
GIVING LIFE, RISKING DEATH
TIME FOR ACTION TO REDUCE MATERNAL MORTALITY IN BURKINA FASO
HEALTH IS A HUMAN RIGHT
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MORE THAN 2,000 WOMEN DIE IN BURKINA FASO EVERY YEAR FROM COMPLICATIONS OF PREGNANCY AND CHILDBIRTH. MOST OF THESE DEATHS COULD BE PREVENTED.

Some women die because they cannot reach a health facility capable of treating them, or because they arrive too late. Many lose their lives because their relatives cannot pay the fees demanded by medical personnel. Others die because of shortages – shortages of blood, drugs, equipment or qualified medical staff.

There are many reasons why women in Burkina Faso do not receive the maternal health care they need. These include:

- women's low status, which undermines their right to decide whether and when to have children, and how many;
- lack of information on sexual and reproductive health and rights;
- social and economic barriers, notably the cost of medical treatment;
- geographic barriers obstructing access to health facilities; and
- poor quality of treatment due to shortages of medical supplies and qualified personnel.

Maternal mortality takes its major toll on the poorest and the least educated women and those who live in rural areas, home to 80 per cent of the population.

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Odile sits with her daughter and newborn son outside the maternity ward in Kiembara where she gave birth.

GOVERNMENT ACTION AND FAILURES

The authorities in Burkina Faso have devoted effort and resources to reducing maternal mortality, with the help of the donor community. The maternal mortality ratio has decreased, but remains very high at 307 per 100,000 live births in 2008, according to information published in June 2009 in the 2008 Annuaire statistique Santé (Health statistical yearbook).

In 2006 the government adopted a policy to subsidize the cost of maternal care by 80 per cent and to give free care to women in extreme poverty (indigent women). The number of trained medical personnel, including midwives and nurses, has increased. The role of traditional birth attendants has been changed from assisting women in childbirth to promoting medically assisted delivery. Primary health care centres have been built throughout the country. The government has also adopted a national strategy for family planning.

However, these policies suffer from major flaws in their implementation. Maternal health services are still not available and accessible to all the women that need them. Many women are reluctant to go to health facilities to give birth, since many health facilities are unhygienic and understaffed, with medical personnel who often demand money and sometimes treat them disrespectfully.

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The body of a young woman who died at Yalgado Hospital, Ouagadougou, June 2009. By the time she was brought to the hospital she was in septic shock as a result of an infection and she died a few hours later.

The high rate of maternal deaths in Burkina Faso shows that women are being denied their right to health, a right enshrined in international and national law, a right that every state is obliged to respect, protect and fulfil. When women die in pregnancy or childbirth because the government fails to address preventable causes of maternal death, the government violates women's right to life.

Burkina Faso is one of the poorest countries in the world. However, this cannot justify the government's failure to take steps to the maximum of its resources to realize the right to health (including sexual and reproductive health) for all its population.

AÏCHA

Aïcha and her husband Abdou were due to have their first child in April 2008.

When Aïcha's labour pains started, a friend took her to the health centre near her home on a small motorcycle and her husband followed on a bicycle. She gave birth to a boy. After the delivery, medical personnel asked the family to buy bleach to clean up her blood.

Ten minutes later, the midwife told the family that Aïcha had to be transferred to a district hospital because she was bleeding heavily. Although transfers between health centres should be free, Abdou said: "The ambulance driver insisted on receiving 1,500 CFA francs (around US$3.50) before he would start his vehicle."

Abdou said: "When we arrived at the hospital, Aïcha was still bleeding. Her clothing was soaked with blood and so was the stretcher." He paid for gloves, bleach and several prescriptions.

Aïcha's husband was then told to get his wife's blood tested: "I first went to the hospital lab where I was told that they could not do the blood test. I was sent to the lab at a nearby health centre. It was almost 3am and I had no transport, so I went on foot. It took me an hour to get there. When I reached the health centre, the watchman was asleep. So I woke him up and paid for the test. It was past 5am when I arrived at the hospital and delivered the blood test results. When I arrived, I didn't find my mother and friends. I was told that they had already left. I thought that Aïcha had felt better and was cured. Then a doctor came. He told me that my wife was very weak and that 'her blood was all gone'. I learned that she died at 5.18am."

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Korotoumou with her baby – she was carrying twins but one died. She has five other children, aged from four to 14. Ouahigouya regional hospital.

UNEQUAL STATUS OF WOMEN

Women in Burkina Faso suffer discrimination in every area of their lives, with unequal access to education, health care and employment.

Particularly in rural areas, women have little or no say in key domestic decisions. They are primarily valued as wives and mothers, and if they do not have children they risk abandonment and rejection. The fertility rate is high, at 6.2 children per woman, and even higher in rural areas at 6.9, according to the national Demographic and Health Survey of 2003.

