IMPROVE MATERNAL HEALTH

Target: Reduce maternal mortality rate, by three-quarters, between 1990 and 2015,

1. The status of reproductive health including maternal health

With fertility and maternal mortality rates being among the highest in the world, Malawi is facing enormous challenges. Maternal mortality has increased by 80 percent since 1992, from 620 to 1,120 deaths per 100,000 live births. This is mainly due to haemorrhage, sepsis, pregnancy-induced hypertension, obstructed labour and abortion complications.

Ante-natal delivery and post- natal services have critical impact on maternal and child health. The 2000 MDHS reported an ante-natal coverage of 91 percent. However, the proportion of deliveries assisted by skilled birth attendants, remained at 56 percent since 19992 (MDHS, 2000).

The Total Fertility Rate (TFR) reported by the Malawi Demographic Health Survey (MDHS, 2000) is 6.3 percent, reflecting a 6 percent decline in fertility from the 6.7 percent reported in 1992. The Malawi Contraceptive Prevalence Rate (CPR), rose from 1percent in 1986 to 7 percent in 1992 and to 26 percent at present, which is a positive indication that Malawians are increasingly changing their attitudes toward family planning. If CPR continues to rise significantly, the target of 4.9 TFR set by the Ministry of Health and Population (MOHP) could probably be reached by 2012. Table 4 gives details of reproductive indicators.

Table 4 Reproductive Health Indicators

Indicator	year	
	1992	2000
Maternal mortality ratio	620/100,000	1,120/100,000
Percentage of deliveries by skilled Birth Attendant	56%	56%
Contraceptive Prevalence rate	7%	26%
Total Fertility Rate	6.7%	6.3%

Source: DHS, 1992-2000, Malawi

2.Challenges

Increasing access to general and maternal health care services and adoption of modern family planning as well as reducing teenage pregnancies is critical for reducing the high maternal mortality rate. However, this is undermined by a weak health delivery system, particularly at primary health care level; traditional practices such as initiation rites that encourage early marriages; and cultural beliefs that prevent women from using modern contraceptive methods.

Finally, the transmission of HIV to pregnant women, mothers and their children, represents an additional major threat to maternal health, child survival and family stability. HIV has a disastrous impact on pregnancy and childbirth in the country. With an adult HIV prevalence of 15 percent, the rate of infection among pregnant women who attend ante-natal clinics, could be as high as 35 percent in some urban areas. Prevention of HIV among women and mothers is, therefore, an area that requires critical and concerted efforts.

Another important aspect which deserves consideration is that of mothers who die during child birth, leaving behind many children that are deprived of maternal care. As a result, these children are more likely to die within a few years, after birth, than those with mothers. The impact of maternal mortality and morbidity on families and society, as a whole, is so multi-faceted that it cannot be measured in its entirety. A multi-sectoral approach is, therefore, required to deal with these issues.

The effectiveness of the health system in Malawi is severely affected by the continuous depletion of human resources due to a high turnover of staff, particularly nurses and midwives who migrate to other countries. Other factors include; increasing deaths due to HIV/AIDS and low output of health personnel by training institutions. According to recent estimates, there is an attrition rate of at least two nurses per week in the Malawi health system. The critical shortage of human resources has been exacerbated by the increasing demand for health services due to HIV/AIDS, which has caused a burden on the personnel. Reproductive health services are, therefore, not adequately provided since the few staff available also perform other duties. Replenishment and retention of staff in the Malawi health sector, particularly in the rural areas where the shortage is more acute, is a challenge in providing quality reproductive health services to individuals of different age groups.

Prioritization and coordination of the vertical and sometimes, uncoordinated reproductive health programmes and activities supported and provided by various stakeholders, is another challenge. This has tended to increase working hours of an already over-burded human resource base.
The reproductive health programme is, currently, sufficiently provided with resources although it is over-dependent on development partners. It is, therefore, important to allocate national resources towards reproductive health service if the gains are to be sustained.

3. Policy Framework and Strategies

In order to show its commitment to the ICPD Programme of Action, and to respond to the potentially catastrophic situation, the Government of Malawi created an enabling policy environment for the provision of integrated reproductive health services. A Reproductive Health Unit (RHU) was, therefore, established in 1997, in the Ministry of Health and Population, to formulate, disseminate and review the Reproductive Health Policy. It was also responsible for defininig programme goals, objectives, strategies, interventions and quality assurance mechanisms. It coordinated all donors and stakeholders in Reproductive and Sexual Health (RSH); guiding and monitoring implementation of RSH programme; and mobilizing resources in order to achieve the goals of RSH programme.

The MOHP and the donor partners embarked on a Sector Wide Approach (SWA) with an Essential Health Package (EHP) to ensure that quality health care is available to all. The SWA ensures coordination of technical assistance, as well as, funding from donor programmes to support health activities in line with MOHP's priorities.

In order to address the inter-related challenges, the Ministry of Health and Population has established a Health Service Commission (HSC) whose main objective is to improve the conditions of service for health workers. The Ministry of Health and Population has also developed a 6-year emergency training plan to fill the gap of the existing human resource. The plan includes the resumption of training of Medical Assistants and auxiliary nurses, respectively. In addition, more Health Surveillance Assistants (HSAs) will be trained to a very high level so as to enable them to assist in the delivery of the EHP.

Most of the human resources are required at district and community levels, respectively. Each district will require a dedicated team to run the community mobilization campaigns. It will be necessary to train trainers from community-level personnel that would conduct counselling on their own and provide education on reproductive rights. There will be need to recruit and train counsellors, educators and birth attendants. At health facility level, there will be need to train and upgrade health care managers. Again, the EHP has already included human resource requirements for all basic services.

The replenishment initiative by the UN system in the health sector will also use maternal mortality as an entry point to tackle the inter-related problems of both HIV/AIDS prevention, under-five mortality and gender empowerment..

Assessment of Progress

The increase in contraceptive prevalence rate and reduction in total fertility rate, indicate that significant progress is made towards realizing the reproductive health goal. However, it is unlikely that the goal of reducing maternal mortality rate by 75 percent to 155/100,000 will be achieved. It is possible to reverse the current regressive trend if all stakeholders support the policy and strategies that are in place and if there is a political will and commitment.