

# ACHIEVING MDG 4 & 5

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# Presentation Outline

- Health Related MDGs – Goal, Targets, indicators
- Current Situation
- Challenges
- Health Sector Response and Role of Health service Administrators

- 1. Eradicate extreme poverty and hunger**
- 2. Achieve universal primary education**
- 3. Promote gender equality & empower women**
- 4. Reduce child mortality**
- 5. Improve maternal health**
- 6. Combat HIV / AIDS, malaria, and other diseases**
- 7. Ensure environmental sustainability**
- 8. Develop a global partnership for development**

# The Millennium Declaration

## **Essential Core Values**

- Freedom from hunger and fear
- Equality
- Solidarity
- Tolerance
- Respect for nature
- Shared responsibility for development

# MDGs.. not just individual goals

Designed as a collection of interdependent goals.

*To create a conducive environment for development that is sustainable, holistic and balanced*

# MDG 4: Child Health

- **Goal:** reduce child mortality
- **Target:** to reduce, by 2/3, between 1990-2015 under-5 mortality rate
- **Indicators:**
  - Under-five mortality rate
  - Infant mortality rate
  - Proportion of 1 year-old children immunised against measles (increase by 2/3)

# MDG 5: Maternal Health

- **Goal: reduce maternal mortality**

- **Target:** to reduce by 3/4 between 1990-2015 maternal mortality ratio

- **Indicators:**

- Maternal mortality ratio
- Adolescent birth rate
- Unmet need for family planning

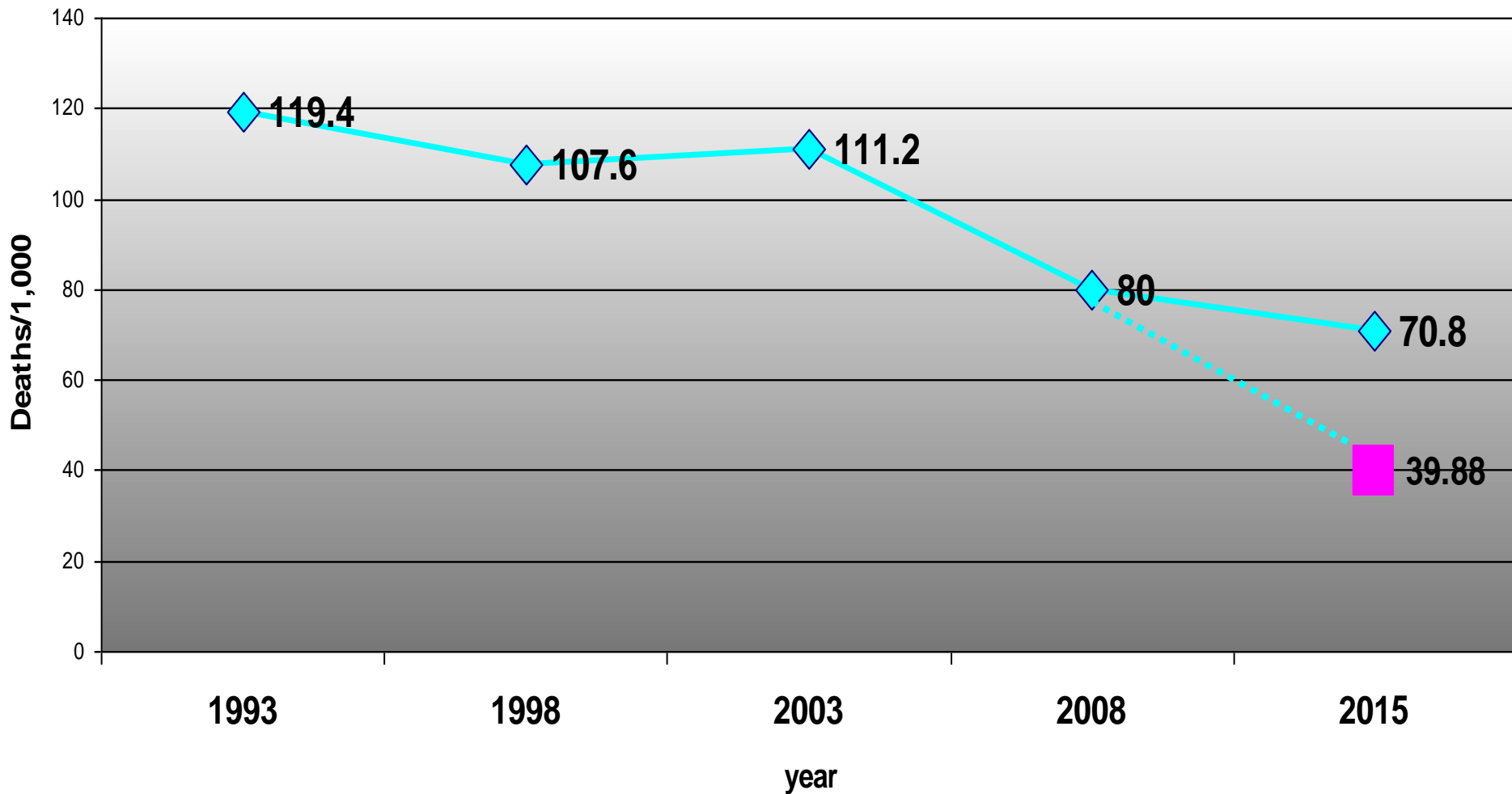
**(Increase)**

- Proportion of births attended by skilled health personal
- Contraceptive prevalence rate
- Antenatal care coverage