Early marriages are common and the law allows girls to be married at a younger age than boys (17 for girls and 20 for boys, which may be reduced to 15 for girls and 18 for boys). Female genital mutilation is also widely practised, even though it has been banned by law.

FAMILY PLANNING – DANGEROUSLY INADEQUATE

More than 5,000 women died in Burkina Faso between 1995 and 2000 as a result of pregnancies that were unintended, according to a statistical analysis published in 2002. Contraceptive use is low and family planning services are severely under-funded. The government still does too little to ensure that women and girls have safe and confidential access to information and to contraceptives. The result is a large number of early, unwanted or life-threatening pregnancies, as well as unsafe abortions.

Some women cannot afford contraceptives – although consultations are free, contraceptive products have to be paid for. Some women cannot obtain them because supplies are not available. Some women are prevented from using family planning by their husbands and some are deterred by lack of information, often giving rise to misplaced fears. Women told Amnesty International that many public family planning services were run by men who tried to deter them from using contraceptives. They also complained about a lack of confidentiality.

SARATA

Sarata lived in a rural area near Ouagadougou, and was married at the age of 17. None of her first four children survived for more than six months. She became pregnant again at the age of 26 in 2006 – her fifth pregnancy in nine years.

Her friend told Amnesty International: "She worked until the very last day of her pregnancy helping her husband with the farming, which normally begins around 7am. But beforehand, she prepared the meal, at around 6am. When she got back from the fields around 2pm, she had her meal and then rested for a moment before returning to work in the field until 6pm. Outside of the rainy season, she used to sell pancakes at the market. During her pregnancy, I asked her to rest, but she responded that she could not, because she would be teased for not having any children."

She worked until the day before she gave birth in her home. She was taken by motorcycle to the health centre and then to the university hospital in Ouagadougou where she died on arrival, before receiving any treatment.

DIFFICULT JOURNEYS TO REACH HEALTH CARE

Health care facilities are often far from people's homes, especially in rural areas, and transport is unreliable and expensive. Although the government has increased the number of community health centres in recent years, enormous disparities continue to exist between urban and rural areas.

COSTING LIVES

"I did what I could to save my sister-in-law but it cost too much for a poor man like me."

The brother-in-law of a 25-year-old mother of two children who died five days after delivering a stillborn baby. Her family paid for a blood transfusion and several prescriptions.

Despite government subsidies, the cost of health care still prevents women from receiving life-saving treatment, and families nearly always have to pay more in practice than they should.

Under the government's subsidy policy, deliveries are subsidized by 80 per cent, transport between a health centre and a referral hospital is free and indigent pregnant women receive free health care.

The main problems undermining the implementation of the subsidy policy are:

- confusion among the public and medical staff over what is subsidized and what is free, allowing health care staff to demand unofficial payments for treatment, supplies or transport;
- absence of free transport between health facilities;
- failure to identify indigent women entitled to free care – no criteria for identifying them have been made known.

In practice, the subsidy policy is also undermined by the fact that health care staff often demand unofficial payments for treatment, supplies or transport.

RAMATOULAYE

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Ramatoulaye (*pictured above with her baby daughter by the Nakambe river*) had her first child at the age of 12, giving birth at home assisted by a traditional birth attendant, but during her later pregnancies went to the health centre in Ramsa, 12km from her village, for prenatal visits and to give birth. She said that during her fourth pregnancy, in March 2009, "I started to have my first pains. My husband's brother drove me with his motorcycle, my husband followed us on another motorcycle. Once arrived on the bank of the river, we looked for the boatman but he was not there because he also has another job. Thus I gave birth alone on the banks of the river. It was very difficult."

MARIAM

Mariam lived with her husband, Ali, a motorcycle mechanic, in Ouagadougou. Their first child died at six or seven months. During Mariam's second prenatal check, they learned that she was expecting twins.

One week after the delivery, Mariam became dizzy and had severe headaches. Ali took her back to the hospital. He told Amnesty International: "Mariam was moaning and shaking a lot and several medical personnel told me I had to pay for products, I don't know which ones. I paid several sums." The following day, Mariam began to shake again and had to be taken back to the emergency ward. Her husband was again given a prescription and had to pay for a box of gloves.

"After waiting for two hours, I went to ask why the treatments had still not begun. I was told that there were sicker patients to treat first. I kept waiting and then asked why they were not taking care of my wife. I was told: 'You must first take care of your patient'. I then realized that I had to pay so that they would take care of my wife: I handed over 5,000 CFA francs (around US$11.50) and then my wife was taken care of." Ali was given another prescription but his wife died before she could use it.

In total, the delivery and the trips to the hospital cost Ali around 90,000 CFA francs (around US$206).

Mariam's eldest brother said, "My sister died due to a lack of means and adequate treatment. The hospital, it is like a chamber of commerce. If you are poor, you are 'left'; if you can pay, you are treated."

