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# IMPACT OF MATERNAL MORTALITY AND MORBIDITY ON ECONOMIC DEVELOPMENT

Woodrow Wilson International Center for Scholars'  
GHI

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Washington, D.C.

# OUTLINE

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- Contextual space
- Continental Initiatives
  - Macroeconomics of Sexual and Reproductive in Africa
  - Socio-demographic factors
  - The good news about Africa
- South African situation
  - Socioeconomic demographics
  - Maternal mortality and morbidity in South Africa
  - Health systems solutions
  - Government commitments and targets
- Conclude - Beyond health systems: “Turning resources into results for people”.

# Context

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## □ Global

### ■ Sensitised and energised universe

- G8 Muskoka Declaration
- Joint Plan of Action for Women's and Children's Health of the SG - UN
- Outcomes of the recent Mothers Deliver conference held in Washington, D.C. a few weeks ago
- Global Health Initiative of the Obama Administration
- Countdown to 2015 Decade Report (2000-2010) – WHO and UNICEF
- XVIII International AIDS Conference recently held in Vienna, Austria
- Upcoming UN High-Level Meeting “MDG + 10 Summit” in September

## □ Continent

### ■ Notwithstanding security challenges – theme of the 15<sup>th</sup> AU Heads of State Summit concluded on July 27, 2010: “Maternal, Infant and Child Health and Development in Africa” - Kampala, Uganda

- Declaration: ‘Action for Accelerated Achievement of Maternal, Newborn and Child Health and Development’ – Call for action
- Adoption of the Women's Decade: 2010 -2020

### ■ Africa Progress Panel: Africa Progress Report 2010.

- “From Agenda to Action - Turning Resources into Results for People”
- Panel of leaders – Chaired by Mr Kofi Anan



# CONTINENT

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- Spirit of CARMMA
  - Not about some “intangible energy”
  - Specific advocacy strategy – launched in May 2009 – to raise awareness and build links with international campaigns
  - “Africa cares: No Woman Should Die while giving Life”
  - Positive messaging, acknowledging and building on successes, and intensifying high-impact interventions
  - Promoting sustainable financing
  - Strengthening partnerships
  - Buttresses and bolsters continental policies and strategies
    - Africa Health Strategy: 2007-2015
    - Continental Policy Framework for Sexual and Reproductive Health and Rights: 2007 -2010
    - Maputo plan of action (2007 – 2015) for operationalisation of existing frameworks (recently extended from 2010 to coincide with MDG period)
  - Launched in about 20 countries in the continent to date

# MACROECONOMICS OF SEXUAL AND REPRODUCTIVE HEALTH IN AFRICA

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- Quantifying productivity gains of preventing maternal deaths
- Family planning
  - Preventing unwanted pregnancies
  - Promoting declines in fertility
  - Reducing induced and unsafe abortions
  - Reducing other health expenditures
  - Reducing infant mortality related to teenage pregnancies
  - Improved gross national product
- Maternal mortality and morbidity (MMM)
  - Quantified cost of maternal deaths and disabilities in lost productivity gains
  - Women make up to 70% of Africa's labour force – overrepresented in agriculture sector – producing 80% of food in rural areas
    - Death and disability is a direct cost to the economy in these regions

# MACROECONOMICS OF SEXUAL AND REPRODUCTIVE HEALTH IN AFRICA

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- Gender dynamics of the labour force
- Gender inequality remains an issue within the labour markets
  - Higher unemployment rates than men
  - Poor access to labour markets
    - Employment-to-population rates lower than male counterparts
  - Vulnerable employment (unpaid care work)
    - Heavily engaged in household activities
  - Insecure employment with low earnings and low productivity – mostly not by choice
    - Differences in skills, work experience and sheer discrimination (social norms)
    - Rural-to-urban migration of men
    - Limited access to technical support
    - Poor access to credit (<10% of all credit and 1% of total credit goes to agriculture)
    - Low land ownership and ownership of low quality land than men

# MACROECONOMICS OF SEXUAL AND REPRODUCTIVE HEALTH IN AFRICA

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- lower remuneration compared to male counterparts – especially in Northern Africa
  - Gender wage differential is high – women earn 17% less than men (occupation, age, education, work experience, job tenure, training, seniority in job, segregation in job, etc)
    - Sometimes not justified by the above – just sheer discrimination
    - Regulations, practices concerning work and family life, etc
  - Working poverty - Working but also fall below poverty line
  - Poverty-induced child labour
- Physical infrastructure is an important factor
  - Roads, bridges, schools, clinics, social care, general community-social infrastructure not supportive to gainful employment for women and the economy
- Serious issues regarding equality and opportunity
- There are opportunities for intervention along the whole continuum of care on maternal mortality and morbidity for the benefit of women, families, communities, and indeed economies



