

Research on State of Maternal Mortality in South Africa

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INTRODUCTION

- South Africa is said to have one of the most buoyant economies in Africa with a relatively better infrastructure when compared to many other African countries
- South Africa's per capital spending of 645 US dollars on health is one of the highest among developing countries (Malaysia 410, China 322, Egypt 152, Nigeria 94 and India 61)
- In 1999 about 800 maternal deaths were recorded in South Africa, by 2012 the figures have jumped to nearly 1500 deaths
- In its 2013 MDG Report, the government relying on the Civil Registration and Vital Statistics System estimated that the maternal mortality ratio was 269 deaths per 100,000 live births
- These figures differ from those provided by the recent Report on Confidential Enquiry into Maternal Deaths in South Africa, which put the figures at 147 deaths per 100,000 live births
- While this would seem to be a reduction in maternal deaths compared to previous years, the figures are still far below the percentage envisaged in MDG 5-to reduce maternal deaths by 75% between 1990 and 2015

Legal and Policy Frameworks on Maternal Mortality in SA

- The Constitution of 1996
- National Health Act 2003-decentralisation of health system and emphasis on treatment of patients with dignity
- The Choice on termination of Pregnancy Act 92 of 1996-permits abortion on demand in the first trimester and subsequently upon meeting certain conditions
- Patient Charter of 2000
- The White Paper on the Transformation of the health System 1997
- Strategic Plan on Campaign on Accelerated Reduction of Maternal and Child Mortality (CARMMA)
- The Department of Health Strategic Plan for Maternal, Newborn, Child and Women's Health (MNCWH) and Nutrition 2012-2016 has been launched
- Increased allocation to the health sector over the years

Methodology of Research

- Desktop analysis of laws and policies that may have implications for the right to health and maternal mortality in South Africa
- Two focus group discussions with civil society groups working on health and women's rights issues in Eastern Cape and Gauteng
- Each focus group discussion had between 8-10 civil society groups in attendance
- The discussion was facilitated by raising questions on specific issues or challenges relating to maternal mortality in the province

Findings from research

- National Level
- There seems to be a mis-match between policy and implementation
- Dearth of health care providers-about 10, 600 doctors provide services for approximately 85% of South Africans that do not have health insurance
- Weak health care system-poor infrastructure in rural areas
- Low uptake of antenatal care in rural areas-
- Negative attitudes of health care providers

Figures showing the mis-match in spending and MMR

Year	Budgetary Allocation	N0 of Maternal deaths	IMMR per 100,000 live births	Percentage of reduction	MDG 5 Expected percentage
2011	R 112.6 Billion	1560	159	1.4	5
2012	R 121.9 Billion	1425	146	3.1	5
2013	R 133.6 Billion	1401	140	1.3	5

Figures showing NDH Allocation to Programme 3 of the Strategic Plan

Sub-programmes	Final Appropriation 2013/14	Actual Expenditure 2013/14	Under Expenditure 2013/14	
HIV/AIDS	10,978,412	10,904,278	74,134	
Tuberculosis	24,778	23,800	978	
Women's Maternal and Reproductive health	16,051	14,117	1,934	
Child, Youth & School Health	17,264	16,603	661	
Total	11,036,505	10,958,798	77,707	

Findings in Gauteng and Eastern Cape

- About 185 maternal deaths per 100,000 live births were recorded in Eastern Cape in 2012, higher than the country average of 150 deaths per 100,000 live births
- An estimated 308 maternal deaths per 100,000 live births were recorded in Gauteng in the same year
- Both the Eastern Cape and Gauteng have aligned their strategic plans to that of the National Department of Health

Finds from Research in Eastern Cape and Gauteng

- **Ethical issues in health care services-non respect for privacy and confidentiality and forcing patient to under-go C-section**
- **Poor quality of service/Negative attitudes of health care providers**
- **Stock outs and shortages of essential medicines**
- **Stigma and discrimination in health care services**
- **Abuse of patients' rights in health care setting**
- **Distance from health care services**
- **Over crowding in the health setting**
- **Lack of accountability mechanism**

Recommendations

- Government should intensify investment in the training of health care providers and improve the condition of service of those in its employment
- Human rights training should be incorporated into the curriculum of medical/nursing schools and regular education on human rights be regularly organized for health care providers
- Need for increase in budgetary allocation to maternal health
- Need for more consultation between government departments and civil society groups
- There is need for coordination among government departments and institutions to address maternal mortality

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