

REDUCING MATERNAL MORTALITY IN NIGERIA: THE NEED FOR GOOD GOVERNANCE AND HIGH LEVEL POLITICAL WILL



**LECTURE IN HONOUR OF
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**BY
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REV. SR. (DR) EILEEN TWOMEY



- **A renowned Obstetrician and Gynaecologist**
- **A humanist and pacifist**
- **Someone who has brought joy, hope and life to our women**
- **A social philanthropist**
- **A health Ambassador and an international clinician**
- **The Madam Theresa of Ebonyi State**

Maternal Mortality – A Nation's Albatross

- **Maternal Mortality – social evidence of our nation's development paradox**
- **Despite increasing revenues from petroleum, our social sector remains disorganised, while our development indicators remain uneven**
- **The high rate of maternal mortality in Nigeria epitomises the social inequity and injustice that confront the most marginalised persons in our society, especially women**

Overview of the Lecture

- 1. Re-stating the burden (epidemiology) of maternal mortality in Nigeria**
- 2. Outlining the socio-economic determinants of maternal mortality in the Country**
- 3. Identifying the role of the health care system and the need for healthcare reform**
- 4. Focussing on the important role of the government, and of good governance**
- 5. Making recommendations on the way forward**

Quantifying Maternal Mortality in Nigeria

- 1985 - Prof K.A. Harrison's ground breaking paper on Maternal Mortality in Nigeria**
- 1987 - Nairobi's 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**

Prof Harrison's Research in Northern Nigeria

- **Published in the British Journal of the Obstetrics and Gynaecology in 1985**
- **Reported a ratio of 900 maternal deaths per 100,000 women**
- **This was then the highest MMR reported in the world at that time**
- **It led to the launching of the International safe motherhood conference in 1987 with the aim to reduce maternal mortality by 50% by the year 2000**

Maternal Mortality Statistics in 2000

- **Rather than decrease, maternal mortality ratio actually increased to 1000 per 100,000 in 2000**
- **Several Nigerian hospitals recorded MMR between 1,500 and 3,500 per 100,000 births during the period**
- **Nigeria continued to experience the highest maternal ratio in the developing world**
- **This translated to 50,000 annual deaths accounting for an estimated 10% of global estimate of maternal mortality**

Nigerian Demographic and Health Survey - 2008

NDHS 2008 reported maternal mortality rate as declining to 545 per 100,000 births

This is likely to be incorrect for the following reasons:

- **NDHS reflected community data rather than hospital data**
- **The use of the "sisterhood method" could have led to an under-estimation of maternal deaths**
- **Only 398 deaths reported in the NDHS cohort compared to 1000 deaths from one Kano hospital alone by SOGON in 2004**

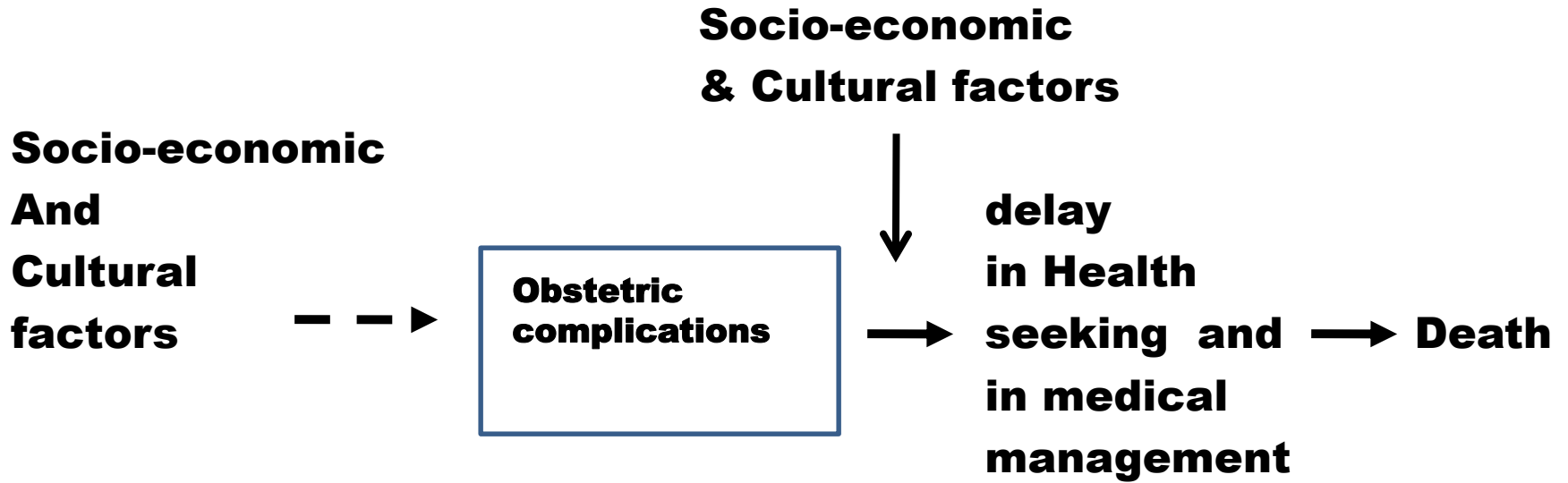
Great Realities on Burden of Maternal Mortality in Nigeria

