Perspectives on Maternal and Health Care in Nigeria

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&

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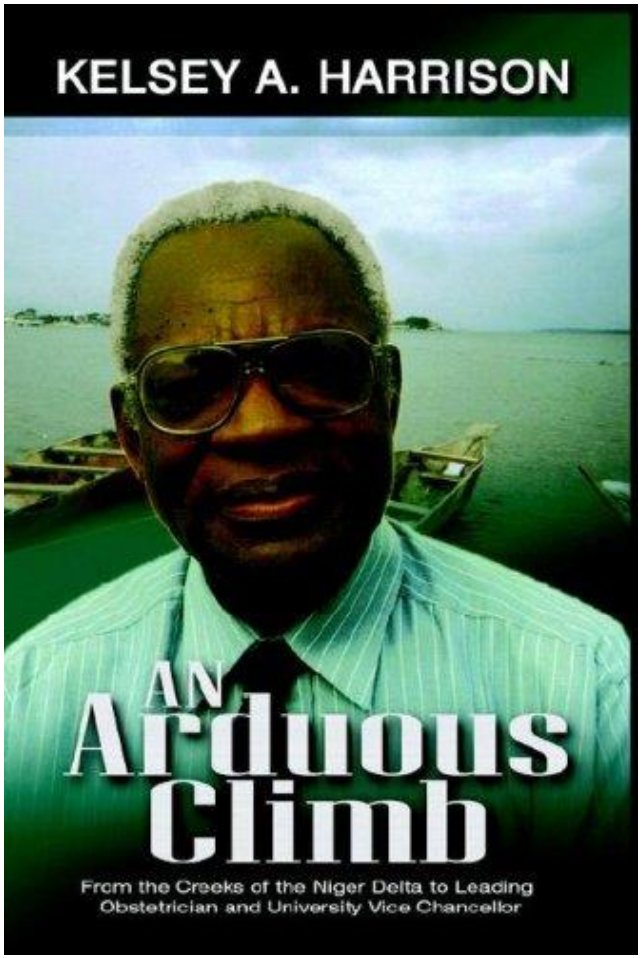
Maternal Mortality: A Social and Development Mirror

- **Indicators of maternal and child mortality are the best indicators of human development**
- **2011 (Mo) Ibrahim Index of African Governance ranks Nigeria 41st out of 53 countries, and 51st in health governance**
- **The most serious public health and development challenge that Nigeria currently faces**
- **Current development and "transformational" efforts will not be taken seriously with continued high rates of maternal and neonatal mortality**

Lecture Overview

- Historical review of trends in maternal mortality and safe motherhood efforts
- Is maternal mortality on the decline in Nigeria?
- Role of social and economic determinants of maternal and neonatal mortality
- Key road maps for achieving MDG-5 in Nigeria
- Conclusion and Call for Action

Professor Harrison's Research in Northern Nigeria



- Reviewed mortality among over 22,000 pregnant women in Zaria
- Reported overall MMR of 1,050/100,000 births
- Booked-healthy women: 40/100,000 births
- Booked women with complications: 370/100,000 births
- Unbooked emergencies: 2,900/100,000 births
- Demonstrated the impact of adverse social factors

National and Global Milestones in Safe Motherhood

1985	-	Prof K.A. Harrison´s groundbreaking paper on maternal mortality in Nigeria
1987	-	Nairobi Safe Motherhood Conference
1994	-	ICPD, Cairo, Egypt
1995	-	International Conference on Women in Beijing, China
2000	-	New data on maternal mortality
2000	-	The Millennium Development Goals
2008	-	Mid-term Report on attainment of MDG-5 (the Lancet Paper)

Trends in Maternal Mortality in Nigeria: 1990-2010

Year	Ratio / 100,000 Births	Source
1985	1,050	Harrison et al, 1985
1990	870	WHO
2000	1,000	UNFPA/UNICEF/WHO
2002	800	UNFPA/UNICEF/WHO
2007	1,000	WHO/National estimates
2008	608	Lancet publication
2008	545	NDHS

Is MMR Actually Declining in Nigeria?

