

RMH Team



Maternal mortality: The urgency of a systemic and multisectoral approach in mitigating maternal deaths in Africa

Rationale

Maternal Mortality remains a key issue affecting women of reproductive age across the African Region. Despite the global decline in the maternal mortality ratio (MMR) to 34.2% between 2000 and 2020, MMR is still a disaster in the Africa region. With more than two-thirds (69%) of maternal deaths occurring in the African Region, this is a wake-up call for WHO and other key stakeholders to focus efforts on ways of reducing MMR to 70 maternal deaths per 100 000 live births by 2030.

Key messages

- Globally, a woman dies of pregnancy-related causes every two minutes; most of these are deaths are preventable with the **right care** at the **right time**.
- In 2020, the MMR in the African Region was 531 deaths per 100 000 live births.
- The African Region accounted for 69% of global maternal deaths in 2020.
- The major complications, which account for almost 75% of all maternal deaths, are severe haemorrhage, infection, high blood pressure during pregnancy (pre-eclampsia and eclampsia), complications during childbirth and unsafe abortion.
- MMR needs to be reduced by at least 20.3% each year from 2020, to reach the SDG target by 2030.
- Compared to 2017, in 2020 the maternal mortality ratio increased in 17 countries and decreased in 30 countries.

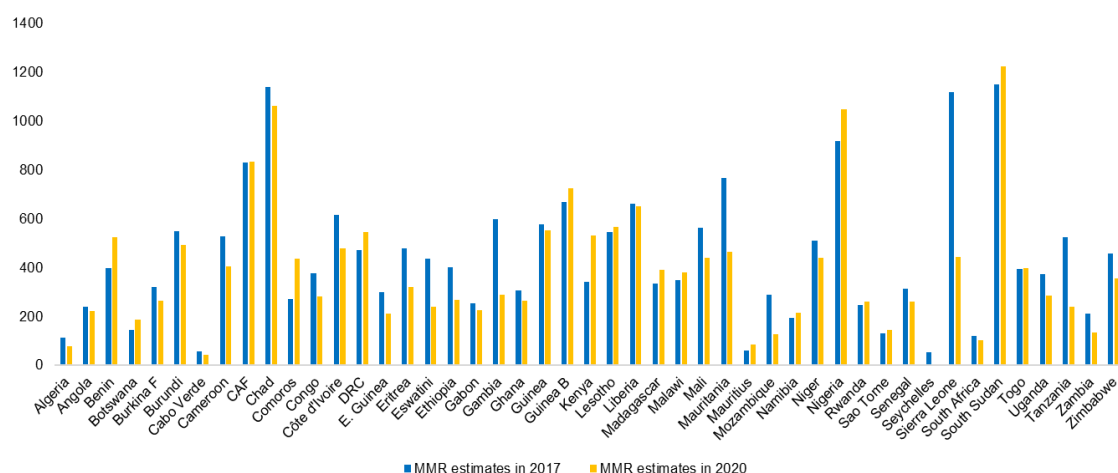
1. Maternal mortality situation

Maternal death refers to the death of a woman during pregnancy or within 42 days after abortion, irrespective of the duration and place of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or unintentional causes (WHO).

Current situation

Figure 1: Maternal mortality ratio per 100,000 live births in the African Region, 2020 compared to 2017

(Source: UN MMEIG, WHO, UNICEF, UNFPA, World Bank and UNDESA)



- In 2020, the maternal mortality ratio in the African Region was estimated at 531 deaths per 100 000 live births.
- Countries with extremely high maternal mortality rates are South Sudan with 1223 deaths, followed by Chad with 1063 deaths and Nigeria with 1047 deaths per 100 000 live births.
- Compared to 2017, the maternal mortality ratio has increased in 17 countries and decreased in thirty (30) countries.
- Sierra Leone was among the top three countries in the African Region with high maternal mortality rates in 2017 with 1120 deaths per 100 000 live births. In 2020, the maternal mortality rate dropped by nearly 60% (443 deaths per 100 000 live births).
- The other countries with a high of Maternal Mortality reduction compared to 2017 are Tanzania (55%), Eswatini (45%), Mauritania (39%), Ethiopia (33%) and Eritrea (33%).
- In 2017, Nigeria's maternal mortality rate was estimated at 917 per 100 000 live births; it increased by nearly 14% in 2020 to reach 1047 deaths.
- In Guinea Bissau, in 2020, the maternal mortality rate increased by 9% compared to 2017.
- The maternal mortality rate in the Democratic Republic of the Congo, increased by 16% in 2020.
- In Benin, the rate also increased by 32% compared to 2017.
- In 2020, the maternal mortality rate increased by 37% in Zambia in relation to the 2017 rate.
- Despite being among the countries with a low rate of maternal mortality, Mauritius witnessed a 38% increase in the period between 2017 and 2020.
- In Comoros, maternal deaths increased by 21% in the period between 2017 and 2020.
- In Kenya, between 2017 and 2020, maternal mortality increased by 55%.
- Namibia's maternal mortality rate increased by 10% between 2017 and 2020.
- Between 2017 and 2020, Sao Tome and Principe witnessed a 12% increase in its maternal mortality rate.
- Other countries with a slight increase in their maternal mortality rates include Lesotho, Madagascar, Malawi and Rwanda.

