

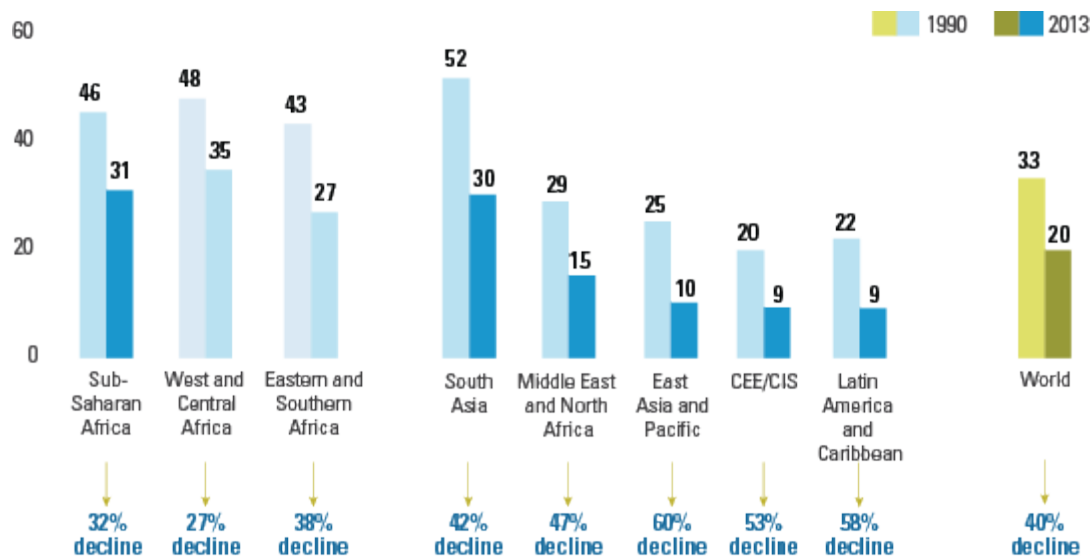
GUBA FOUNDATION CLOSING THE GAP

Report on Infant Mortality in Ghana

According to the United Nation's landmark report **The State of the World's Children 2015: Reimagine the Future: Innovation for Every Child (2015)**, despite population growth, the number of deaths in children under five worldwide has declined from 12.7 million in 1990 to 6.3 million in 2013, which translates into about 17,000 fewer children dying each day. The global under-five mortality rate stands at 46 deaths per 1,000 live births, a significant drop from 90 deaths per 1000 live births in 1990. Thanks to the accelerated progress in reducing child mortality, the world saved almost 100 million children, among them, 24 million newborns who would have died had mortality remained at 1990 rates. This progress notwithstanding, 6.3 million children still die each year before age five.

Discrepancies however still remain when looking across demographics and across borders. The majority of these deaths occurs in Sub-Saharan Africa. All regions except Sub-Saharan Africa and Oceania have more than halved the under-five mortality rate. Eastern Asia, Latin America and the Caribbean, and Northern Africa, have already reduced the under-five mortality rate by more than two-thirds since 1990 and thus achieved MDG 4. In 2013, 3.1 million deaths, half of global Under-Five deaths, occurred in Sub-Saharan Africa.

What makes it more worrying is that by 2050, 40% of all live births will take place there. Total fertility rate in Ivory Coast and Gambia are 4.9 and 5.8 respectively exceeding fertility rate for Frances (2.0) and Germany (1.4). Thus, the number of under-five deaths may stagnate or even increase without further progress in the region. And as rate of Under-Five death in Sub – Saharan Africa declines from 3,809 in 1990 to 3113 in 2013, number of children who die during the first month after birth continues to increase. Neonatal death in Sub- Saharan Africa has risen from 977 deaths in 1990 to 1,066 in 2013 (United Nations Children's Fund, 2014).



Neonatal mortality rate by region, 1990 and 2013

Source: UNICEF analysis based on United Nations Inter-agency Group for Child Mortality Estimation (UN IGME), as published in UNICEF: Committing to Child Survival: A promise renewed-Progress report 2014, UNICEF, New York 2014.

The richest 20 per cent of the world's women are 2.6 times more likely than the poorest 20 per cent to have a skilled attendant present at delivery. The presence of a skilled attendant greatly enhances survival of a baby in the perinatal period, and contributes greatly to ensuring a baby grows to see its first birthday. The poorest 20 per cent of the world's children are approximately twice as likely as the richest 20 per cent to be stunted by poor nutrition and to die before their first birthday. Children in rural areas are at a disadvantage compared to those who live in urban areas when it comes to infant mortality.

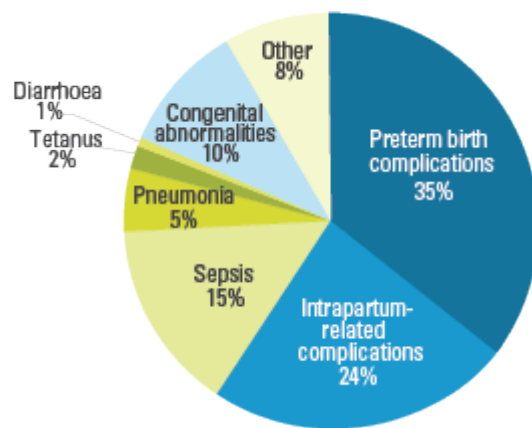
Infectious diseases such as Pneumonia and diarrhoea, and malaria are the leading cause of infant mortality in Sub-Saharan Africa. Together, they have accounted for about 1.3 million or about 40 percent of under-five deaths. The major improvements in child survival since 1990 are partly attributable to affordable, evidence based interventions against the leading infectious diseases, such as immunization, insecticide-treated mosquito nets, rehydration treatment for diarrhoea, nutritional supplements and therapeutic food (United Nation Children Fund, 2014).