# SOCIO-DEMOGRAPHIC FACTORS

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- Population in most African countries are young
  - Children < 15 years = 42% of population
  - Up to 30 years = 70% of the population
    - High fertility rates, high rates if teenage pregnancies
    - Large but poor undernourished families
    - High rates of HIV infection & mother-to-child transmission
- About 20% survive on < US\$1 a day
- Half the population in Africa lives in extreme poverty and a third in hunger
- Inequality, lack of respect for people's rights, poverty, lack of social protection, cultural values and practices, weak health systems are important determinants of maternal morbidity and mortality in the continent
- Health systems issues
  - Inadequate health force
  - Shortage of midwives
  - Weak intersectional collaboration
  - Poor service delivery and utilisation
  - Inadequate health financing
  - Poor coordination of interventions
  - Unfavourable legislations

# AFRICA AS AN ECONOMIC FRONTIER – SOME GOOD NEWS

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- ❑ Discover of oil, gas, precious metals and other resources
- ❑ Increasing trade within the continent and internationally
- ❑ Economic growth expected to climb after the recent economic growth slump
- ❑ Turnover of African banks and cooperates is increasing
- ❑ Domestic revenues and foreign direct investment, remittances and ODA climbed steadily over the last decade
- ❑ Progress with MGDs slow: although necessary, economic growth and increased trade are not sufficient for genuine progress!
  - Improvement in the quality of life of every African woman, child and man
  - Is the growth exclusive? Does it reinforce and result in inequality?
  - Has it failed people in rural areas or people in search of work?
- ❑ How do we turn the oil, gold, diamonds, and gas into results?

**REPUBLIC OF SOUTH AFRICA**  
**Provinces**



# SOUTH AFRICA

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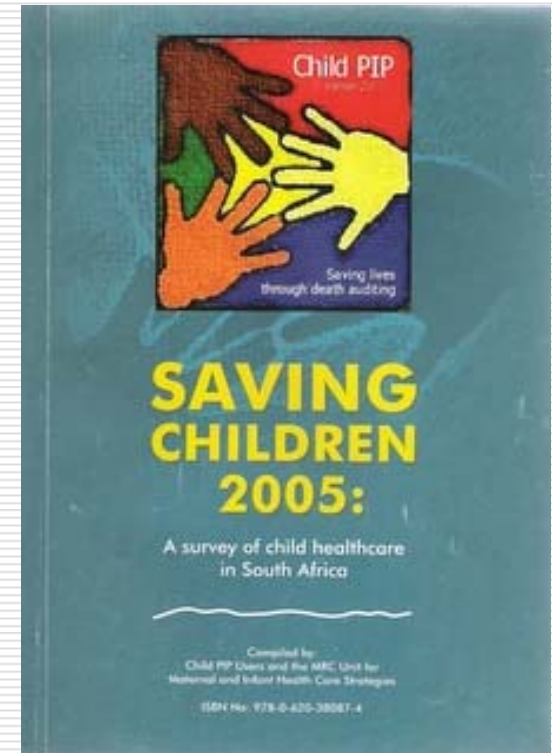
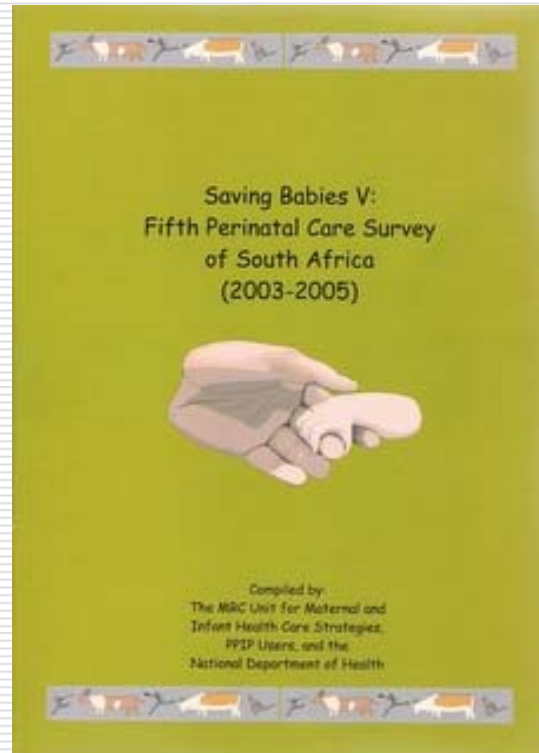
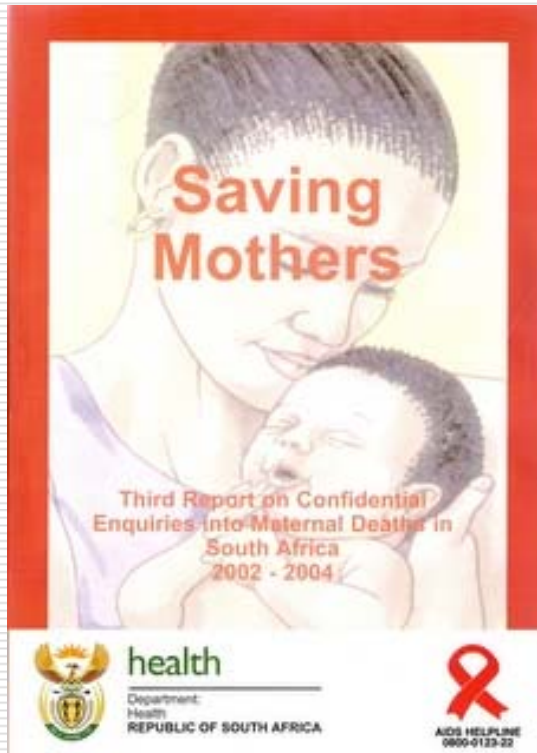
- Mid-year population estimates for 2010
    - 49,99million (was 44,819 at last census in 2001)
    - 51% of population female (25,66million)
    - Of the 9 provinces; Gauteng (GP)and KwaZulu Natal (KZN) have the largest share
      - 22,4% and 21,3% respectively
    - Nearly one third is aged < 15years
      - Most of whom are in KZN
    - Outmigration from the mostly rural provinces of Eastern Cape and Limpopo to GP and Western Cape, driven by economic activity
    - Life expectancy at birth at 53,3 years for males and 55,2 years for females
    - Infant mortality rate at 46,9 per 1,000 live births (decline from 51 in 2001)
    - Fertility declined from 2,86 per woman in 2001 to 2,38 in 2010 (1,4% to 1,06%)
    - Overall HIV prevalence at 10,5% and 17% for adult population (15-49)
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# SOUTH AFRICA

