

# MATERNAL HEALTH IN AFRICA

*This Fact Sheet was prepared in January 2013 for the Summit of CARMMA (Campaign on Accelerated Reduction of Maternal, New Born and Child Mortality in Africa) in Addis Ababa*

## Where we stand

- Between 1990 and 2010, Africa has reduced maternal deaths by 41 per cent. Over the same period, it has also reduced under-five mortality by 33 per cent.
- Despite progress, 57 per cent of all maternal deaths occur on the continent, giving Africa the highest maternal mortality ratio in the world. Maternal mortality rates vary from country to country.
- While the lifetime risk of dying from pregnancy-related complications is 1 in 4,700 in the industrialized world, the lifetime risk of an African woman dying from pregnancy related complications is 1 in 39.<sup>1</sup>



- Although since 1990, the global under-five mortality rate has fallen by one third<sup>3</sup>, Africa continues to suffer from the highest rates of child mortality, with one in eight children dying before the age of five — nearly 20 times the average of 1 in 167 for more developed regions.
- An estimated 30 percent of these under-five deaths occur among newborns, and some 60 percent occur within the first year of life.<sup>4</sup>
- Every year, 287,000 women across the world die from pregnancy-related causes.<sup>5</sup>
- For every woman who dies, 20–30 women suffer short- or long-term illness or disability, including severe anaemia, damage to the reproductive organs, severe postpartum disability (such as obstetric fistula), chronic pain or infertility.<sup>6</sup>
- Only about one half of the 123 million women who give birth each year receive antenatal, delivery and newborn care. To protect their health and that of their infants, women need access to basic health care during pregnancy and delivery. But in developing countries, there are too few properly equipped health facilities, and those that do exist rarely provide all of the care that women and babies need.<sup>7</sup>
- The number of maternal deaths is highest in countries where women are least likely to have a skilled professional, such as a trained midwife, doctor or other trained health professional, at delivery.<sup>8</sup>

## Benefits of family planning

- An estimated 222 million women in the developing world who want to avoid or delay pregnancy are not using a modern method of contraception.<sup>9</sup>
- Meeting all unmet needs for modern methods of contraception would reduce the number of pregnancy-related deaths by 79,000. Of these, 48,000 would be prevented in sub-Saharan Africa alone.<sup>10</sup>

**“WOMEN ARE NOT DYING BECAUSE OF ILLNESSES WE CANNOT TREAT. WOMEN ARE DYING BECAUSE SOCIETY HAS YET TO DECIDE THAT THEIR LIVES ARE WORTH SAVING.”<sup>2</sup>**

**MAHMOUD F. FATHALLA,**  
RENOWNED AFRICAN OBSTETRICIAN

- Allowing women to plan their pregnancies leads to healthier outcomes for children. A recent study showed that if all births were spaced at least two years apart, the number of deaths among children younger than five would decline by 13 per cent. The number would decline by 25 per cent if there were a three-year gap between births.<sup>11</sup>

## Risks for the child

- Newborn deaths are often linked to mothers' health. The death of a mother substantially increases the likelihood that her newborn child will die. Of the over 3 million newborn babies who die each year,<sup>12</sup> 99 per cent are in developing countries.
- In 2011, about 6.9 million children died before reaching their fifth birthday — a significant decline from 12 million in 1990.<sup>13</sup>
- About 40 per cent of all under-five deaths are neonatal, occurring during the first 28 days of life; in 2011 this amounted to 3 million deaths.<sup>14</sup>