Country categorization by maternal mortality rate in 2020

Low: Seychelles (3), Cabo Verde (42), Algeria (78), and Mauritius (84) fall into this category, as maternal mortality is low, ranging from 0 to 99 deaths per 100 000.

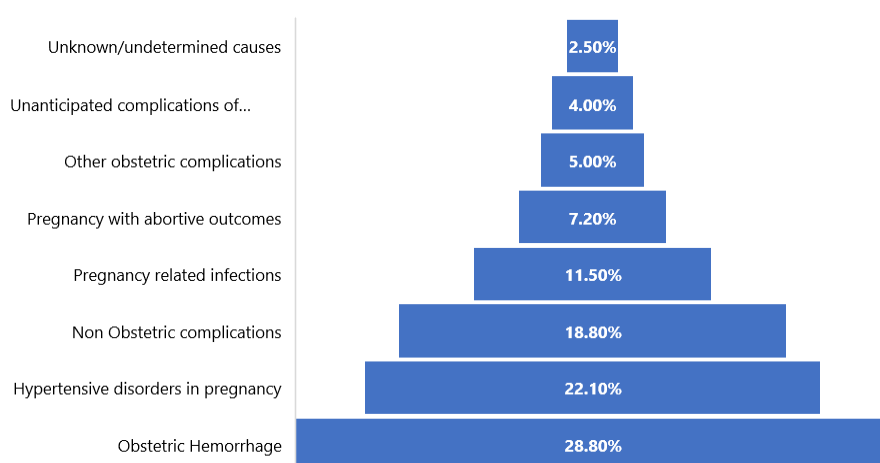
High/moderate: The range of 100 to 499 deaths per 100 000 live births is regarded as high or moderate maternal mortality rate. The 33 countries that fall in this category include Angola, South Africa, Sao Tome and Principe, Botswana, Namibia, Zambia, Gabon, Comoros, Equatorial Guinea, Ghana, Senegal, Burkina Faso, Madagascar, Malawi, Uganda, Congo, Togo, Ethiopia, Eswatini, Zimbabwe, Niger, United Republic of Tanzania, Eritrea, Rwanda, Congo, Mauritania, Gambia, Côte d'Ivoire, Burundi, Cameroon, Mali, Mozambique, Central African Republic and Sierra Leone.

Very high: In 2020, eight African countries were estimated to have a very high rate of maternal mortality, ranging between 500 and 999 deaths per 100 000 live births; these are Central African Republic (835), Guinea-Bissau (725), Liberia (652), Lesotho (566), Guinea (553), Democratic Republic of the Congo (547), Kenya (530) and Benin (523).

Extremely high: Three countries have extremely high maternal mortality rates that exceed 1000 deaths per 100 000 live births. These are South Sudan (1223), Chad (1063), and Nigeria (1047).

2. Drivers of maternal mortality

Figure 2: Causes of maternal deaths in the African Region, 2021 (Source: WHO)



Complications during pregnancy, before birth, during birth and after birth are some of the causes of maternal death.

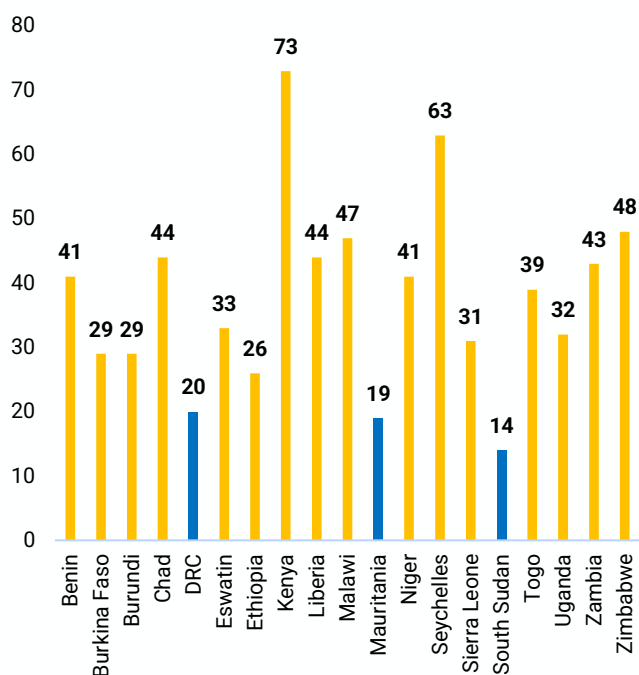
- Haemorrhage is associated with a lack of resources, unskilled birth attendance, delivery in ill-equipped facilities, and a shortage of essential obstetric care supplies such as blood transfusion.
- Poor health-seeking behaviour, long distances to health facilities and lack of transport to tertiary facilities are also linked to the causes of maternal mortality in sub-Saharan Africa.
- Delays in reaching health facilities due to poor infrastructure such as roads, communications, and transport also contribute to maternal mortality. For example, in Guinea, the odds ratio for maternal death was significantly elevated for cases transferred from another hospital.
- Delayed decision to seek maternal care due to failure to recognize danger signs and lack of readiness are additional causes of maternal deaths.
- In Ethiopia, delays in seeking maternal care accounted for 40%, while delays in receiving appropriate care represented 22% of maternal deaths.
- Delays in receiving appropriate care due to inadequate skilled health workforce, inadequate medical equipment and poor referral mechanisms contribute to high maternal mortality in the African Region