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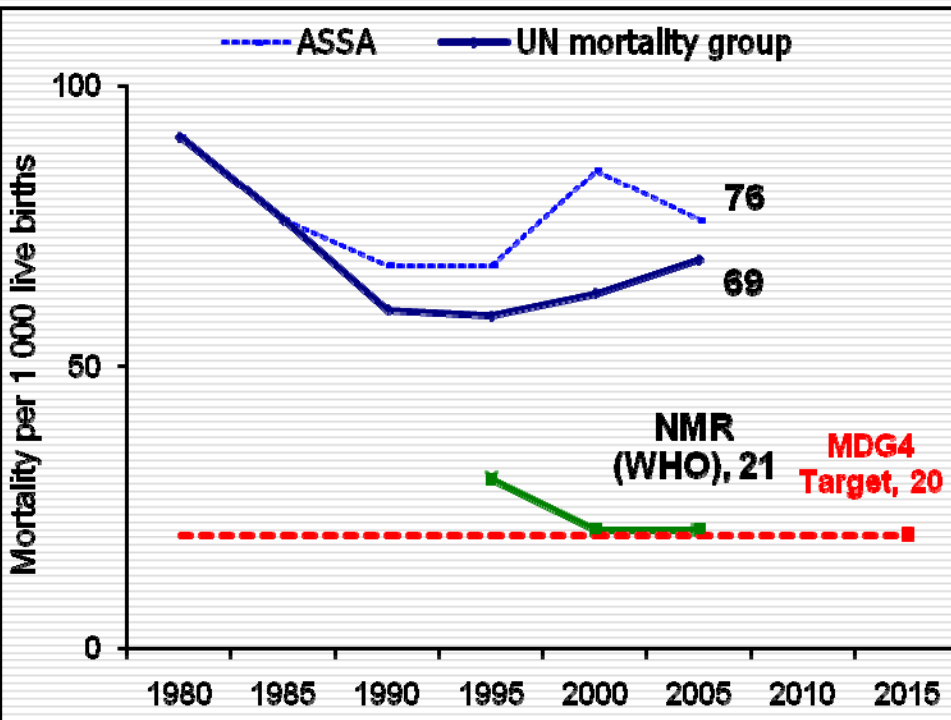
- ❑ Black African are in majority (39,68 – 79%)
- ❑ Increased economic activity recently
  - Manufacturing industry
  - Mining and quarry industry
  - Finance, real estate and business services industry
  - Wholesale, retail, motor trade and accommodation industry and general government services have some contribution
- ❑ 31 million are in age-group 15-64
  - Labour force is 17, 5 million
  - Employed = 12,7 million (labour force participation 54,3%)
    - ❑ 9,3 in formal sector
    - ❑ 2,1 informal sector
    - ❑ 710 in agriculture
    - ❑ 1,1 million in private households
  - Unemployed = 4,3 million
  - Unemployment rate of = 23,6%
  - Uneconomically active 14,3million
    - ❑ Students, homemakers, ill, disabled, too young, too old, discouraged
- ❑ Provincial variations - Gauteng province biggest employer
- ❑ Majority in elementary jobs

