

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

September 21, 2009



African Population & Health Research Center

This Presentation

- Population growth and fertility
- Health and Mortality
- Implications and the way forward

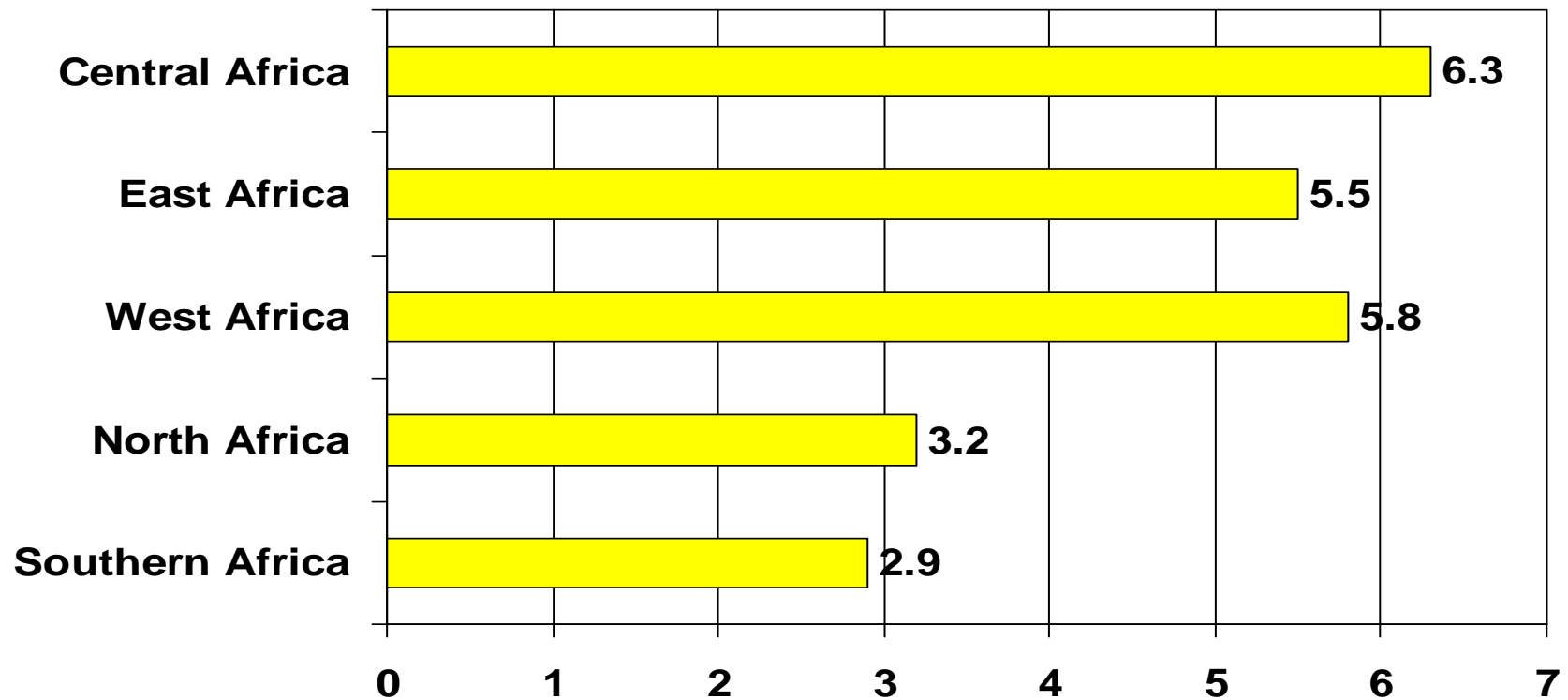




Population Growth and Fertility

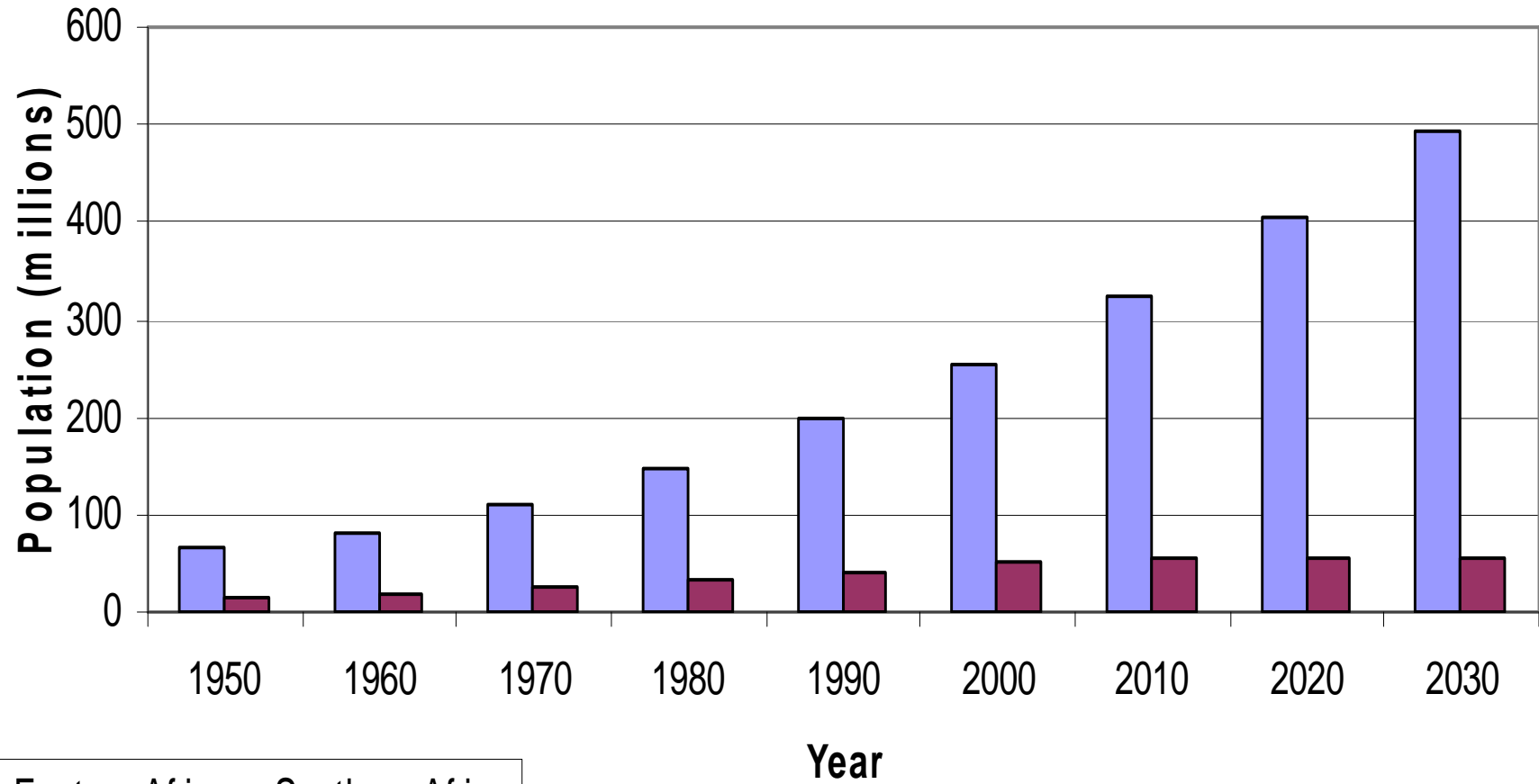


Total Fertility Rates in Africa's Major Regions



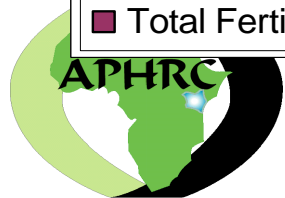
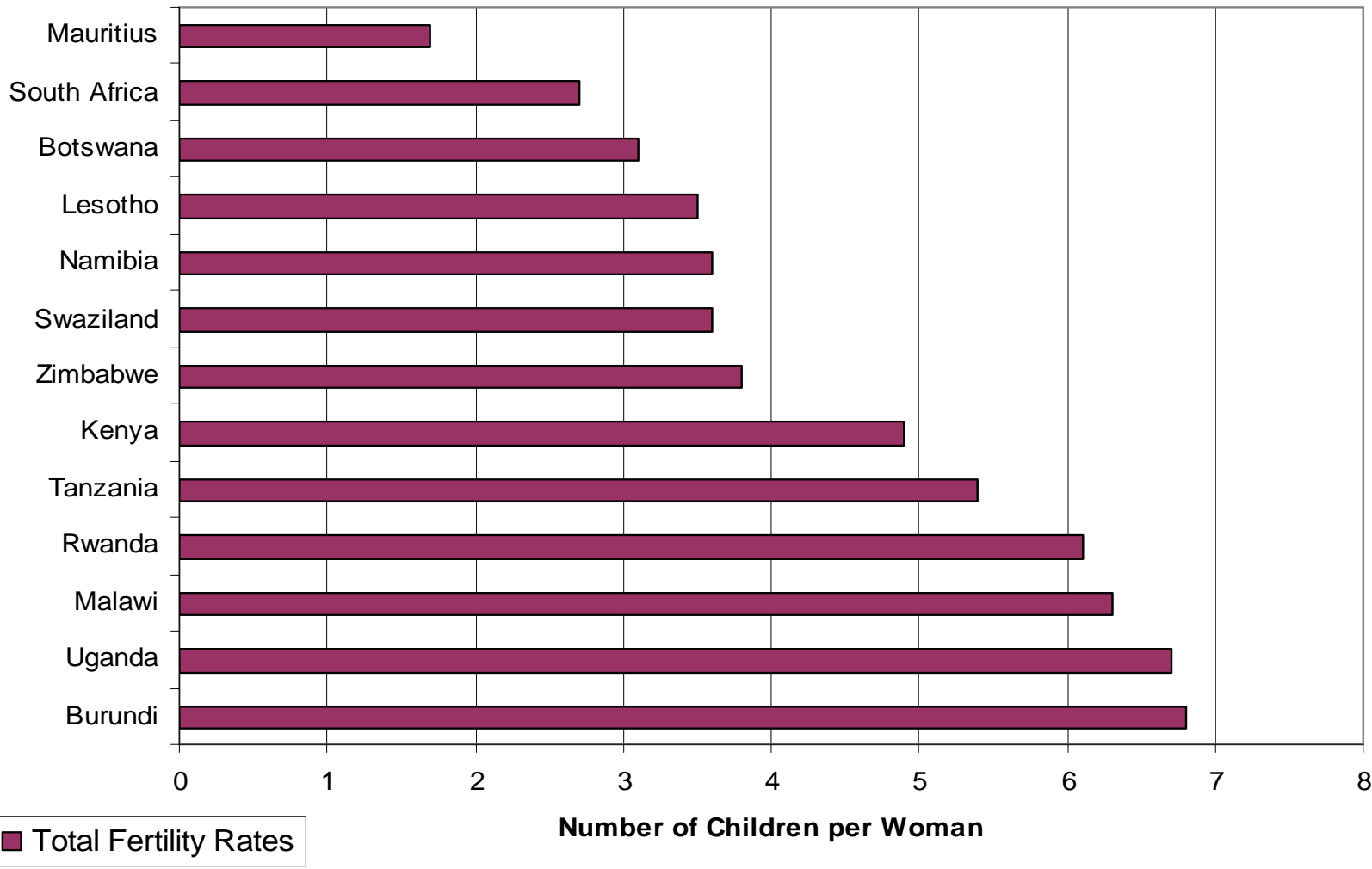
Source: PRB World population Data Sheet, 2007