3. Availability of Maternal Health Care Services

Maternal health refers to the health of women during pregnancy, childbirth, and the postnatal period. High quality obstetric care by delivering high impact interventions during the pre-natal, ante-natal and post-natal care. All these services skilled health personnel, essential medicines, safe blood and emergency care services and optimal systems that prevent financial hardship.

Availability of essential medicines

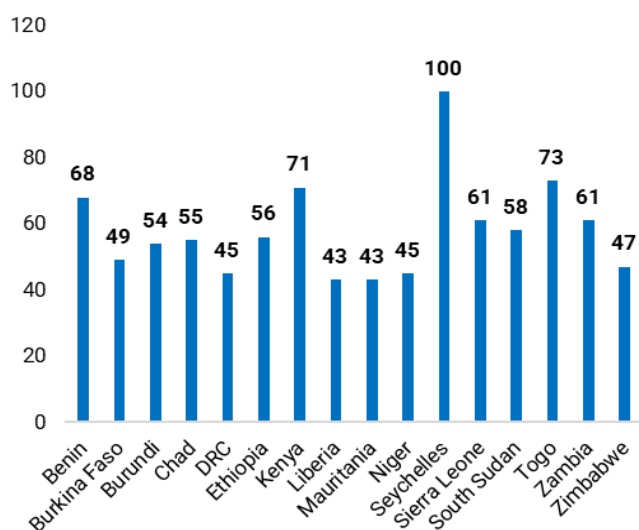
Figure 3: Essential medicines readiness in the African Region (%), 2018 (Source: WHO)



- Priority medicines for saving lives of mothers includes, heat stable carbetocin, oxytocin, misoprostol, tranexamic acid, magnesium sulfate etc.
- Between 2015 and 2018, in the African Region, the availability of essential medicines was high (73%) in Kenya and Seychelles (63%).
- In Zimbabwe, 48% of essential medicines were available, 47% in Malawi, 44% in Chad and Liberia, 43% in Zambia, 41% in Niger.
- Countries with less than 40% availability of essential medicines include Eswatini (33%), Uganda (32%), Sierra Leone (31%), and Burundi (20%).
- Extremely low availability of essential medicine was identified in South Sudan (14%), Mauritania (19%), and Democratic republic of the Congo (20%) (Source: SARA 2018).

Availability of items (infusion pumps, blood warmers and rapid infusers) for offering safe blood transfusion

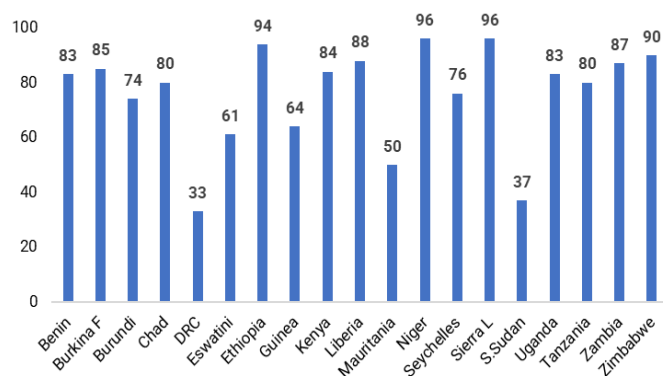
Figure 4: Availability of medical items for the provision of safe blood transfusion in the African Region (%), 2018 (Source: WHO)



- The African Region had an average of 60% availability of safe blood transfusion items between 2015 to 2018.
- Seychelles is the country with extremely high availability of items to support blood transfusion at 100%.
- Countries that range between 60% and 75% are Togo (73%), Kenya (71%) and Benin (68%).
- Other countries ranging from 40% to 59% include Burundi, Burkina Faso, Democratic Republic of the Congo, Ethiopia, Liberia, Niger, South Sudan, and Zimbabwe. (Source: SARA, 2018).