Likely NOT:

- **NDHS reflected community data rather than hospital data**
- **Use of the ¨sisterhood method¨ could have led to under-estimation of maternal deaths**
- **Lancet paper used new method of MMR estimation**
- **Only 398 deaths reported in the NDHS cohort compared to 1,000 deaths from one Kano hospital alone by SOGON in 2004**

Maternal mortality in Nigeria: The Reality

- **Although MMR has declined worldwide over the past 10 years, Nigeria remains one country with extremely high rates of maternal mortality**

- **Nigeria remains one of 6 countries listed as accounting 50% of maternal deaths.**

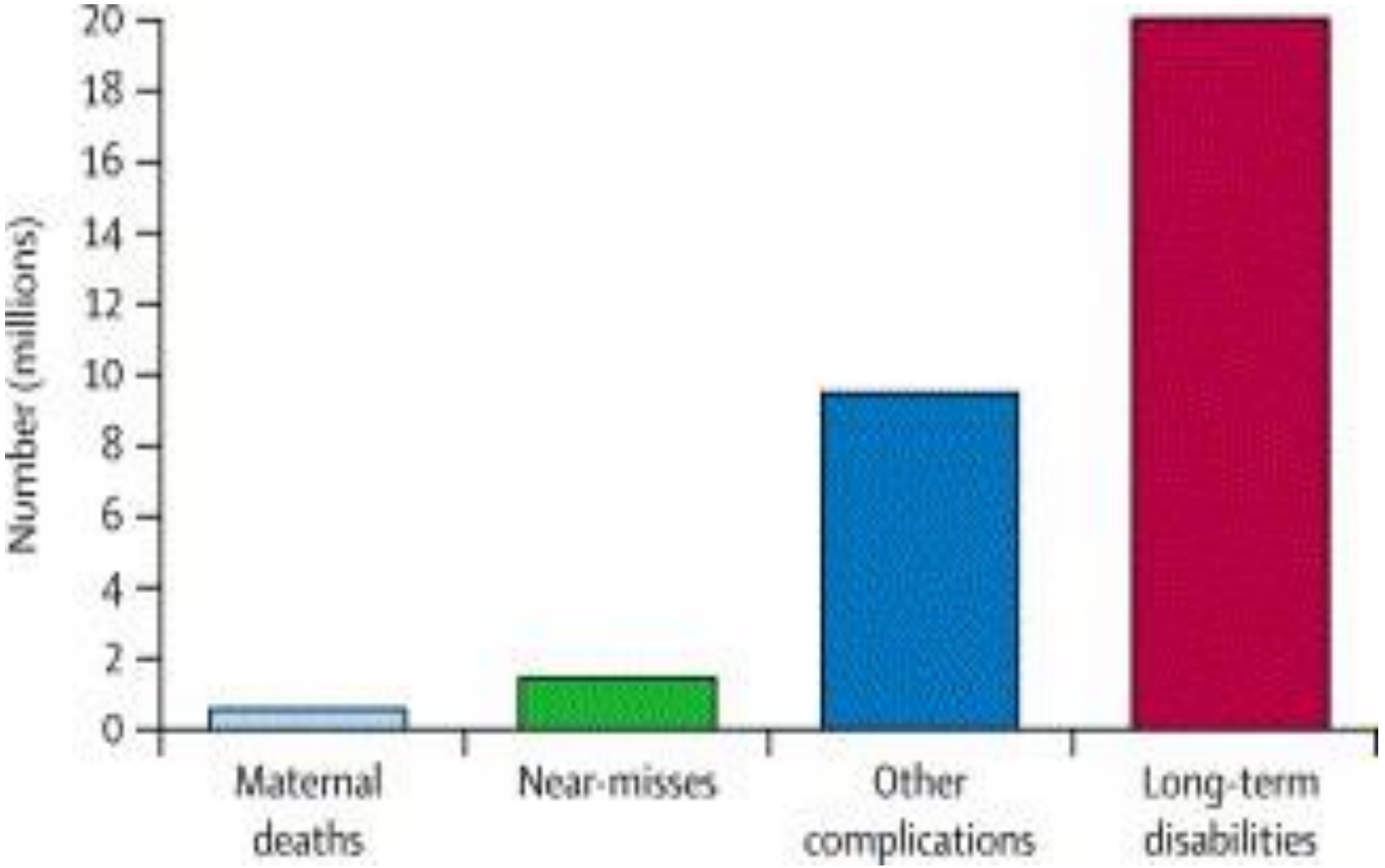
- **The current ranking of countries with worst MMR : India, Nigeria, Pakistan, Afghanistan, Ethiopia and DRC**