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



Source: World Population Data, 2007

A big proportion of recent births were mistimed or unwanted

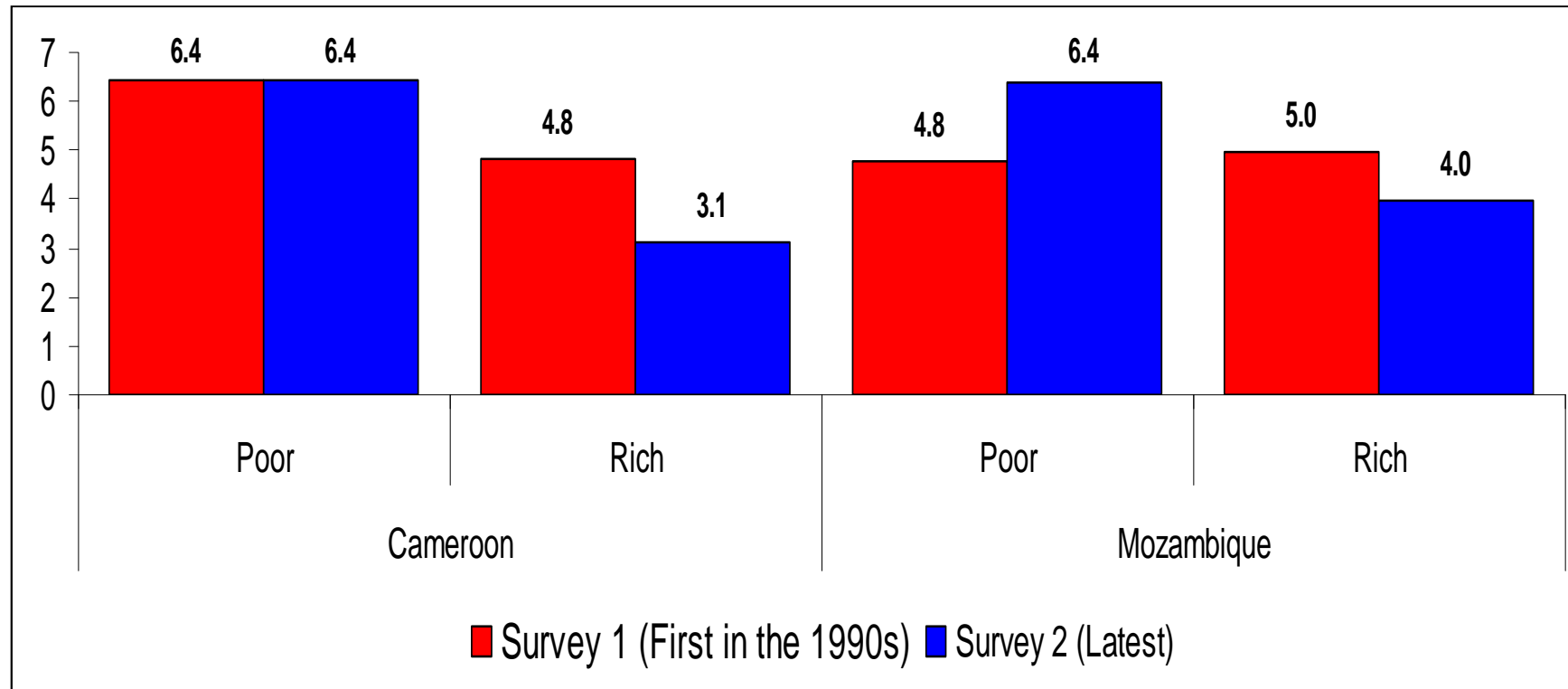
	Wanted Later	Not Wanted	Total
Mauritius	9	12	20
Tanzania	11	11	22
Mozambique	20	4	24
Madagascar	14	12	26
Namibia	21	12	34
Zambia	29	7	36
Zimbabwe	30	7	37
Malawi	18	22	40



Fertility varies considerably by wealth status – Case of Tanzania

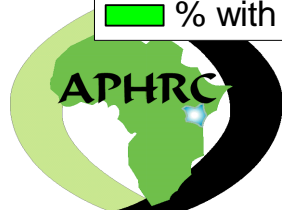
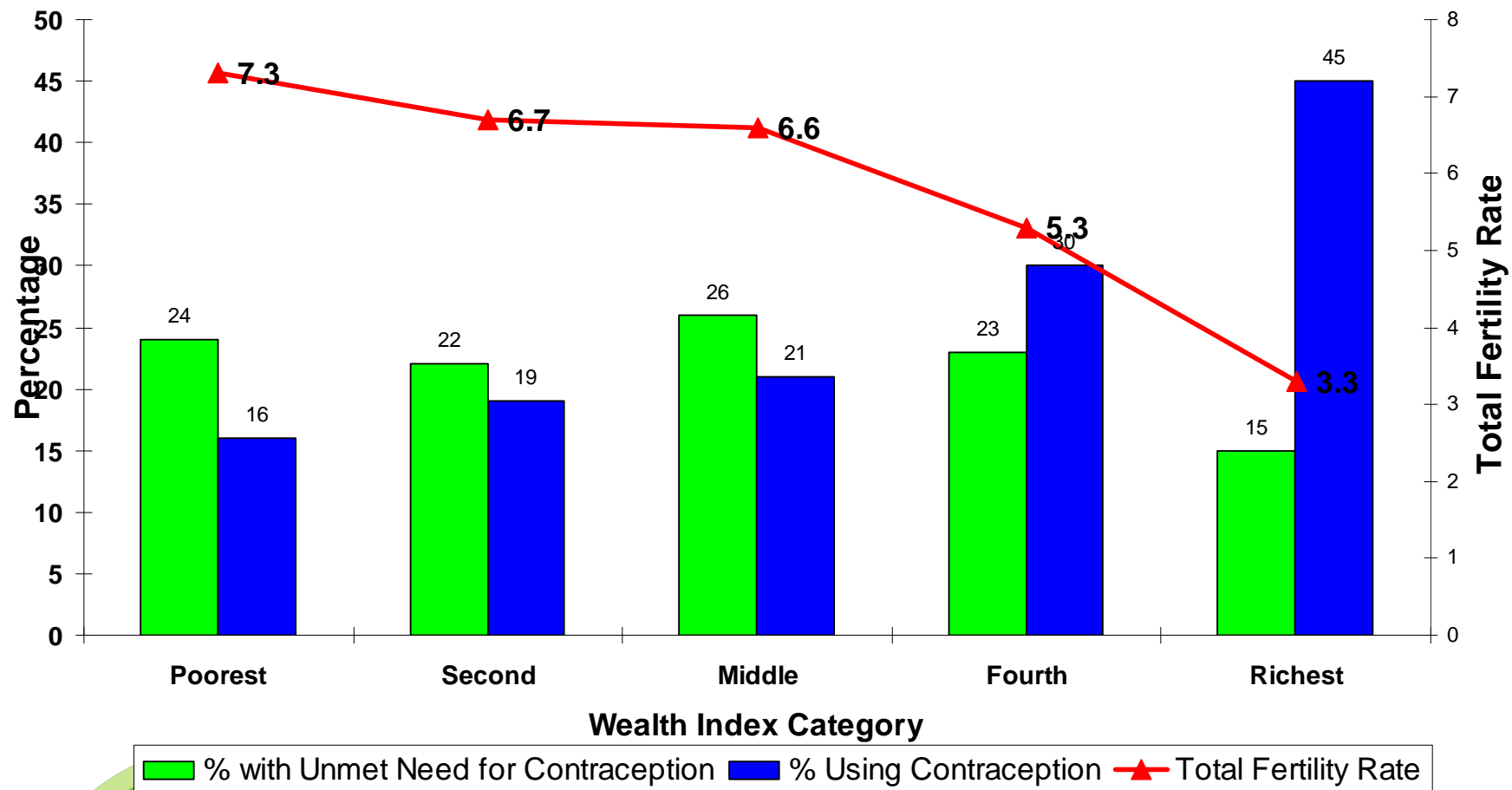