# Health system causes

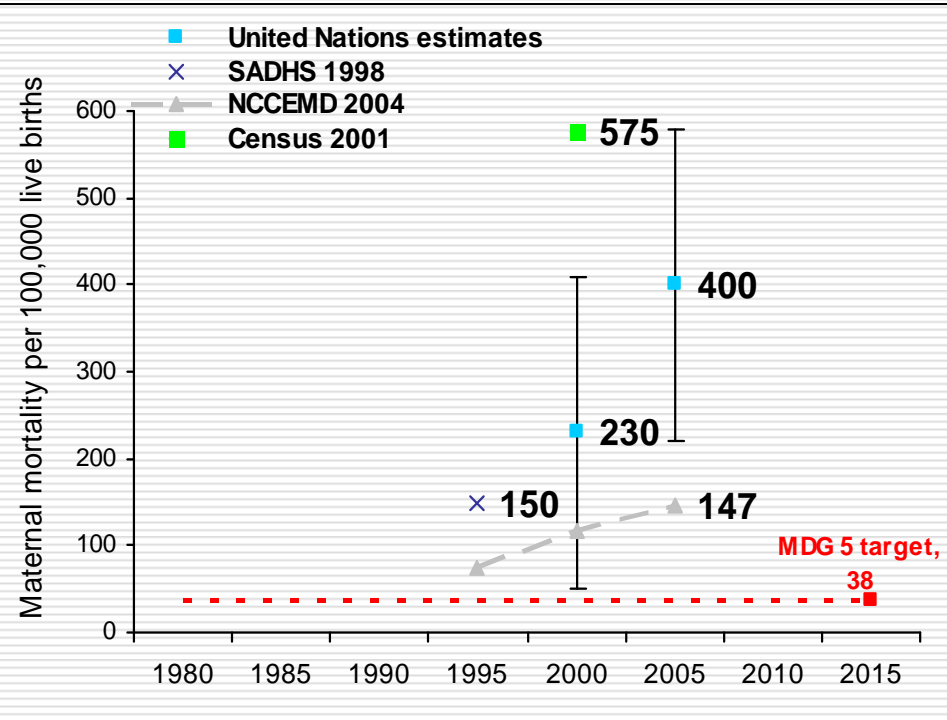


# Data Review

## MDG 4 Progress

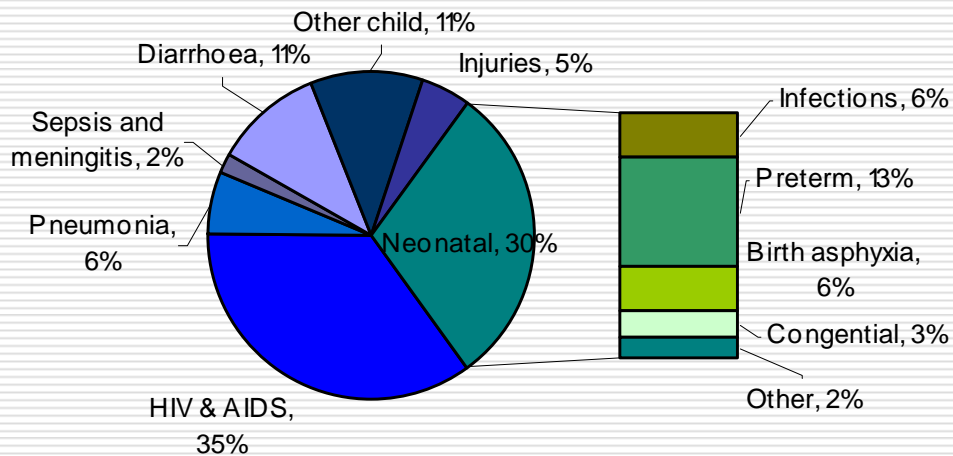


## MDG 5 Progress

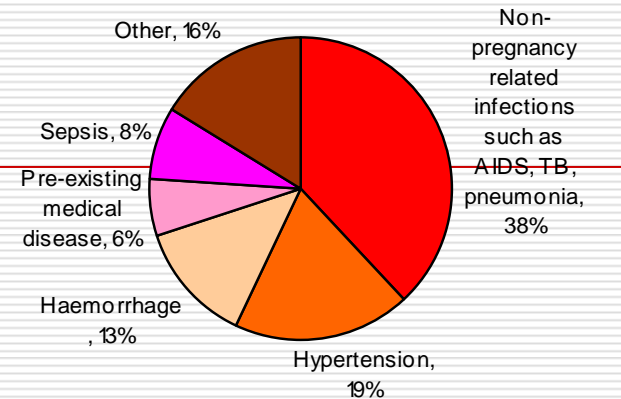


# Data Review – why do they die?

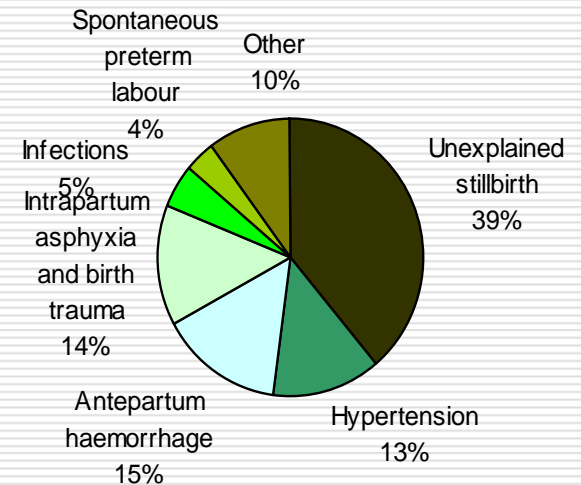
## Why do children and newborns die?