- **Although MMR has declined worldwide over the past 10 years, Nigeria remains one country with extremely high rates of maternal mortality – Lancet 2010 report**
- **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**

Maternal Mortality only a tip of the iceberg.....

- **For every maternal death, 30 other women suffer long term disability**
- **Of the two million women and girls with vesico-vaginal fistula worldwide, 40% (i.e 800,000 women) are Nigerian women**
- **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



Obstetrics (Medical)

Causes of Maternal Mortality in Nigeria

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

Intermediary Determinants of Maternal Death

- **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**

DELAY as a Determinant of Maternal mortality

- TYPE I Delay :** **Delay in women seeking care when they experience pregnancy complications**
- TYPE II Delay:** **Delay due to difficulties in transportation**
- TYPE III Delay:** **Delay after the woman has arrived in hospital as a result of defiance in the health care system**

Delay as Social Determinant of Maternal Mortality

- The Ile-Ife Research

No delay	10%
Type I Delay	30%
Type II Delay	20%
Type III Delay	40%

Some Causes of Type III Delay

- **Non-affordability of antenatal costs, delivery costs and post-natal costs**
- **Delays in seeing staff in health facilities**
- **Incessant strikes and lockouts**
- **Delays due to poor supplies and consumables**
- **Basic essential obstetrics care not available in most facilities**

Background (Distant) determinants of maternal mortality

- **Poverty**
- **Ignorance & Illiteracy (lack of education)**
- **Harmful traditional beliefs and practices**
- **Harmful religious beliefs and practices**
- **The low status of women**