FAILURES IN THE HEALTH SYSTEM

The health care system suffers from several recurrent problems:

- inadequate health infrastructure
- shortages and interruptions of supplies of drugs and medical equipment
- blood shortages
- lack of trained medical personnel
- lack of skilled birth attendants

Some health centres visited by Amnesty International were very run down, with broken windows and holes in their sheet metal roofs. Health facilities are desperately short of space and Amnesty International saw women in a university hospital who were about to give birth or had just given birth sleeping on the floor in the corridors. In many of the health facilities visited, some essential supplies were damaged or missing. In addition, many medical staff complained of interruptions to supplies and delays in restocking drugs and equipment.

The referral system is the basis of any functioning health system, allowing complications to be treated at a higher level of care. In Burkina Faso, community health centres can only carry out normal deliveries and have to refer to a higher tier (district, regional and university hospitals) any pregnant women suffering complications. This referral network is undermined by several deficiencies, including delays in making the decision to refer a patient and lack of emergency capacity in district and regional hospitals.

Moreover, although there has been an increase in medical personnel in the last five years, there are still not nearly enough qualified medical staff in Burkina Faso. Medical staff stressed that low public sector salaries were detrimental to the quality of treatment.

Many women and their families complained also of inappropriate and sometimes violent behaviour from medical staff during deliveries.

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***top*: Maternity ward, Yalgado Hospital, Ouagadougou, Burkina Faso.**
***bottom*: A midwife checks a 17-year-old who is having her first baby and is in an early stage of labour. Lankoué, Burkina Faso.**

ACCOUNTABILITY

Accountability is key in any health system. The government has to account for the implementation of its health policies. Patients are also entitled to hold accountable medical personnel who might be responsible for abuses or misconduct, such as unlawful demands for unofficial payments, and must have access to avenues of redress. However, in Burkina Faso, accountability is rare, both at government and individual levels.

Corruption by medical personnel, notably unofficial payments, is a major element undermining the whole health care system and in particular the subsidy policy. It is therefore very worrying that the government of Burkina Faso seems to be doing little to tackle it.

THE WAY FORWARD

The government of Burkina Faso, with the help of international donors, has made progress in reducing the level of maternal mortality. However, many pregnant women still cannot obtain the health care they need in time, and pregnancy all too often ends in tragedy.

Family planning is a key component of any strategy for reducing maternal mortality. The authorities have to improve the provision of information on sexual and reproductive health, and to ensure that sexual and reproductive health services are more accessible and available.

Women living in poverty continue to be confronted by financial barriers to health care. Amnesty International believes that making maternal health care free of charge would improve access for all pregnant women, especially the poorest.

Finally, the authorities have to improve the quality of care by addressing shortages of staff and supplies, by improving the training of medical personnel and by putting in place a real system of accountability able to tackle internal failures of the health system such as stock shortages and misconduct by medical personnel.

This document is a summary of a comprehensive report: *Giving life, risking death: Maternal mortality in Burkina Faso* (AFR 60/001/2009), which is available online at www.amnesty.org

FATOU

Fatou, a 25-year-old woman, told Amnesty International how she was treated during her first delivery in May 2005. "On the delivery table, the midwife asked me to yell but I said that I couldn't do it because I was too tired. Then all of the maternity personnel left, they told me that they had to go to a baptism. I felt abandoned. There were no more medical personnel that afternoon. So we had to wait for the night shift to come, at midnight. Suddenly, I saw the umbilical cord come out and I thought that it was my internal organs. So I thought that I was going to die. A midwife arrived and said 'You shouldn't cry', 'When you were doing the thing with your husband, you were happy' and she slapped me."

***cover photo*: This man lost his wife in childbirth and now lives with his one-year-old son.**
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RECOMMENDATIONS

Amnesty International is calling on the government of Burkina Faso to take all appropriate measures to:

- Allocate adequate resources to maternal and reproductive health care, prioritizing the poorest regions with highest mortality ratios.
- Systematically reduce economic, physical and cultural barriers that prevent poor rural women from accessing life-saving reproductive and maternal health care.
- Provide accessible information to women about their sexual and reproductive rights and the right to health.
- Ensure meaningful participation of women in government decisions about reproductive and maternal health care and in the evaluation and monitoring of current processes.
- Ensure adequate monitoring of government policy to reduce maternal mortality, in order to promote effective planning and accountability.

Amnesty International is also urging donors to support the efforts of the Burkina Faso authorities to achieve these goals.

YOU CAN HELP!

To find out how you can join Amnesty International's Demand Dignity campaign in Burkina Faso and to take further action, contact Amnesty International in your country or go to demanddignity.org

WWW.DEMANDDIGNITY.ORG

HEALTH IS A HUMAN RIGHT
AMNESTY INTERNATIONAL

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Our vision is for everyone to enjoy all the rights enshrined in the Universal Declaration of Human Rights and other international human rights standards.

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