Fertility decline mostly happening among the rich



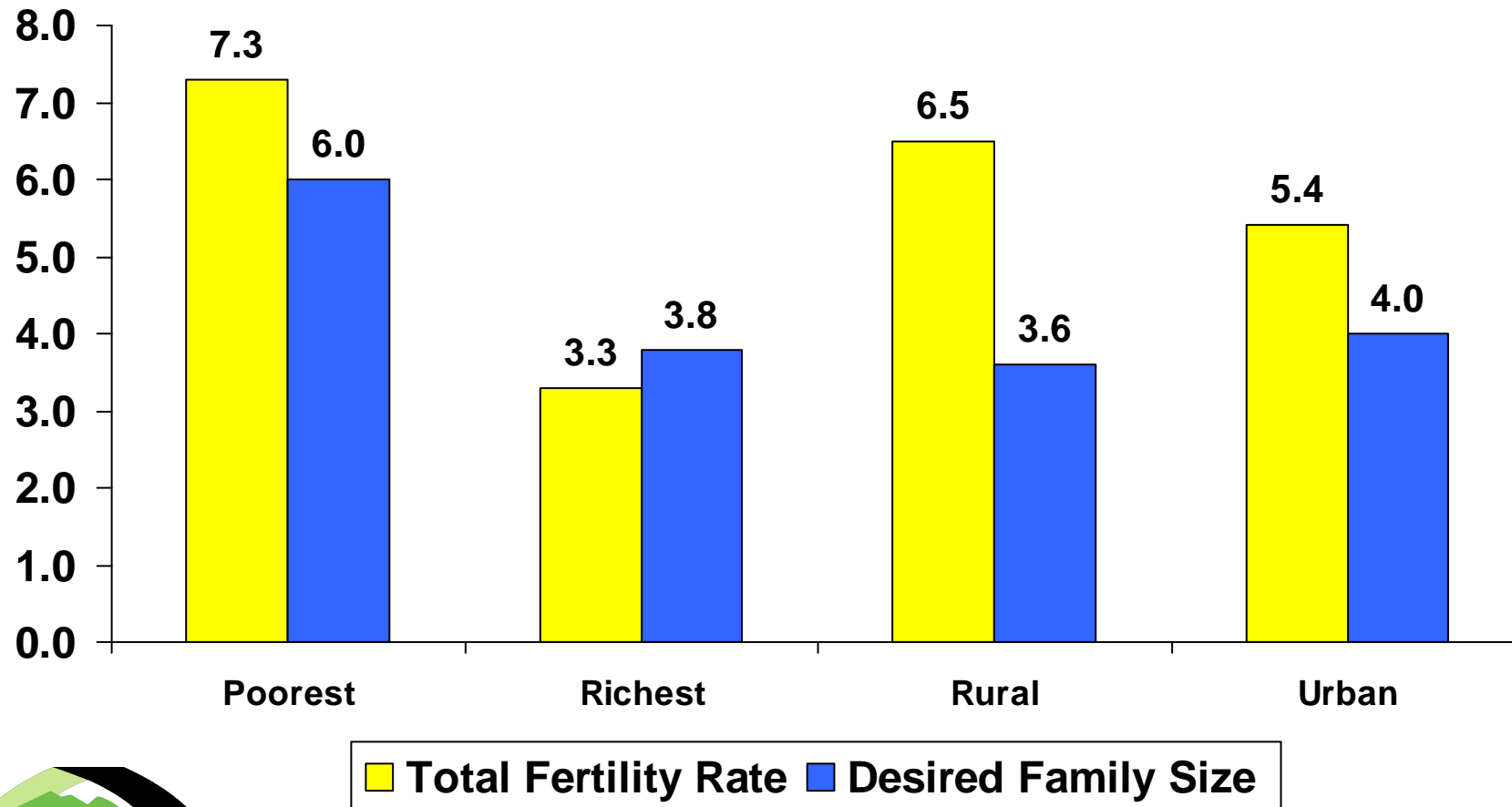
Poor-Rich Differences in Trends of TFR; Source: DHS

