

Relentless Increase in African Maternal Death Could Be Equated To Genocide By Inaction – Says Africa Public Health Rights Alliance “15% Now” Campaign.

- *Health financing Scorecard indicates that average annual per capita health expenditure of \$13.5 in bottom 10 countries is equal to a night’s cinema expenses in the top 10 countries.*
- *Health worker scorecard indicates that more developed countries that steal health workers from less developed countries instead of training theirs are culpable for maternal deaths.*

The latest global maternal death statistics indicate that of the 536,000 women that died in 2005 of childbirth related complications, about half or 261,000 were African women. The recently released 2005 figures also indicate that Africa is the only region where maternal deaths have increased since 1990 up from 205,000. Maternal deaths dropped in every other continent over the same period. In Europe from 4,800 to 2,900, and in the America’s from 21,000 to 16,000. The prevalent maternal death risk also reflects a much bleaker picture of overall reproductive health in Africa.

The Africa Public Health Rights Alliance “15% Now!” Campaign has developed a scorecard based on the 2005 figures and available comparable global health financing and health systems data¹. The scorecard shows that in the bottom 10 countries globally - all of which are African except Afghanistan, maternal death risk is between 1 in 7 (Niger) and 1 in 15 (Mali). In the top 10 the risk is between 1 in 47,600 (Ireland) and 1 in 13,800 (Switzerland). Possibly every family in the bottom 10 countries will suffer 1 maternal death. Overall 1 in 23 African women have a lifetime risk of maternal death compared with 1 in 2,300 in Europe.

The scale of maternal death anywhere is tied to two key factors: overall levels of sustainable health financing, and the ratio of health workers to the population especially midwives, nurses and doctors. The scorecard also shows graphically how lack of both have combined to undermine the lives of African women. In the top 10 countries, government health expenditure far surpasses private expenditure, while in the bottom 10 citizens are mostly left to fend for themselves. If deliberate state action to exterminate a social group is interpreted as genocide, its difficult not to infer that persistent inaction could mean the same.

One of the key MDGs is the reduction of maternal death by 75% between 1990 and 2015. This scorecard not only shows how bleak the present situation is, it also indicates what needs to be done if the lives and dignity of African women are to be protected and the MDG target for reducing MM is to be met.

For instance, African countries need to do a combination of the following to reduce their disease burden and improve overall public health including reproductive health.

On Health Financing:

- ✓ Meet the 2001 Abuja pledge to allocate 15% or more of annual budgets to health (excluding external resources)
- ✓ Increase annual per capita expenditure on health to a minimum of \$1000 over 5 years in the first instance.
- ✓ Increase and maintain percentage government expenditure on health (as against private expenditure) at between 50% and 90% (excluding external resources) in order to approach similar levels in top 10 countries.
- ✓ Ensure that a minimum of 10% of GDP excluding external resources is spent on health.

On Health Systems / Workers - Invest in infrastructure, training and retention of personnel towards ensuring:

- ✓ A minimum density of 3 doctors per 1000 between now and 2015.
- ✓ A minimum density of 10 nurses per 1000 between now and 2015.
- ✓ A minimum density of 1 midwife per 1000 between now and 2015.
- ✓ A minimum density of 1 pharmacist per 1000 between now and 2015.
- ✓ Appropriate levels of dentists, public health, community health, scientific and technological staff.

The most developed countries must show sincerity in their offers of development aid and:

- ✓ Stop subsidising their health systems with African health workers and professionals and immediately end official policies recruiting health workers from where they are most needed.
- ✓ Raise their own domestic expenditure on health, education and training to meet domestic needs.
- ✓ Ensure that dependency is ended sooner by asking African governments to match aid by meeting the Abuja 15% pledge to ensure sustainable health financing.
- ✓ Ensure that health development aid is holistically targeted at the intertwined problems of reproductive health, child mortality, HIV and AIDS, TB and malaria.

¹ Health Finance, Health Systems and Maternal Death Data from WHO, UNFPA, UNICEF and World Bank. Latest comparable figures are for 2004 and 2005 respectively. Figures have been computed by sources to ensure comparability and are therefore not necessarily official statistics of individual countries, which may use alternative methods.