## Why do mothers die?



## Why are babies stillborn?





## **Each year in South Africa:**

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- At least 1,600 mothers die due to complications of pregnancy and childbirth
- 20,000 babies are stillborn and another 22,000 die before one month of age
- In total, at least 75,000 children die before their fifth birthday

***Toll of over 260 deaths every day!***

### **Due to South Africa's 'Big 5'**

Pregnancy and childbirth complications

Newborn illness

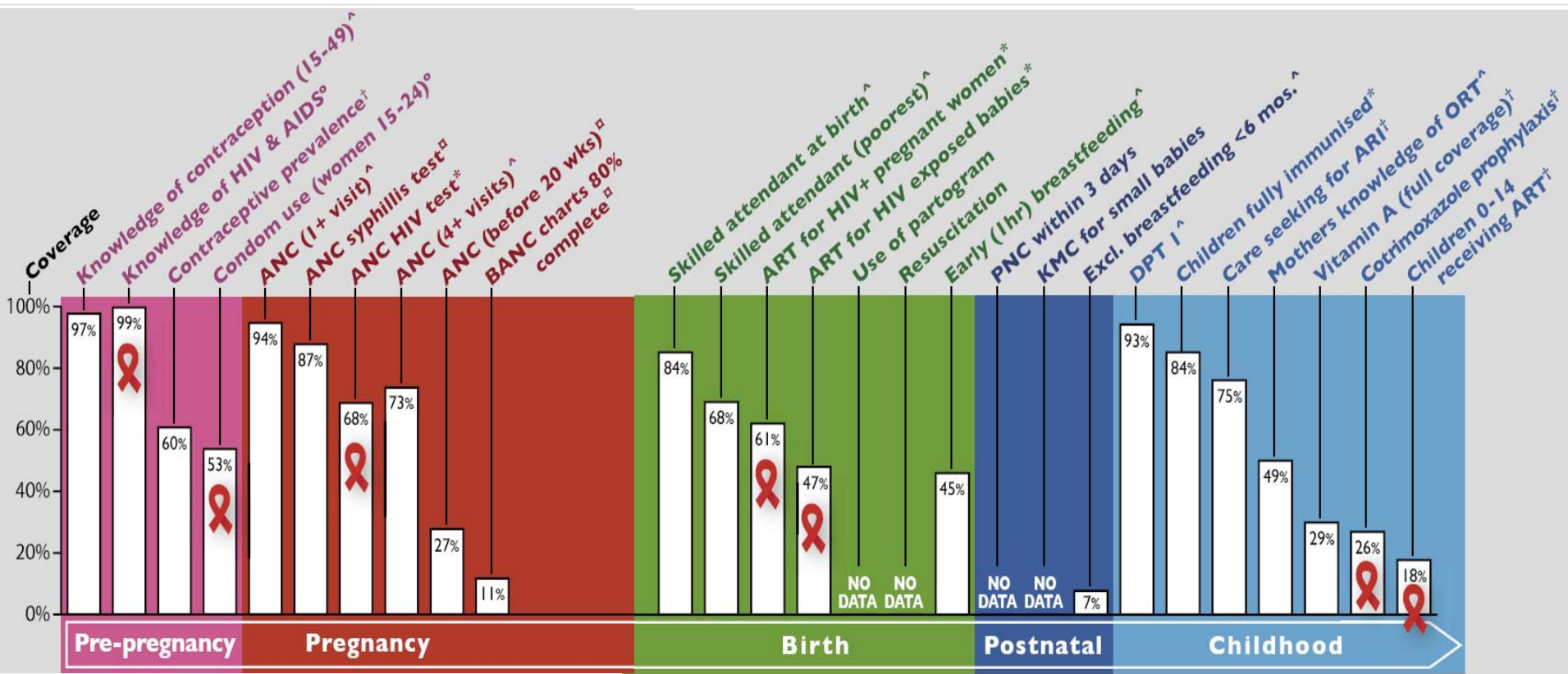
Childhood illness

HIV & AIDS

Malnutrition

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# Coverage of services



See page 6-7 of the report

# Health system causes

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## **Top 5 health system causes of death**

- Lack of use of health care facilities
- Lack of transport to and from institutions
- Inadequate facilities
- Inadequate skills
- Lack of caring attitude

4 of the 5 are quality of care issues!