# **CURRENT SITUATION**

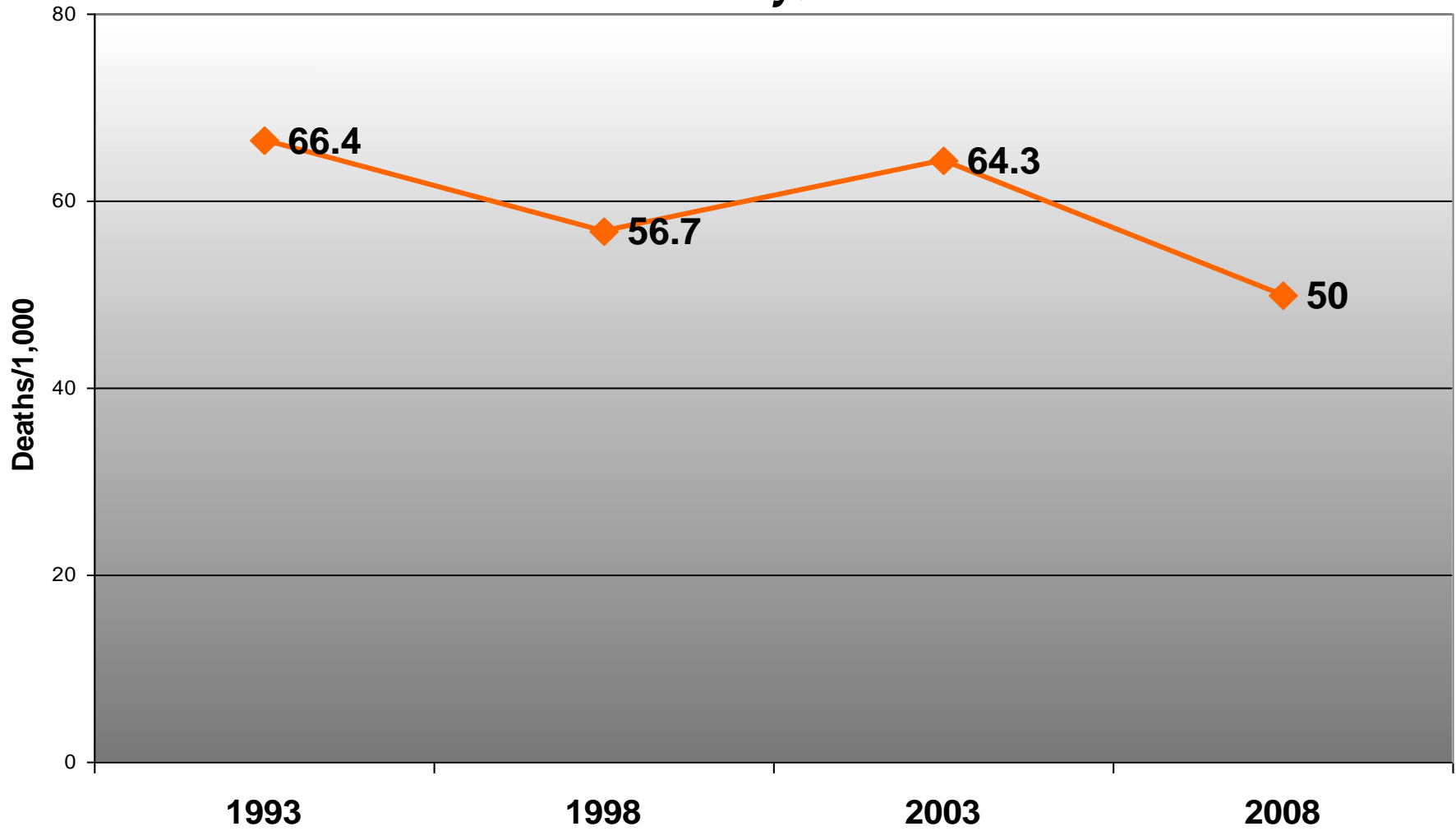
# MDG 4: Child Health

## Under-5 Mortality, 1993 - 2008



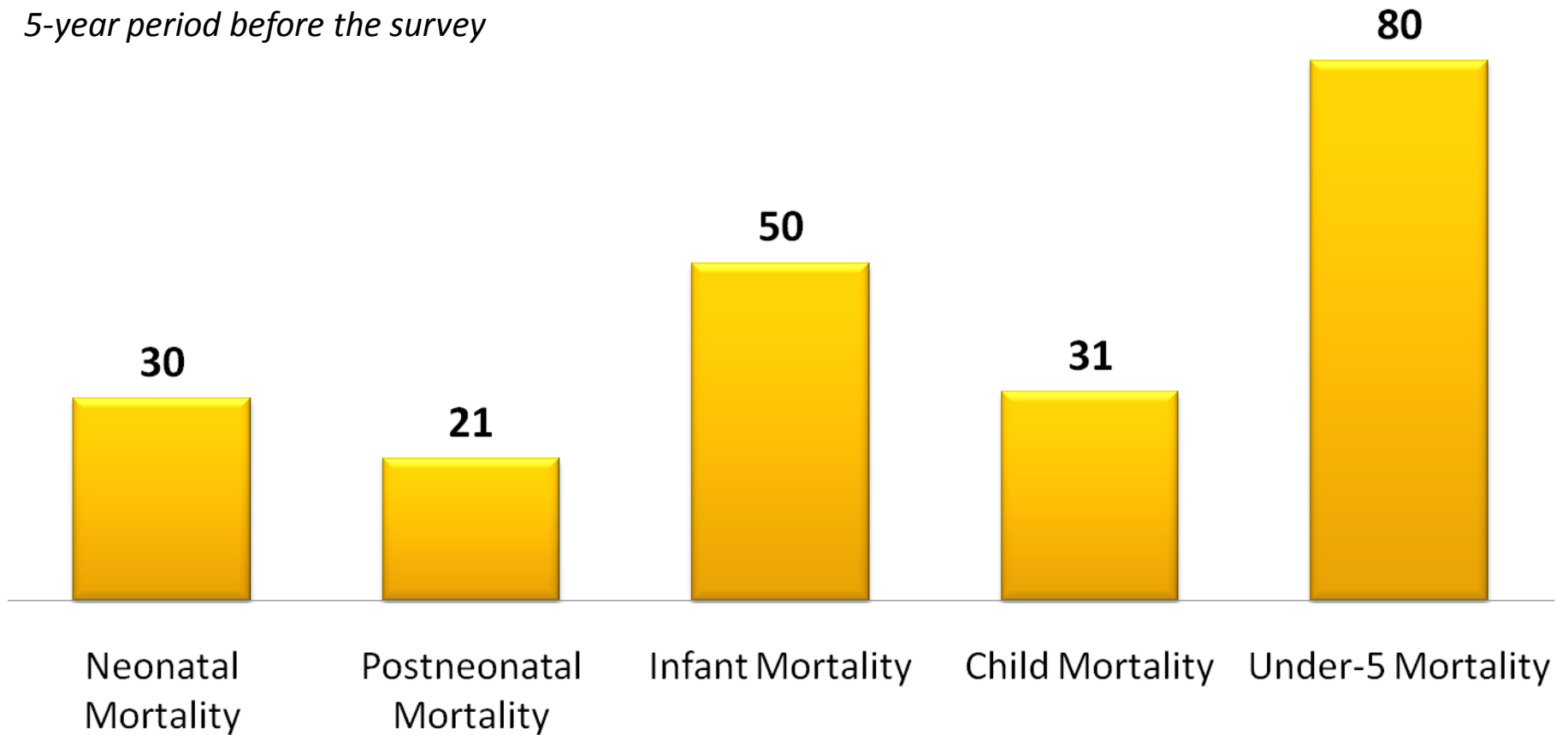
# MDG 4: Child Health

## Infant Mortality, 1993 - 2008



# Childhood Mortality Levels

*Deaths per 1,000 live births for the 5-year period before the survey*

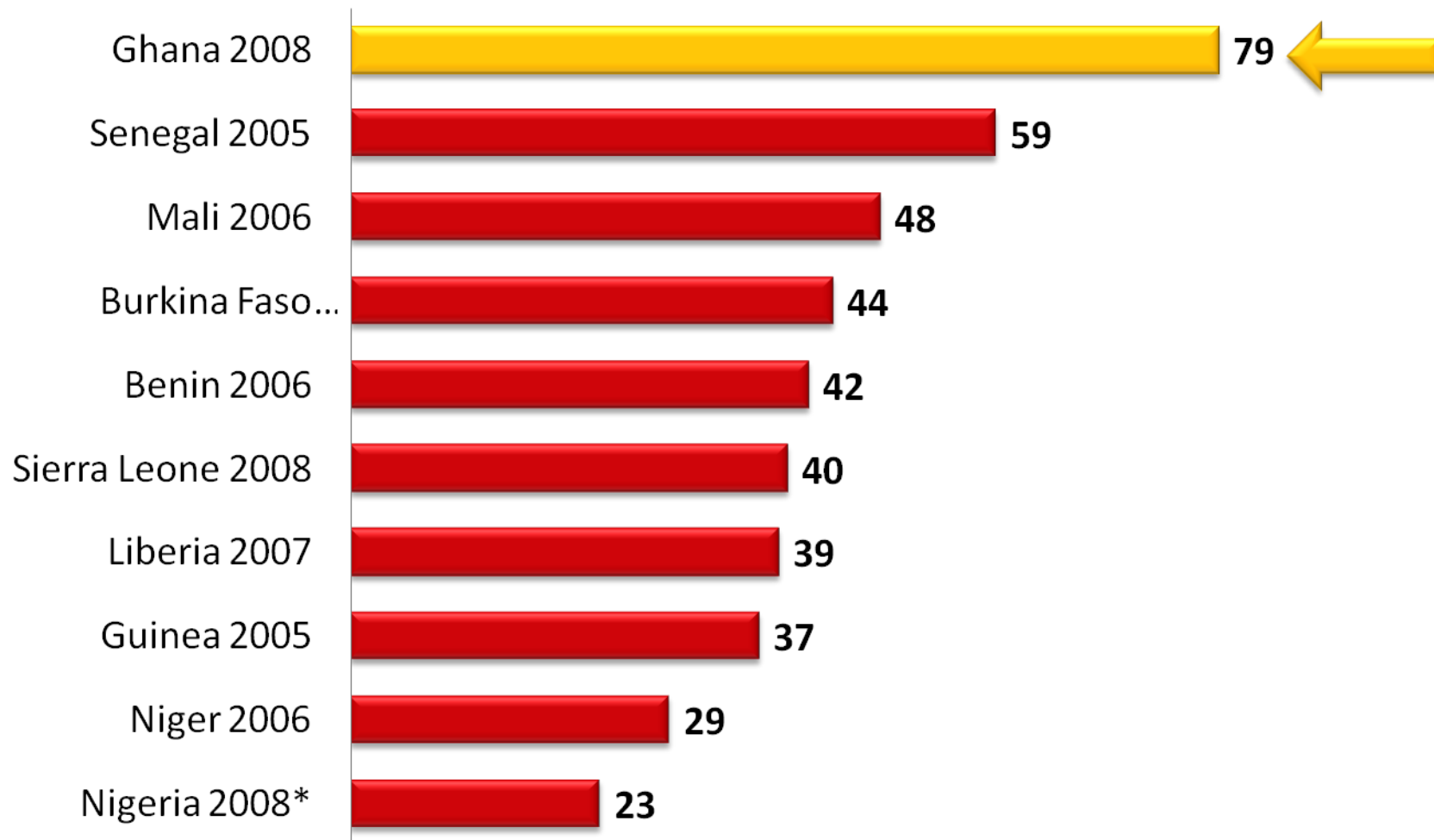


# Full Immunisation

- Children who have received:
  - BCG
  - Measles
  - 3 doses of DPT
  - 3 doses of Polio (excluding polio 0)

Are said to be “**fully immunised**”

# How Does Ghana Compare?



*Percent of children 12-23 months fully vaccinated*

\* Preliminary data

# Key Findings

- **79%** of children have **all the recommended vaccinations**
- Vaccination coverage has dramatically improved over the past 20 years—from **47%** in **1988** to **79%** in **2008**.