Availability of family planning services

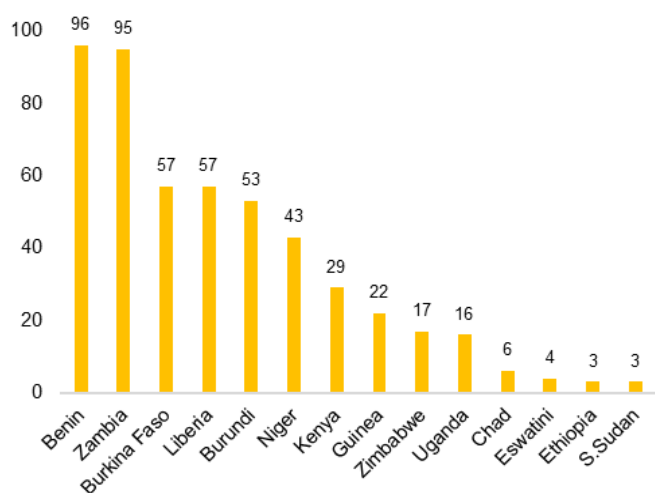
Figure 5: Availability of family planning services in the African Region (%), 2018 (Source: WHO)



- In 2018, the African Region had an average of 78% in availability of family planning services.
- Between 2014 and 2018, the DRC (33%) and South Sudan (37%) had the lowest availability of family planning services.
- In 2017, Eswatini had 61% and Guinea had 64% of family planning services available.
- Countries that ranged between 90% and 96% for the period 2015-2019 are Sierra Leone and Niger at 96%, Ethiopia at 94%, Zimbabwe, and Burkina Faso at 90%. (Source: SARA 2018).

Availability of comprehensive emergency obstetric care services

Figure 6: Availability of comprehensive emergency obstetric care services in the African Region (Source: WHO/UNICEF 2018)

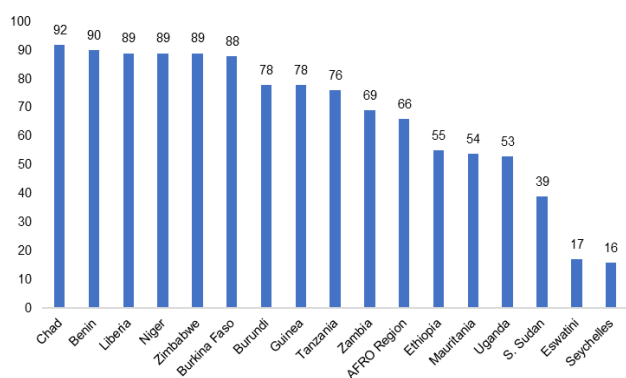


WHO, UNFPA and UNCF recommended the establishment of four facilities for every 500 000 people providing essential primary health care and one facility for every 500 000 people providing essential emergency obstetric care (MEOC 2009).

- From 2015 to 2019, thirty-six per cent of emergency obstetric services were available in the African Region.
- Despite low ANC rates in the African Region, Benin (96%) and Zambia (95%) had high availability of emergency obstetric care.
- Countries with very low availability of services are Burkina Faso, Ethiopia, and South Sudan with 3%, Eswatini with 4%, Togo with 5%, Uganda with 16%, Zimbabwe with 17%, Guinea with 22% and Kenya with 29% (Source: SARA, 2018).

Availability of basic emergency obstetric care services

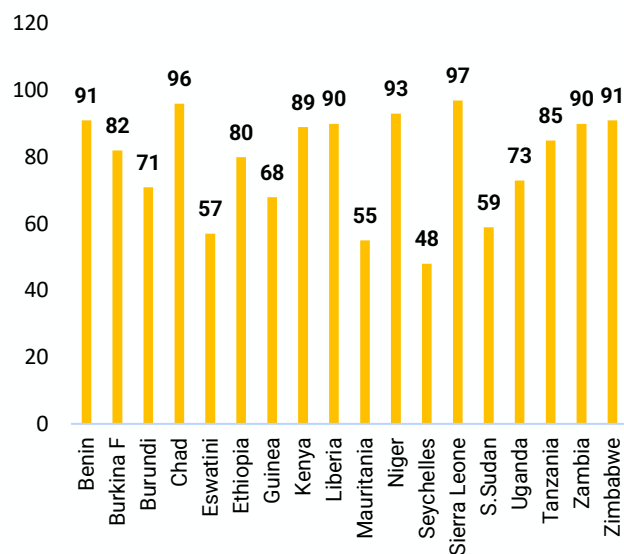
Figure 7: Availability of basic emergency obstetric care services in the African Region (Source: WHO/UNICEF 2018)



- Between 2015 and 2018, Chad (92%) and Benin (90%) were the countries with high availability in basic obstetric care services.
- Liberia, Niger, Zimbabwe (89%) and Burkina Faso (88%) were following.
- Burundi and Guinea had (78%) while Tanzania had (76%) on availability of basic obstetric services.
- Countries with very low availability of these services were Seychelles (16%), Eswatini (17%), South Sudan (36%).
- Other countries with data ranged between 50% and 69%.

