Addressing Reproductive and other Health challenges in Africa

Eliya Zulu

Regional Meeting of Parliamentary Committees on Health in East and Southern Africa: “Health Equity and Primary Health Care: Responding to the Challenges”
Speke Resort, Munyonyo
Kampala, Uganda
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This Presentation

- Population growth and fertility
- Health and Mortality
- Implications and the way forward
Population Growth and Fertility
Total Fertility Rates in Africa’s Major Regions

- Central Africa: 6.3
- East Africa: 5.5
- West Africa: 5.8
- North Africa: 3.2
- Southern Africa: 2.9

Source: PRB World population Data Sheet, 2007
Population Trends and Projections in East and Southern Africa

Source: UN Population Division, 2005
Total Fertility Rates in Selected Countries in Eastern and Southern Africa

A big proportion of recent births were mistimed or unwanted

<table>
<thead>
<tr>
<th>Country</th>
<th>Wanted Later</th>
<th>Not Wanted</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mauritius</td>
<td>9</td>
<td>12</td>
<td>20</td>
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<tr>
<td>Tanzania</td>
<td>11</td>
<td>11</td>
<td>22</td>
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<tr>
<td>Mozambique</td>
<td>20</td>
<td>4</td>
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<td>Madagascar</td>
<td>14</td>
<td>12</td>
<td>26</td>
</tr>
<tr>
<td>Namibia</td>
<td>21</td>
<td>12</td>
<td>34</td>
</tr>
<tr>
<td>Zambia</td>
<td>29</td>
<td>7</td>
<td>36</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>30</td>
<td>7</td>
<td>37</td>
</tr>
<tr>
<td>(Total)</td>
<td>18</td>
<td>22</td>
<td>40</td>
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</tbody>
</table>
Fertility varies considerably by wealth status – Case of Tanzania

Wealth Index Category

- Poorest: 7.3
- Second: 6.7
- Middle: 6.6
- Fourth: 5.3
- Richest: 3.3

Source: TDHS 2003
Fertility decline mostly happening among the rich

Poor-Rich Differences in Trends of TFR; Source: DHS
What’s driving the high fertility of the poor? – Case of Tanzania

Source: TDHS 2003
Fertility & ideal family size by wealth status, Tanzania 2004

Source: Tanzania DHS, 2004
Demand for Contraception is High: More women would like to stop childbearing

Percentage of Women that Desire to Stop Childbearing

- **Zimbabwe (94, 05/06)**
- **Uganda (95, 06)**
- **Malawi (92, 04)**
- **Madagascar (92, 03/04)**
- **Kenya (93, 03)**

Source: ORC Macro, 2008. MEASURE DHS STATcompiler
# Stall in Fertility Decline

<table>
<thead>
<tr>
<th>Country</th>
<th>DHS I</th>
<th>DHS II</th>
<th>DHS III</th>
<th>DHS IV</th>
<th>Annual Change %</th>
<th>3rd - 4th % Change</th>
<th>Comment</th>
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<tbody>
<tr>
<td>Kenya</td>
<td>6.7</td>
<td>5.4</td>
<td>4.7</td>
<td>4.9</td>
<td>1.9</td>
<td>4.3</td>
<td>(stall)</td>
</tr>
<tr>
<td>Tanzania</td>
<td>6.2</td>
<td>5.8</td>
<td>5.6</td>
<td>5.7</td>
<td>0.7</td>
<td>1.8</td>
<td>(stall)</td>
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<tr>
<td>Uganda</td>
<td>7.4</td>
<td>6.9</td>
<td>6.9</td>
<td>6.7</td>
<td>0.5</td>
<td>-5.2</td>
<td>(decrease)</td>
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<tr>
<td>Zimbabwe</td>
<td>5.4</td>
<td>4.3</td>
<td>4.0</td>
<td>3.8</td>
<td>1.7</td>
<td>-6.0</td>
<td>(decrease)</td>
</tr>
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</table>
Difference in population growth with and without Stall in fertility

- **Zimbabwe**
  - 2050: After Stall (40), Before Stall (20)
  - 2005: After Stall (20), Before Stall (15)

- **Uganda**
  - 2050: After Stall (80), Before Stall (40)
  - 2005: After Stall (40), Before Stall (20)

