

THE WHITE RIBBON ALLIANCE ATLAS OF BIRTH

**TURNING PROMISES INTO ACTION WITH ARHR
SAVING THE LIVES OF MOTHERS AND NEWBORNS IN GHANA**



**50 WOMEN DIE NEEDLESSLY EVERY WEEK IN GHANA
IN PREGNANCY AND CHILDBIRTH**

MORE THAN 400 BABIES ALSO DIE WEEKLY

**ALMOST ALL OF THESE DEATHS CAN BE PREVENTED.
THIS IS UNACCEPTABLE - AND TOGETHER WE CAN
PUT A STOP TO IT**

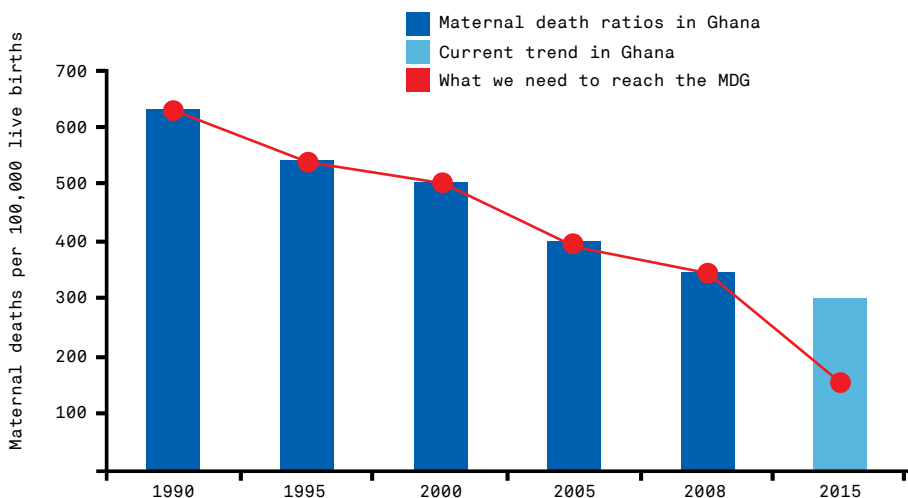
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WE MUST STOP WOMEN DYING DURING CHILDBIRTH

GHANA HAS MADE A PROMISE

The international community pledged in the year 2000 to reduce maternal deaths around the world by three quarters before 2015. We still have far to go, however this Millennium Development Goal (MDG5) is within Ghana's reach.



Source: Trends in maternal mortality: 1990 to 2008 Estimates developed by WHO, UNICEF, UNFPA and The World Bank
<http://www.who.int/reproductivehealth/publications/monitoring/9789241500265/en/index.html>

A joint report by Ghana's health authorities, the 'MDG Acceleration Framework'*, states that – with the funding currently committed to women's health from domestic resources and international aid – we can attain the MDG goal.

Yet it is still more dangerous to give birth in Ghana than in most other countries, and Ghana is lagging behind in keeping its promises made on the world stage.

*Ministry of Health, Government of Ghana. MDG Acceleration Framework and Country Action Plan: Maternal Health; July 2011.
[http://www.undp-gha.org/site/docs/MAF%20Ghana_MDG5_Low_Web%20\(2\).pdf](http://www.undp-gha.org/site/docs/MAF%20Ghana_MDG5_Low_Web%20(2).pdf)

CHANCE OF DYING IN CHILDBIRTH IN A WOMAN'S LIFETIME

SIERRA LEONE 1 IN 21

NIGERIA 1 IN 23

GHANA 1 IN 66

EQUATORIAL GUINEA 1 IN 73

HAITI 1 IN 93

BOTSWANA 1 IN 180

CHINA 1 IN 1,500

UK 1 IN 4,700

NORWAY 1 IN 7,600

Source: WHO/UNICEF/UNFPA/World Bank. Trends in Maternal mortality 1990 to 2008 Estimates developed by WHO, UNICEF, UNFPA and the World Bank Geneva, World Health Organization, 2010 whqlibdoc.who.int/publications/2010/9789241500265_eng.pdf