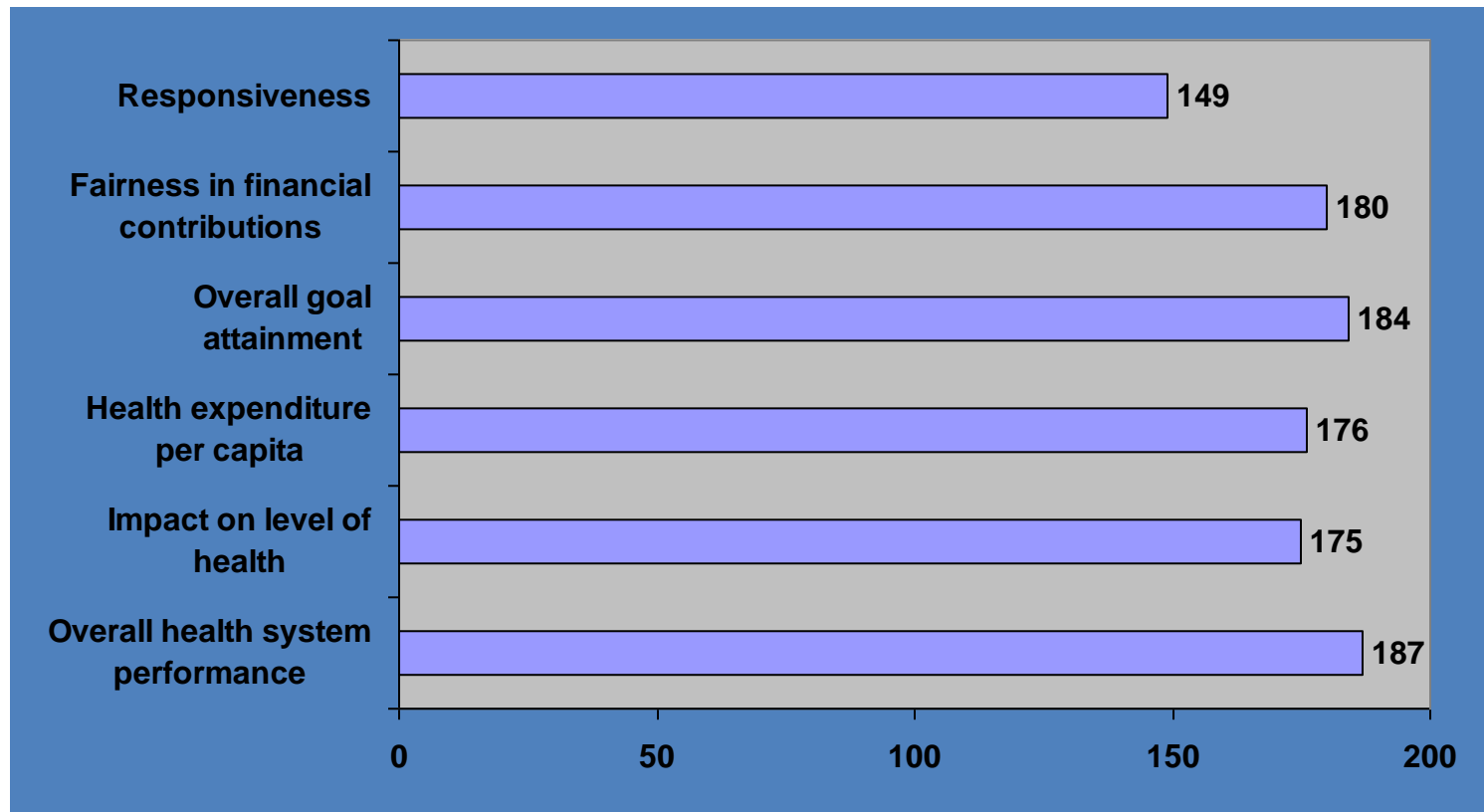
The Role of the Health Care System

- **A health care system has been defined as “The complex of facilities, organisations and trained personnel engaged in providing health care within a geographical area”**
- **Unfortunately, Nigeria’s health care system is currently one of the weakest in the world, and has not been able to respond to the needs of pregnant women seeking essential and emergency obstetrics care**

Descriptions of Nigeria's Health Care System

- **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"
- **World Health Organization (2000)-----**
Ranked Nigeria systems 187th out of 191 surveyed countries in terms of health systems performances, and described it as "dysfunctional, ineffective, under-capitalized, costly and inaccessible"

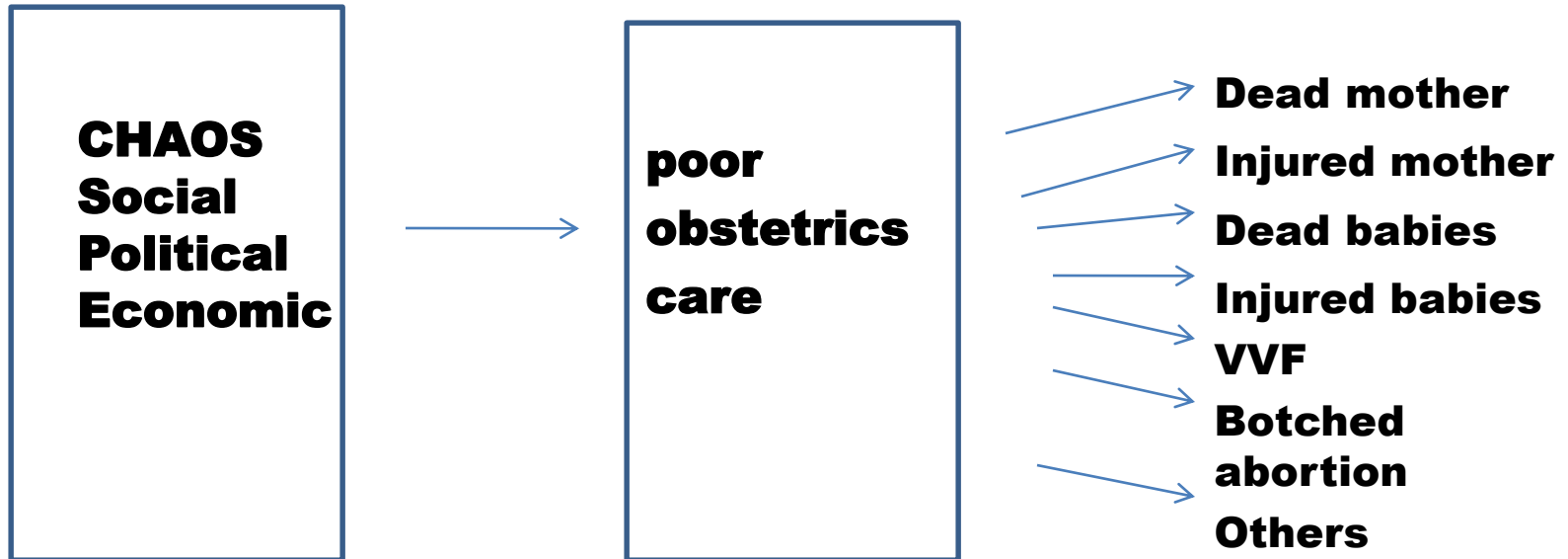
Comparative performance of Nigeria's Health System, out of 191 countries