A newborn's chances of survival are also dependant on income, maternal education and place of birth. Children born to poorer households, to mothers with no education and living in rural areas face a higher risk of dying in the first 28 days of life.

Globally, the main causes of neonatal deaths are preterm birth complications (35 per cent), intrapartum-related complications (complications during labour and delivery) (24 per cent), and sepsis (15 per cent). Together, these three causes account for almost three quarters of all neonatal deaths.

Preterm birth complications cause more than a third of neonatal deaths

Complications related to labour and delivery contribute to one quarter



Global distribution of neonatal deaths, by cause, 2013

Source: UNICEF analysis based on WHO-CHERG provisional estimates 2014
http://www.who.int/healthinfo/statistics/ChildCOD_method.pdf

Ghana's Situation and why we need to raise awareness

Eritrea, Tanzania and Botswana have better infant mortality rates than Ghana. Ghana's infant mortality decreased from 80 deaths per 1000 live births in 1990 to 52 deaths per 1000 live births in 2013 (State of the World's Children 2015, United Nations). 2014 saw Ghanaian

infant mortality to be 38.5 deaths per 1000 live births (CIA, 2014). Death of infants within the first 28 days of birth sits at 29 deaths per thousand live births as at 2013. Total Fertility rate in Ghana stands at 3.9, and if this figure is anything to go by, a lot more babies will be born in Ghana. Therefore, infant mortality may rise if steps are not taken to meet the Millennium Development goal set by the United Nations (UNICEF, 2015).

With regards to fighting infectious diseases, the likelihood of parents / primary caregivers seeking care for children with symptoms of pneumonia in Ghana is a low 41%. The chances of antibiotics being used to treat pneumonia stands at 56%. Only 35% of children in Ghana are given Oral Rehydration treatment when suffering with vomiting and/or diarrhoea, while just 35% of children sleep under Insecticide Treated Mosquito Nets. These figures show that more need to be done to manage and treat diseases and situations which may seem innocuous, but contribute to increasing infant mortality rates.

In Ghana, according to data from the Multiple Indicator Cluster Survey (2011), twice as many children born to the country's 20 per cent poorest population are more likely to die than the 20 per cent in the richest quintile. Geographically, the Northern, Upper East, Upper West and the Brong Ahafo regions have the highest child mortality among the ten regions of Ghana. The Northern Region has an Infant Mortality Rate of 66 deaths per 1000 live births; the Upper East Region has an Infant Mortality Rate of 58 deaths per 1000 live births. Infant Mortality in the Upper West Region sits as high as 67 deaths per 1000 live births. In the Brong Ahafo Region, infant mortality is 66 deaths per 1000 live births.

Quality health care is undoubtedly important to both the mother and newborn. However, health centres in the aforementioned four regions are few and under-resourced. Most neonatal units lack are under-sourced, lacking equipment such as incubators and radiant heaters. Doctor-to-population ratio is 46: 50,751 in the Northern Region, 29: 35,010 in the Upper East, 14: 47,932 in the Upper West and 134: 16,919 (Ghana Health Service, 2010).

The way forward

Health centres must be equipped and resources to be able to provide quality healthcare to pregnant women and infants. At least two thirds of newborn deaths could be reduced in

Ghana through skilled delivery, early initiation of breastfeeding and exclusive breast feeding – safeguarding those perilous first days of a child’s life. These interventions should be part and parcel of integrated health care service delivery at all levels of the health care system.

While health care is important, preventative efforts including keeping girls in school, stopping child marriage, reducing adolescent fertility and safeguarding the education of adolescent girls are additional effective ways to increase prospects for a safe pregnancy and a healthy newborn.

Ghana with UNICEF have created a National Newborn Strategy & Action Plan for 2014-2018 to address the rates of infant mortality. In January 2015, the Canadian government announced efforts to scale up the SickKids-Ghana Paediatric Nursing Training Program to help Ghana succeed in training 1,500 paediatric nurse specialists over the next 15 years, to boost capacity to deliver child survival interventions. However more effort needs to be taken on a regional, national and international basis to help reduce infant mortality in Ghana.

There is the need to also raise awareness about the state healthcare in general in Ghana and the rate of infant mortality, especially as it a key indicator of the level of development of a country.

Selected Health Centres

St. Joseph Hospital, Jirapa- Upper West Region

The St. Joseph’s Hospital is an agency hospital established in 1953. It caters to the health needs of a population of about 95,314 people (according to 2014 projected population) in the Jirapa district of the Upper West Region. The hospital provides basic services in general medicine, deliveries, surgeries and pediatrics.

Currently, the hospital serves as the only district hospital and a referral facility for eight health centers, fourteen CHPS Zones in the district and other facilities outside the district. It has a bed compliment of 145 and provides outpatient, diagnostic and inpatient services. The hospital in 2014 recorded 52 infant mortality deaths.

Tamale West Hospital- Northern Region

Tamale West Hospital was opened on 1st April 1998 as a polyclinic and graduated to the status of a district hospital in the same year. The Hospital currently has a bed compliment of 121.

This hospital serves the people of Tamale and its environs with a population of not less than 350,000. It serves as a referral center for Tamale Metro Sub- district health Centre. The hospital is beset with serious challenges and deficiencies in its service delivery stemming from lack of equipment and vital facilities such as the Antenatal block, Laundry unit. The hospital recorded 7 infant mortality deaths in 2014.

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