  (India is first only because of its large population)

Selected Publications on Rates of Maternal Mortality in Nigeria, 2008-2011

Ref	Author(s)	Date of Publication	Location	MM ratio/100,000	No of maternal deaths
9	Oye-Adeniran et al	May 2011	Lagos	450	111
10	Agan et al	Aug 2010	Calabar	1,513.4	231
11	Ezugwu et al	Dec 2009	Enugu	840	60
12	Kullima et al	Oct 2009	Yobe	2,849	112
13	Mairiga et al	Jan 2009	Bauchi	1,732	767
14	Onakewhor & Gharoro	June 2008	Benin City	454	32
15	Idris et al	Sep 2010	Zaria	1,400	706
16	Ngwan & Swende	2011	Jos	1,260	56
5	NDHS	2010	National	545	398

Extent of Maternal Mortality, Morbidity, and Disabilities

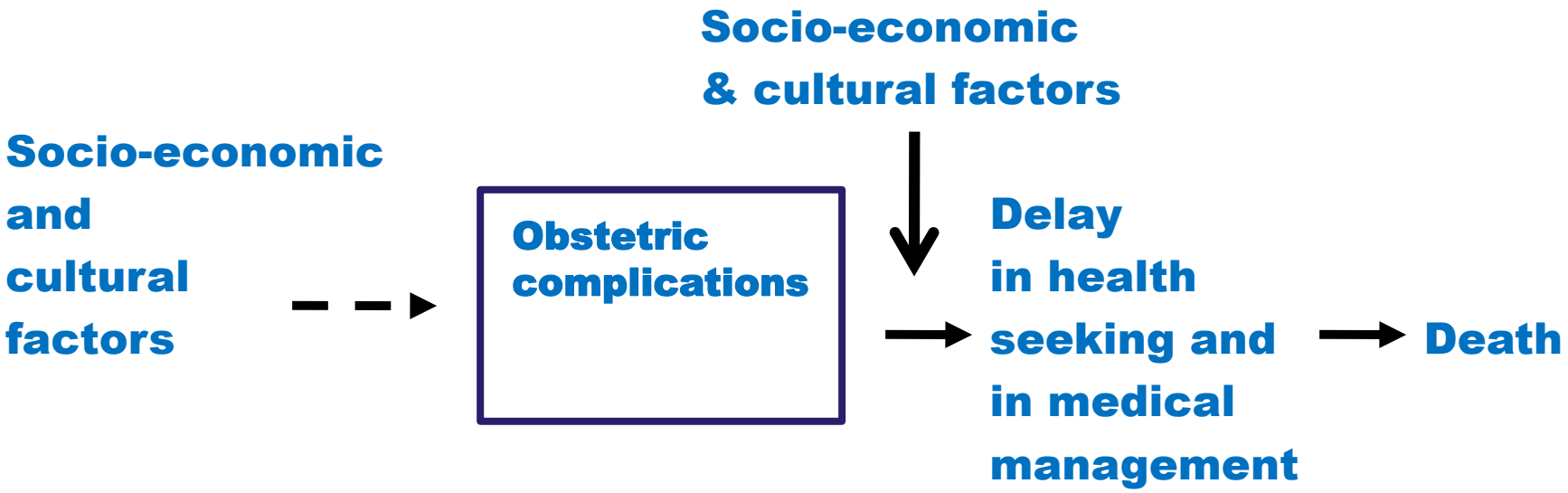


Source: The Lancet, October 28, 2006

The Tip of the Iceberg…

- For every maternal death, there are nearly 100 stillbirths
- 2nd highest rate of stillbirth in the world (42/1000)
- Nearly 800,000 Nigerian women are affected with vesico-vaginal fistula (VVF), accounting for 40% of the 2 million global estimates
- The lifetime risk of a Nigerian women dying from pregnancy–related causes is 1 in 18, compared to 1 in 4,500 for a Swedish woman