- **6%** of children had **symptoms of ARI** and **20%** had **fever** in the 2 weeks before the survey.
- **20%** of children had **diarrhoea** in the 2 weeks before the survey. Of these, **41%** of children were taken to a **health facility or provider**.
  - **67%** were given **ORT or increased fluids**

# MDG 5: Maternal Health

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- Unmet need for family planning

**(Increase)**

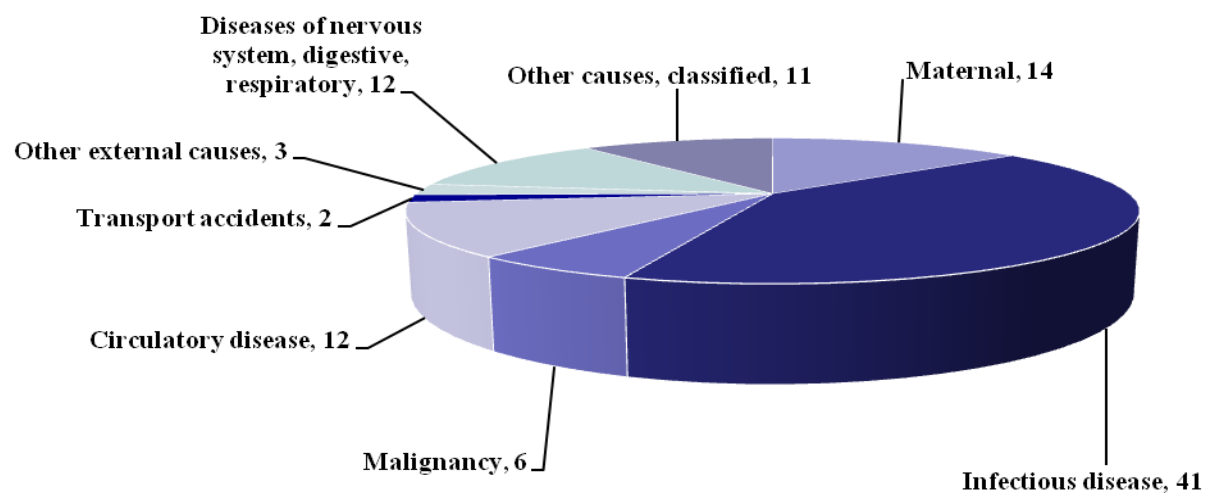
- Proportion of births attended by skilled health personal
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- Antenatal care coverage

# Maternal Mortality from Sibling History



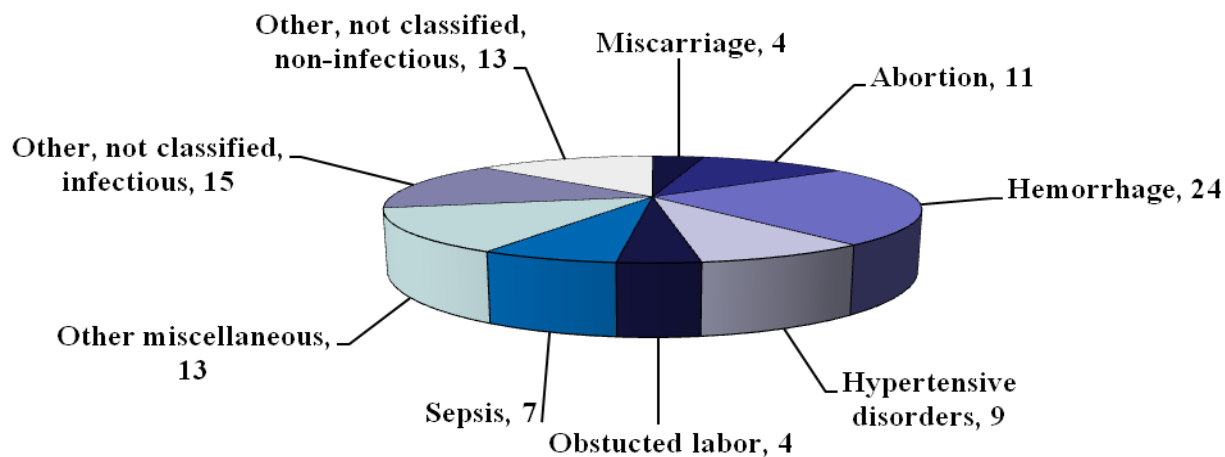
MMR	Time period (preceding the survey)	Confidence Interval
<b>451</b>	<b>7 years</b>	<b>324-577</b>
378	5 years	249-505
416	10 years	313-520

