OVERCOMING CHALLENGES TO IMPROVING MATERNAL AND REPRODUCTIVE HEALTH

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What is Maternal and Reproductive Health?

Reproductive health, according to the consensus definition agreed on at the ICPD in 1994, is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.

Maternal health refers to the health of women during pregnancy, childbirth, and the post-delivery period.
Components of Maternal and Reproductive Health

Reproductive health includes: fertility regulation, infertility prevention and treatment, safe motherhood, prevention and management of unsafe abortion, reproductive tract cancers, etc.

Maternal health is intertwined with RH and encompasses pre-conceptional counselling, prenatal and post-natal care in efforts to prevent maternal morbidity and mortality.
Implications of Maternal and Reproductive Health

- Human rights protection
- Gender implications
- Growth and developmental aspirations of nations
- Cultural/religious considerations
- Political Contexts
International Commitments to Maternal and Reproductive Health

• International Conference on Population and Development, ICPD; Cairo – 1994
• The 4th World Conference on Women; Beijing – 1995
• Millennium Development Goals - 2000
African Regional Commitments…

- Protocol to the African Charter on human rights
- Continental policy framework on SRHR by AU Heads of governments, and the adoption of the Maputo Plan of Action - 2006
- Campaign for the Accelerated Reduction of Maternal Mortality in Africa (CARMMA) - 2009
Contraceptive Prevalence Rate (CPR) increased ~ 10% world-wide, 1990-2010
Skilled Birth Attendance increased ~ 19% worldwide, 1990-2010 (DHS, MICS)
Maternal Mortality

- Maternal mortality declined by 50% between 1990 and 2010
- Still more than 99% occur in developing countries, with nearly half of these in sub-Saharan Africa
- Nigeria has the second highest absolute number of maternal deaths, despite a reported decline in MMR of nearly 41% between 1990 and 2010
- Maternal deaths are higher in rural women and in adolescents as compared to older women
HIV is far from eradicated

- 33% global decline new HIV infections
- But decline in preventive behavior in some countries
- Delayed infection in southern Africa
- Only 34% of eligible patients get ART
- Access to ART continues to favor adults over children
- HIV is rising in Eastern Europe, Central Asia
Why Slow Progress (1)

- Poverty
- Harmful cultural practices – e.g. early marriage
- Lack of Information
- Distance
- Inadequate services
Why Slow Progress (2)?

- Poor integration of RH into regional developmental agenda
- Low capacity to carry out RH interventions
- Poor country ownership, with RH agenda driven by international interests
- Limited understanding of RH and the lack of political will to make effective policies and take decided actions
Main Recommendations

• Country ownership in RH policies and programming
• Strengthening the capacity of countries to carry out research and innovation in RH that address their specific needs
• Building and sustaining RH leaderships
• Building political commitments to address RH
Political Commitment for Health: the Obasanjo Example

- Increased budgetary allocation to maternal health
- Championing free maternal health care
- Refurbishing tertiary health institutions
- Midwifery Services Scheme
Generating Political Commitment: A systematic approach

- Need to complete the policy reform cycle
- Agenda Setting
- Technical design of the reform process
- Legislative consideration and passage of the reform bill
- Implementation of the adopted policy
- Deepening the reform to include institutions, ideas, interests and ideology
Conclusions

• The deficit of political commitment is the most serious obstacle facing the promotion of maternal and reproductive health.

• The Legislature has a synergistic role to play in collaboration with governments to deepen the implementation of RH in the continent.
THANK YOU