Pathway to Maternal Mortality: Socio-Economic Determinants



Obstetric (Direct) Causes of Maternal Mortality

- Bleeding during pregnancy and child birth
- Hypertension
- Infection during and after child birth
- Prolonged obstructed labour
- Others

Intermediary Determinants of Maternal Mortality

- Less than 10% of Nigerian women use contraceptives to prevent unwanted pregnancies
- Only 64% of pregnant women attend antenatal care
- Less than 35% are attended to by skilled births attendants (doctors and midwives) at the time of delivery
- Less than 50% of pregnant women have access to emergencies obstetrics

The Role of the Healthcare System

- **Definition:** ***¨the complex of facilities, organisations and trained personnel engaged in providing healthcare within a geographical area¨***

- **Nigeria´s health care system - currently one of the weakest in the world**

- **Not able to respond to the needs of pregnant women seeking essential and emergency obstetrics care**

Descriptions of Nigeria's Healthcare System

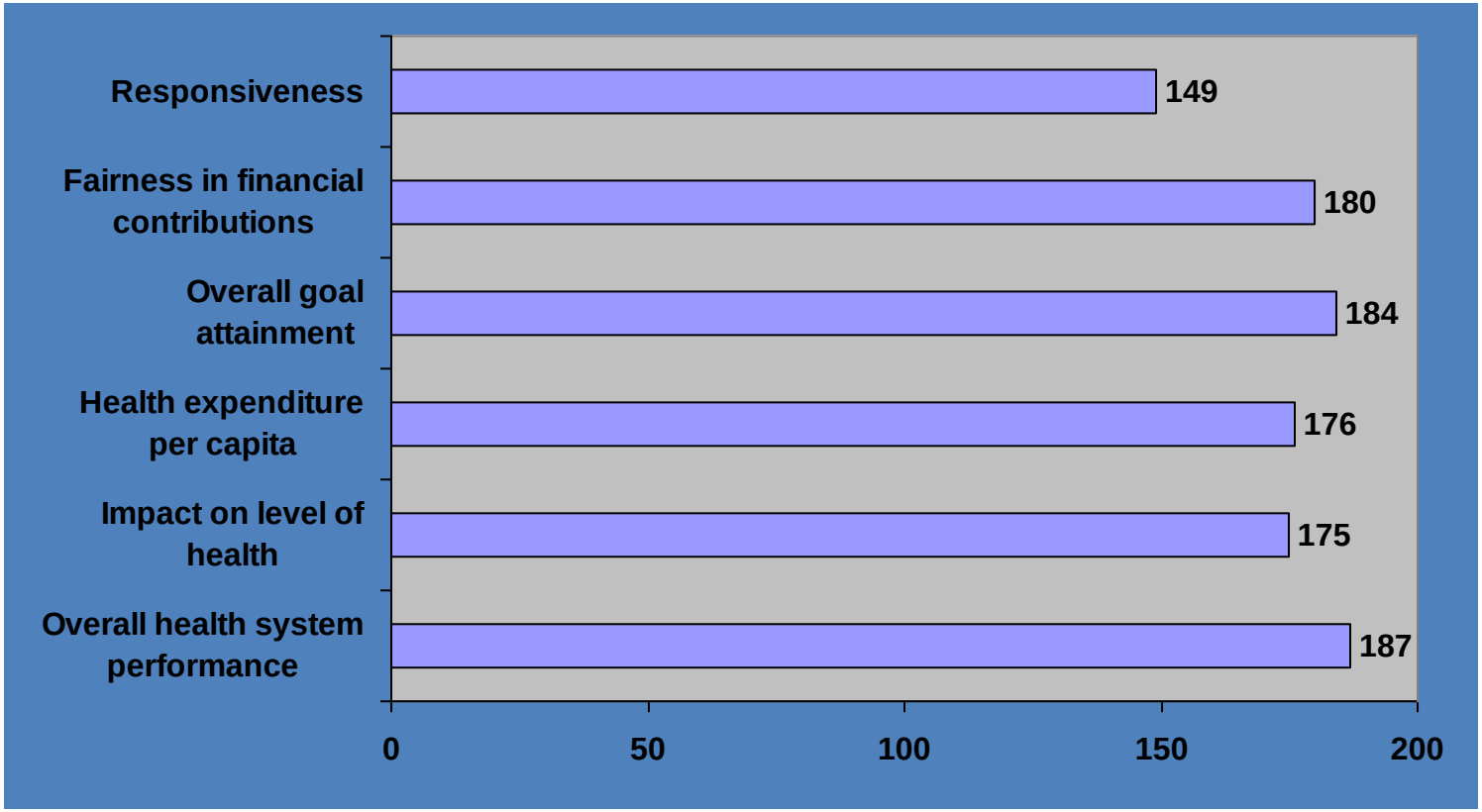
World Health Organization (2000) -----

Ranked Nigeria 187th out of 191 surveyed countries in terms of health systems performances, and described it as ¨dysfunctional, ineffective, under capitalized, costly and inaccessible¨

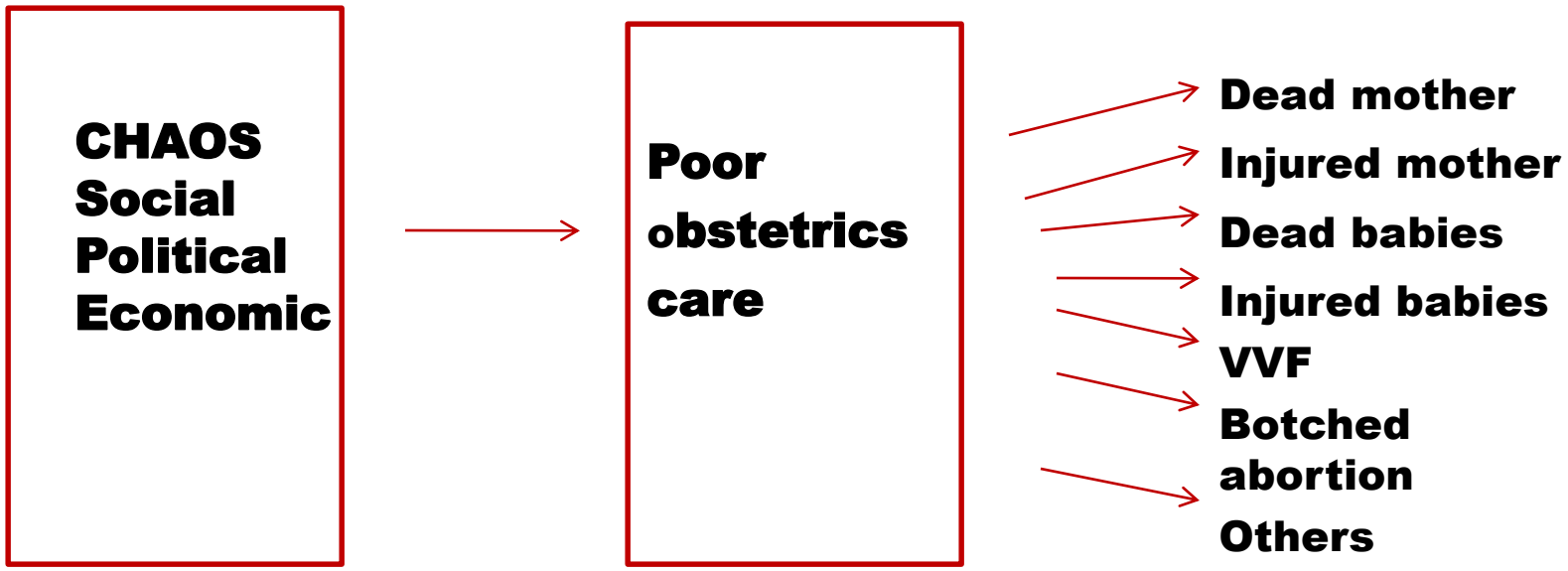
Health and Development Dialogue (2001) -----