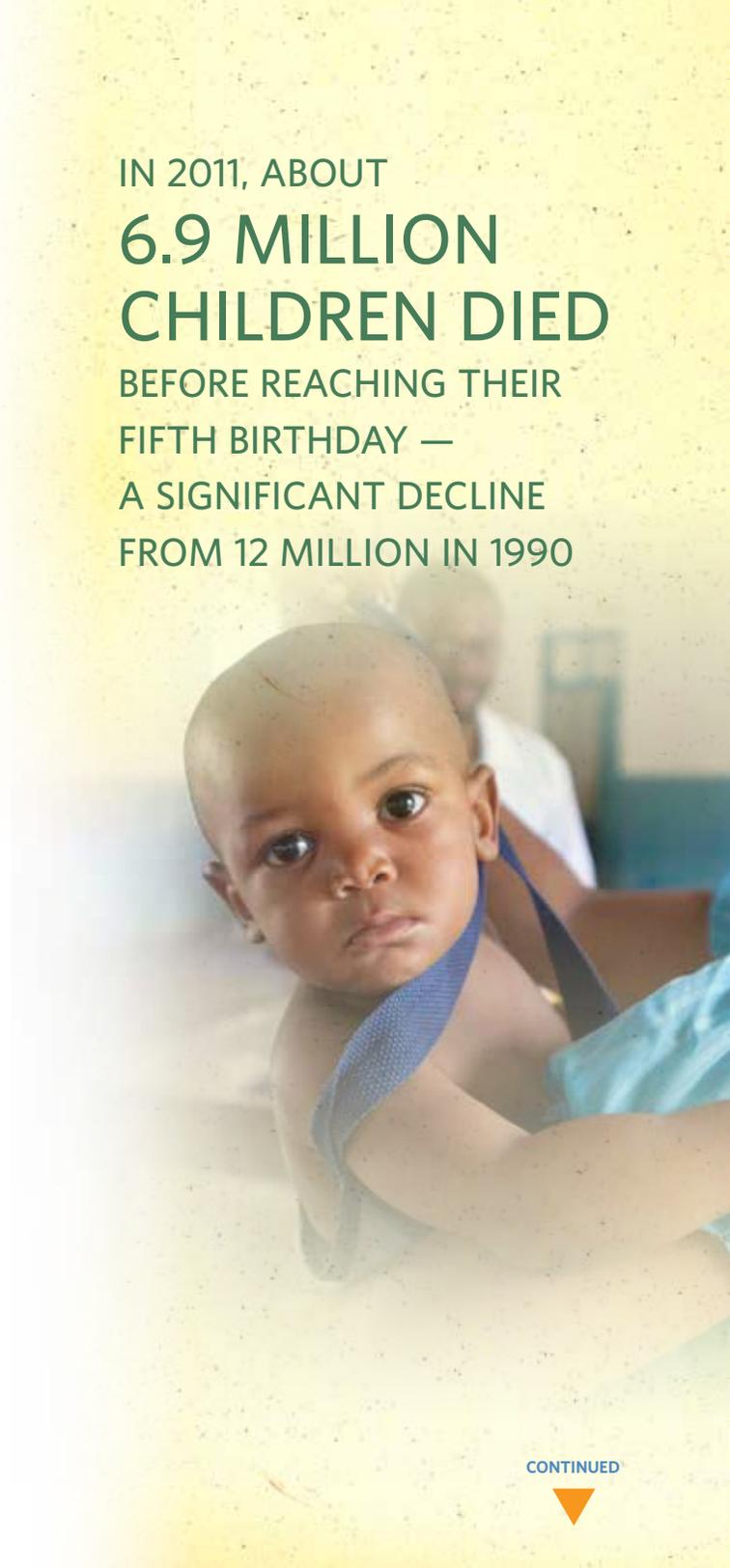
## Economic repercussions

- Maternal and newborn deaths slow economic growth and lead to global productivity losses of some \$15 billion each year. Conversely, investing in improved health for women and babies has far-reaching benefits for nations. For example, between one-third and one-half of Asia's economic growth from 1965 to 1990 has been attributed to improvements in reproductive health and reductions in infant and child mortality and fertility rates.<sup>15</sup>

## Adolescent mothers

- Complications in pregnancy and childbirth are the leading causes of death among adolescent girls ages 15-19 in low- and middle-income countries, resulting in thousands of deaths each year.<sup>16</sup> The risk of maternal mortality is higher for adolescent girls, especially those under age 15, compared to older women.<sup>17</sup>