# All Cause-specific Mortality (Verbal Autopsy)



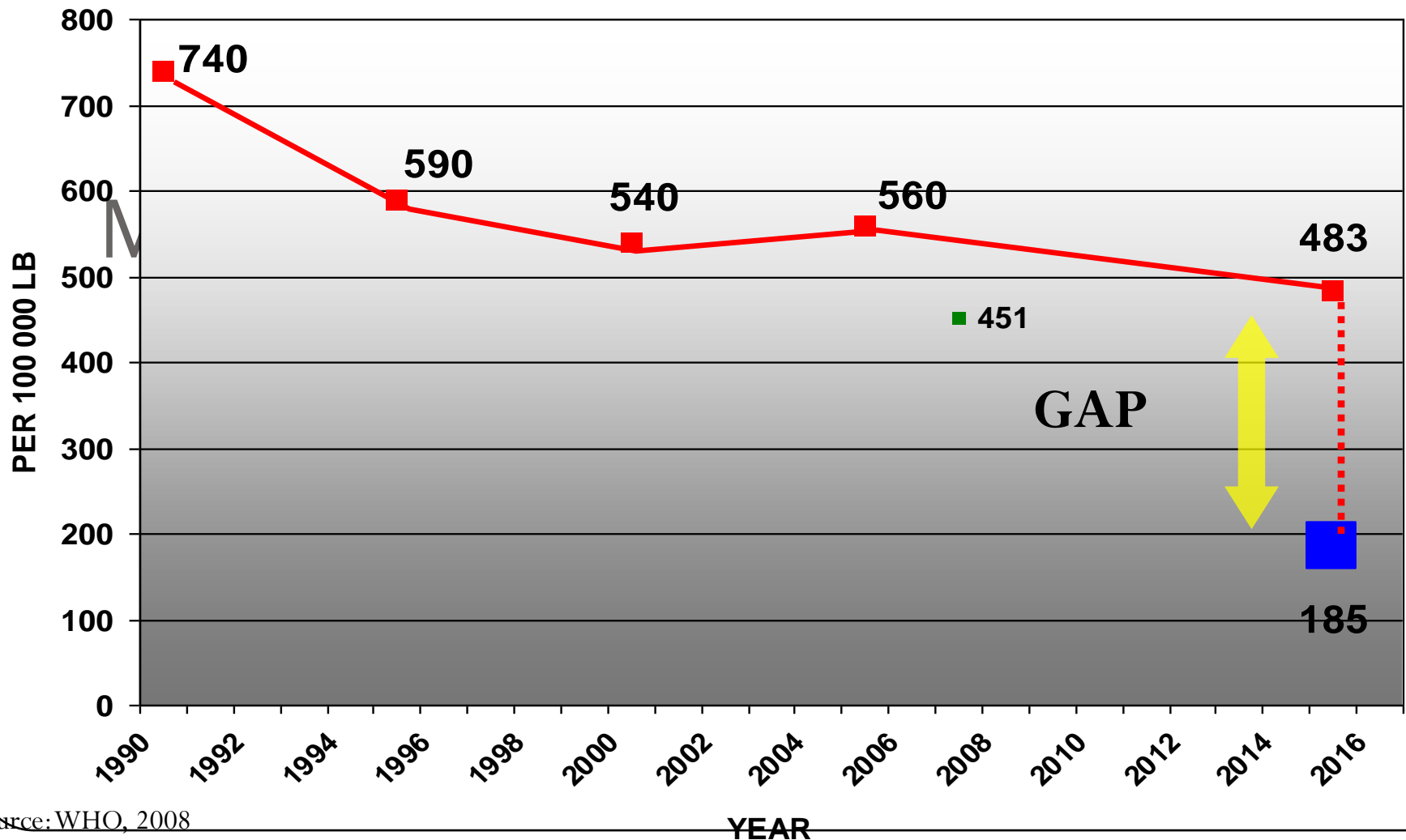
*Percentage of deaths to women age 15-49 in the five years preceding the survey*

# Causes of Maternal Deaths (Verbal Autopsy)



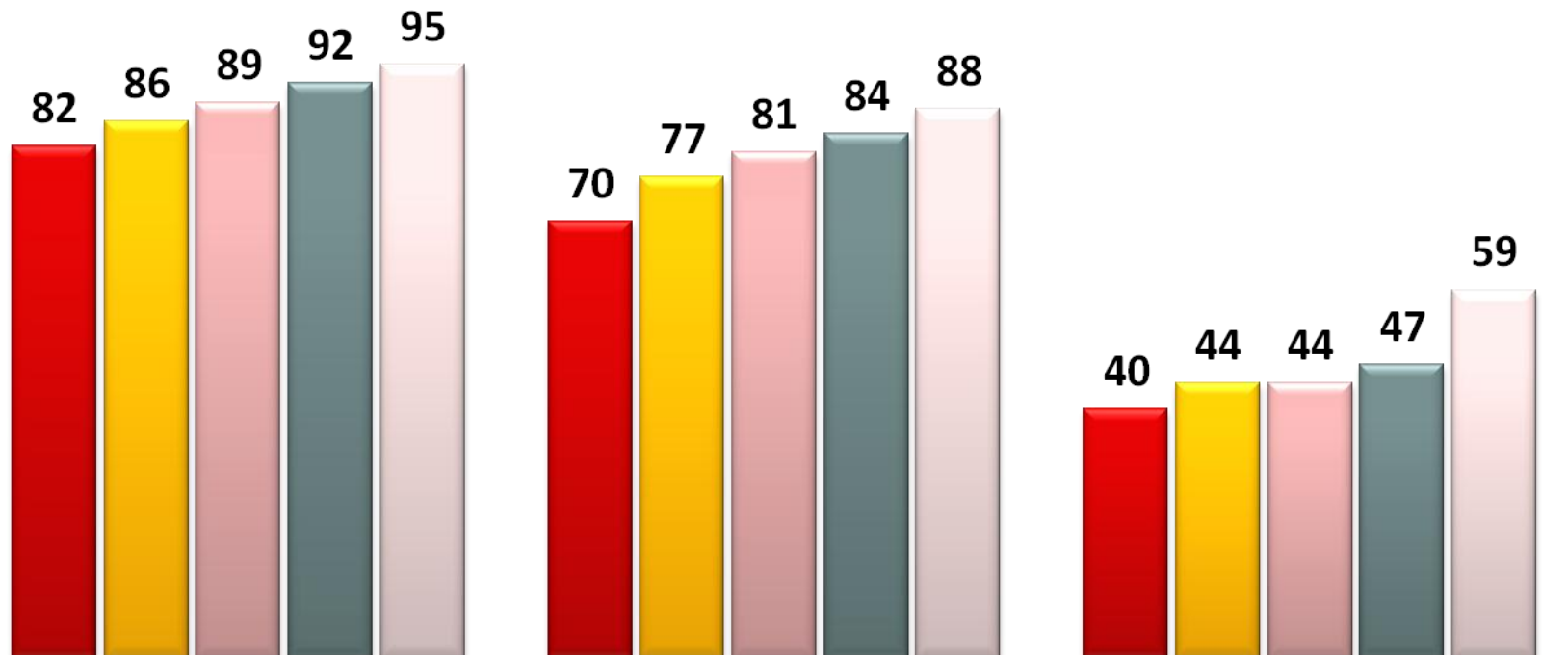
*Percentage of maternal deaths in the five years preceding the survey*