Availability of antenatal care (ANC) services

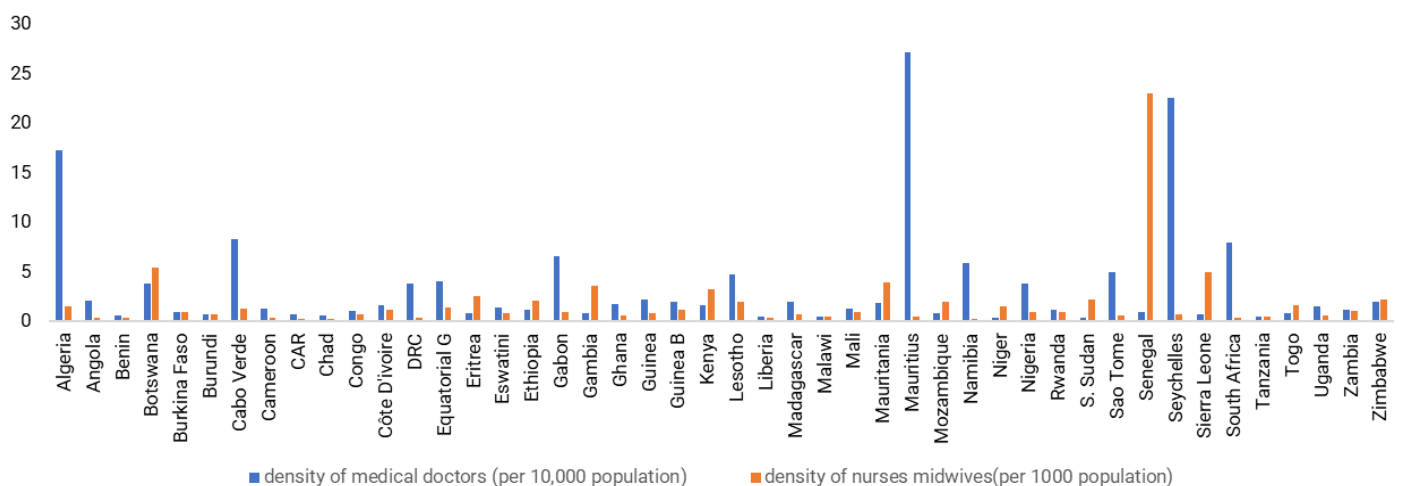
Figure 8: Availability of ANC services in the African Region (%), 2018 (Source: WHO)



- Between 2015 and 2018, the average availability of antenatal services in the African Region was 81%.
- Sierra Leone (97%), Chad (96%), and Niger (93%) had high availability of antenatal care services in the period between 2015 and 2018.
- Zimbabwe had an average of (91%), Benin (91%), Zambia (90%) and Liberia (90%) on availability of antenatal care services.
- Countries with low availability of antenatal care services between 2017 and 2018 included South Sudan (59%), Eswatini (57%), Mauritania (55%) and Seychelles (48%).

Availability of health workforce

Figure 9: Density of doctors and nurses/midwives in the African Region, 2020 (Source: WHO)