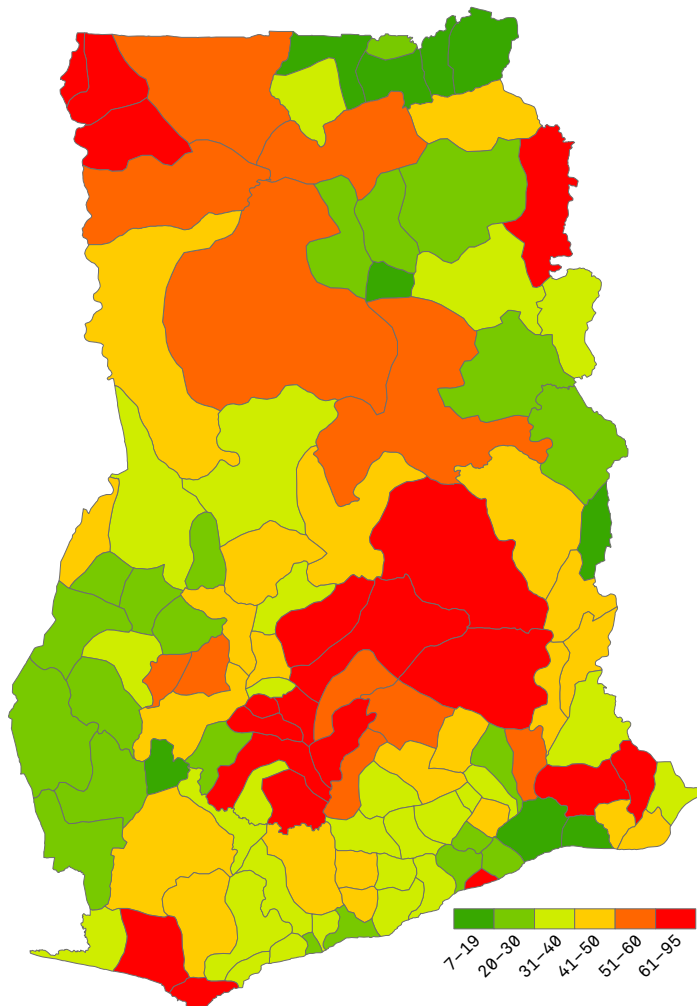
At the 2010 African Union Heads of State Conference in Uganda, the President of Ghana stated that “no woman should die while giving life”. The previous President declared maternal mortality as a ‘national emergency’ in July 2008.

The people of Ghana need to know about these promises – and we call on the politicians of Ghana to act on them now.

This special edition of the ‘Atlas of Birth’ for Ghana, outlines what our Government has promised, what has been done – and what must still be done – to end the scandal of needless deaths in childbirth.

WHERE MOTHERS DIE, NEWBORN BABIES ARE ALSO DYING

NEONATAL MORTALITY RATE PER 1000 LIVE BIRTHS



Source: Neonatal mortality rate per 1000 live births – Amoako Johnson, F., Chandra, H., Matthews Z (2012) District level variations in newborn deaths: an application of small area estimation techniques, University of Southampton email faj100@soton.ac.uk

Many women's deaths still go unrecorded – but where newborn deaths are high, we know that maternal death rates are also high.

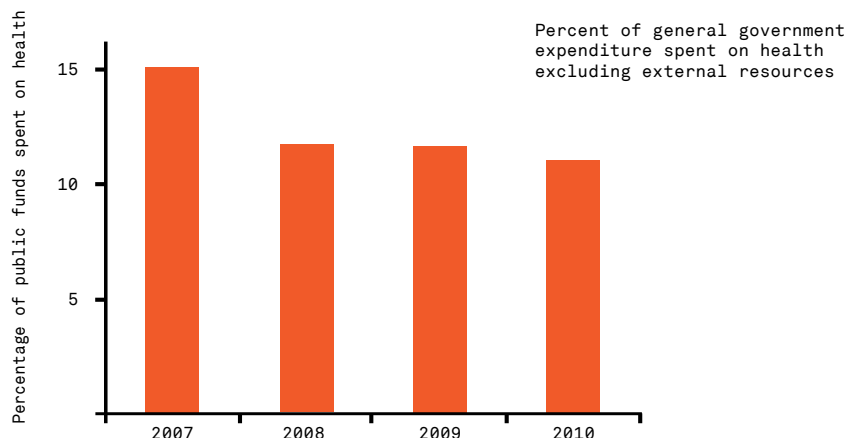
PROVIDING RESOURCES

The Government of Ghana has promised to

“increase its funding for health to at least 15% of the national budget before 2015”

(Source: The UN Global Strategy for Women and Children’s Health, ‘Every Woman, Every Child’)

TIMELINE AGAINST ABUJA COMMITTMENT FOR GHANA



Source WHO GHED (Global Health Expenditure Database)

Ghana still struggles to meet the Africa-wide ‘Abuja target’ of 15% of public sector expenditure on health care. In recent years, the percentage has gone down. Yet specific allocation of budget for maternal health is essential if deaths of mothers and babies are to be avoided.