# Maternal Mortality Ratio, 1990 – 2015 Projection



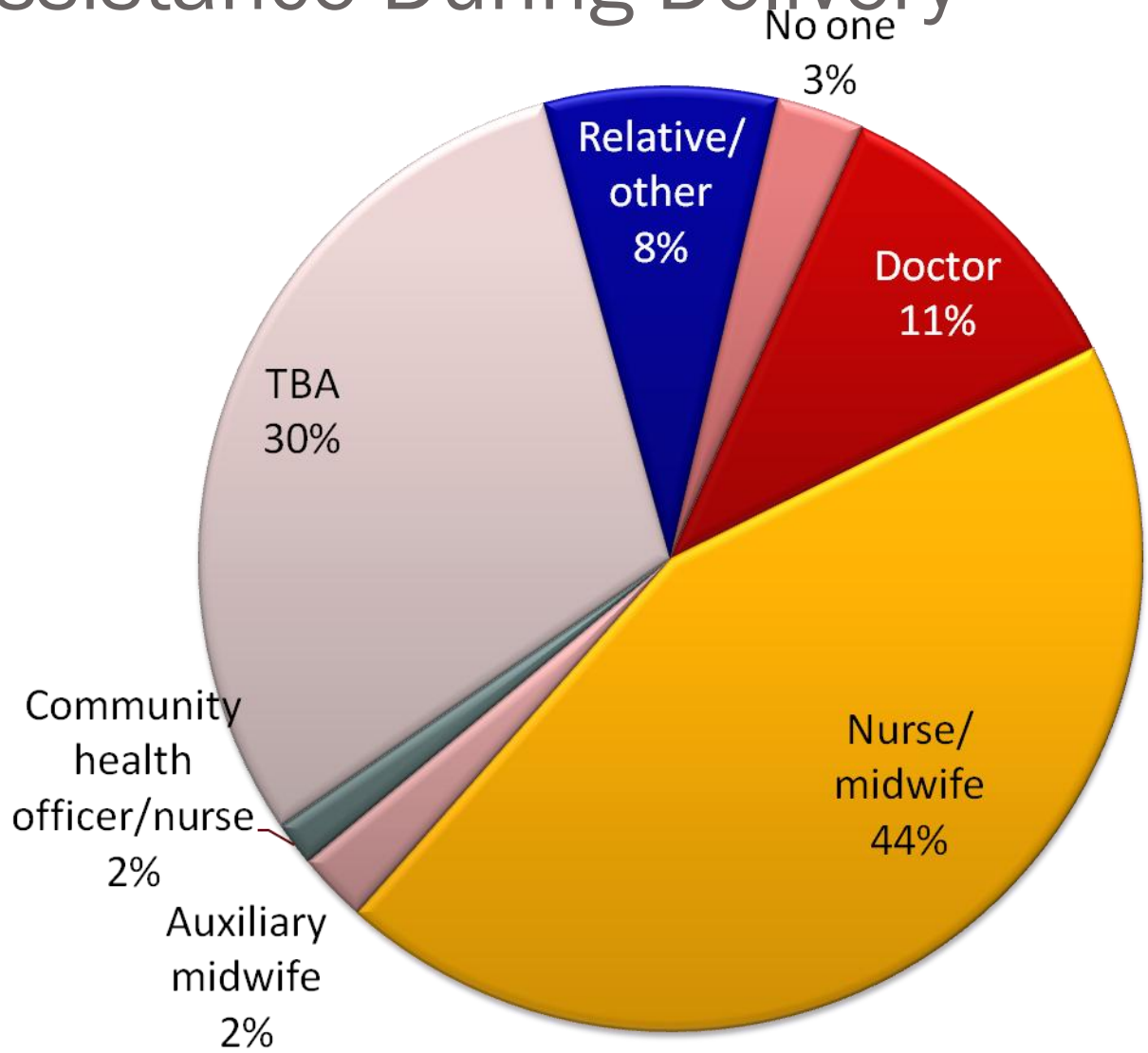
# Trends in Maternal Health Indicators

■ 1988 ■ 1993 ■ 1998 ■ 2003 ■ 2008



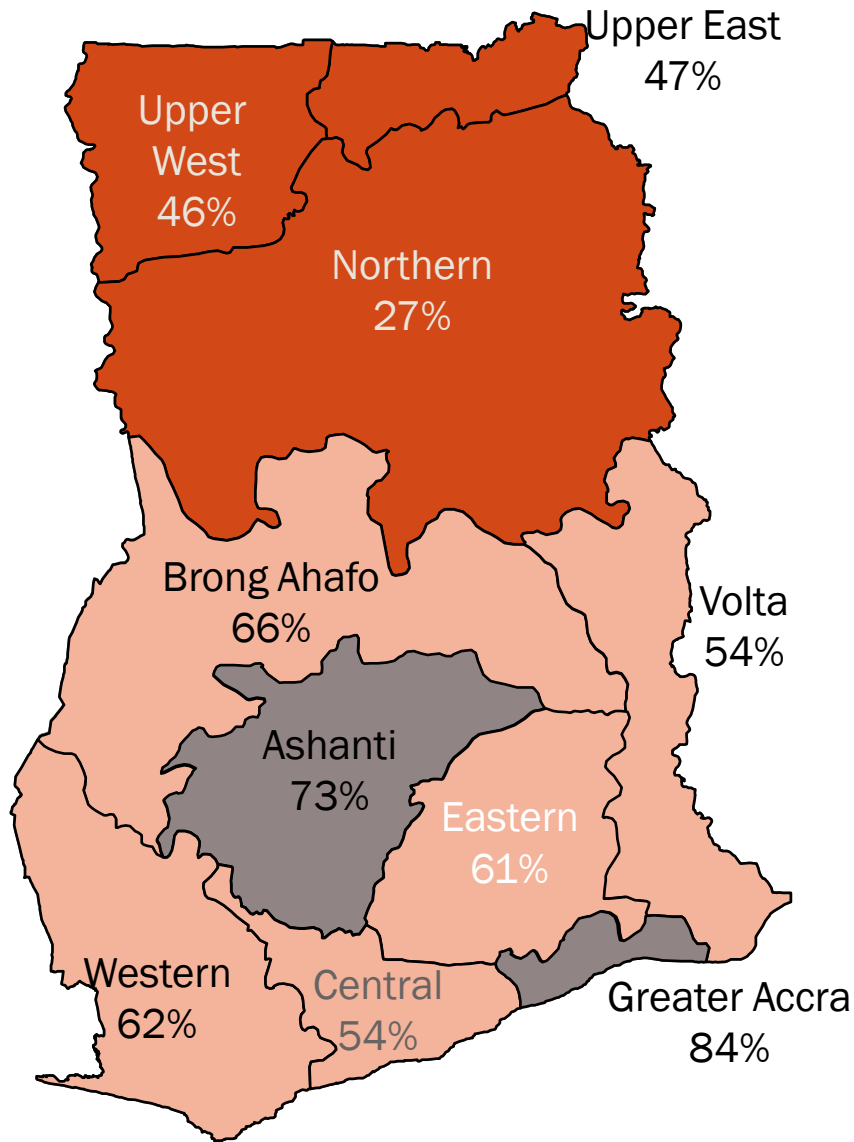
Antenatal care from skilled provider    One or more tetanus toxoid injections    Medically assisted delivery

