Situational Analysis

South Africa’s maternal and child mortality rates are high and the country mirrors the continental trend of slow progress towards MDG 5a. The reported neonatal mortality rate in South Africa is 14 per 1000 live births and the maternal mortality ratio is 310 per 100 000 live births. The top five causes of maternal death are non-pregnancy related infections (mainly deaths due to HIV infection complicated by tuberculosis and pneumonia); obstetric haemorrhage; pregnancy-related hypertension; pre-existing medical conditions and pregnancy-related sepsis.

In 2008, more than 60,000 South African children younger than five years died, of whom three-quarters were less than one year old. The major causes of childhood death are AIDS-related diseases, neonatal conditions such as asphyxia, diarrohoal disease, pneumonia and severe malnutrition. Inequitable access to quality child health services and poor childcare in homes and communities also mean that children succumb to preventable diseases or die before they get proper treatment.

Background

South Africa has shown strong commitment to saving the lives of mothers, babies and children. In the year 2000, South Africa signed, with the rest of the world, the Millennium Development Goals (MDGs) with targets to reduce child deaths by two thirds (MDG 4), maternal deaths by three quarters (MDG 5a), universal access to reproductive health (MDG 5b) and to halt and begin to reverse the spread of HIV & AIDS (MDG 6) between 1990 and 2015. Recent statistics clearly identified three conditions that contribute to the majority of preventable maternal deaths, namely non-pregnancy related infections (HIV and related TB), obstetric haemorrhage and complications of hypertension in pregnancy. These conditions comprise 66.7 per cent of the preventable maternal deaths.

The National Department of Health recognises that successful implementation of priority interventions to reduce maternal and neonatal deaths require revitalisation of the health system. It also needs a renewal of the post-1994 vision of transforming the health system from one with socio-economic inequities to a new health system based on the Primary Health Care approach. It is characterised by the principles of equity, quality, efficiency, integration, comprehensive care, community involvement and intersectoral collaboration. Revitalisation and transformation of the health system are currently viewed as essential processes for the strengthening of disease prevention and health promotion in areas such as HIV/AIDS, maternal health and child health. A key strategy in this regard is that the delivery of HIV/AIDS programmes, TB programmes, Antenatal Care and Prevention of Mother to Child Transmission (PMTCT) of HIV will all be integrated. This is expected to contribute significantly towards reducing morbidity and mortality associated with TB and HIV/AIDS, recognised as some of the leading causes of maternal mortality.

3 South Africa Saving Mothers Report 2008–2010, the Fifth Report on Confidential Enquiries into Maternal Deaths in South Africa
4 The First Report of the Committee on Morbidity and Mortality in Children Under Five Years, Department of Health, April 2011
South Africa’s mortality rates (November 2011)

<table>
<thead>
<tr>
<th>Mortality Type</th>
<th>2011 Rate</th>
<th>2015 MDG Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal mortality (100,000 live births)</td>
<td>310</td>
<td>38</td>
</tr>
<tr>
<td>Neonatal mortality (1,000 live births)</td>
<td>14</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Infant mortality (1,000 live births)</td>
<td>40</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Under-five mortality (1,000 live births)</td>
<td>56</td>
<td>20</td>
</tr>
</tbody>
</table>

Source: Health Data Advisory and Co-Ordination Committee (HDACC) report - November 2011

Key Challenges:

- Many women are subject to cultural practices in South Africa which could be a barrier for them.
- HIV infection is the most common contributory condition. Almost 4 out of 5 women who died in pregnancy, childbirth or the puerperium were tested for HIV infection throughout South Africa. Of those tested 70 per cent were HIV infected.5
- Government has made the following recommendations as five key points which need to be considered in order to reduce maternal deaths - namely the 5 H’s:
  - HIV
  - Haemorrhage
  - Hypertension
  - Health worker training and
  - Health system strengthening
- Knowledge and skills in managing obstetric emergencies needs to be improved.
- Quality of services available in some districts needs to be improved.

Key Opportunities:

- South Africa has a functioning health service with good policies and strong leadership. Priority interventions addressing maternal mortality in health centres around the country include:
  - Basic Antenatal Care (at least four visits for every pregnant women beginning during the first trimester).
  - HIV testing during pregnancy and initiation of ART where indicated.
- The introduction of dedicated obstetric ambulances and establishment of maternity waiting homes (where required).
- Improved access to skilled care during labour.
- Improved intrapartum care (with specific focus on correct use of standard protocols for complications and use of partogram).
- Post-natal care within six days of delivery.
- UNFPA is providing capacity building for SRH policy implementation in selected provinces. To date, professional nurses from these provinces are being trained in family planning methods, cervical cancer screening, management of sexual assault victims and prevention of HIV.
- UNFPA supports the implementation of the Campaign for Accelerated Reduction of Maternal Mortality (CARMMA) in Africa which was launched in South Africa in May 2012. It is an initiative by the African Union as well as the United Nations and strives to reduce maternal mortality in Africa.
- UNFPA has conducted a study on sexual and reproductive health and the linkages to HIV and AIDS that provides and evidence base.
- UNFPA supports the training of midwives in Essential Steps (ESMOE) in Management of Obstetric Emergencies.
- Intensifying midwifery education and training.
- UNFPA is committed to the implementation of evidence-based, comprehensive, age-appropriate sexuality education and youth friendly services, which in turn contributes to the reduction of teenage pregnancy.