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- About 16 million girls aged 15 to 19 years give birth every year, accounting for about 11 per cent of all births worldwide.<sup>18</sup> Fewer than one-half of these adolescents made four or more antenatal visits or delivered at a health facility.<sup>19</sup>
- Adolescent pregnancies put newborns at risk. Deaths during the first month of life are 50 to 100 per cent more frequent if the mother is an adolescent than if she is older. The younger a mother is, the higher the risk for the baby.<sup>20</sup>

## HIV and AIDS

Globally, AIDS and complications during pregnancy and childbirth remain the leading causes of death among women of reproductive age. Many of these deaths could be prevented if women had access to modern contraceptives and maternal health care.<sup>21</sup>

- Every day, nearly 1,200 children worldwide become infected with HIV — the vast majority of them newborns infected through mother-to-child transmission.<sup>22</sup>
- In low- and middle-income countries, only 57 per cent of an estimated 1.5 million pregnant women living with HIV in 2011 received the antiretroviral medicines needed to prevent HIV transmission to their babies.<sup>23</sup>

## The Campaign

- In May 2009, the Conference of Africa Union (AU) Ministers of Health launched CARMMA (Campaign on Accelerated Reduction of Maternal, New Born and Child Mortality in Africa) under the theme of “Universal Access to Quality Services: Improve Maternal, Neonatal and Child Health.”
- The continental launch of CARMMA has been followed with national and subnational launches and follow-up implementation of maternal health actions.
- To date, 37 Member States have launched CARMMA. These campaigns have increased high level political commitment, country ownership and social mobilization, and given more visibility to maternal, newborn and child health issues in Africa.

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3 MILLION  
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- UNFPA has served as the lead agency supporting regional and national launches.
- CARMMA builds on prior commitments that African Heads of States have made on maternal, newborn and child health to accelerate achievement of MDGs 4, 5 and 6, such as the *Continental Policy Framework on Sexual and Reproductive Health* and the consequent *Maputo Plan of Action*. CARMMA's objectives at global, continental and national levels are to:
  - ▶ Enhance political leadership and commitment
  - ▶ Identify and work with national champions to mobilize support and participation
  - ▶ Raise and maintain awareness and responses
  - ▶ Build linkages with global campaigns that seek to ensure the establishment of new and innovative financing mechanisms and the appointment by the UN Secretary General of an advocate for the reduction of maternal mortality
  - ▶ Promote the recognition of maternal mortality as a key indicator of a well-functioning health system
  - ▶ Promote knowledge-sharing and replication of experiences and good practices to significantly reduce maternal mortality.
- At the July 2010 AU Summit, the Heads of States and Governments reaffirmed commitments to accelerate efforts to improve women's and children's health through the CARMMA by "Strengthening the health system to provide comprehensive, integrated, maternal, newborn and child health care services, in particular through primary health care, repositioning of family planning including reproductive health commodities security, infrastructure development and skilled human resources for health."<sup>24</sup>

ABOUT 16 MILLION GIRLS  
AGED 15 TO 19 YEARS  
GIVE BIRTH EVERY YEAR,  
ACCOUNTING FOR  
ABOUT 11 PER CENT OF  
ALL BIRTHS WORLDWIDE.



## NOTES

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- 3 From 88 deaths per 1,000 live births in 1990 to 57 in 2009.
- 4 Levels and Trends in Child Mortality, Report 2010. Estimates developed by the UN Inter-agency Group for Child Mortality Estimation, UNICEF 2010.
- 5 WHO, UNICEF, UNFPA, the World Bank, 2012, Trends in Maternal Mortality: 1990 to 2010.
- 6 UNFPA and Guttmacher Institute. "Adding it Up: The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health," 2009.
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- 14 UNICEF, "Committing to Child Survival: A Promise Renewed," September 2012.
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- 21 World Health Organization, "Women's Health," November 2009.
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- 23 UNICEF, "Committing to Child Survival: A Promise Renewed," September 2012.
- 24 Assembly of the Union Fifteenth Ordinary Session, 25 - 27 July 2010 Kampala, Uganda. Actions on Maternal, Newborn and Child Health and Development in Africa by 2015.



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