



REGIONAL COMMITTEE FOR AFRICA

AFR/RC52/15
11 October 2002

Fifty-second session
Harare, Zimbabwe, 8-12 October 2002

ORIGINAL: ENGLISH

Provisional agenda item 11

CHOICE OF SUBJECTS FOR THE ROUND TABLES IN 2003

1. The Regional Director has proposed the following subjects for the Round Tables at the fifty-third session of the Regional Committee:

- (a) Laboratory services in the provision of quality health care .
- (b) Safe motherhood: Improving access to emergency obstetric care.

(a) Laboratory services in the provision of quality health care

Laboratory services are critical to the provision of quality health services. Laboratory backup is also required for investigation and diagnosis of both communicable and noncommunicable diseases. Diagnostic laboratories are not functioning well in the African Region, this is due to lack of serviceable equipment, human resources and reagents, among other things. Laboratory services are also not well organized in most countries. Resource support for the laboratory network tends to be meager and sometimes provided on an ad hoc basis. In many countries there is no regulation for laboratory services. As a result, there is a proliferation of laboratories which provide poor quality services and are run by unqualified persons.

The consequences of inaccurate diagnosis are many, such as waste of time and money, risk of resistance to the drugs and medical complications which sometimes result in death.

There is need to agree on a framework for setting up laboratory services to support health service provision from the health center level to the tertiary level. There is also need to agree on optimum mechanisms for resource support for laboratory services networks.

The roundtable on laboratories in the provision of quality health care is expected to consider these issues and propose how Member States can best organize laboratory services and provide adequate resources to support them.

(b) Safe motherhood: Improving access to emergency obstetric care

The birth of a baby is generally a joyful occasion. However, in most parts of Africa, this event is often associated with pain and grief due to the death of the mother and/or the baby. Of those women who do survive childbirth, many are at risk of disabilities, injuries, and infections.

Reducing maternal deaths is a major challenge of the New Millennium in the African Region. In its Health for All Policy for the 21st Century in the African Region: Agenda 2020, the WHO Regional Office for Africa identifies the reduction of maternal mortality as a high priority. It calls for a 50% reduction of its current level over a ten-year period. At the global level, the importance of maternal mortality reduction is reflected by its inclusion among the Millennium Development Goals calling for a 75% reduction of maternal mortality by the year 2015. The ministers of health of the African Region are repeatedly preoccupied by the high levels of maternal deaths in their countries.

This means that in order to realize the Agenda 2020 vision of significant maternal mortality reduction in the Region, and thus contribute to the achievement of the Millennium Goal, we must do much more than in the past, and there must be a major paradigm shift in our operations at all levels.

The 46 countries of this Region account for an estimated population of 640 million, of which 52% are women. Worldwide, more than 500,000 women die annually from pregnancy- and childbirth-related conditions. Nearly half of these deaths occur in the African Region, a region that constitutes only 12% of the world's population and only 17% of the births. The African Region has the highest maternal mortality rate in the world, estimated at an average of about 1,000 deaths per 100,000 live births.

This high maternal mortality ratio, combined with the low contraceptive prevalence rate of 13% and the high fertility rate - estimated at 5.6 children per woman - and lack of skilled attendants at birth, increase the lifetime risk of maternal death. This means that in Africa, one out of 14 women will die of pregnancy and childbirth related-conditions.

Adolescent childbearing contributes to this risk. In the majority of countries in the African Region, 50% of first births are among adolescents. Women who start childbearing early tend to have more children, which increases their lifetime risk of maternal death.

The main causes of maternal mortality in the African Region are not unknown to us. Most women die in pregnancy and during labour because of three well-known major delays. The first delay usually occurs within the family or in the community. It is related to the woman's inability to decide if and when to seek appropriate care. Lack of birth preparedness within the family and community compounds the problem.

The second delay is related to a woman's inability to access available facilities when the need arises. This is due to poor road and communication networks, a lack of means of transportation, and inadequate financial resources.

The third delay refers to the time between the woman's arrival at the health centre and the facility's response in providing appropriate care.

The Round Table during the fifty-third session proposes to discuss and find pertinent and realistic African solutions to the issues of access to emergency obstetric care, if and when it is needed by women even in rural areas.

In most countries of the Region the health system remains weak and cannot adequately respond to the health needs of the mother and her newborn. It is characterized by inadequate skilled attendants; lack of essential equipment, drugs and supplies, and a poor referral system. Available statistics show that overall skilled attendants are present for only 42% of the deliveries in the African Region.

This delay at the health facility, even when the other two delays have been resolved, may be the most critical for the survival of the pregnant woman and the newborn.

This region has a dearth of skilled attendants where they are most needed.

The challenges before us are as follows:

- What must the countries of our Region do to ensure the availability of skilled attendants to the female population?
- Could we improve the skills of our health professionals to do more than they are doing currently, in order to provide essential and emergency obstetric care through devolution of

functions and activities?

- What is required in terms of capacity building, material and financial resources to achieve this goal?
- How can we set up efficient supervisory systems for the skilled attendants in order to ensure provision of quality care?
- Whilst we acknowledge the importance of traditional birth attendants (TBAs) in all communities of the Region, it has been shown that their continuing technical role as birth attendants has not made a difference to maternal mortality in our Region. What alternative roles can we give to TBAs whilst maintaining their relevance to the communities in our Region?

These and other issues will be discussed in the context of our Region and in recognition of the stewardship role of countries to the reduction of maternal mortality.