- **Tanzania**
  - 2050: After Stall (100), Before Stall (60)
  - 2005: After Stall (60), Before Stall (30)

- **Kenya**
  - 2050: After Stall (80), Before Stall (40)
  - 2005: After Stall (40), Before Stall (20)

Legend:
- **Red**: After Stall
- **Blue**: Before Stall

Scale:
- 0 to 120
# Regional Patterns in Fertility Decline in Kenya

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>Kenya</td>
<td>6.7</td>
<td>5.4</td>
<td>4.7</td>
<td>4.9</td>
<td>Stall</td>
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<tr>
<td>Nairobi</td>
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<td>3.4</td>
<td>2.6</td>
<td>2.7</td>
<td>Stall</td>
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<tr>
<td>Central</td>
<td>6.0</td>
<td>3.9</td>
<td>3.7</td>
<td>3.4</td>
<td>Declining</td>
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<tr>
<td>Coast</td>
<td>5.4</td>
<td>5.3</td>
<td>5.0</td>
<td>4.9</td>
<td>Declining</td>
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<td>Eastern</td>
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<td>5.9</td>
<td>4.7</td>
<td>5.1</td>
<td>Stall</td>
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<tr>
<td>Nyanza</td>
<td>6.9</td>
<td>5.8</td>
<td>5.0</td>
<td>5.6</td>
<td>Stall</td>
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<tr>
<td>Rift valley</td>
<td>7.0</td>
<td>5.7</td>
<td>5.3</td>
<td>5.8</td>
<td>Stall</td>
</tr>
<tr>
<td>Western</td>
<td>8.1</td>
<td>6.4</td>
<td>5.6</td>
<td>5.8</td>
<td>Stall</td>
</tr>
</tbody>
</table>
Reversing Fertility Decline in Western Kenya

- Improve supply of family planning services at community and facility level through:
  - training of both public providers and community based distributors,
  - improved quality and availability of clinical services, community-based provision of contraceptives,
  - referral of clients to public facilities for long-term methods and other reproductive health services,
  - and mobile service provision of contraceptives
Reversing Fertility Decline in Western Kenya

- Improve the demand for family planning services through effective outreach and IEC material distribution

- Provide evidence on effectiveness and impact of reproductive
Reversing Fertility Decline in Western Kenya

• Partners:
  - APHRC
  - Marie Stopes
  - Family Health Options Kenya
  - Government of Kenya

• Three year project funded by Packard Foundation
Health and Mortality
Sub-Saharan Africa has made progress in reducing death rates...

Source: UN, Population Division
Countries with Lowest Life Expectancy in the World

- Mozambique
- Central African Republic
- Afghanistan
- Angola
- Malawi
- Zambia
- Zimbabwe
- Lesotho
- Botswana
- Swaziland

Years

Life Expectancy

Infant Mortality Rates in Southern Africa

- Angola: 141
- Congo, Dem. Rep. of: 120
- Mozambique: 108
- Zambia: 100
- Malawi: 96
- Lesotho: 91
- Madagascar: 79
- Tanzania: 78
- Swaziland: 73
- Zimbabwe: 60
- Botswana: 56
- Namibia: 55
- South Africa: 43
- Mauritius: 14.4

Source: PRB World population Data Sheet, 2007
# Infant Mortality Rates by Wealth Status

<table>
<thead>
<tr>
<th>Country</th>
<th>Total</th>
<th>Poorest 20%</th>
<th>Middle 20%</th>
<th>Richest 20%</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Africa</td>
<td>43</td>
<td>87</td>
<td>49</td>
<td>22</td>
</tr>
<tr>
<td>Namibia</td>
<td>55</td>
<td>55</td>
<td>59</td>
<td>31</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>60</td>
<td>100</td>
<td>102</td>
<td>62</td>
</tr>
<tr>
<td>Tanzania</td>
<td>78</td>
<td>160</td>
<td>193</td>
<td>135</td>
</tr>
<tr>
<td>Madagascar</td>
<td>79</td>
<td>195</td>
<td>175</td>
<td>101</td>
</tr>
<tr>
<td>Malawi</td>
<td>96</td>
<td>231</td>
<td>219</td>
<td>149</td>
</tr>
<tr>
<td>Zambia</td>
<td>100</td>
<td>192</td>
<td>196</td>
<td>92</td>
</tr>
<tr>
<td>Mozambique</td>
<td>108</td>
<td>278</td>
<td>216</td>
<td>145</td>
</tr>
</tbody>
</table>
Percentage of Women that Received Antenatal and Delivery Care from Skilled Professional