¨The Nigerian health care system is sick, very sick and in urgent need of intensive Care. It is blind, lacking the vision of its goals and strategies; it is deaf, failing to respond to the cries of the sick and dying; and it is impotent, seemingly incapable of doing things its neighbouring states have mastered¨

Comparative Performance of Nigeria's Health System, Out of 191 Countries



Maternal Mortality As An Underlying Social Problem in Nigeria – Harrison, 2009



Challenges Facing Maternal Mortality Reduction in Nigeria

- Inadequate political and financial commitment at both international and country levels
- Poor alignment of maternal and child health to national development efforts
- Weak and poorly responsive healthcare system
- Pervading poverty, especially the feminization of poverty
- Illiteracy and low level of community education on MCH issues
- Harmful traditional and religious beliefs and practices

Achieving MDG-5 in Nigeria: Suggested Road Map

- Leveraging international commitments and support
- Building political will among the three tiers of government
- Improvement health infrastructure and the health system
- Implementation of poverty alleviating interventions
- Investment in community education and women's education
- Elimination of harmful traditional practices
- Socio-economic and political empowerment of women

Leveraging Global Commitments

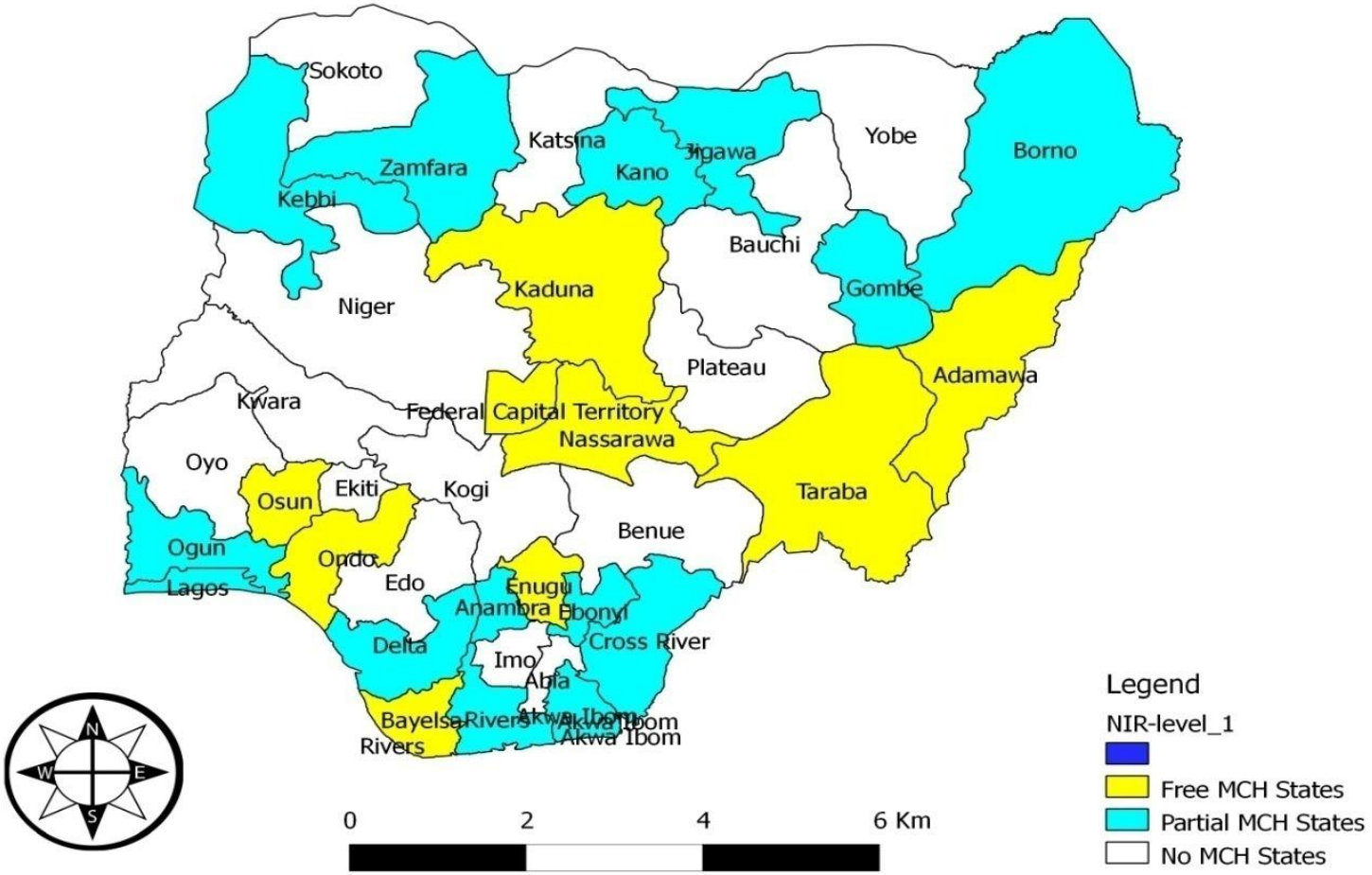
- The Millennium Declaration - commitment to increased funding of maternal and child health
- Only about 10 percent of the US $6.1 billion needed to provide assistance for MCH has been offered by development partners
- Nigeria - one of the countries with some of the lowest development assistance in Africa
- Intense advocacy, international lobbying and partnership building needed to increase international funding for Nigeria