Ghana has signed up to the Commission for Information and Accountability for Women and Children’s Health – established by Ban Ki Moon. The Commission has promised better tracking of resources including reporting of total health expenditure by financing source, per capita; and total reproductive, maternal, newborn and child health expenditure by financing source, per capita. But as yet, Ghana has not reported these figures.

BETTER ACCESS TO SKILLED CARE

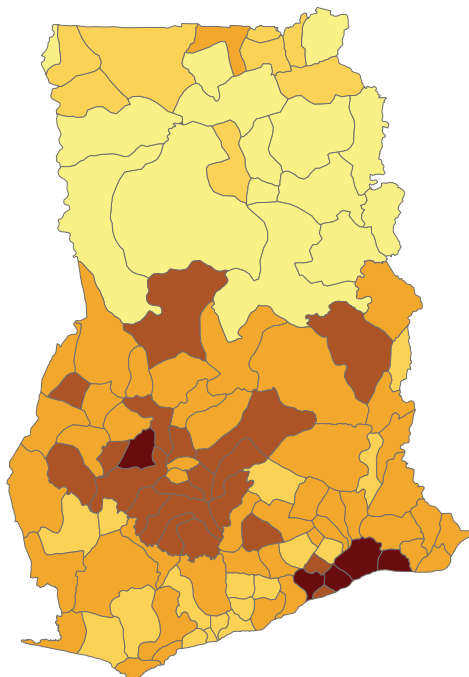
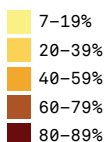
The Government of Ghana has promised to

“ensure improved access to skilled delivery and care at birth and essential newborn care”

(Source: The UN Global Strategy for Women and Children’s Health, ‘Every Woman, Every Child’)

There is now international consensus that skilled care at birth is vital to preventing maternal and newborn deaths. That means women must have access to care from a trained midwife, or a doctor or nurse with midwifery skills.

% OF BIRTHS THAT OCCUR IN A HEALTH FACILITY



Source: Amoako Johnson, F., Chandra, H., Brown, J.J. and Padmadas, S.S. (2010) District-level estimates of institutional births in Ghana: application of small area estimation technique using census and DHS data. *Journal of Official Statistics* 26(2): 341-359

In Ghana, many women are getting the care they need during pregnancy (antenatal care), but there are big differences across the regions, and in some parts of Ghana more than 30% of women still give birth alone or with only a neighbour or relative to help them.

That means that if there is an emergency – the mother bleeds heavily for instance, or the baby gets stuck or suffers from an infection – the life saving care that could save them is out of reach.



Prize winning maternal health champion Mary Issaka sees things from a local perspective

Source: www.jhpiego.org

HOW BETTER ACCESS TO SKILLED CARE SAVES LIVES

Building strong links between women and their health care providers comes naturally to Mary Issaka, a Senior Staff Midwife from Bolgatanga, Ghana.

Mary is a 53-year-old midwife who completed her midwifery training in 2003. Since then Mary has delivered 2,240 babies and has saved the lives of hundreds of women and their newborns.

This dedicated midwife did not do this for fame or celebrity. In her acceptance speech for her 'International Midwife Champion' prize she said,

“In all my life I did not think anyone knew what I was doing outside of my village – I did not think anyone really cared about someone working in such a remote place.”

In 2003, Mary was posted to the remote Zorkor Health centre where maternal deaths were common.

At the time, pregnant women in the area preferred to give birth at home. But Mary soon changed that.

She ensured that family members were allowed to enter the labour ward. She also made sure that the health centre provided the traditional hot bath after delivery. And she organised for a nutritious drink made of millet flour to be prepared for every new mother, in keeping with local customs.