Concurrence of Health Care Delivery in Nigeria

Federal Government	-	Tertiary health institutions
States	-	Secondary Level Care
Local Government Councils	-	Primary Health Care

Maternal mortality as an underlying social problem in Nigeria – Kelsey Harrison, 2009



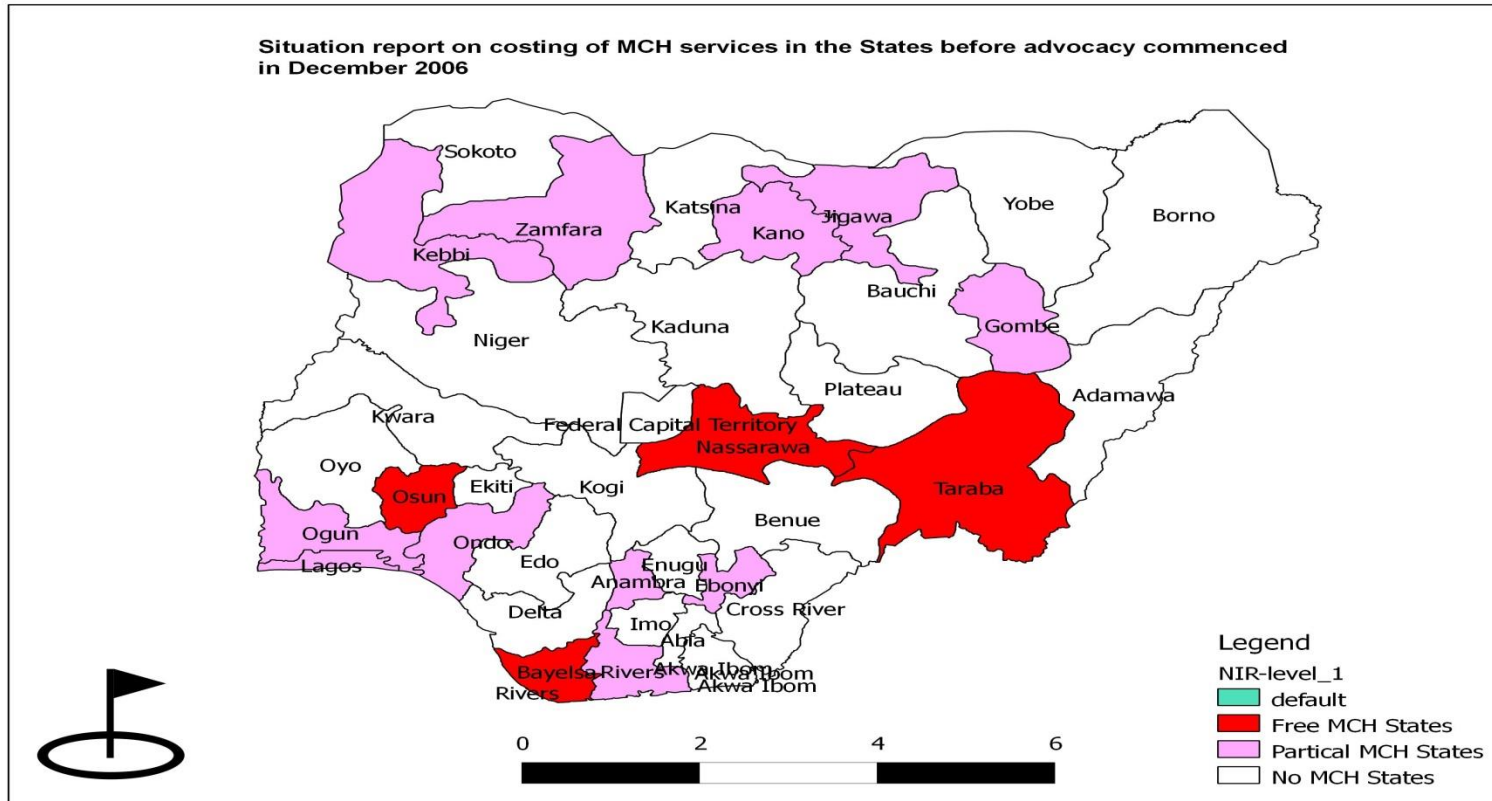
Why Governments are so Critical in Reducing Maternal Mortality