# Assistance During Delivery

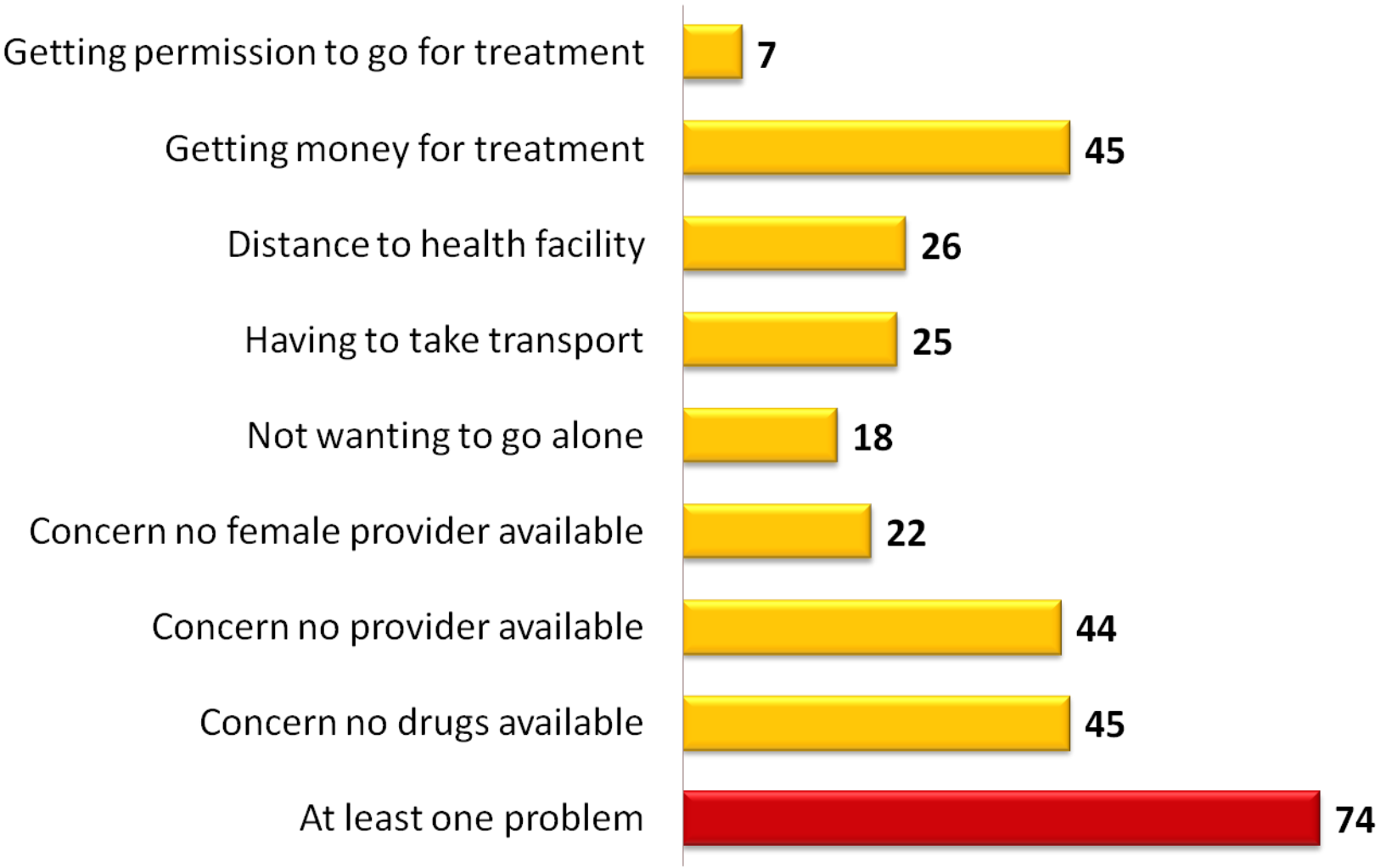


**59%** of births were delivered by a skilled provider.

# Delivery by Skilled Provider by Region



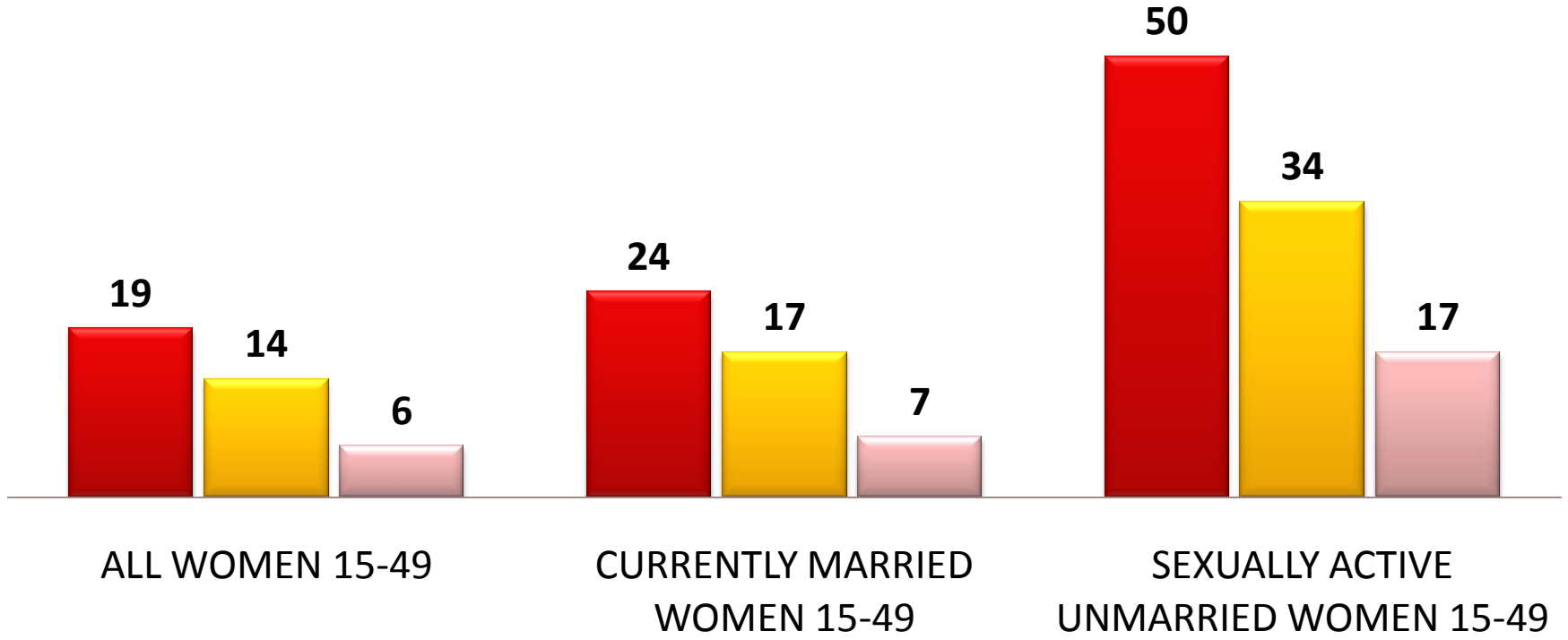
# Problems Accessing Health Care



# Current Contraceptive Use

Percent

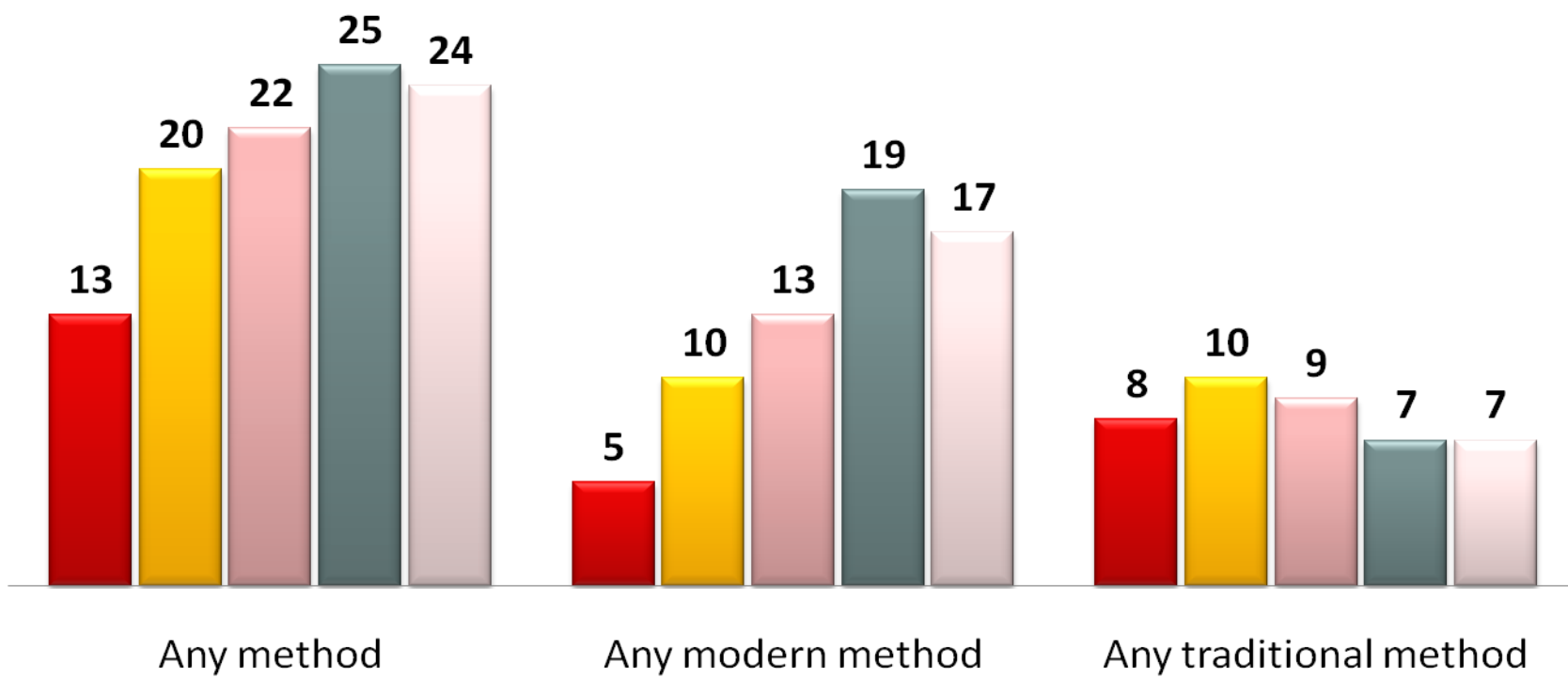
■ Any method    ■ Any modern method    ■ Any traditional method



