

Ghana; accelerating progress towards MDG5



Maternal Mortality Overview

Ghana in 2013 had a population of over 25.9 millionⁱ. According to the UN estimates 3100 women died that year due to the reasons related to pregnancy or childbirthⁱⁱ.

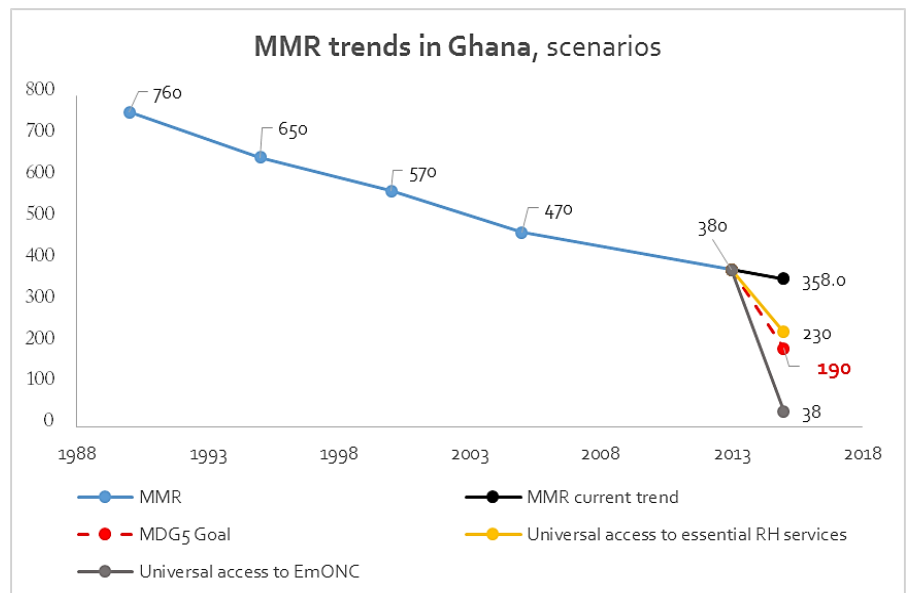
While due to considerable investment in health care in Ghana maternal mortality decreased from 760 to 380 maternal deaths per 100,000 live births from 1990 to 2013, at present the country is not on track to reach the 75% reduction in the MMR required by the MDG5ⁱⁱ. If the current trend continues the maternal mortality in Ghana in 2015 will be at 358 per 100,000 live births; considerably higher than the MDG 5 goal of a MMR of 190. In this scenario Ghana will attain its 2015 MDG target in 2037.

Most of the maternal deaths in Ghana are preventable and about 65% of them are due to four causes: Postpartum Haemorrhage, Hypertensive Disorders, Abortion and Sepsis. With accelerated investment into providing access to the essential reproductive health services, such as Family Planning, Clean Delivery, Oxytocin and Misoprostol for management of postpartum haemorrhage and Magnesium Sulfate for treatment of hypertensive disorders it is possible to reduce the number of maternal deaths by more than half, bringing the maternal mortality rate to 230 per 100,000 live births. Eventual attainment of universal access to Emergency Obstetric and Neonatal Care (EmONC) will lead to 90% reduction of maternal mortality to 38 per 100,000 live births.

Providing access to Family Planning will also lead to considerable financial gains due to reduced utilization of health services. Satisfying 50% of the current unmet need for Family Planning can save around 33,000,000 USD to the health sector a year.

Basic Demographic Data (2013)

Population	25,905,000
Women of reproductive age	6,680,900
% married and in union	61.9%
WRA married and in union	4,135,477
Annual Live Births	816,008
Total fertility rate	4.22
MMR 2013	380
Proportion of deaths among women 15-49 years old due to maternal causes	11.9%



Access to Reproductive Health

Family Planning

Currently over a million or 26.4% of Ghanaian women who are married or are in consensual union lack access to effective Family Planning, despite their desire to delay pregnancy and childbirthⁱⁱⁱ. The unmet need for family planning is greatest among adolescents (61.6%ⁱⁱⁱ) that are around 46% more likely to die of the consequence of pregnancy and childbirths than older women (20-49 years old, Census 2010). Lack of access to family planning has a direct connection to unsafe abortion which is a significant contributor to maternal mortality in Ghana^{iv}.