- **The multi-dimensional and multi-sectional nature of the problem**
- **Under-development as a leading social determinant of maternal mortality**
- **Improved maternal health is one of the best indicators of the performance of governments**
- **The reduction of maternal mortality ought to feature high in the agenda of governance**

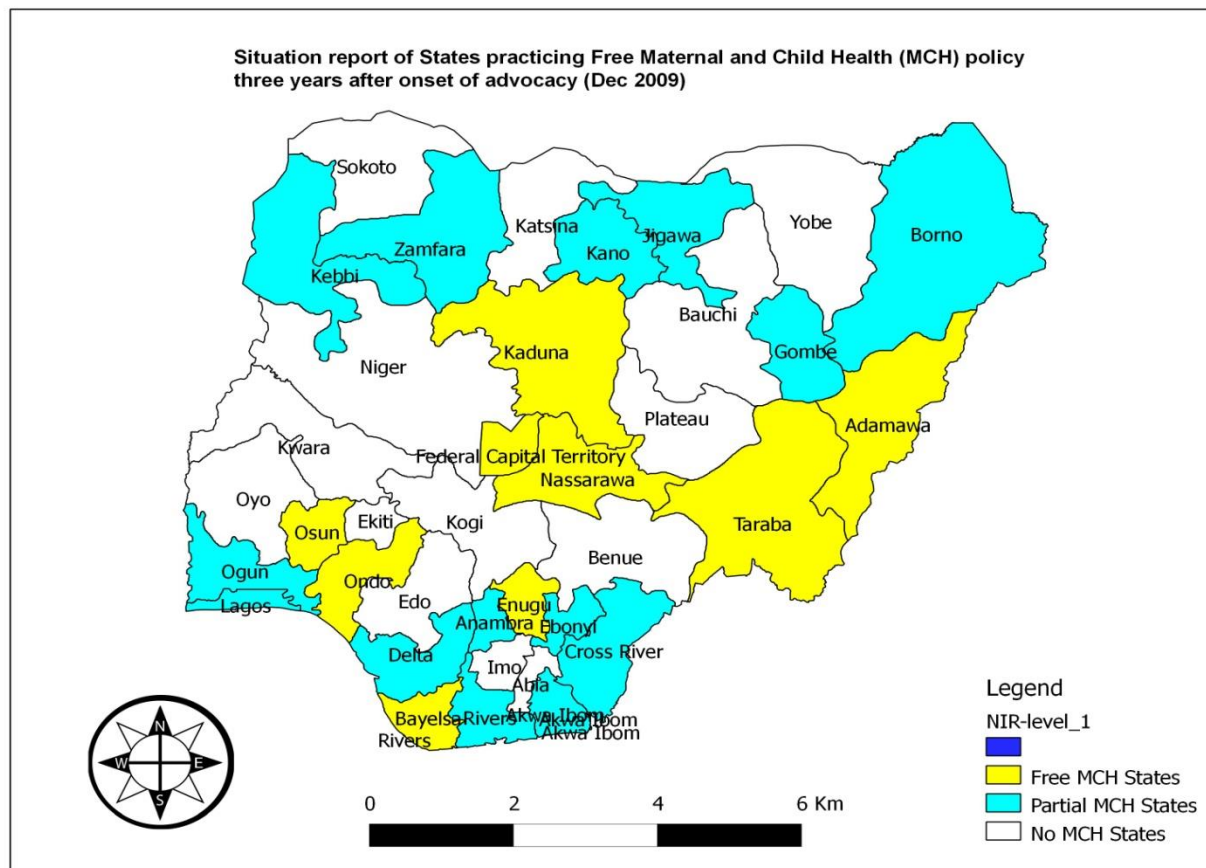
Efforts of the Obasanjo Administration in Promoting Maternal Health