Health Financing* and Maternal Death Scorecard** [*Latest comparable figures up to 2004, from WHO, UNFPA, UNICEF and World Bank. Scorecard by APHRA]

Top 10 Countries Globally

Country	Life Time Risk of Maternal Death ** (2005)	Country Population	Government Expenditure on Health as % of Overall Government Expenditure	External Resources for Health as % of Expenditure on Health	Total Health Expenditure as % of GDP	Per Capita Govt Expenditure on Health at International \$ Rate	General government expenditure on health as % of total expenditure on health	Private expenditure on health as % of total expenditure on health
Ireland	1 in 47,600	4,148,000	16.8	0.0	7.2	\$ 2,080.0	79.5	20.5
Bosnia & Herzegovina	1 in 29,000	3,907,000	9.8	1.3	8.3	\$ 297.6	49.4	50.6
Italy	1 in 26,600	58,093,000	13.7	0.0	8.7	\$ 1,812.4	75.1	24.9
Germany	1 in 19,200	82,689,000	17.3	0.0	10.6	\$ 2,439.8	76.9	23.1
Czech Republic	1 in 18,100	10,220,000	14.6	0.0	7.3	\$ 1,259.3	89.2	10.8
Denmark	1 in 17,800	5,431,000	12.8	0.0	8.6	\$ 2,287.4	82.3	17.7
Sweden	1 in 17,400	9,041,000	13.6	0.0	9.1	\$ 2,401.8	84.9	15.1
Spain	1 in 16,400	43,064,000	14.7	0.0	8.1	\$ 1,487.5	70.9	29.1
Slovenia	1 in 14,200	1,967,000	13.8	N/Avl	8.7	\$ 1,371	75.6	24.4
Slovakia	1 in 13,800	5,401,000	13.7	0.0	7.2	\$ 782.4	73.8	26.2
Switzerland	1 in 13,800	7,252,000	18.6	0.0	11.5	\$ 2,347.3	58.5	41.5

Bottom 10 Countries Globally

Country	Life Time Risk of Maternal Death ** (2005)	Country Population	Government Expenditure on Health as % of Overall Government Expenditure	External Resources for Health as % of Expenditure on Health	Total Health Expenditure as % of GDP	Per Capita Govt Expenditure on Health at International \$ Rate	General government expenditure on health as % of total expenditure on health	Private expenditure on health as % of total expenditure on health
Mali	1 in 15	13,518,000	12.8	13.8	6.6	\$ 26.6	49.2	50.8
Democratic Republic of Congo	1 in 13	57,549,000	7.3	19.1	4.0	\$ 4.3	28.1	71.9
Guinea Bissau	1 in 13	1,586,000	3.5	31.6	4.8	\$ 7.8	27.3	72.7
Angola	1 in 12	15,941,000	4.4	9.1	1.9	\$ 29.8	79.4	20.6
Liberia	1 in 12	3,283,000	20.1	37.8	5.6	\$ 14.2	63.9	36.1
Somalia	1 in 12	8,228,000	N/Avl	N/Avl	N/Avl	N/Avl	N/Avl	N/Avl
Chad	1 in 11	9,747,000	9.5	7.0	4.2	\$ 15.4	36.9	63.1
Afghanistan	1 in 8	29,863,000	2.3	6.1	4.4	\$ 3.2	16.9	83.1
Sierra Leone	1 in 8	5,525,000	7.8	35.4	3.3	\$ 20.1	59.0	41.0
Niger	1 in 7	13,957,000	10.3	21.3	4.2	\$ 13.6	52.5	47.5

Top 10 African Countries

Country	Life Time Risk of Maternal Death ** (2005)	Country Population	Government Expenditure on Health as % of Overall Government Expenditure	External Resources for Health as % of Expenditure on Health	Total Health Expenditure as % of GDP	Per Capita Govt Expenditure on Health at International \$ Rate	General government expenditure on health as % of total expenditure on health	Private expenditure on health as % of total expenditure on health
Mauritius	1 in 3,300	1,245,000	9.8	1.4	4.3	\$ 282	54.7	45.3
Morocco	1 in 1,700	31,478,000	5.5	0.9	5.1	\$ 80.3	34.3	65.7
Tunisia	1 in 500	10,102,000	8.8	0.2	6.2	\$ 261	52.1	47.9
Libyan Arab Jamahiriya	1 in 350	5,853,000	6.1	0.0	3.8	\$ 245	74.9	25.1
Egypt	1 in 230	74,033,000	7.9	0.9	6.1	\$ 987	38.2	61.8
Algeria	1 in 220	32,854,000	8.4	0.0	3.6	\$ 121.1	72.5	27.5
Namibia	1 in 170	2,031,000	13.5	16.9	6.8	\$ 281.1	69.0	31.0
Botswana	1 in 130	1,765,000	10.5	2.5	6.4	\$ 317	62.9	37.1
Cape Verde	1 in 120	507,000	12.3	20.7	5.2	\$ 170.5	75.8	24.2
Swaziland	1 in 120	1,032,000	11.2	9.5	6.3	\$ 234	63.8	36.2

Health Finance statistics indicate that top 10 safest countries:

- Spend between 9.8% and 18.6% of overall government expenditure on health.
- Receive no external resources for health expenditure (with the exception of Bosnia Herzegovina - 1.3% of expenditure on health)
- Spend between 7.2% and 11.5% of GDP on health.
- Per Capita expenditure on health is between \$297 and \$2,439 and averages at over \$1,000
- Government expenditure on health surpasses private expenditure as percentage of total health expenditure at between 58% and 89% (with the exception of Bosnia Herzegovina which at 49.9% is at par with private expenditure on health)

Health Finance statistics indicate that Bottom 10 most unsafe countries:

- Spend between 2.3% and 12.8% of overall government expenditure on health but this and other government expenditure on health is distorted by external resources – of up to between 9% and 37%.
- Per capita annual expenditure on health is a fraction of the 10 safest countries at between \$3 and \$29. This provides a more realistic picture of expenditure on health even allowing for differences in currency valuation and living standards.
- Private expenditure on health is mostly equal to or greatly surpasses government expenditure on health even factoring in external resources.

Health Workers* and Maternal Death Scorecard** [*Latest comparable figures up to 2004, from WHO, UNFPA, UNICEF and World Bank. Scorecard by APHRA]

Top 10 Countries Globally

Country	Life Time Risk of Maternal Death (**based 2005)	Country Population	Number of Midwives	Density of Midwives per 1000	Number of Nurses	Density of Nurses per 1000	Number of Doctors	Density of Doctors per 1000	Number of Pharmacists	Density of Pharmacists per 1000	Women's Healthy Life Expectancy at Birth
Ireland	1 in 47,600	4,148,000	16,486	4.27	60,774	15.20	11,141	2.79	3,898	0.97	72
Bosnia & Herzegovina	1 in 29,000	3,907,000	1,229	0.30	17,170	4.13	5,576	1.34	363	0.09	66
Italy	1 in 26,600	58,093,000	N/Avl	N/avl	312,377	5.44	241,000	4.20	66,119	1.15	75
Germany	1 in 19,200	82,689,000	8,559	0.10	801,677	9.72	277,885	3.37	47,956	0.58	74
Czech Republic	1 in 18,100	10,220,000	4,772	0.47	99,351	9.71	35,960	3.51	5,610	0.55	71
Denmark	1 in 17,800	5,431,000	1,200	0.22	55,425	10.36	15,653	2.93	2,638	0.49	71
Sweden	1 in 29,800	9,041,000	6,247	0.70	90,758	10.24	29,122	3.28	5,885	0.66	75
Spain	1 in 17,400	43,064,000	6,291	0.15	315,000	7.68	135,300	3.30	35,800	0.87	75
Slovenia	1 in 14,200	1,967,000	654	0.33	14,327	7.21	4,475	2.25	790	0.40	72
Slovakia	1 in 19,800	5,401,000	1,456	0.27	36,569	6.77	17,172	3.18	2,783	0.52	69
Switzerland	1 in 13,800	7,252,000	2,033	0.28	77,120	10.75	25,921	3.61	4,322	0.60	75

Bottom 10 Countries Globally

Country	Life Time Risk of Maternal Death (based on the year 2005)	Country Population	Number of Midwives	Density of Midwives per 1000	Number of Nurses	Density of Nurses per 1000	Number of Doctors	Density of Doctors per 1000	Number of Pharmacists	Density of Pharmacists per 1000	Women's Healthy Life Expectancy at Birth
Mali	1 in 15	13,518,000	2,352	0.18	5,986	0.45	1,053	0.08	351	0.03	38
Democratic Republic of Congo	1 in 13	57,549,000	N/Avl	N/Avl	28,789	0.11	5,827	0.11	1,200	0.02	39
Guinea Bissau	1 in 13	1,586,000	160	0.10	912	0.59	188	0.12	40	0.03	41
Angola	1 in 12	15,941,000	N/Avl	N/Avl	18,485	1.31	1,165	0.08	919	0.07	35
Liberia	1 in 12	3,283,000	446	0.13	589	0.17	103	0.03	35	0.01	37
Somalia	1 in 12	8,228,000	N/Avl	N/Avl	1,486	0.19	310	0.04	8	0.00	38
Chad	1 in 11	9,747,000	353	0.04	2,146	0.24	345	0.04	37	0.00	42
Afghanistan	1 in 8	29,863,000	N/Avl	N/Avl	4,752	0.22	4,104	0.19	525	0.02	36
Sierra Leone	1 in 8	5,525,000	1,299	0.23	1,211	0.23	162	0.03	340	0.07	30
Niger	1 in 7	13,957,000	397	0.03	2,421	0.20	296	0.02	20	0.00	35

