rights; Lack Of Education & Empowerment.**

- Universal primary and secondary education for girls; access to credit facilities for business, and upholding women's constitutional and human rights including rights to health and freedom of movement - are all crucial to eliminating feminisation of poverty, women's low status and other factors negatively impacting on women's and maternal health.

✖ **Underlying Causes Of Maternal Mortality Include Underage/Child/Forced "Marriage' & Underage/Adolescent Pregnancies – Girls Under 18 Are More At Risk Than Older Women**

✖ **Overall - Risk Of Maternal Mortality Is Highest For Adolescent Girls Under 15 Years Old. Complications In Pregnancy & Childbirth Are Leading Cause Of Death Among Adolescent Girls In Developing Countries.**

- Ending Underage/Child & Forced 'Marriage' is key to preventing underage / adolescent pregnancies – a leading cause of maternal death

Important Notes & Trends

- In high-income countries, virtually all women have at least 4 antenatal care visits, are attended by a skilled health worker during childbirth and receive postpartum care.
- In low-income countries, just over a third of all pregnant women have the recommended 4 antenatal care visits.
- Maternal mortality is higher in women living in rural areas and among poorer communities.
- Almost all maternal deaths (99%) occur in developing countries. More than half of these deaths occur in sub-Saharan Africa and almost one third occur in South Asia.
- The maternal mortality ratio in developing countries in 2013 is 230 per 100 000 live births versus 16 per 100 000 live births in developed countries.
- Maternal health and newborn health are closely linked. Almost 3 million newborn babies die every year, and an additional 2.6 million babies are stillborn.
- Some key factors preventing women from receiving or seeking care during pregnancy and childbirth are:

- Cost of accessing healthcare/Poverty
- Distance to healthcare facilities
- Lack of information on reproductive, maternal health
- Inadequate services in communities
- Negative cultural practices – including restrictions of women's right to movement and healthcare

Global, Regional & National Trends

Maternal Mortality By Percentages & Absolute Numbers

- **Globally** - there were an estimated 289,000 maternal deaths in 2013, a decline of 45% from 1990.

- **Sub-Saharan Africa region alone** - accounted for 62% (179,000) of global deaths followed by Southern Asia at 24%.
- **At the country level** - the two countries accounting for one third of all global maternal deaths are India at 17% (50,000) and Nigeria at 14% (40,000).

Maternal Mortality By Maternal Mortality Ratio (Deaths per 100,000 Live Births)

- **Of the 40 countries with the highest MMR in 2013** - Sierra Leone is estimated to have the highest MMR at 1,100 deaths per 100,000 live births
- **Overall 16 countries in sub-Saharan Africa *have very high MMR* of over 500 deaths per 100,000 live births**: Sierra Leone (1,100); Chad (980); Central African Republic (880); Somalia (850); Burundi (740); Democratic Republic of the Congo (730); South Sudan (730); Côte d'Ivoire (720); Guinea (650); Liberia (640); Niger (630); Cameroon (590); Guinea-Bissau (560); Nigeria (560); Mali (550); and Malawi (510).
- **Only two countries outside sub-Saharan African region had high MMR**: Afghanistan (400) and Haiti (380).
- **In contrast, 6 African countries had *low MMR* for the period of less than 100**: Algeria (89); Mauritius (73); Cabo Verde (53); Tunisia (46); Egypt (45); and Libya (15) – i.e. maternal deaths per 100 000 live births respectively.
- **The ten African countries with *lowest MMR* - maternal deaths per 100 000 live births are**: Botswana (170); South Africa (140); Namibia (130); Morocco (120) Algeria (89); Mauritius (73); Cabo Verde (53); Tunisia (46); Egypt (45); and Libya (15).
- **By sub-regions: North & Southern Africa have the countries with *lowest MMR***
- **By sub-regions: West & Central Africa have the countries with *highest MMR***

Maternal Mortality By Life Time Risk Of Maternal Death

- **Regarding adult lifetime risk of maternal mortality** – the ***10 highest in Africa*** for the period are: Chad 1 in 15; Somalia 1 in 18; Niger 1 in 20; Sierra Leone 1 in 21; Burundi 1 in 22; DR Congo 1 in 23; Mali 1 in 26; Central African Republic 1 in 27; South Sudan 1 in 28; Cote d'Ivore 1 in 29;
- **Regarding adult lifetime risk of maternal mortality** – the ***10 lowest in Africa*** are for the period are: Libya 1 in 2,700; Tunisia 1 in 1,000; Mauritius 1 in 900; Cabo Verde 1 in 740; Egypt 1 in 710; Algeria 1 in 380; South Africa 1 in 300; Morocco 1 in 300; Namibia 1 in 230; and Botswana 1 in 200.
- The estimated lifetime risk for maternal mortality in developing regions is 1 in 3700 in comparison to developed regions where the lifetime risk is 1 in 160
- **By sub-regions: West & Central Africa have the countries with *highest Maternal Death Risk*** – influenced strongly by adolescent pregnancies resulting from underage/child/forced 'marriage'
- **By sub-regions: North & Southern Africa have the countries with *lowest Maternal Death Risk* –** taking into account that Southern Africa would have made more progress if not for HIV/AID related maternal deaths.

Births Attended By Skilled Health Personnel

- Only in two African countries were 100% of births attended by skilled personnel over 2006 - 2013 – Libya & Mauritius.
- In five other countries Botswana, Cabo Verde, Seychelles, Algeria, and Congo 90% to 99% of births were attended by skilled personnel over 2006 – 2013
- Overall over 50% of births were attended by skilled personnel in 35 African countries.
- The countries in which less than 50% of births were attended by skilled personnel are: Angola 49%; Tanzania 49%; Zambia 47%; Guinea 45%; Kenya 44%; Madagascar 44%; Togo 44%; Guinea Bissau 43%; Central African Republic 40%; Nigeria 38%; Niger 29%; Sudan 20%; Mozambique 19%; Chad 17%; South Sudan 17%; Ethiopia 10%; Somalia 9%.

Main sources for study summarized in publication: Africa, Health, Human & Social Development Information Service (Afri-Dev.Info); Ending Child Marriage Progress And Reports UNICEF 2014; Marrying Too Young, UNFPA 2012; State of the Worlds Children Report 2013, 2014, 2015; State of Worlds Population 2012, 2013,2014; UNICEF Global Databases, 2014, Based On Demographic And Health Surveys (DHS); Global School-Based Student Health Surveys (GSHS);Trends in Maternal Mortality 19190 - 2013; WHO Maternal Mortality Fact sheet N°348 2014; World Health Statistics 2012,2013,2014

To find out more about Afri-Dev.Info publications please contact email: publications[at]afri-dev.info
For partnerships, support or general information *please contact email*: contactus[at]afri-dev.info

Africa Office: 14 Akintan St. Ogba, Lagos , Nigeria +23412910907
Intl. Office: 175 Grays Inn Rd, London WC1X 8UE, UK