- **2007 Presidential Retreat on Health**
- **The Appointment of a Presidential Adviser on Health, to assist the Presidency in mobilising resources to reduce maternal and child mortality**
- **Advocacy for free maternal and child health services**
- **The recommendation of the National Midwives scheme as essential to increasing skilled births attendance in the country**
- **The strengthening of the National Primary Health Care Development Agency (NPHCDA)**

RESULTS OF FREE MATERNAL HEALTH CARE



RESULTS OF FREE MATERNAL HEALTH CARE



Service Utilisation at Ebonyi Main Hospital

**Before
Program started
(April,2005-May 31,2006)**

**After
Program Started %Increase
(July 1,2006 -
June 30,2007)**

Antenatal Attendance 600

3,731 521%

Delivery Attendance 320

1,480 362.5%

Postnatal clinic attendance 310

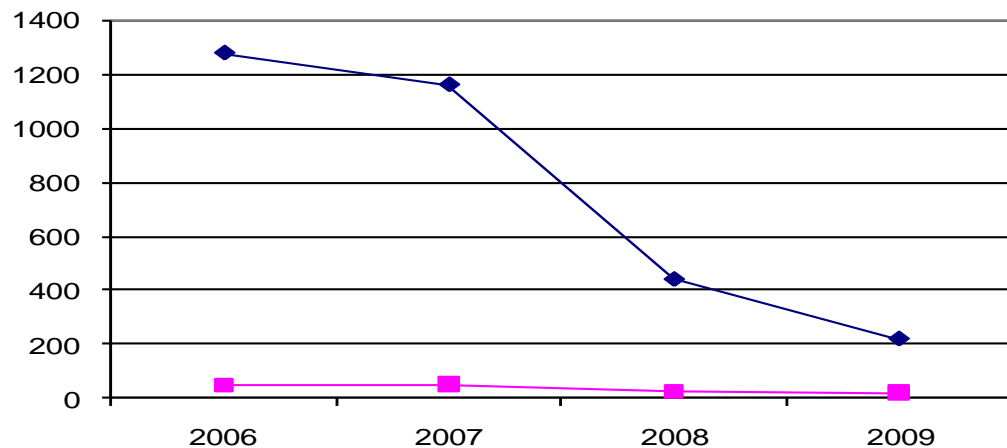
1,406 353.5%

Decrease in Maternal Deaths and Maternal Mortality Ratio

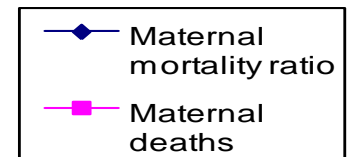
Decrease in Maternal Deaths and Maternal Mortality Ratio

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.



Clearly, increased high level political will and agenda setting are required to reduce the high rate of maternal morbidity and mortality in Nigeria

Benchmarks for measuring Government's commitment to reducing maternal mortality

- **The level of understanding of the problem by the highest level of governance**
- **The existence of relevant policies aimed at addressing the problem**
- **Government's budgetary allocation to health and to maternal health**
- **Government's commitment to promoting transparent, accountable and effective governance**
- **The extent to which maternal health is driven by the state itself, rather than by donor agencies**

Concluding Remarks

The poor state of maternal health in Nigeria is a sad reminder of the dire state of our economy, and is evidence that our internal governing mechanisms are not doing too well. The fact that the majority of women who die are poor and illiterate rural women also pose questions of equity, human rights and social justice.

This lecture, hopefully has shown the way forward for governments to lead the way, and to promote the kind of governance that will engender development and protect our most vulnerable persons.

Concluding Remarks (2)

As the 2011 elections approach, a new opportunity now exists for Nigerians to elect visionary and knowledgeable leaders, who are passionate about the social problems that affect their lives and who have the necessary integrity and background experience to mitigate the problems.


Maternal mortality is the most serious public health challenge of our time, for which governments are required to provide evidence of the solutions they have devised and the impact those solutions have made.

Indeed, addressing the high rate of maternal mortality will be a visible contribution of governments to socio-economic development and transformation, and a major legacy of the current democracy in this country.

I will like to end this lecture by quoting a statement of the President of the World Bank.

“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
President, World Bank**



THANK

YOU