What's driving the high fertility of the poor? – Case of Tanzania



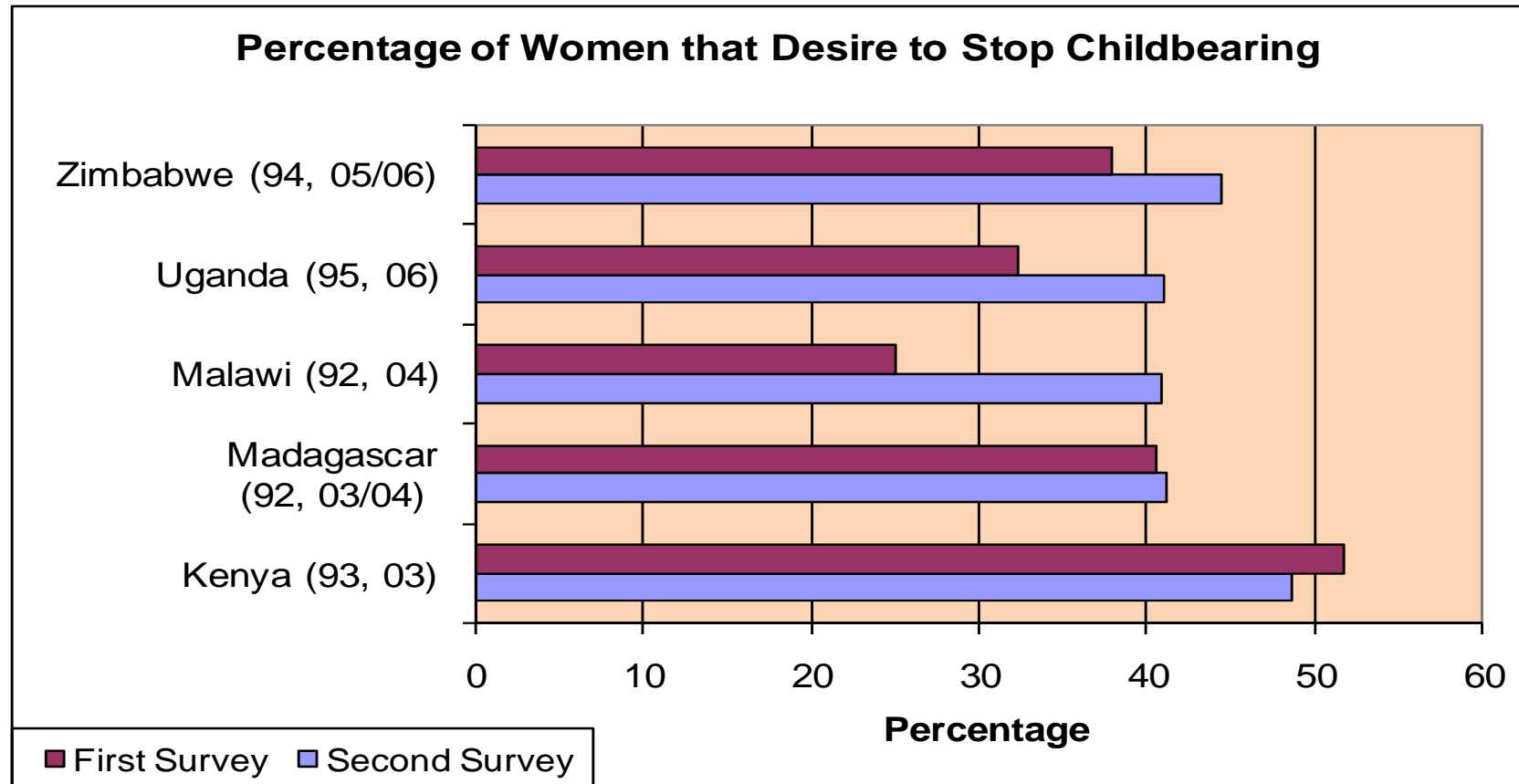
Source: TDHS 2003

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



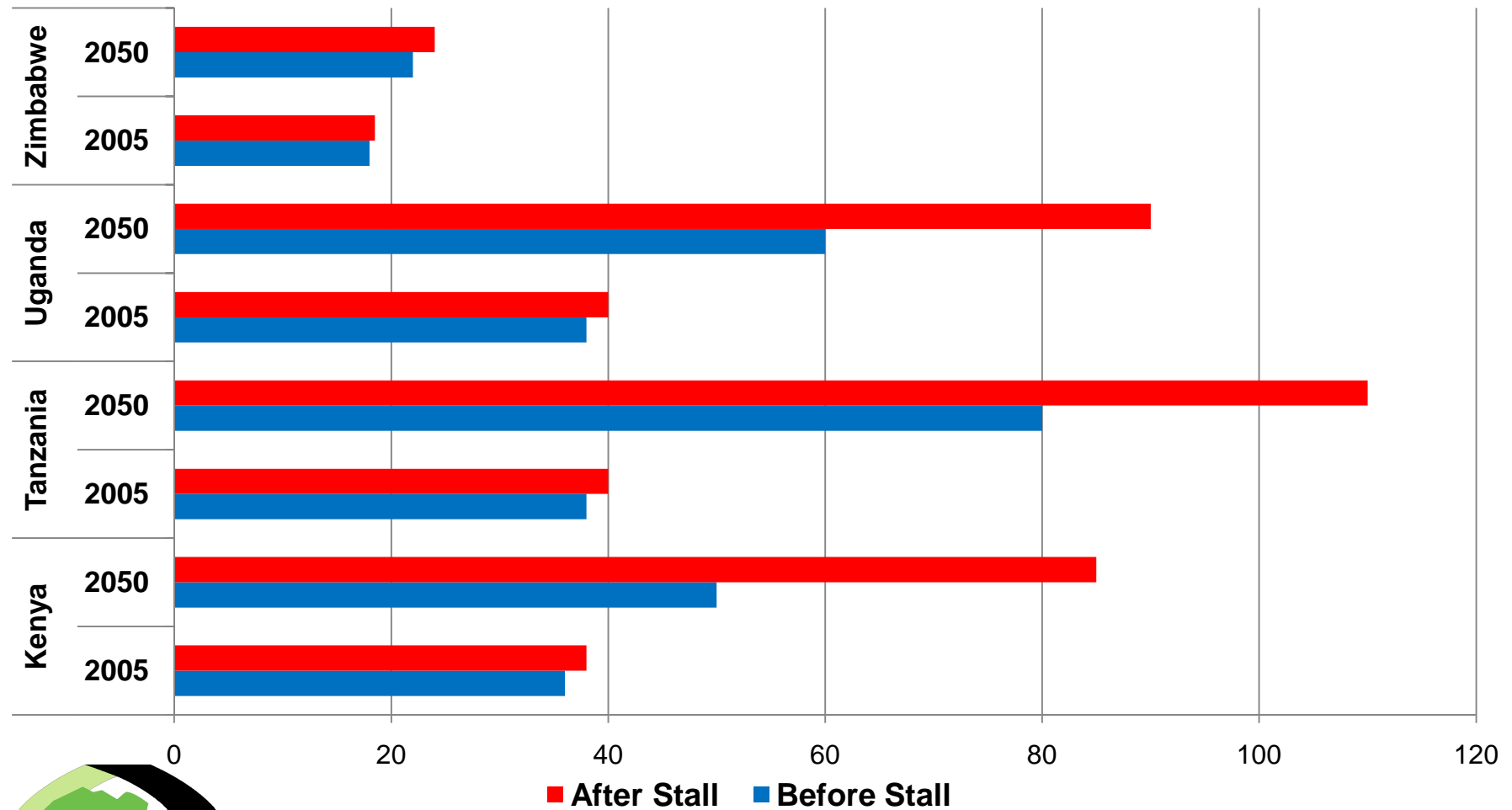
Source: ORC Macro, 2008. MEASURE DHS STATcompiler

Stall in Fertility Decline

	DHS I	DHS II	DHS III	DHS IV	Annual Change %	3rd - 4th % Change	Comment
Kenya	6.7	5.4	4.7	4.9	1.9	4.3	(stall)
Tanzania	6.2	5.8	5.6	5.7	0.7	1.8	(stall)
Uganda	7.4	6.9	6.9	6.7	0.5	-5.2	(decrease)
Zimbabwe	5.4	4.3	4.0	3.8	1.7	-6.0	(decrease)



Difference in population growth with and without Stall in fertility



Regional Patterns in Fertility Decline in Kenya

	1989	1993	1998	2003	Trend
Kenya	6.7	5.4	4.7	4.9	Stall
Nairobi	4.2	3.4	2.6	2.7	Stall
Central	6	3.9	3.7	3.4	Declining
Coast	5.4	5.3	5	4.9	Declining
Eastern	7.2	5.9	4.7	5.1	Stall
Nyanza	6.9	5.8	5	5.6	Stall
Rift valley	7	5.7	5.3	5.8	Stall
Western	8.1	6.4	5.6	5.8	Stall



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

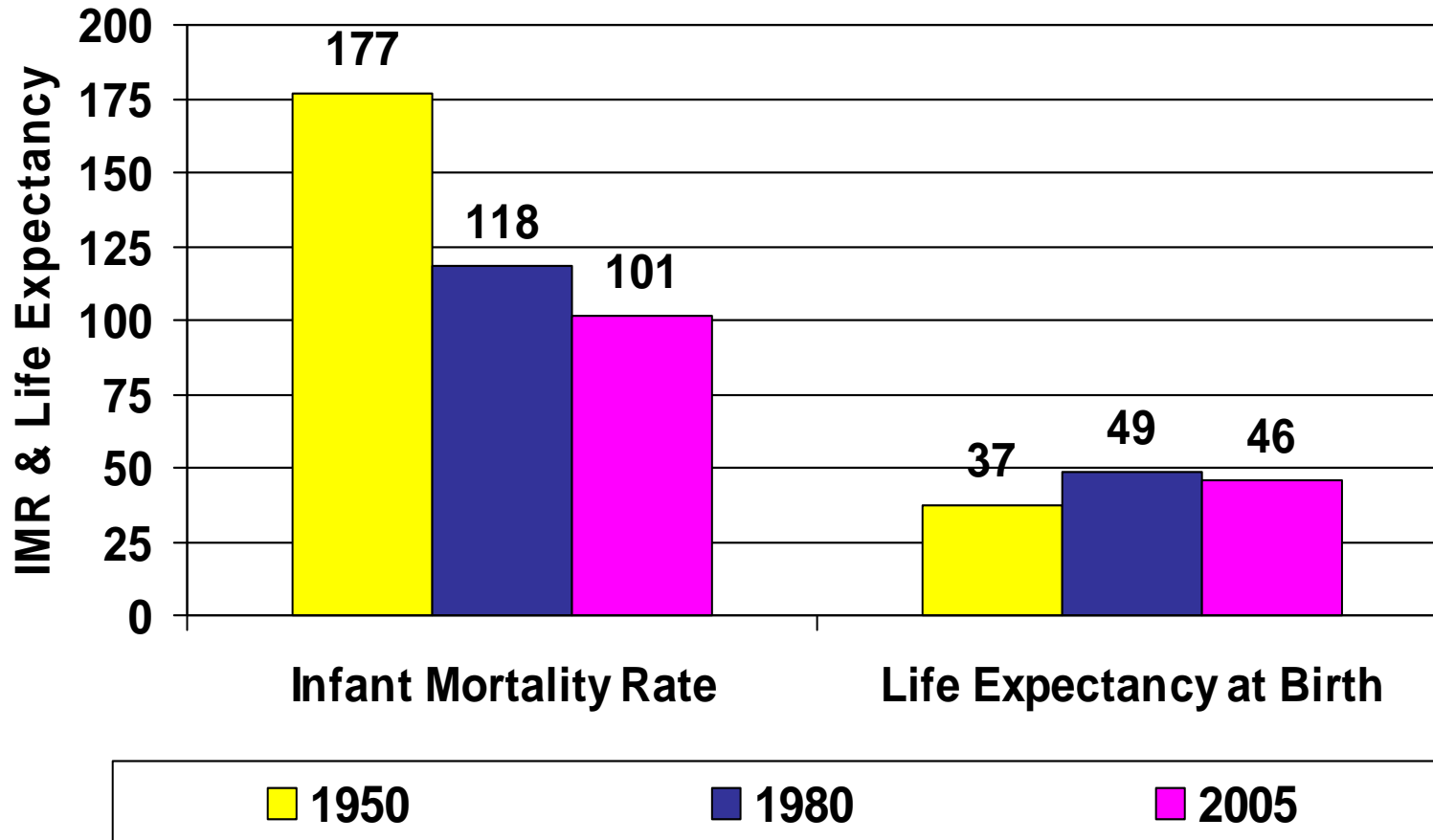
- Partners:
 - APHRC
 - Marie Stopes
 - Family Health Options Kenya
 - Government of Kenya
- Three year project funded by Packard Foundation