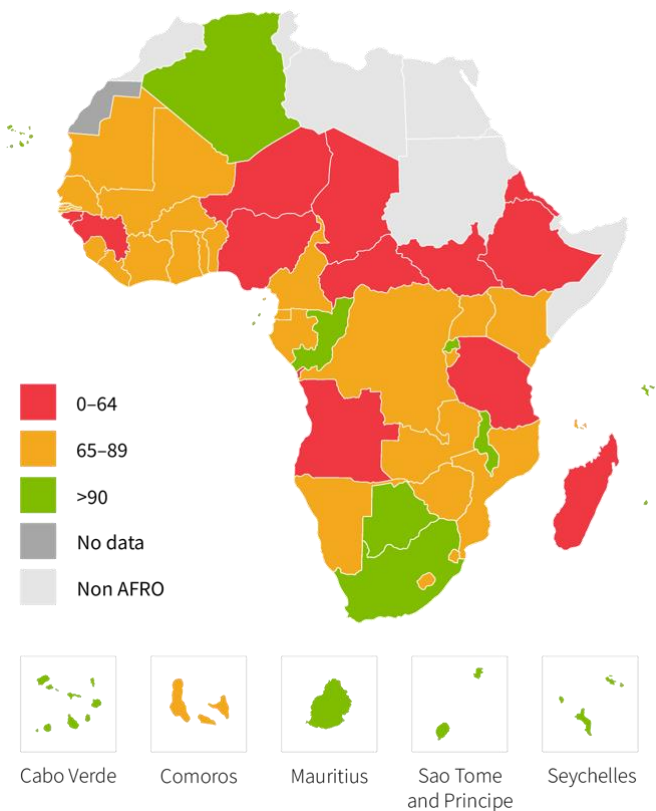


- Between 2012 and 2020, the density of doctors in the African Region was estimated at 2.9 per 10 000 population.
- Mauritius had an average density of 27.1 doctors per 10 000 population followed by Seychelles with 22.5 and Algeria with 17.2 doctors per 10 000 population between 2012 and 2020.
- Countries that ranged between 6 and 10 in terms of density of doctors per 10 000 population were Cabo Verde (8.3), South Africa (7.9) and Gabon (6.5).
- The remaining 41 countries of the African Region ranged between 0 and 5.9 for density of doctors per 10 000 population.
- The density of nurses/midwives per 1000 population was estimated at 1.29 in the African Region between 2012 and 2020.
- Senegal is the only country with a high density of nurses/midwives in the African Region estimated at 22.9 per 1000 population.
- Other countries range between 0 and 5 for density of nurses/midwives per 1000 population.

4. Coverage of Maternal Health Care Services

Birth attended by skilled health personnel

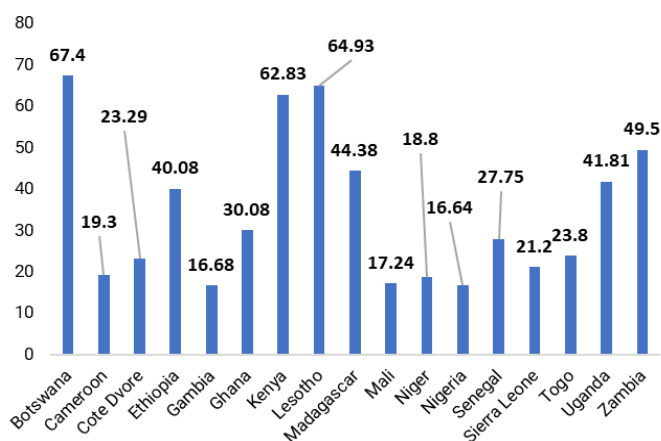
Figure 10: Proportion of births attended by skilled health personnel in the African Region, 2021 (Source: WHO)



- Births attended by skilled health personnel refers to competent maternal and newborn health professionals educated, trained and regulated to national and international standards. They are competent to provide and promote evidence-based, human rights based, quality, socio-cultural sensitive and dignified care to women and newborn.
- In 2021, ninety per cent of births in Mauritius, Botswana, Seychelles, Algeria, South Africa, Sao Tome and Principe, Cabo Verde, Rwanda, Congo, and Malawi were attended by skilled health workers.
- 90% of births in Mauritius, Botswana, Seychelles, Algeria, South Africa, Sao Tome and Principe, Cabo Verde, Rwanda, Congo, and Malawi were attended by skilled health workers.
- In 2019, in Burundi, 98.5% of births were attended by skilled health personnel. This is a 12.1% improvement in 2018, when 86.4% of births were skilled attended.
- There remains a gap of 25% in skilled birth attendance to reach SDG 3.1 by 2030.

Contraceptive prevalence

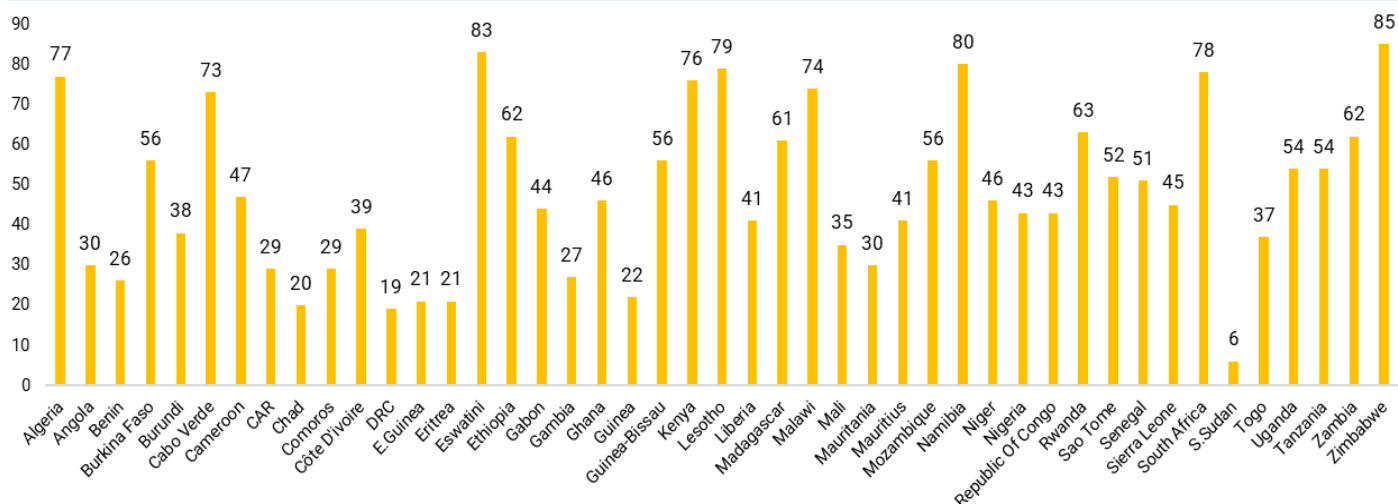
Figure 11: Contraceptive prevalence rate in the African Region (%) (Source: UNDESA 2018)