Top 10 Safest African Countries

Country	Life Time Risk of Maternal Death (based on the year 2005)	Country Population	Number of Midwives	Density of Midwives per 1000	Number of Nurses	Density of Nurses per 1000	Number of Doctors	Density of Doctors per 1000	Number of Pharmacists	Density of Pharmacists per 1000	Women's Healthy Life Expectancy at Birth
Mauritius	1 in 3,300	1,245,000	116	0.13	4,438	3.60	1,303	1.06	1,428	1.16	65
Morocco	1 in 1,700	31,478,000	2,078	0.07	22,500	0.72	15,991	0.51	7,366	0.24	61
Tunisia	1 in 500	10,102,000	2,883	0.29	25,654	2.58	13,330	1.34	2,909	0.29	64
Libyan Arab Jamahiriya	1 in 350	5,853,000	N/Avl	N/Avl	17,779	3.60	6,371	0.25	1,225	0.25	65
Egypt	1 in 230	74,033,000	1,777	0.02	144,984	1.98	38,485	0.54	7,119	0.10	60
Algeria	1 in 220	32,854,000	7,572	0.24	62,177	1.99	35,368	1.13	6,333	0.31	62
Namibia	1 in 170	2,031,000	N/Avl	N/Avl	6,145	3.06	598	0.30	288	0.14	44
Botswana	1 in 130	1,765,000	N/Avl	N/Avl	4,753	2.65	715	0.40	333	0.19	35
Cape Verde	1 in 120	507,000	N/Avl	N/Avl	410	0.87	231	0.49	43	0.09	63
Swaziland	1 in 120	1,032,000	2,238	2.07	4,596	4.24	171	0.16	70	0.06	35

Health Worker statistics indicate that top 10 safest countries:

- Have midwives density per 1000 of between 0.38 and 0.70.
- Have Nurse density per 1000 of between 5.44 and 15.20.
- Have Doctor density per 1000 of between 2.25 and 4.40.
- Have Pharmacist density per 1000 of 0.09 and 1.15.
- Have overall higher life expectancy at birth of between 66 and 75 years.

Health Worker statistics indicate that Bottom 10 most unsafe countries:

- Have low midwives density of between 0.04 and 0.18 (and also have less access to family planning services, have higher birth rates than the top 10 countries and less skilled birth attendance).
- Have low Nurse density per 1000 of between 0.20 and 1.31.
- Have low doctor density per 1000 of 0.03 and 0.19.
- Have low pharmacists density of 0.00 and 0.07.
- Have overall lower life expectancy at birth of between 30 and 42 years.

***Partners of the Africa Public Health Rights Alliance and the “15% Now!” Campaign are:**

Honorary Chair: Archbishop Desmond Tutu, 1984 Nobel Peace Prize winner

- ♣ Action Group for Health, Human Rights and HIV/AIDS (AGHA), Uganda
- ♣ Africa Health Research Organization
- ♣ Africa Internally Displaced Persons Voice (Africa IDP Voice),
- ♣ African Network of Adolescents and Youth in Population and Development (AfriYAN)
- ♣ African Network of Religious Leaders Living with or Personally Affected by HIV and AIDS (ANERELA+)
- ♣ African Women’s Development Fund (AWDF)
- ♣ Centre for Research, Education and Development of Rights in Africa (CREDO- Africa),
- ♣ Coalition of African Parliamentarians Against HIV/AIDS (CAPAH)
- ♣ Civil Society Legislative Advocacy Centre – CISLAC Nigeria,
- ♣ Cross-of Ministries International Uganda (CGMI)
- ♣ Development Alternatives With Women for New Era (DAWN-Africa)
- ♣ Friends of the Global Fund Africa
- ♣ Global Aids Alliance
- ♣ International Refugee Rights Initiative
- ♣ Institute for Democracy in South Africa – Governance & Aids Prog (IDASA)
- ♣ Kenya Health Rights Advocacy Network (KHRAN)
- ♣ KIGEZI Healthcare Foundation, Uganda
- ♣ Open Society Initiative for Southern Africa (OSISA)
- ♣ Open Society Initiative for West Africa (OSIWA)
- ♣ Oeuvre de Charité et Développement de LEMBA (OCDL ongd/asbl) - DRC,
- ♣ POSITIVE-Generation (Cameroon)
- ♣ Positive Women’s Network, South Africa
- ♣ Physicians for Human Rights (PHR)
- ♣ RESULTS
- ♣ Santayalla Support Society (Togo)
- ♣ Society for Women and AIDS in Africa – Southern Africa (SWAA Mozambique)
- ♣ Southern Africa HIV & AIDS Dissemination Services (Saf aids)
- ♣ Southern and East African Alliance of Parliamentary Committees on Health and HIV / AIDS (SEAPACOH)
- ♣ Stop TB and HIV/AIDS-The Gambia
- ♣ Tbaction Kenya
- ♣ Treatment Action Campaign (TAC)
- ♣ Tuberculosis National League (Cameroon)
- ♣ Women Advocates and Research Documentation Centre (WARDC)
- ♣ World Aids Campaign (WAC)
- ♣ Zimbabwe College of Public Health Physicians

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