Health and Mortality

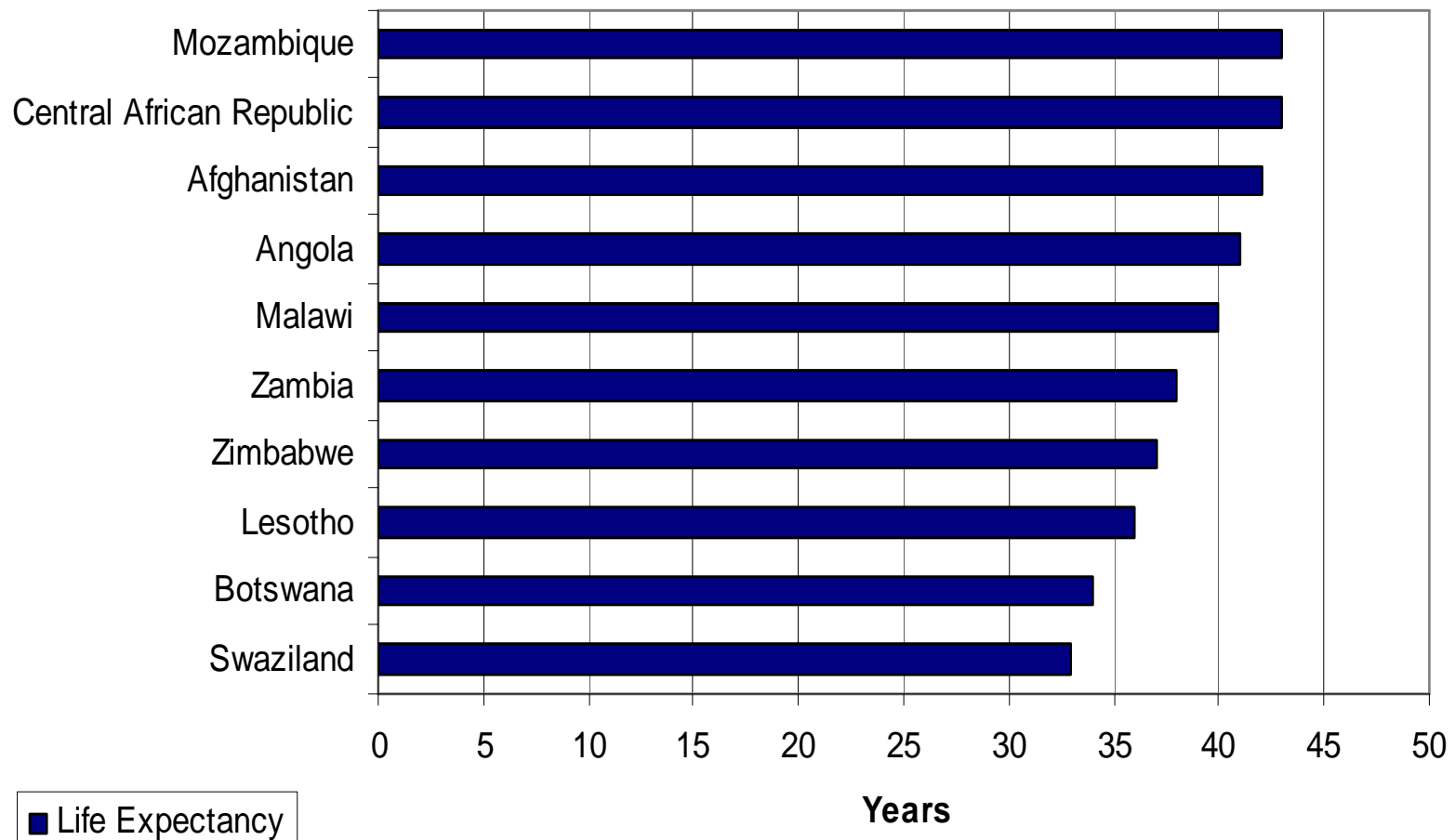


Sub-Saharan Africa has made progress in reducing death rates...