# In South Africa there is a paradox

~~High coverage~~

but

Poor outputs

Thus, we must integrate and simplify the programmes already available within the district health system to [improve the quality of care](#) for mothers and their children

# Common strategies

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## **Community strategy**

- ❑ Provide appropriate education to community (health care messages)
- ❑ Teach how to use health care institutions appropriately

## **Healthcare managers strategy**

- ❑ Provide adequate transport between institutions
- ❑ Provide adequate facilities in appropriate sites
- ❑ Provide appropriate equipment and drugs
- ❑ Provide staffing norms and ensure the positions are filled

## **Healthcare provider strategy**

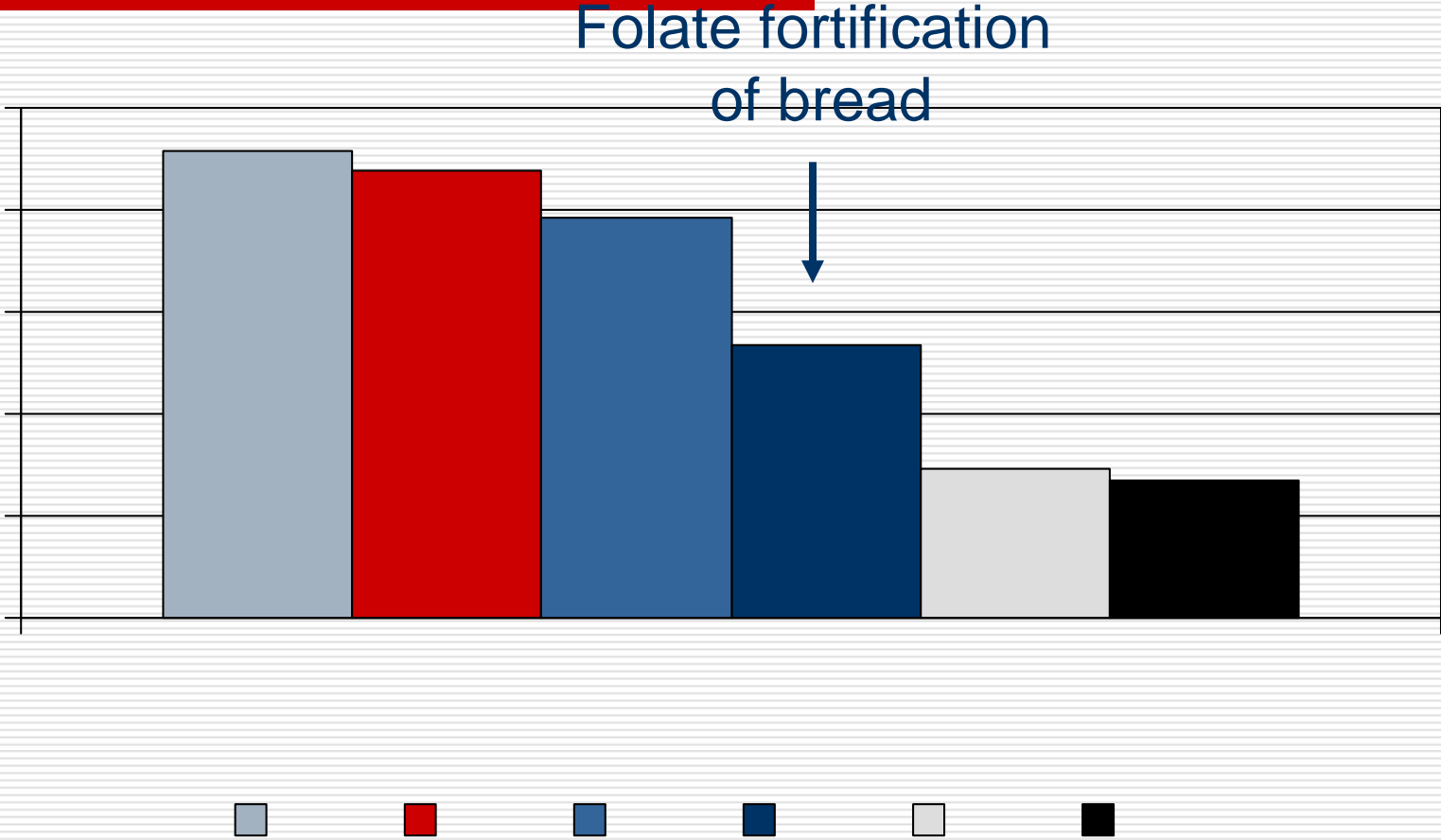
- ❑ Ensure they have adequate and appropriate skills for position
- ❑ Ensure have appropriate attitude
- ❑ Ensure morbidity and mortality audits occur in all institutions