- Contraception is a lifesaving intervention with well recognized health, social and economic benefits. The most widely used progestogen-only injectable is depot medroxyprogesterone acetate (DMPA) which is also recommended by WHO to deliver injectable contraception for individuals of reproductive age. (WHO:2020).
- The contraceptive prevalence rate in the African Region was 28% in 2017.
- Botswana led the way with a high rate of 67.4%, followed by Lesotho (64.93%), then Kenya with 62.83%.
- Zambia had a rate of 49.5%, Madagascar, 44.38%, Uganda, 41.81%, and Ethiopia, 40.08%.
- The countries with the lowest contraceptive prevalence rates in 2017 were Nigeria (16.64%), Gambia (16.68%), Mali (17.24%), Niger (18.8%) and Cameroon (19.3%).
- The rate in other countries ranged between 20% and 40%.

Demand of family planning satisfied with modern methods

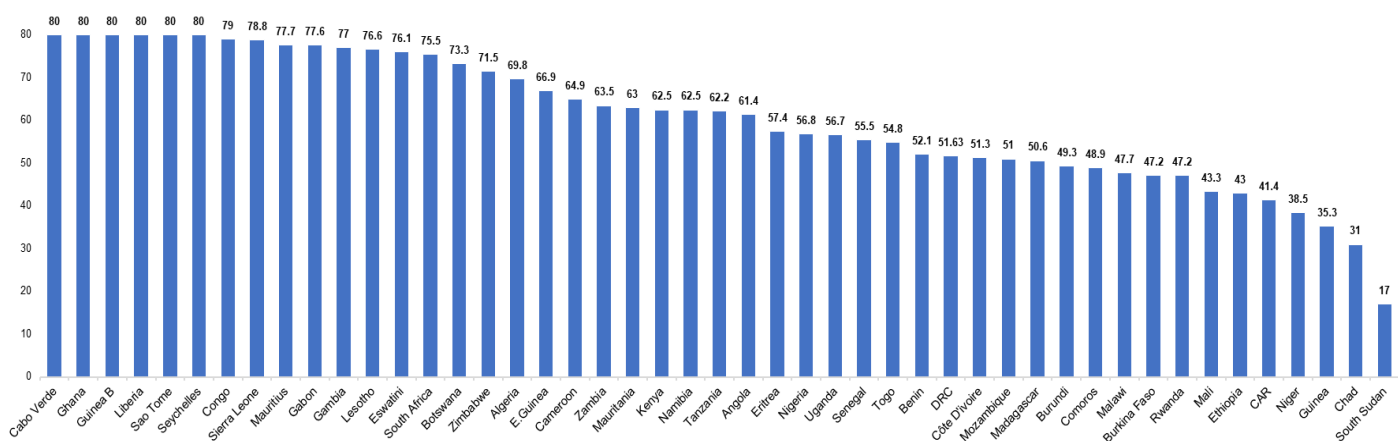
Figure 12: Demand of family planning satisfied with modern methods in the African Region (%) (Source: WHO 2017)



- Modern methods of contraception include oral contraceptive pills, implants, injectables, contraceptive patch and vaginal ring, intrauterine device (IDU), female and male condoms, female and male sterilization, vaginal barrier methods (including the diaphragm, cervical cap and spermicidal agents), lactational amenorrhea method (LAM), emergency contraception pills, standard days method (SDM), basal body temperature (BBT) method, Two Day method and symptom-thermal method.
- Between 2011 and 2017, African Region had 56% of females of reproductive age who were satisfied with the modern method demanded.
- High satisfaction was observed in Zimbabwe (85%), Eswatini (83%) and Namibia (80%).
- Lesotho had 79% South Africa 78%, Algeria 77%, Kenya 76%, Malawi 74% and Cabo Verde 73% of female who demanded and were satisfied with the modern family planning methods received.
- Countries with very low satisfaction includes, South Sudan (6%), Democratic Republic of the Congo (19%), Chad (20%), Equatorial Guinea and Eritrea (21%), Guinea (22%) Benin (26%) and Comoros (29%).
- The rate in other countries ranged between 30% and 65%.