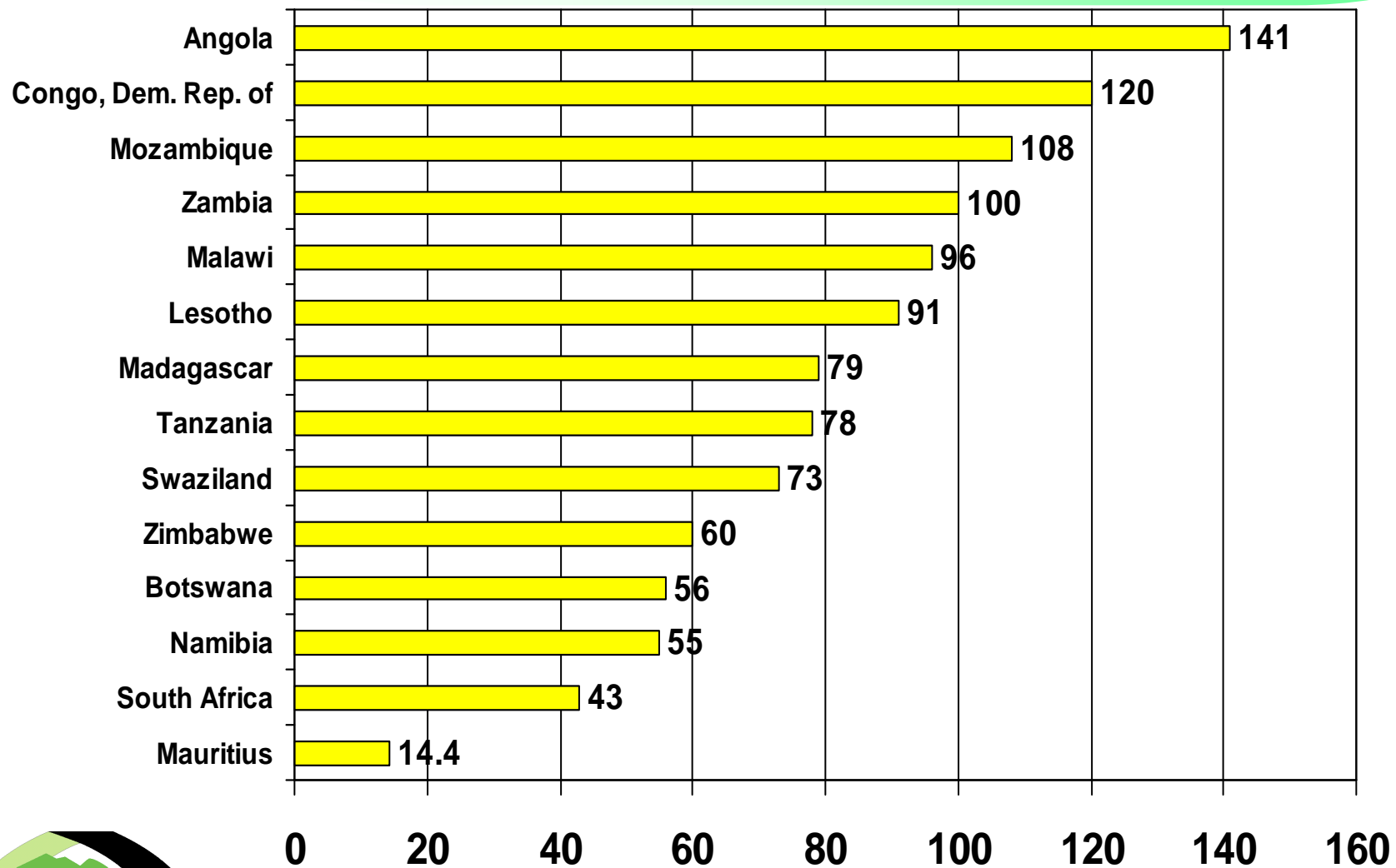
Source: UN, Population Division

Countries with Lowest Life Expectancy in the World



Source: World Population Data, 2007

Infant Mortality Rates in Southern Africa



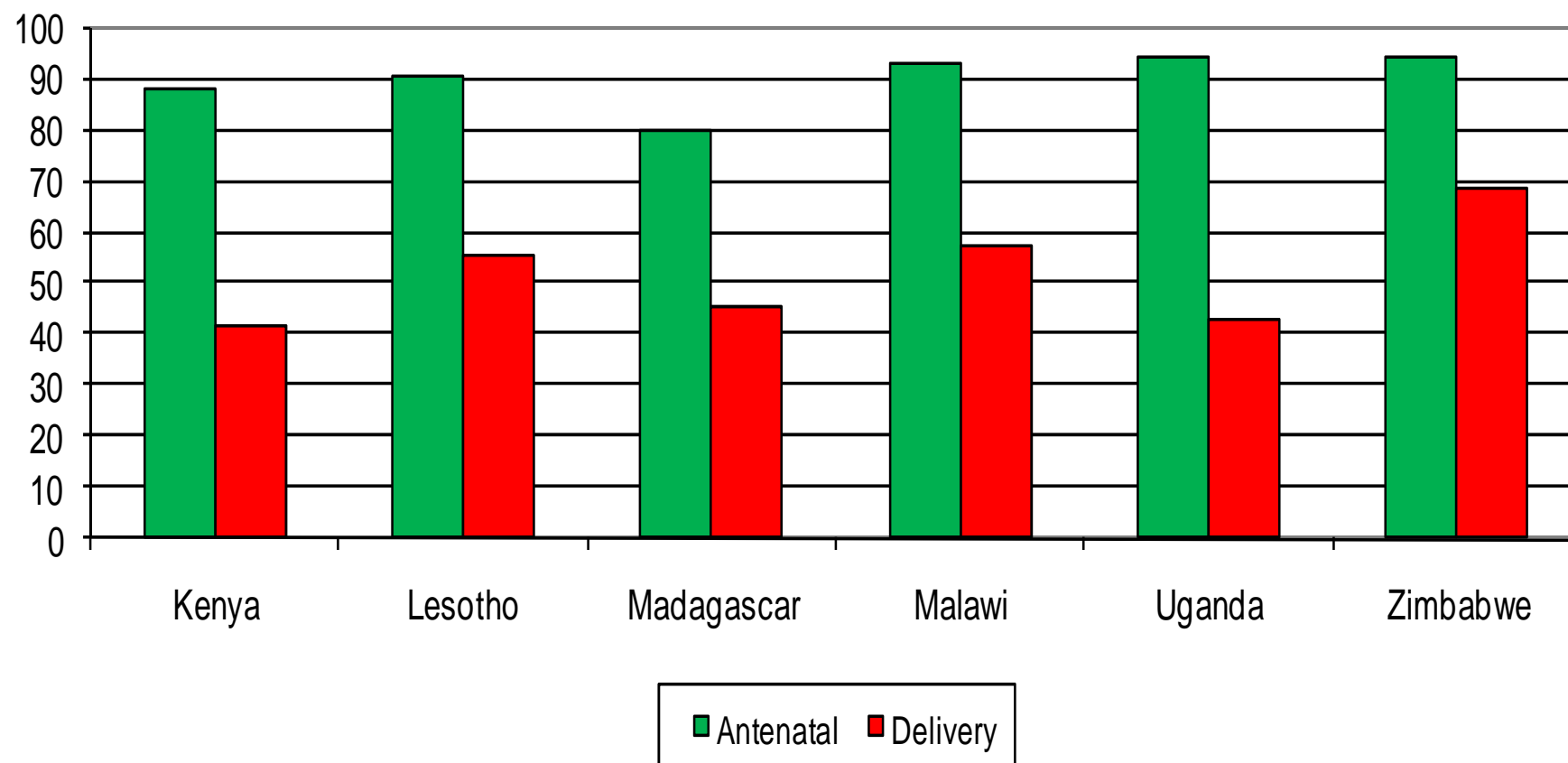
Source: PR World population Data Sheet, 2007

Infant Mortality Rates by Wealth Status

	Total	Poorest 20%	Middle 20%	Richest 20%
South Africa	43	87	49	22
Namibia	55	55	59	31
Zimbabwe	60	100	102	62
Tanzania	78	160	193	135
Madagascar	79	195	175	101
Malawi	96	231	219	149
Zambia	100	192	196	92
Mozambique	108	278	216	145

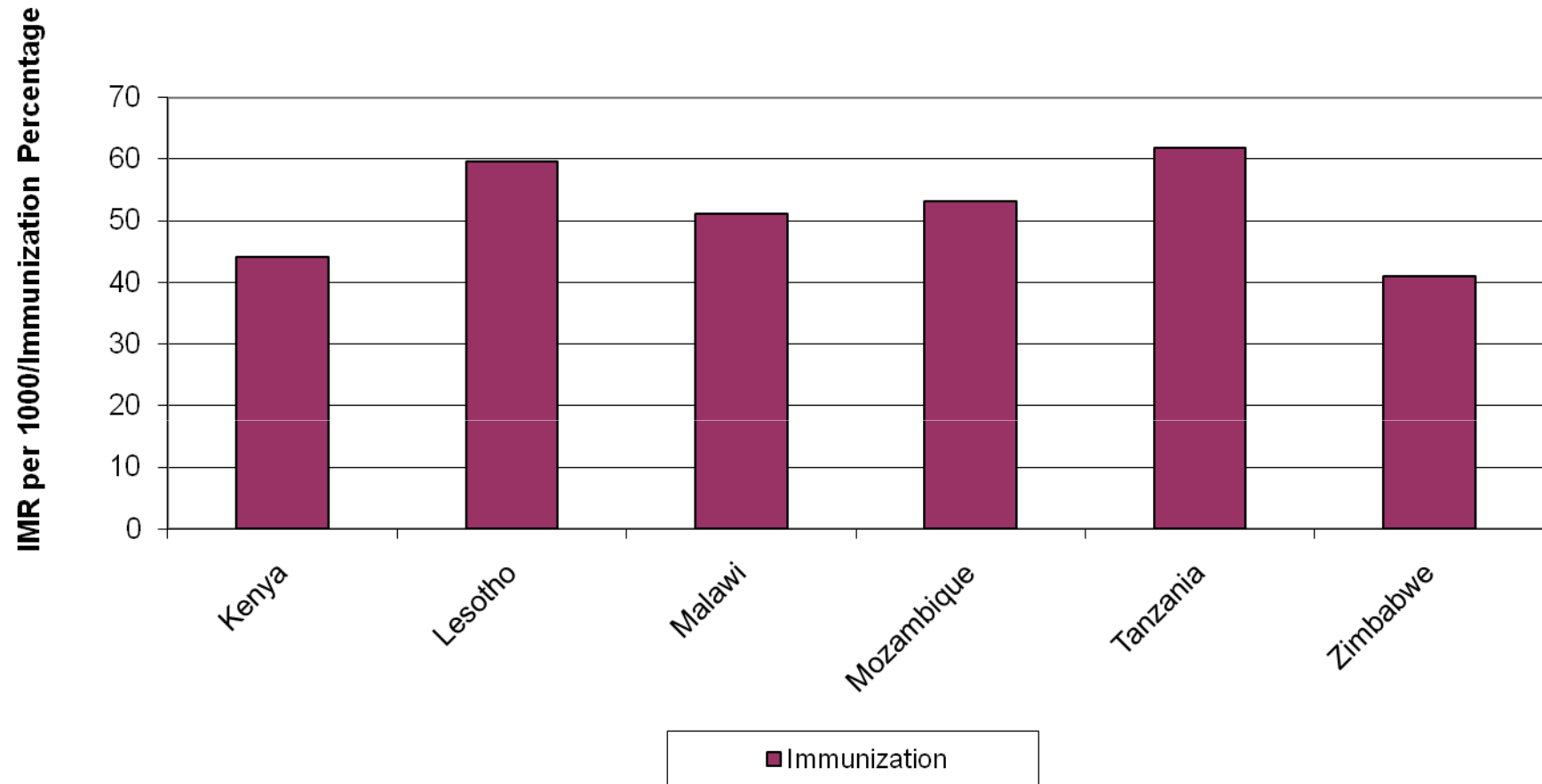


Percentage of Women that Received Antenatal and Delivery Care from Skilled Professional