# It can be done!

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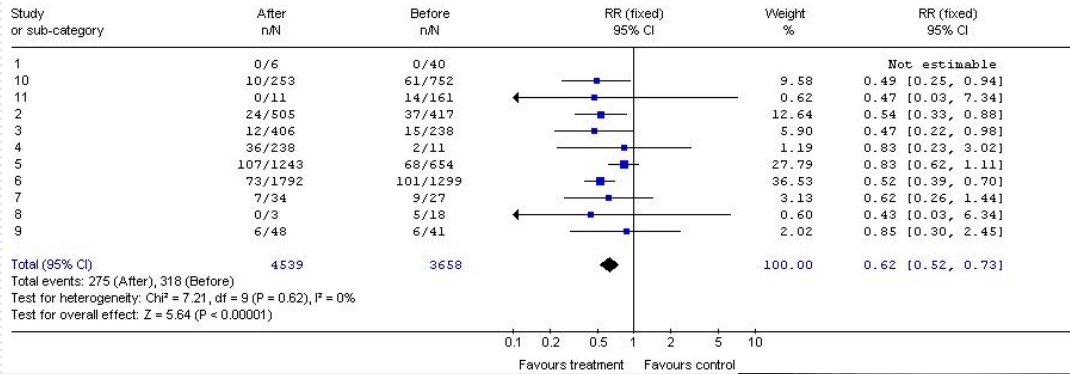
- Policy makers
  - Folate supplementation
- KMC
  - Managers and providers
- PMTCT
  - Providers (Witbank)
- Training – BANC
  - Teaching institutions

# Deaths due to Neural Tube Defects

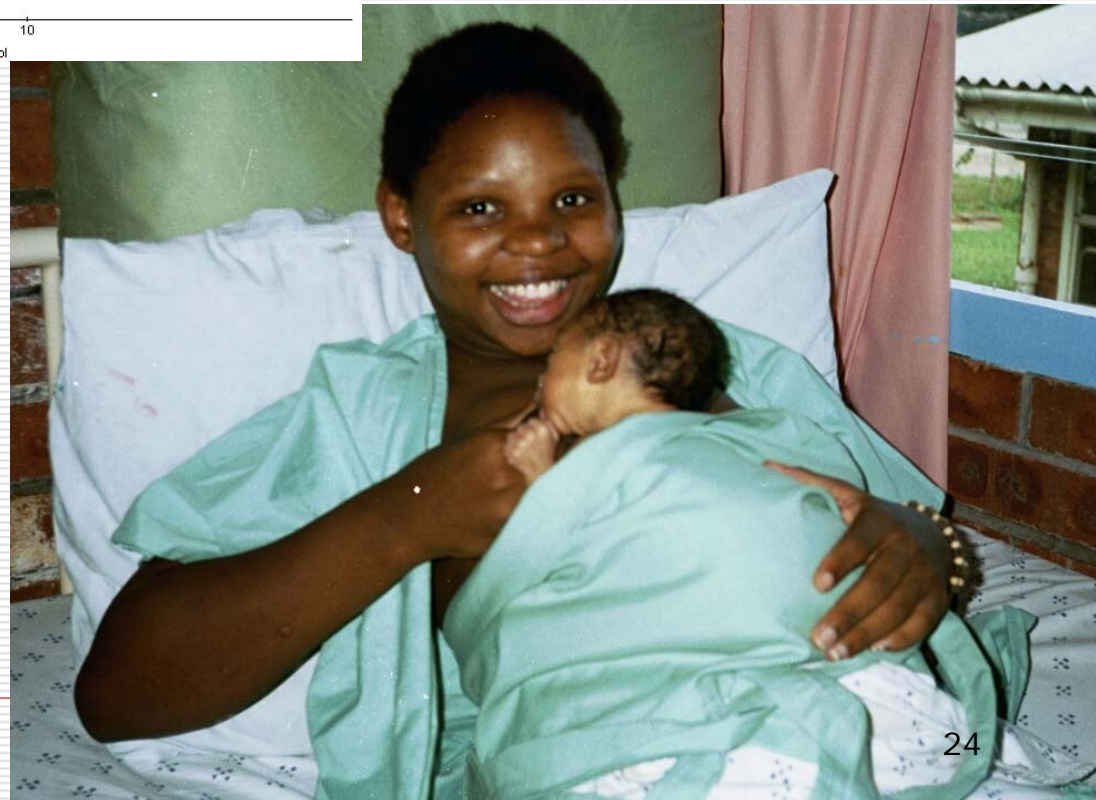


# Kangaroo Mother Care

Review: Kangaroo Mother Care  
 Comparison: 01 Before and After the introduction of KMC  
 Outcome: 01 Neonatal Death Rate (1000g-1999g)/1000 live births



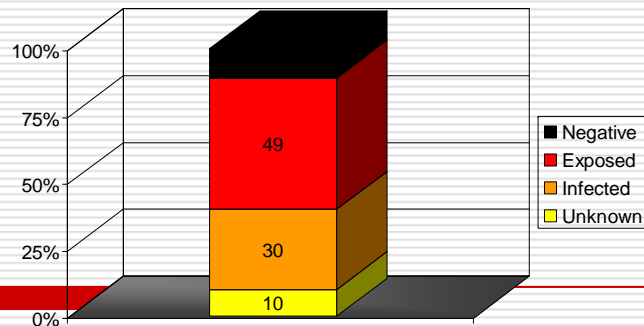
**~30% reduction  
 ENND 1-2Kg in  
 sites using KMC**





# Witbank Hospital

85% of mothers are now being tested..