Political Commitment Is Critical

Some states have shown that this can be done:

- **Gov Mimiko in Ondo through the *Abiye* program**
- **Successful free maternal health care in Kano, Delta and Ebonyi states**
- **Launching of free maternal health care by 18 states**
- **President Obasanjo through his proactive and dynamic approach to maternal health and the empowerment of women**

Situation report of States practicing Free Maternal and Child Health (MCH) policy three years after onset of advocacy (Dec 2009)



Service Utilization at Ebonyi Hospital Following Free MCH

Attendance	Before Program Started	After Program Started	% Increase
Antenatal	600	3,731	521
Delivery	320	1,480	362.5
Postnatal	310	1,406	353.5

Decrease in Maternal Deaths and Maternal Mortality Ratio

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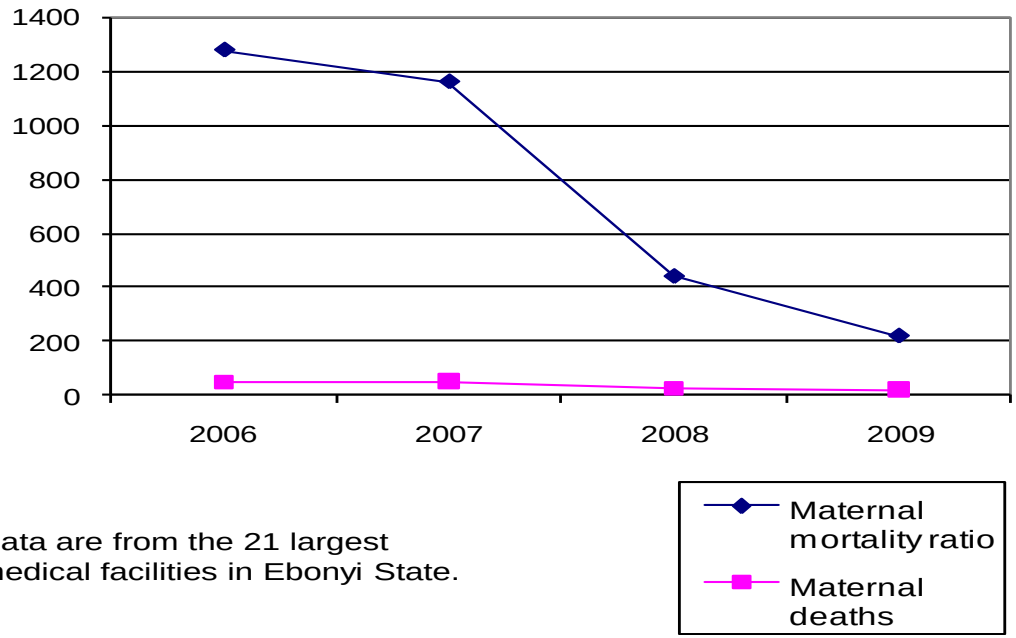
Maternal deaths decreased from 49 in 2006 to 19 in 2009