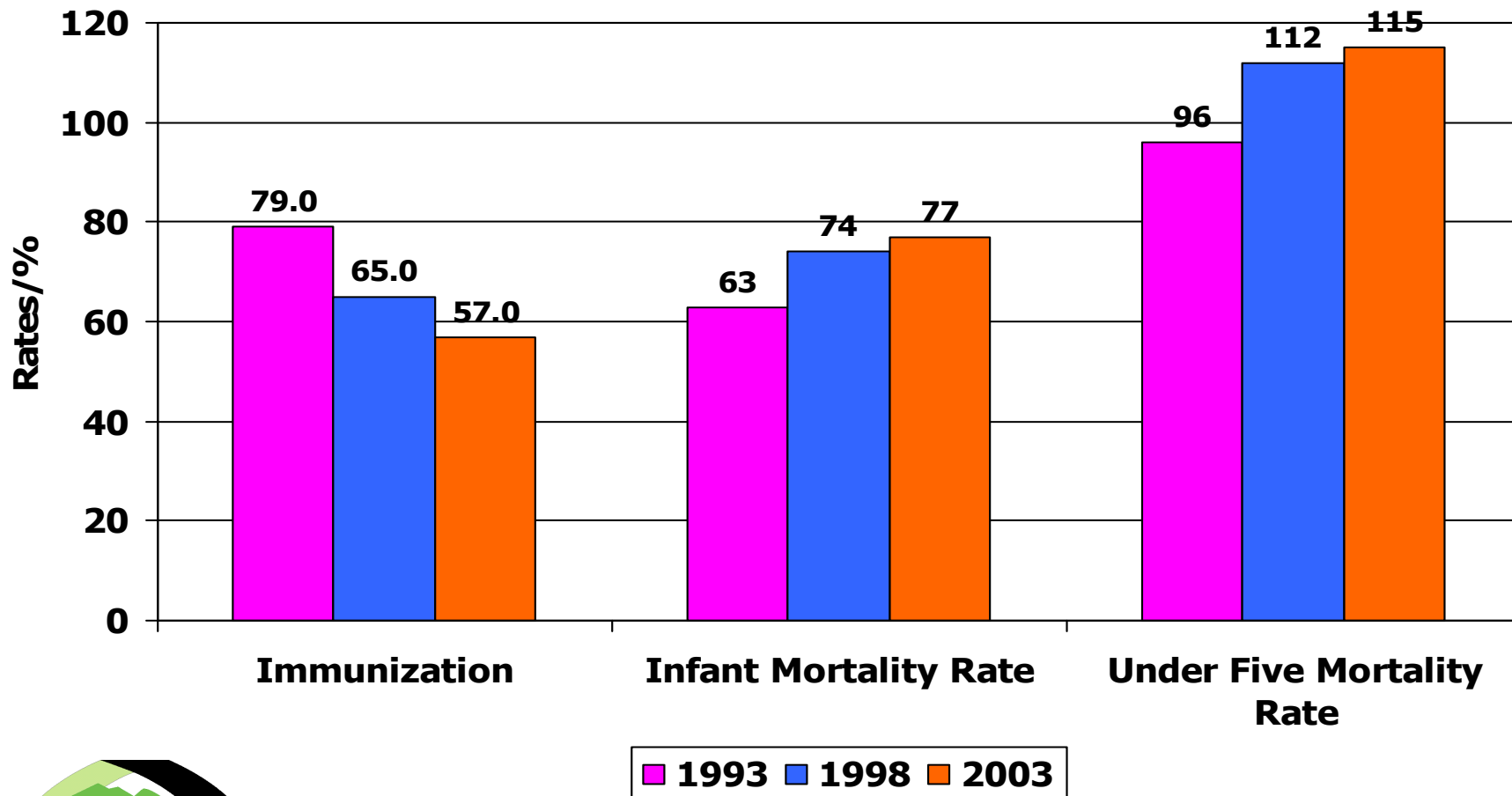
ORC Macro, 2008. MEASURE DHS STATcompiler

Infant and Child Mortality and the % of Children 12-23 Months That Got All Immunization in First Year of Life



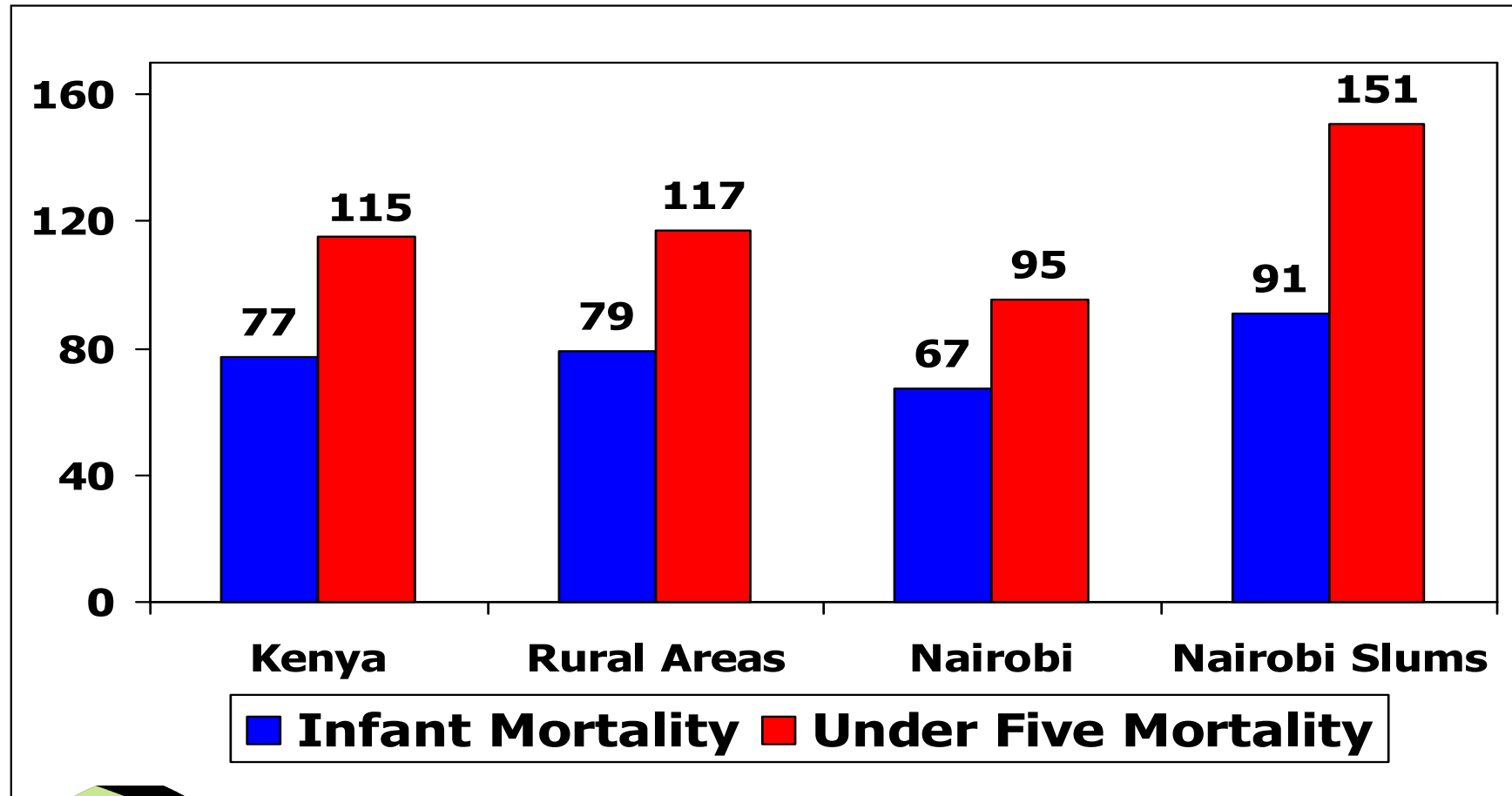
Sources: World Population Data, 2007
ORC Macro, 2008. MEASURE DHS STATcompiler

Child mortality has been increasing as coverage of preventive health services has been declining in Kenya