Percentage of women that made four or more ANC visits

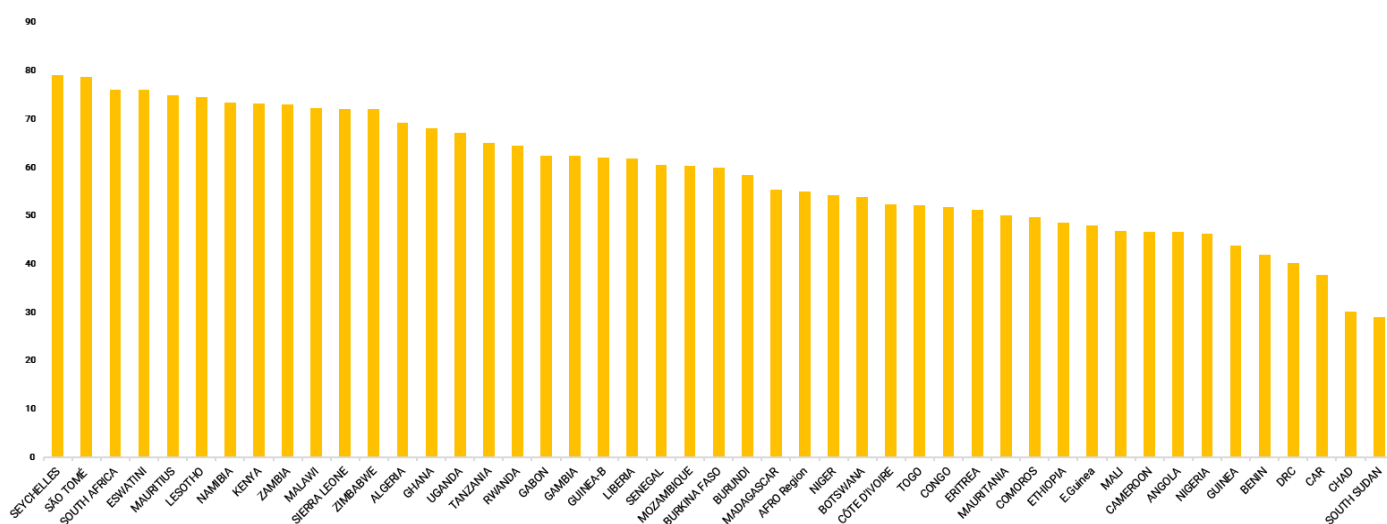
Figure 13: Percentage of women that made four or more ANC visits in 2010-2019 in the African Region (Source: WHO 2019)



- Through antenatal care visits, pregnant women can also access micronutrient supplementation, treatment for hypertension to prevent eclampsia, as well as immunization against tetanus. Antenatal care can also provide HIV testing and medications to prevent mother-to-child transmission of HIV. In areas where malaria is endemic, health personnel can provide pregnant women with medications and insecticide-treated mosquito nets to help prevent this debilitating and sometimes deadly disease. (UNICEF: 2022)
- The average percentage of women that made four or more antenatal care visit in between 2010 and 2019 in the African region was 60.5%.
- Countries with high rate of women who made it to four or more visits include Cabo Verde, Ghana, Guinea Bissau, Liberia, Sao Tome and Seychelles, all with 80%.
- Countries with the lowest rate of antenatal care visit were South Sudan (17%), Chad (31%), Guinea (35.3%) and Niger (38.5%).
- The rate in other countries ranged between 40% and 79%.

UHC-service coverage sub index on RMNCH

Figure 14: UHC service coverage sub index on RMNCH in the African Region (Source: WHO 2019)



- WHO facilitates the universal health coverage to ensure universal access to proven effective and quality SRHR services using the most effective and appropriate delivery systems.
- In 2019, the African Region had 55% on the coverage on reproductive, maternal, newborn and child health services.
- Seychelles led with 79%, followed by Sao Tome 78.72%, then South Africa 76%.
- Countries with high service coverage on RMNCH also included Eswatini (75.9%), Mauritius (74.78%), Lesotho (74.42%), Namibia (73.4%) Kenya (73.06% and Zambia (73%).
- The country with very low coverage on RMNCH services in 2019 was South Sudan with 29%.
- The remaining countries ranged between 30.1% to 69%.

6. WHO and other stakeholders' response

- Increasing research, providing clinical and programmatic guidance, setting global standards, and offering technical support to UN Member States.
- Ensuring universal health coverage for comprehensive reproductive, maternal and newborn health care.
- WHO is urging partners to address inequalities in access to quality reproductive, maternal, and newborn health care services and strengthen health systems while prioritizing women and girls.
- Placing maternal and newborn health high on the agenda of governments and development partners.
- Reviewing policies, guidelines, and programmes to ensure the availability of emergency obstetric care.
- Mobilizing, allocating and releasing adequate resources for maternal and newborn health.
- Ensuring accountability for improving health care services to women and girls at all levels.
- Fostering partnership with the private sector, civil society, religious and other community-based organizations.

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Sources

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