MMR decreased from 1,280 per 100,000 live births in 2006 to 219 per 100,000 livebirths in 2009



Data are from the 21 largest medical facilities in Ebonyi State.

Advocacy for Building Political Will for Safe Motherhood

A 3 step process:

1) **Create awareness among top decision/political leaders about the problem;**

2) **Explain why it should rank high among the list of issues to be addressed and identify political benefits that are derivable if action is taken; and**

3) **Propose simple, easily readable and cost-effective solutions in a layered rather than complex manner.**

Indicators for Measuring Political Commitment

- Level of awareness of maternal health by political leaderships
- Extent to which states direct their agenda on maternal and child health programming
- Number of specific state policies and programs on MCH
- Percent of budget devoted to health and to MCH
- Extent to which states re-build infrastructure that impacts on MCH
- The extent to which states promote transparent, accountable and effective governance based on the rule of law, social justice and anti-corruption.

Rebuilding Health Infrastructure and the Healthcare System

- Better funding & coordination of NPHCDA Midwifery Scheme
- Strengthening referral systems so women using PHCs can reach secondary and tertiary health facilities when complications arise
- Strengthening secondary and tertiary facilities with good transfusion services, specialized emergency obstetric care and use of evidence-based protocols
- Signing into law of National Health Bill

Poverty Alleviation and Safety Nets

- **Immediate solution: Free MCH as is presently being done in Ghana, Senegal, Mali, and Burkina Faso**

- **Intermediate solution: National Health insurance should be improved to cover all vulnerable populations, especially women**

- **Long term solution: efforts should be made to address the high level of poverty in the country**

Note: **Structural adjustment has not worked and the removal of fuel subsidy will worsen rather than ameliorate the situation.**

Women's Education and Empowerment

- **Educating women - shown to have multiple beneficial effects on the health of women and children**
- **Governments must invest in the education of all women**
- **Informal education, especially on issues relating to health and MCH will also help communities overcome pervading ignorance that leads to poor health seeking behaviors**
- **Focusing on formal and informal education alone can reduce maternal mortality very significantly in the long term**

Conclusion: A Call to Action

- **September 2000: 189 countries agreed the Millennium Development Goals**
- **MDG 5: A reduction in the maternal mortality ratio by 75% between 1990 and 2015**
- **Near-term evaluation has shown possibility of reducing maternal mortality by three-quarters within 25 years in some countries.**
- **<u>Unlikely</u> that Nigeria will achieve the goal in 2015 due to inadequate demographic, economic, political and socio-cultural circumstances**
- **However, DON'T LOSE FAITH – remain focused on the MDG target, while thinking <u>beyond</u> 2015 and keeping an eye on the broad picture.**

Conclusion *(cont'd)*

- **What's needed:**
  - **High level political will & strong political leadership**
  - **Strategy that encourages the alignment of our maternal health with the overall development plans of the country (example - Vision 20:20:20)**
  - **Concerted effort is required at all levels, from international to in-country efforts and among community stakeholders, health professionals and academicians**

"Safe Motherhood is a human (and constitutional) right. we must empower women and ensure choices.... Our task and the task of many like us, many hundreds of thousands like us, is to ensure that in the next decade, safe motherhood is not regarded as a fringe benefit, but as a central and essential issue in global development".

- James D. Wolfensohn
Former President, World Bank

THANK YOU