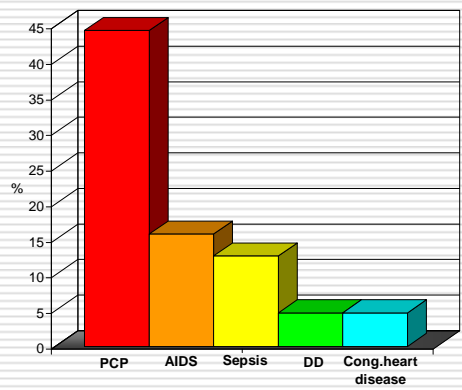


**Counseling changed..**

- individual, focussed
- 'opt out' testing encouraged

**Only 15% of mothers agreed to testing..**

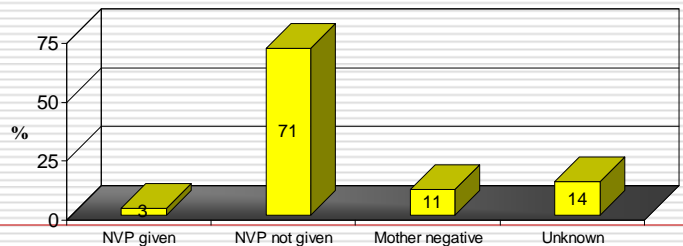
- group only
- 'opt in'
- poor understanding



**Deaths**

- 79% < 1 year of age
- 79.4% HIV-related
- PCP predominates (44%..)

**Failure of PMTCT**



# CURRENT S.A.GOV'T TARGETS

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- As the part of the outcomes-based approach of the current approach
  - Health is under the Human development cluster as “Outcome 2”
  - National Department of Health identified four key priorities for the administration period; viz.,
    - Increasing life expectancy
    - Combating HIV and AIDS
    - Decreasing burden of disease from Tuberculosis
    - Improving Health Systems Effectiveness
  - Increasing life expectancy includes
    - Decreased maternal mortality ratio from current estimated value of 400-625 per 100,000 live births to 100 or less by 2014
      - Increasing access to health services
      - increase antenatal care bookings
      - Increase access to postnatal care services
      - Enhanced skills of birth attendants
      - Improved adherence to clinical guidelines
      - Increase rate of reviews of maternal and perinatal deaths

# BEYOND HEALTH SYSTEMS: TURNING RESOURCES INTO RESULTS FOR PEOPLE

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- Women need to be given greater access to access to, control and ownership of resources and revenues to increase the scope and quality of progress in Africa
  - African leaders need to implement plans to improve women's' access to these
- Women need to be at the center of climate-proofed development strategies
  - Women have proved effective in mobilising communities to respond to and prepare for climate change and natural disasters
- Empowered women are the key to increasing agricultural productivity
  - Better access to good quality land, technical support and credits
- Harness women's entrepreneurship in formal and informal economies
  - Supportive regulatory environment through inclusion and protection of women
  - CEOs to increase share of women in management and board positions
- Connected women are key to developing strong knowledge economies
  - Will lead to more competitive technology and better trained workforce
- Strategies for economic growth should address poverty and inequality
  - Women to be given better say in developing planning

# BEYOND HEALTH SYSTEMS: “TURNING RESOURCES INTO RESULTS FOR PEOPLE”

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- Educated women will empower Africa
  - Gender gaps in education are a major brake on Africa’s economic development
- Gender discrimination is a major break on development
  - Societies that discriminate on the basis of gender pay the cost of greater poverty, slower economic growth, weaker governance and lower living standards
  - Build gender equity standards and targets on strategies for growth and poverty reduction
- Women add value to discussions on policy and the use of resources
  - More efficient in managing household budgets, loans and savings if given the opportunity
  - Women are highly effective as executives in the private and public sectors
- African women must be adequately represented in international for a
  - To create synergies, reduce apathy and speak for vulnerable groups

# BEYOND HEALTH SYSTEMS: TURNING RESOURCES INTO RESULTS FOR PEOPLE

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- Regional solidarity among women adds value
  - Feminisation of institutions brings radical change to the way in which women's issues are dealt with
- Protection of women should be at the heart of security arrangements
  - Women are particularly vulnerable in situations of conflict
  - Sexual abuse, gender-based violence tend to increase
  - Governments and partners should adopt zero-tolerance approach to sexual and other forms of gender-based violence
- African leaders need to advocate for fulfillment of commitments
  - African leaders to honour their own commitments in to bring a stronger international case for shared responsibility and mutual accountability for economic and social progress in Africa
  - Commitments to Africa are commitments to its girls and women
- Women empowerment should be a specific objective of partnerships
- Policy coherence should be built with Africa's women in mind

# GLOBAL HEALTH INITIATIVE

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- Welcome developments in this regard
- Note the principles, targets, commitments, strategies, approach
- We would like to see more multilayered harmonisation at global, regional, national and local level

# Thank you!



Everyone has a role to play  
to save the lives of mothers, babies and children