Skilled delivery and Antenatal Care

As per MICS 2011 68.4 % of women in Ghana delivered with assistance of skilled birth attendant which means that 257,858 women gave birth without qualified health worker. About 86.6% of pregnant women in Ghana had recommended number of visits to health provider during pregnancy

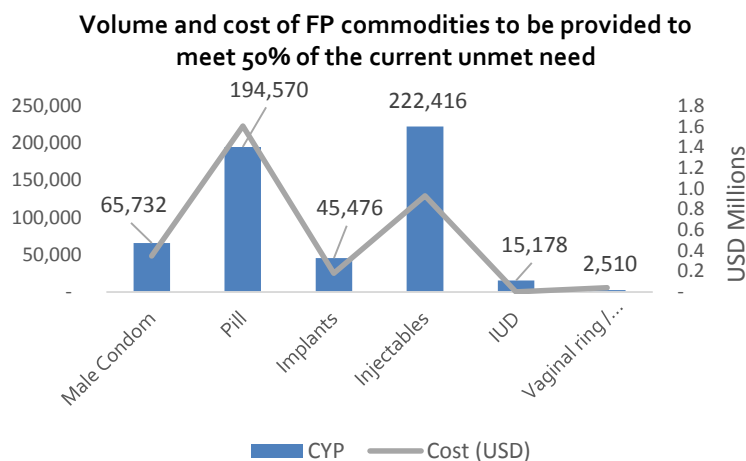
Contraceptive use (any method)	34.7%
Contraceptive use (modern method)	23.4%
Number of the users of modern methods	11.3%
Unmet need	26.4%
Number of women with unmet need	1,091,766
ANC coverage	86.6%
% births assisted by a skilled provider	68.4%
No of births with SBA	558,149
No of births without SBA	257,858
% of births to adolescents	13.3%
No of births to adolescents	132,193
Unmet need among adolescents	61.6%

Estimated Impact of Universal Access to Reproductive Health

Family Planning

Providing women with access to family planning and enabling them to decide how many children they want to have and when, prevents maternal mortality by reducing the number of women dying due to pregnancies they never intended to have.

Meeting only 50% of the unmet demand for family planning in Ghana, i.e., supplying 546,000 more couples with their preferred method of contraception would reduce the number of unintended pregnancies by almost 202,000 and maternal deaths by over 760. In addition, it would significantly reduce the number of abortions that are particularly high among women with unintended pregnancies.



Maternal Health

Most maternal deaths are preventable, as the health-care solutions to prevent or manage complications are well known.

The below essential maternal health services tackle the four top causes of maternal deaths in Ghana:

- Prevention and management of haemorrhage/treatment of post-abortion complications - **Oxytocin/Misoprostol**:
- Prevention and management of eclampsia with **Magnesium Sulfate**
- Prevention and treatment of sepsis with **Clean delivery kits and antibiotics**

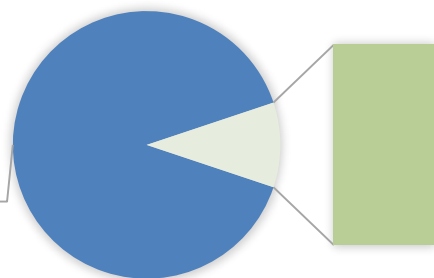
Number of Maternal Deaths that could be prevented

Providing all women with the required maternal health medicines and supplies would prevent an additional 922 deaths, reducing the annual number of deaths by more than half and MMR to 230 per 100,000 live births. Achievement of universal access to EmONC will prevent around 90% of maternal deaths and reduce MMR to 32 per 100,000 live births

In addition, these interventions would have a significant impact on child, and in particular, newborn mortality. 13% of neonatal deaths in Ghana or around 2800 deaths a year can be prevented by providing women with the above life-saving interventionsⁱⁱⁱ.

Essential Drug Requirements and Costs

Financial benefits of meeting 50% of unmet FP need, \$32,922,200



Additional investment required to achieve universal coverage of essential RH services \$3,759,429

Drug and commodity requirements to provide the care detailed above would cost under \$3.8 million USD, \$ 2.9 million for additional FP supplies and just under \$900,000 for maternal health.

Furthermore satisfying 50% of the current demand for family planning will save health sector an impressive amount of 32,922,200 USD per year which can be invested in further strengthening of health service delivery systems.

Required health system investments

Achievement of the universal access to the Family Planning and maternal Health Care services will require strengthening systems for their delivery, which can be achieved by addressing current inefficiencies within the health system, such as distribution of health workforce, improved accountability and leadership as articulated in the Health sector Aide Memoire signed in 2014. It also requires enabling environment at the community level that promotes and supports utilization of these services.

This factsheet is developed by the MoH Ghana with support from UNFPA

ⁱ World Population Prospects: The 2012 Revision, data for 2013. UN Population Division

ⁱⁱ Trends in Maternal Mortality: 1990 to 2013 Estimates by WHO, UNICEF, UNFPA, the World Bank and the United Nations Population Division.

ⁱⁱⁱ GHANA Multiple Indicator Cluster Survey with an enhanced Malaria Module and Biomarker 2011. GSS 2012

^{iv} Ghana Maternal Health Survey 2007. GSS, GHS, Macro International Inc. 2009

^v Pollard et al. Estimating the impact of interventions on cause specific maternal mortality: a Delphi approach. BMC Public Health 2013, 13(Suppl 3):S12 <http://www.biomedcentral.com/1471-2458/13/S3/S12>