# Trends in Contraceptive Use

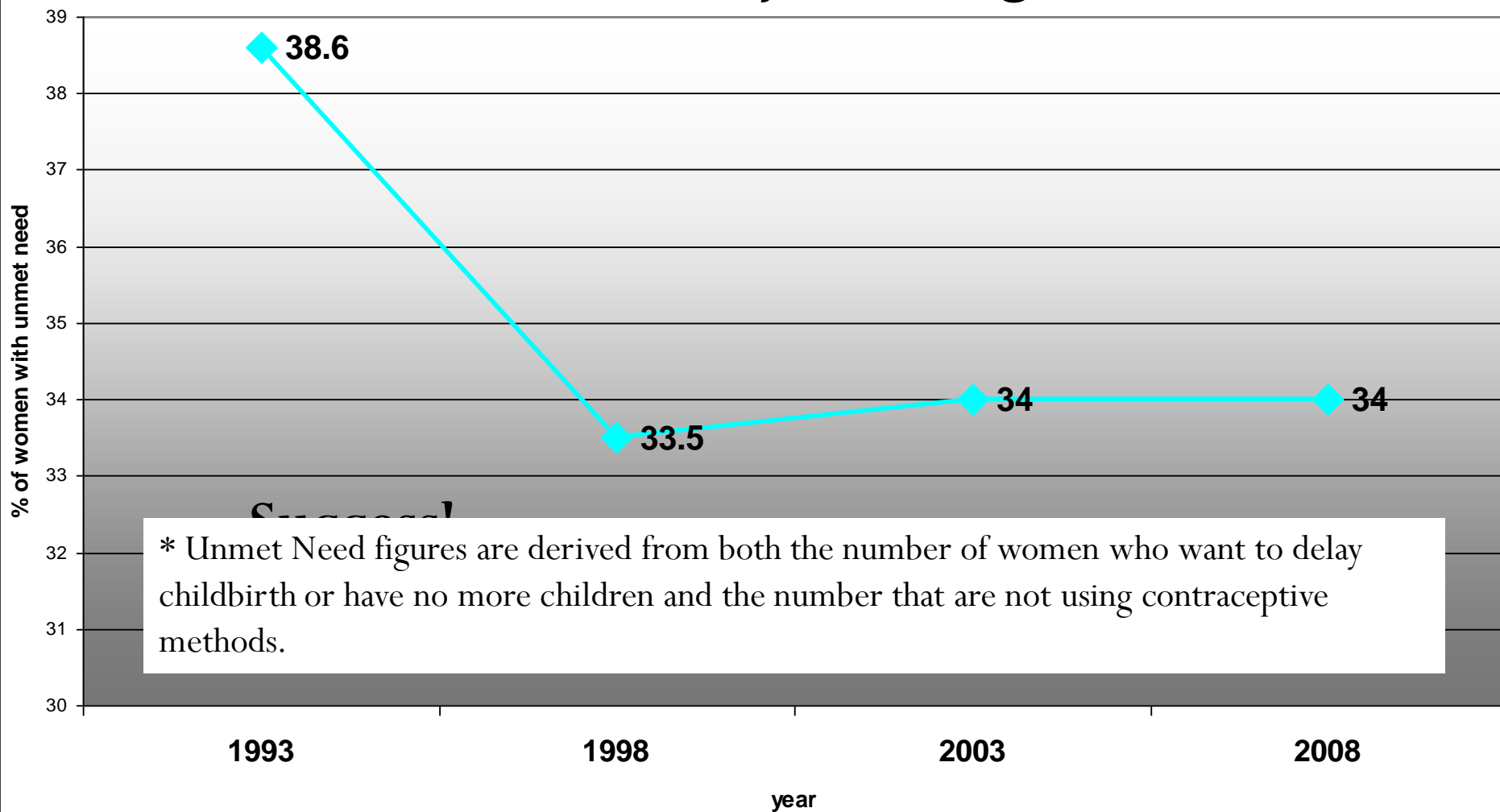
*Percent of currently married women*

■ 1988 ■ 1993 ■ 1998 ■ 2003 ■ 2008

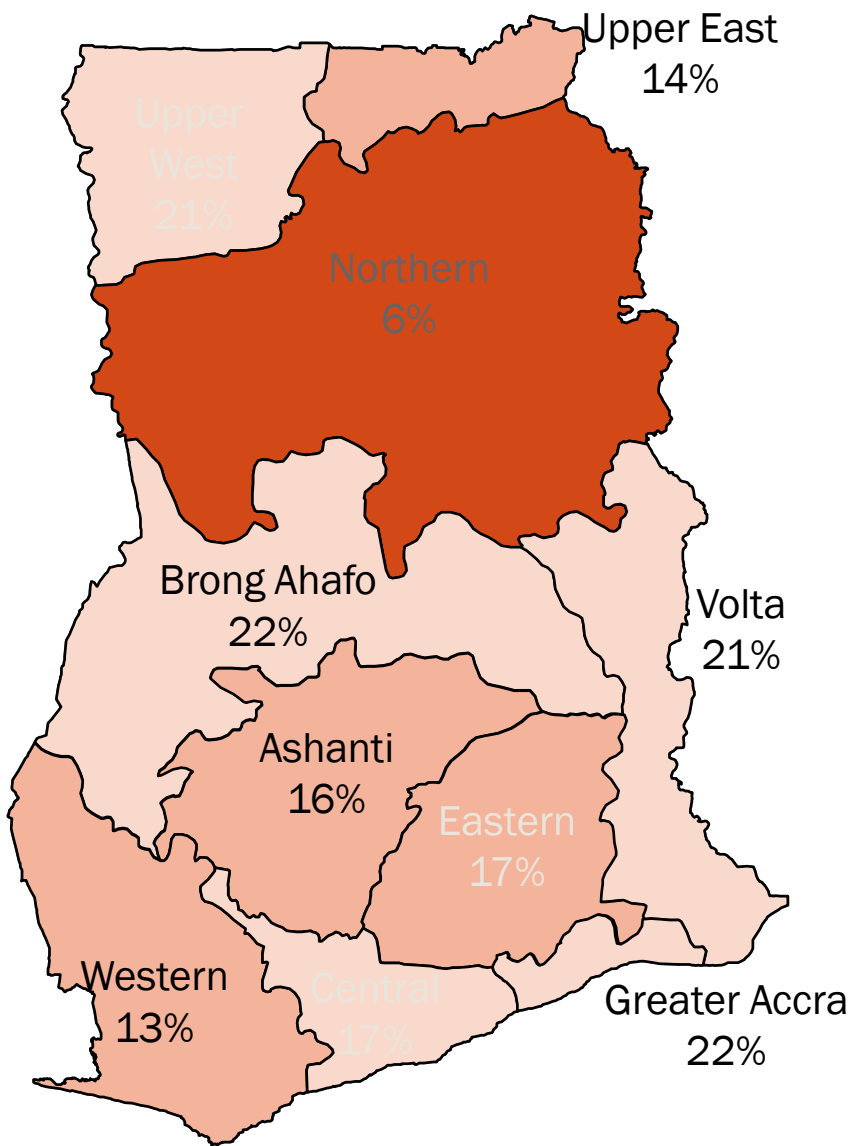


# MDG 5: Maternal Health

## Unmet Need for Family Planning, 1993 – 2008



# Use of Modern Methods by Region



**Ghana:**  
**17%**

*Percent of married women currently using any modern method*

# ISSUES AND CHALLENGES

# MDG 4: Child Health

- Challenges
  - High Neonatal mortality rate
  - Traditional/ Cultural practices
  - Limited access to services
  - Poor utilization of services
  - Health seeking behaviours