As a result, women flocked to give birth at the health centre. The numbers of women now giving birth with a midwife or trained health worker in Zorkor has increased six fold, from around one in ten in 2003, to an impressive two thirds today.

No doubt many women and babies owe their lives to Mary's work – and many thousands more could benefit from better access to skilled health care.

POLITICIANS: WE CALL ON YOU TO SUPPORT LOCAL SOLUTIONS IN YOUR CONSTITUENCY TO SAVE MOTHERS' AND NEWBORNS' LIVES!

BETTER POLICIES SAVE LIVES

The Government of Ghana has promised to

“strengthen free maternal health care policy...”

(Source: The UN Global Strategy for Women and Children's Health, 'Every Woman, Every Child')

In 2008 the Government of Ghana has made health care free for all pregnant women, new mothers and babies – a progressive policy which has removed the huge barrier of cost and encouraged women to seek professional health care during birth.

However, many women – especially in rural areas – are still unable to reach this free care because of the long distances and lack of transport to health centres.

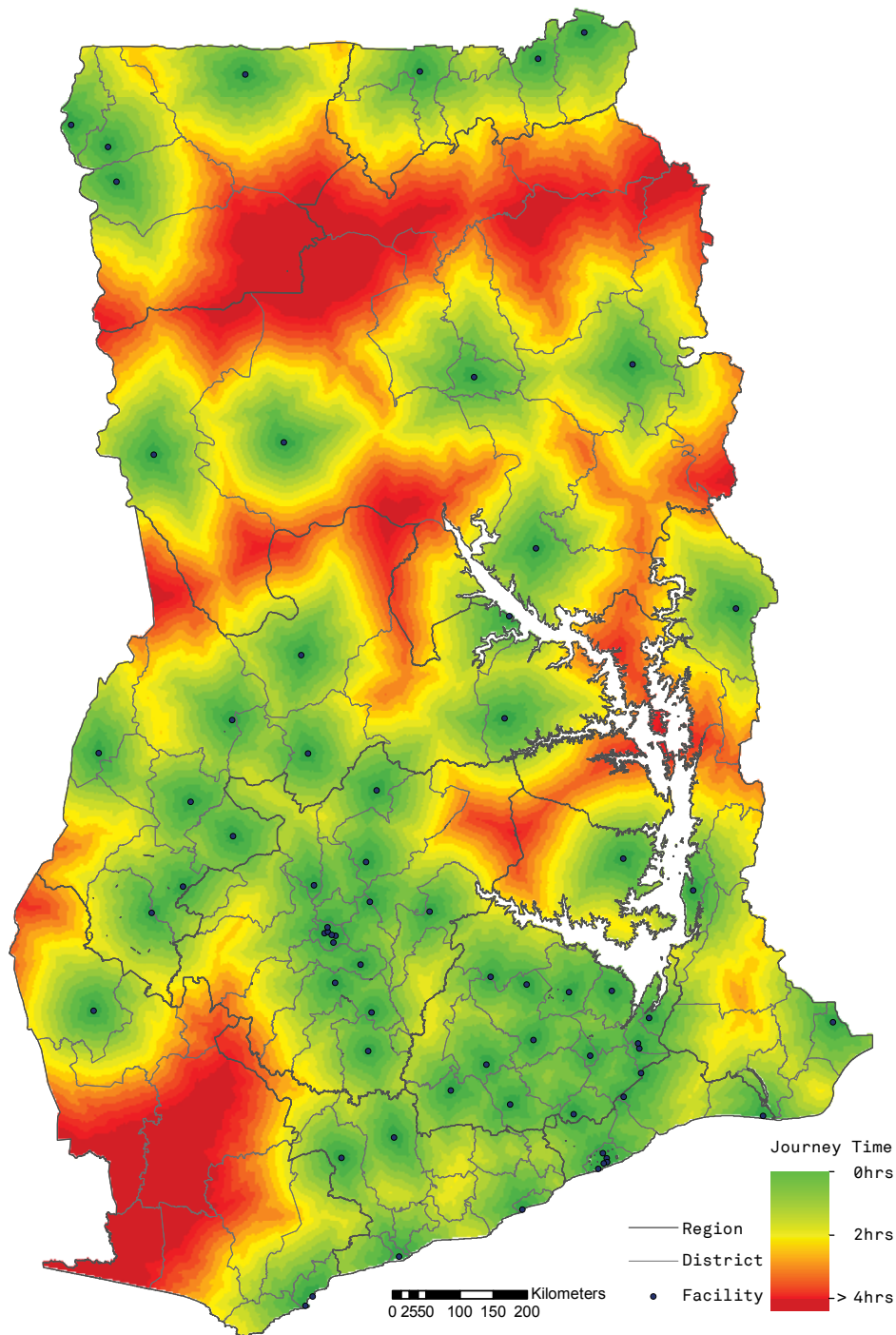
Ghana's free maternal health care policy must include provision for ambulances to bring women to our health facilities in an emergency. The unacceptable length of time it takes many women to arrive at health facilities is still costing many lives. Often women die because there is no transport when referring women with life threatening complications from the health centre to a hospital. Referral procedures need to be better.