Source: KDHS 1993-2003 & APHRC 2002

Children in Slum Settlements are particularly vulnerable: Nairobi City

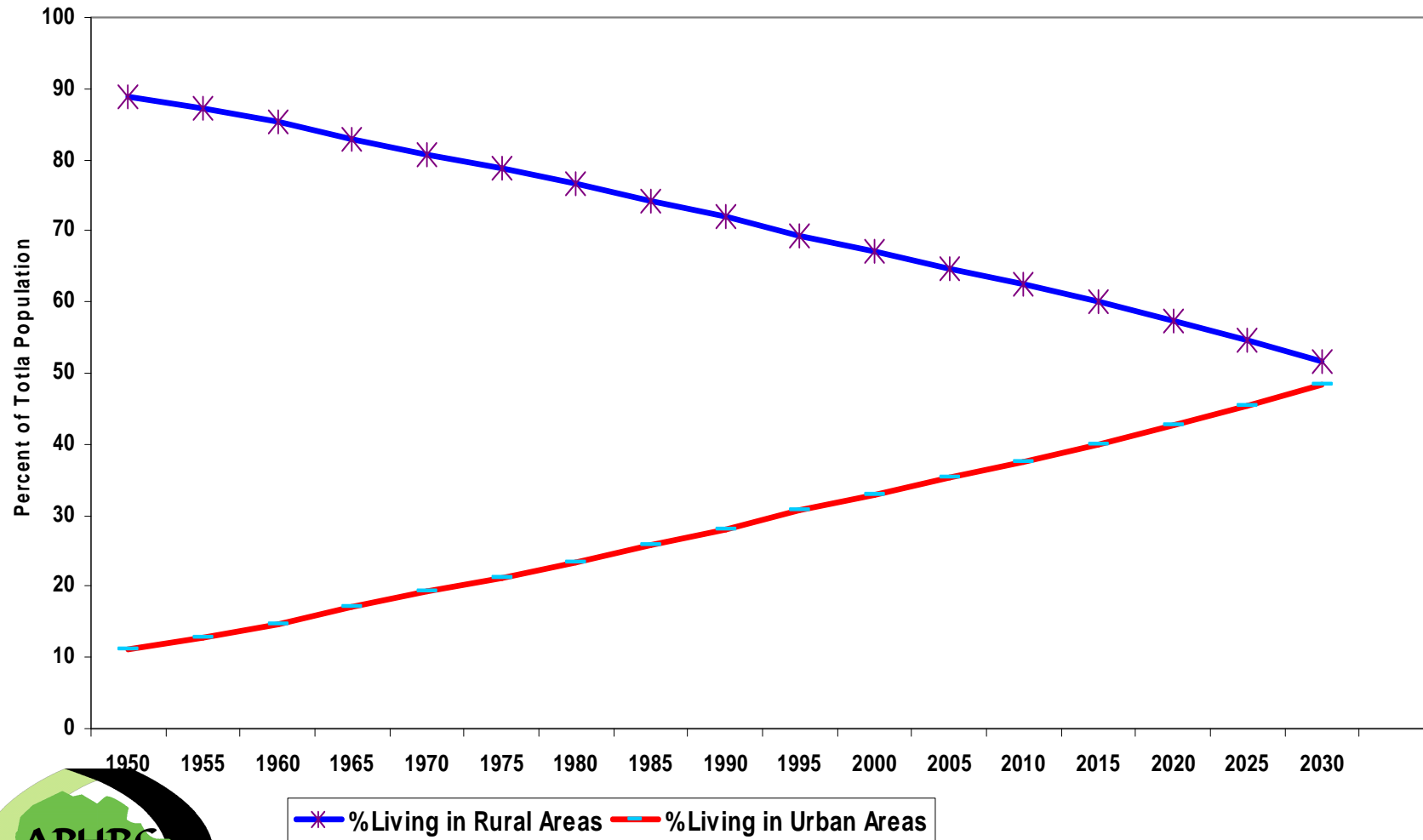


Source: KDHS 2003; APHRC 2002

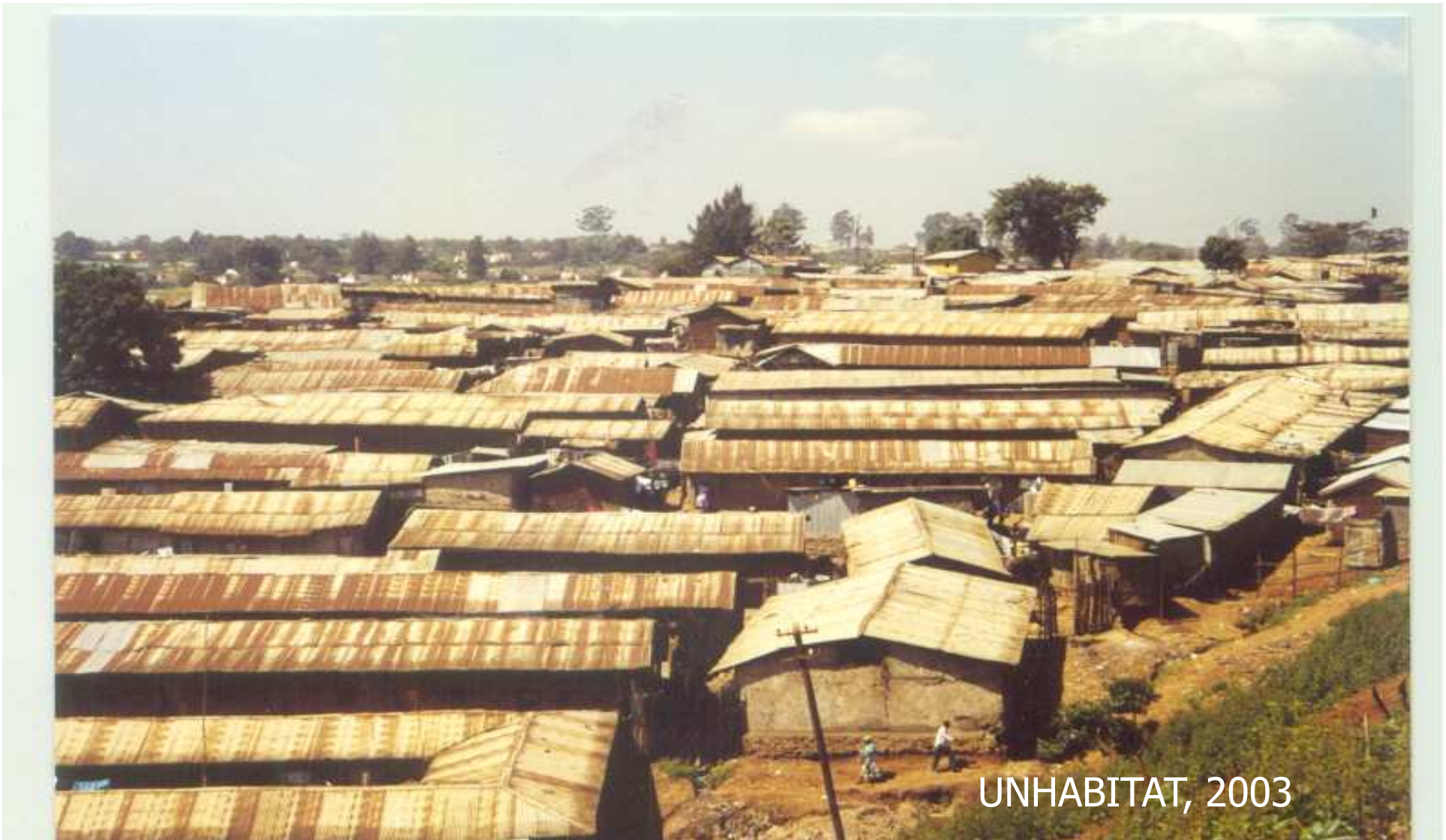
Why Should we Bother about Slum Residents?



Africa is urbanizing fast

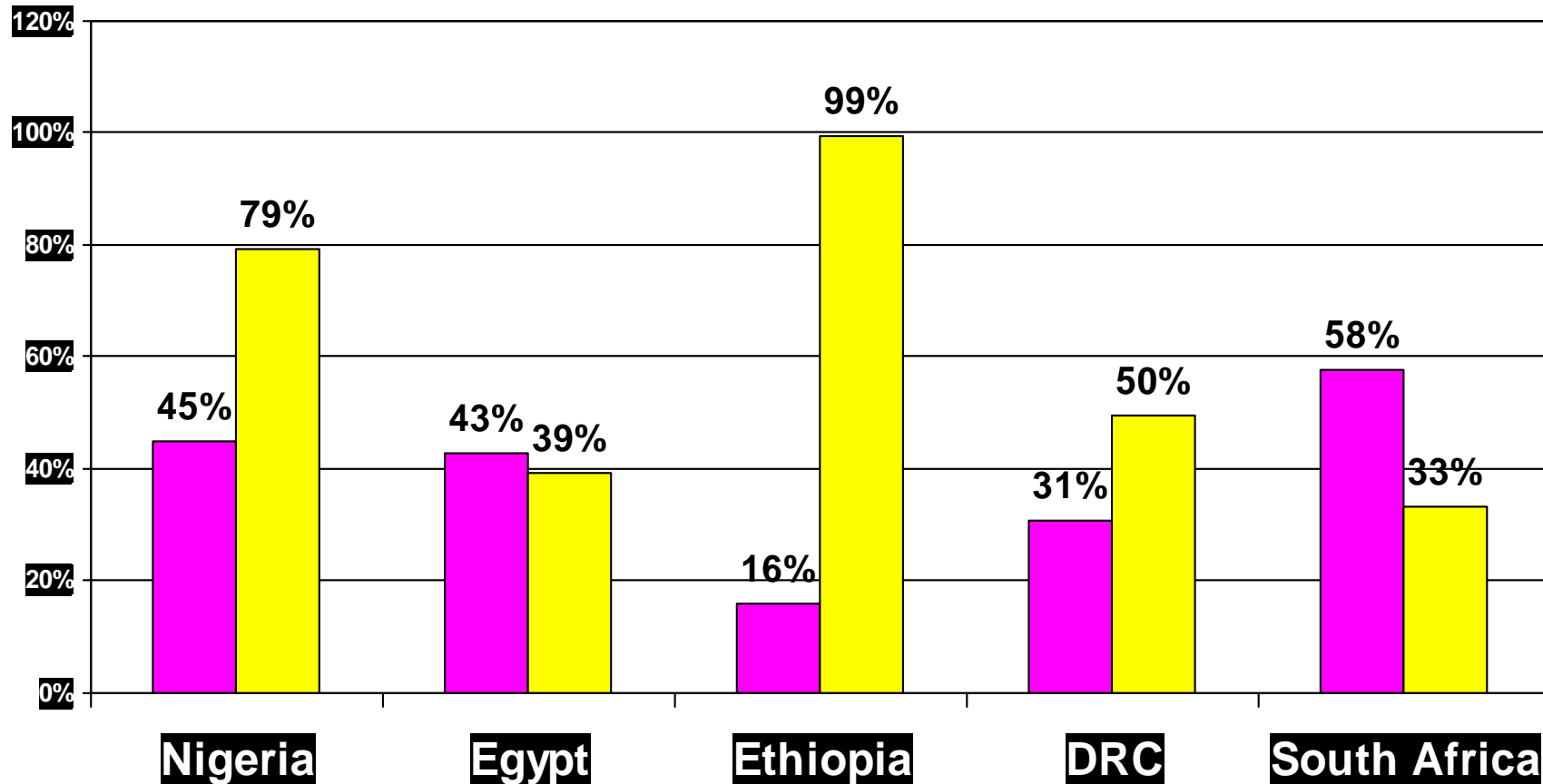


The majority of urban residents in sub-Saharan Africa live in slums, with poor social services and livelihood opportunities...



UNHABITAT, 2003

Urban Poverty in Africa's biggest five countries



■ % Urban ■ % in Slums

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>