# MDG 5: Maternal Health- Challenges

- Limited geographical access by some clients
- Human resources; ageing midwives, and their numbers
- Inadequate EmONC equipment
- Inadequate Funding
- Inadequate collaboration among MDAs and between MDAs and the Private sector
- Socio-economic challenges
- Lower literacy rate among females
- Low level of women's empowerment
- High poverty levels
- Poor health-seeking behaviours. Low risk perception
  - Service availability is low and where available utilization is generally low especially in the rural and peri-urban areas
- Harmful traditional practices

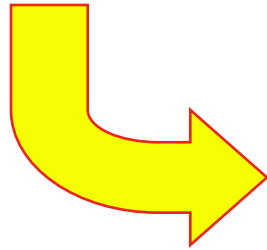
# WHY WOMEN AND BABIES DIE IN PREGNANCY & CHILDBIRTH:

unaware of the **The Three Delays**  
need for care,

unaware of the  
warning signs of  
problems in  
pregnancy?

## *1<sup>st</sup> Delay*

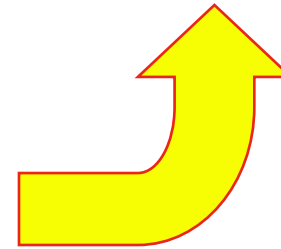
Delay in the Home



–care they  
receive is  
inadequate  
, delayed and  
actually harmful?

## *3<sup>rd</sup> Delay*

Delay in receiving  
care at the health  
facility



services do not  
exist, or are  
inaccessible for other  
reasons, such as  
distance, cost or

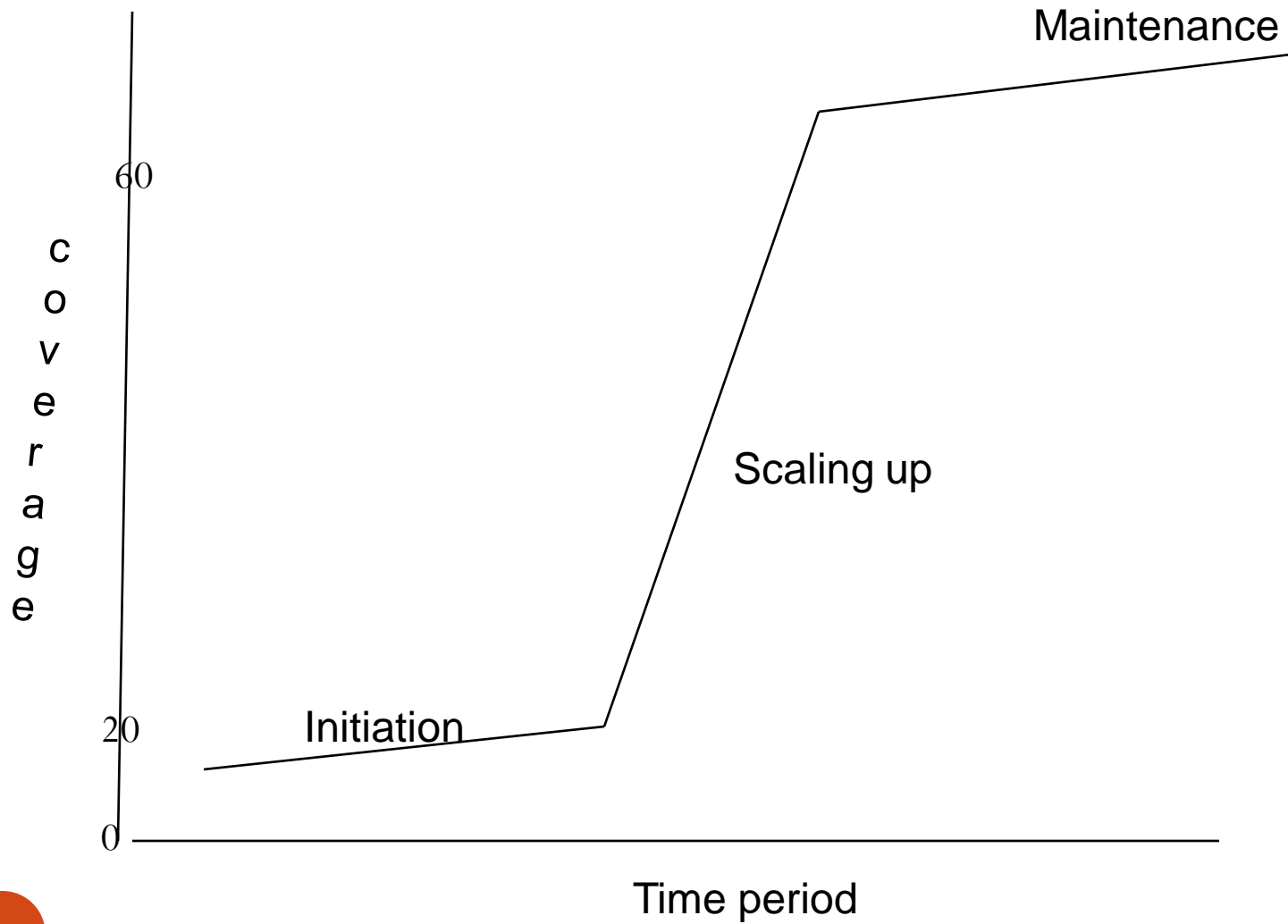
## *2<sup>nd</sup> Delay*

Delay in Accessing the  
Health Facility



- Majority of deaths in children and pregnant women due to small number of common, preventable and treatable conditions
- The paradox is that a set of cost-effective and affordable interventions (esp for MDG4) known and can prevent 63% of current childhood mortality
- Sadly most of these interventions have been applied in only a few places with low coverage

# Phases of PH interventions in relation to coverage



# **Health Sector Response and Role of Health service Administrators**

- Implementation of the RH Strategic Plan
- Road Map for MDG 5
- HIRD
  - Massive Scale up effort in all Districts
  - Procurement of Emergency Obstetric and Newborn Care equipment

# Response (HIRD principles)

- Urgent need to do things differently and do different things.
- Complex factors involved therefore no single MDA can achieve goals hence need for multi-agency action working in partnership
- A partnership for Achieving MDG4&5 using the High-Impact Rapid Delivery approach (HIRD) therefore proposed and initiated by MOH/GHS and all our partners in 2005

# Response (HIRD principles)

- Involves moving proven known cost-interventions to scale through fast track approach by multiple actors
- Package of key interventions delivered in integrated manner as part of MTEF/Health development plans of regions/districts (cf Part of strategic RCH plan)
- Aim at high district wide coverage over short timeframe

# Response (HIRD principles)

- **Use lessons drawn from other projects e.g ACSD and Wassa experience, including packaging and cost-effective delivery of interventions**
- **Focus at community and household levels**
- **USE OF LOCAL COMMUNITY STRUCTURES (CBAs, WOMEN'S SUPPORT GROUPS, NGOs, other MDAs etc)**
- **Includes system wide strengthening and addressing larger socio-cultural and economic factors**
- **Regular systems for monitoring, review, support and evaluation**

## Other strategies

- Collaboration with civil society organisations, NGOs, Communities and other MDAs
- Scale up Training of midwives
- Improve communication (mobile telephony)
- Target specific complications such as Haemorrhage
- Maternal Death Review – including Confidential Enquiry into Maternal Deaths

*The well-being of societies is directly linked to the health and survival of mothers and children. When mothers survive and thrive, their children survive and thrive. When both mothers and children survive and thrive, the societies in which they live prosper” .....*

***World Health Report 2005***

***THANK YOU***