Source: <http://ambulances.centerblog.net/1223-chariot-et-boeufs>

Opposite map source: Gething PW., Amoako Johnson F., Frempong-Ainguah F., Nyarko P., Baschieri A., Aboagye P., Falkingham J., Matthews Z., Atkinson PM. Geographical Access to Care at Birth in Ghana: a Barrier to Safe Motherhood, CPC Working paper, University of Southampton <http://www.cpc.ac.uk/publications/>

TOO FAR TO WALK - GEOGRAPHICAL ACCESS TO CARE IN GHANA

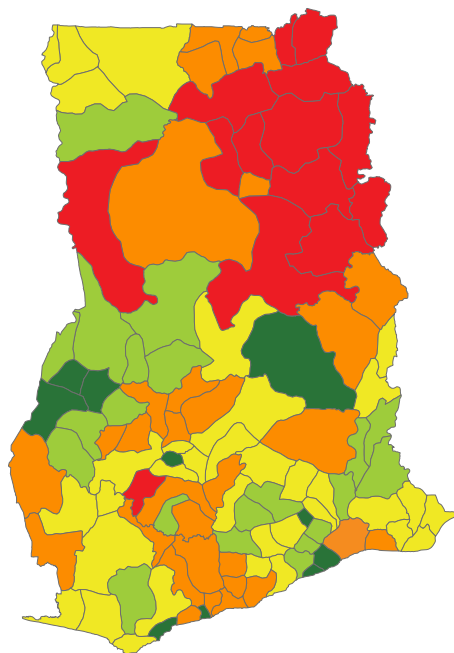


FAMILY PLANNING PREVENTS MATERNAL DEATHS

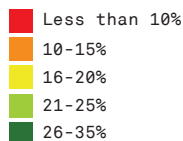
The Government of Ghana has promised to

‘ensure security for family planning commodities’

(Source: The UN Global Strategy for Women and Children’s Health, ‘Every Woman, Every Child’)



% OF WOMEN USING MODERN METHODS OF CONTRACEPTION



Source: Amoako Johnson F, Padmadas SS, Chandra H, Matthews Z, Madise NJ (forthcoming) Estimating unmet need for contraception by district within Ghana: an application of small area estimation techniques. Population Studies.

Many women in Ghana would like to avoid a pregnancy but are not using any form of family planning. At least 1 in 4 women has an unmet need for contraceptives – one of the highest levels of need in Africa.

The above map shows that Ghana still has inequalities in access to family planning. In some regions in the north, less than one woman in ten has access to modern contraceptives, while in some parts of the south, more than double that number have access.

Yet family planning can reduce numbers of women dying in childbirth by a third.

Source: White Ribbon Alliance Atlas of Birth

**In seeking and receiving
maternity care before,
during and after childbirth:**

1 EVERY WOMAN HAS THE RIGHT TO
**BE FREE FROM
HARM AND ILL
TREATMENT**
NO ONE CAN PHYSICALLY
ABUSE YOU

2 EVERY WOMAN HAS THE RIGHT TO
**INFORMATION, INFORMED
CONSENT AND REFUSAL,
AND RESPECT** FOR HER
CHOICES AND
PREFERENCES, INCLUDING
COMPANIONSHIP
DURING MATERNITY CARE
NO ONE CAN FORCE YOU OR DO
THINGS TO YOU WITHOUT YOUR
KNOWLEDGE AND CONSENT