Country: Kenya, Lesotho, Madagascar, Malawi, Uganda, Zimbabwe

Antenatal and Delivery Care

ORC Macro, 2008. MEASURE DHS STATcompiler
Infant and Child Mortality and the % of Children 12-23 Months That Got All Immunization in First Year of Life

Sources: World Population Data, 2007
ORC Macro, 2008. MEASURE DHS STATcompiler
Child mortality has been increasing as coverage of preventive health services has been declining in Kenya.

![Bar chart showing rates of immunization, infant mortality rate, and under-five mortality rate from 1993 to 2003.](chart)

*Source: KDHS 1993-2003 & APHRC 2002*
Children in Slum Settlements are particularly vulnerable: Nairobi City

<table>
<thead>
<tr>
<th></th>
<th>Infant Mortality</th>
<th>Under Five Mortality</th>
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</thead>
<tbody>
<tr>
<td>Kenya</td>
<td>77</td>
<td>115</td>
</tr>
<tr>
<td>Rural Areas</td>
<td>79</td>
<td>117</td>
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<tr>
<td>Nairobi</td>
<td>67</td>
<td>95</td>
</tr>
<tr>
<td>Nairobi Slums</td>
<td>91</td>
<td>151</td>
</tr>
</tbody>
</table>

Source: KDHS 2003; APHRC 2002
Why Should we Bother about Slum Residents?
Africa is urbanizing fast
The majority of urban residents in sub-Saharan Africa live in slums, with poor social services and livelihood opportunities…
Urban Poverty in Africa’s biggest five countries

<table>
<thead>
<tr>
<th>Country</th>
<th>% Urban</th>
<th>% in Slums</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigeria</td>
<td>45%</td>
<td>79%</td>
</tr>
<tr>
<td>Egypt</td>
<td>43%</td>
<td>39%</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>16%</td>
<td>99%</td>
</tr>
<tr>
<td>DRC</td>
<td>31%</td>
<td>50%</td>
</tr>
<tr>
<td>South Africa</td>
<td>58%</td>
<td>33%</td>
</tr>
</tbody>
</table>

UNHABITAT, 2003
Why are Slums so Different?

• High unemployment and reliance on low paying jobs
• Poor environmental sanitation (toilets, water supply, garbage disposal) and housing conditions
• Poor access to health care – most providers are informal and unregulated
  - Full vaccination 40% versus 57% nationally
How do we Address Poor Health Outcomes among the Urban Poor?

- Slum upgrading?
- Improve livelihoods, and hope people will take care of their health?
- Official recognition of slums and government responsibility to provide services and regulate services?
Improving health care in slum settlements

- Strengthen community ownership of health
- Improve district level management and planning;
- Work with the private sector to achieve common health goals;
- Train the health workforce
- Build capacity for operations research, monitoring and evaluation
Way forward

1. We all need to accept that the state of health (physical and economic) of the African population is very poor and we can not continue like this.

2. We need to recommit ourselves to address the large inequities within and across countries/regions.
   - Family planning, schooling, preventive and curative health services for children and mothers, HIV treatment, etc.

3. Technologies for addressing these problems are known and policies largely formulated.
   - **ITS TIME TO ACT**
   - Research and programs should focus on demonstrating best practices to be scaled up.
... What can MPs Do?

• Ensure that the existing policies are implemented.

• Lobby governments and donor agencies to increase commitment and financial resources to the provision of reproductive health supplies, including contraceptives.

• Lobby for set-up of community-based Population, Family Planning and Reproductive Health initiatives in your constituency.
... What can MPs Do?

• Support the promotion of gender equity and empowerment of women, especially through education and ensuring comprehensive sexual and reproductive health information and services are available and compatible to the needs of both sexes.

• Mobilize communities to demand sexual and reproductive health information and services in your constituency.
Thank you !!!

http://www.aphrc.org