3 EVERY WOMAN HAS THE RIGHT TO
**PRIVACY AND
CONFIDENTIALITY**
NO ONE CAN EXPOSE YOU OR
YOUR PERSONAL INFORMATION

4 EVERY WOMAN HAS THE RIGHT TO
**BE TREATED WITH
DIGNITY AND
RESPECT**
NO ONE CAN HUMILIATE
OR VERBALLY ABUSE YOU

All rights are grounded in established international human rights instruments, including the Universal Declaration of Human Rights; the Universal Declaration on Bioethics and Human Rights; the International Covenant on Economic, Social and Cultural Rights; the International Covenant on Civil and Political Rights; the Convention on the Elimination of All Forms of Discrimination Against Women; the Declaration of the Elimination of Violence Against Women; the Report of the Office of the United Nations High Commissioner for Human Rights on preventable maternal mortality and morbidity and human rights; and the United Nations Fourth World Conference on Women, Beijing. National instruments are also referenced if they make specific mention of childbearing women.

Safe Motherhood is more than the prevention of death and disability...It is respect for every woman's humanity, feelings, choices, and preferences.

RESPECTFUL MATERNITY CARE: THE UNIVERSAL RIGHTS OF CHILDBEARING WOMEN



5 EVERY WOMAN HAS THE RIGHT TO
**EQUALITY,
FREEDOM
FROM DISCRIMINATION,
AND EQUITABLE CARE**
NO ONE CAN DISCRIMINATE
BECAUSE OF SOMETHING THEY
DO NOT LIKE ABOUT YOU

6 EVERY WOMAN HAS THE RIGHT TO
**HEALTHCARE
AND TO THE HIGHEST
ATTAINABLE LEVEL
OF HEALTH**
NO ONE CAN PREVENT
YOU FROM GETTING THE
MATERNITY CARE YOU NEED

7 EVERY WOMAN HAS THE RIGHT TO
**LIBERTY, AUTONOMY,
SELF-DETERMINATION,
AND FREEDOM
FROM COERCION**
NO ONE CAN DETAIN YOU OR YOUR
BABY WITHOUT LEGAL AUTHORITY

**Disrespect and abuse during
maternity care are a violation of
women's basic human rights.**



For more information visit:
www.whiteribbonalliance.org/respectfulcare

THE POLITICIANS' PLEDGE

As citizens of Ghana, we call upon all of our politicians now standing for election to sign up to the pledges to prevent needless deaths of Ghanaian mothers and babies!

- ☐ ☒ **I PROMISE TO DO ALL POSSIBLE ACTIONS TO ACHIEVE MDG 5 IN GHANA – AND TO STOP NEEDLESS DEATHS OF MOTHERS AND THEIR NEWBORNS**
- ☐ ☒ **I PLEDGE TO ENSURE THAT THE GHANA MDG ACCELERATION PLAN WILL BE IMPLEMENTED IN FULL – ENSURING FAMILY PLANNING, SKILLED DELIVERY AND EMERGENCY OBSTETRIC CARE TO ALL WHO NEED THEM**
- ☐ ☒ **I PLEDGE TO ENSURE THAT FUNDING TO SUPPORT THE MDG ACCELERATION PLAN FOR WOMEN AND NEWBORNS WILL BE SPENT AS PLANNED – TO STOP MATERNAL AND NEWBORN DEATHS**
- ☐ ☒ **I PROMISE TO ENSURE THAT HEALTHCARE FOR GHANAIAAN CITIZENS IS ADEQUATELY FUNDED TO HONOUR THE ABUJA COMMITMENT OF 15% GOVERNMENT SPEND ON HEALTH**
- ☐ ☒ **I PROMISE TO ENSURE THE CONTINUITY AND IMPROVEMENT OF THE FREE MATERNAL HEALTH CARE POLICY IN GHANA**
- ☐ ☒ **I WILL PUSH FOR GHANAIAAN MATERNITY HOSPITALS TO SIGN UP TO THE CHARTER FOR RESPECTFUL MATERNITY CARE**

Signed

Member of Parliament for constituency



In collaboration with RIPS at the University of Ghana and GHP3 at the University of Southampton, UK and Evidence for Action – a DFID-funded programme in 6 African countries

The authors are grateful to the UK Department for International Development (DfID) and the Economic & Social Research Council (ESRC) who funded related research on maternal health and spatial maps in Ghana (# Res-167-25-0343).