



AFRICAN UNION COMMISSION

Maputo Plan of Action and CARMMA: Reflections on the performance of African Countries on Reproductive Health and Family Planning

Dr. Janet Byaruhanga
Department of Social Affairs

Southern and East African Parliamentary Alliance of
Committees on Health (SEAPACOH) Meeting, 27-29
September 2011, Kampala, Uganda.



Background

The African Union envisions a high standard of well-being and empowerment for all African people fostered by the promotion of human rights and dignity, a significant increase in equitable access to relevant affordable, and cost effective basic social services with the protection of individual freedoms guaranteed by strengthened and accountable institutions



The AUC Department of Social Affairs

- The Department of Social has facilitated the undertaking of various initiatives that are facilitating our work today, such as:
 - i. Africa Health Strategy 2007-2015
 - ii. The Continental Policy Framework on SRHR, 2005
 - iii. MPoA for implementation of the framework, 2006
 - iv. CARMMA Strategy for implementation of MPoA (Continental Launch of CARMMA, May 2009)
 - v. Extension of MPoA to 2015, in 2010
 - vi. AU Heads of State & Government debate on MNCH, 2010



Maputo POA on SRHR (2007-2010)

The goal of the MPoA is to enable all stakeholders *to join forces and re-double efforts, for effective implementation of the Continental Policy framework including universal access to sexual and reproductive health by 2015 in all countries in Africa can be achieved*”



MPoA review

- In 2010, the AUC and partners undertook a 5-year review of the implementation of the MPoA;
- The methodology involved sending Progress Assessment Tool to Member States, whose results were compiled and later validated in an experts meeting (in April 2010)
- After review with partners, it was considered by the Ministers of Health & Executive Council



Findings Per Priority Areas

- i. Integration of HIV/STI, Malaria and SRH Services into PHC (07 indicators): Plans in place in 79.4% countries, some being implemented. Challenge: vertical programmes prevail.
- ii. Strengthening of Community-based STI/HIV/AIDS and SRHR Services (no indicators): >50% have strategies, implementation initiated , a few none.
- iii. Family planning Repositioning as key Strategy for attainment of MDGs (02 indicators): only 40.6% countries reported, funding generally from global budget, 08% only with FP budget.



Findings Continued

- iv. Youth-friendly Services positioned as Key Strategy for youth empowerment (02 indicators): 60.6% have policies, half of these implementing, 30% developing them, 9.1% do not have plans;
- v. Incidence of unsafe abortion reduced (03 indicators): >half have frameworks on abortion, while 68% have strategies to reduce unwanted pregnancies. Some still developing them, others have none. Challenge: lack of resources.



Findings Continued

- vi. Access to safe motherhood & child survival services increased (08 indicators): 94.1% have roadmaps, 79.4% with operation plans, a few developing plans, a few others no plans, PMTCT scaled up in 76.5%, coverage for HIV+ mothers significant.
- vii. Resources for SRHR (04 indicators): mostly from general health budget, a few with allocation for RH and FP, and all need more mobilisation.



Findings Continued

- viii. SGRH Commodity Security Strategies (04 indicators): Strategies/ Plans in place, but stock-outs experienced by some, esp. rural areas, a few prolonged. RH commodities should be on essential medicine list.
- ix. Monitoring, Evaluation and Coordination Mechanism (06 indicators): Many have or are in process of institutionalising M&E systems. HIS need further development and good management.



Follow-up actions of the review

- The MPoA was extended for 5 years, to 2015
- The indicators of the MPoA have been reviewed to enable countries compare their attainments in MPoA implementation to that of MDGs



CARMMA

- CARMMA is a campaign to promote and advocate for renewed and intensified implementation of the Maputo Plan of Action for Reduction of Maternal Mortality in the Africa Region.
- CARMMA was initiated due to concerns that many African countries may not attain the MDG5 if efforts are not redoubled



CARMMA

- The AU launched CARMMA in May 2009 during the 4th Session of the AU Conference of Ministers of Health under the slogan “***Africa Cares: No Woman Should Die While Giving Life***”
- CARMMA focuses on positive messaging, encouraging achievements and emphasise the need to intensify actions
- In 2011, the CAMH5 expanded CARMMA to include new-born and children



Objectives of CARMMA

- General objectives: To accelerate the availability and utilisation of universally accessible quality health services including those related to Reproductive Health
- Specific objectives:
 - i. Enhance national political leadership & commitment
 - ii. Identify & work with national champions to mobilise action
 - iii. Build linkages with other global campaigns
 - iv. To make Maternal Mortality indicator of the function of health services
 - v. To facilitate sharing of best practices



Progress on CARMMA

- Countries have taken ownership of CARMMA
- Some countries have developed costed roadmaps, appointed CARMMA champions and official legislated the mandate of CARMMA as part of their post-launch activities
- So far 34 countries have launched
- Tunisia and South Africa shall launch in November 2011
- In the 1st quarter of 2011, a rapid assessment on countries that have launched CARMMA that revealed the following:



Progress on CARMMA cont'd

- 54% of countries who had launched CARMMA have developed national road maps for implementation
- Most road maps are integrated into the National MNCH road maps or SRHR strategic plans
- 92% of countries had carried out activities that have fostered political commitment
- Health systems strengthening at PHC level, development of M&E systems and Integration of HIV, RH and FP services are being implemented by about 50% of member states
- However with respect to provision of sustainable funding for MNCH and SRHR only 17% of member states responded positively



Follow up activities

- CAMH5 recommended a CARMMA week in the month of November 2011.
- Dissemination of CARMMA Rapid Assessment.
- Promotion of Good Practices and South to South Cooperation.
- ICPD@20 review and development of an African Common Position _Post ICPD and Post MDGs.



Partnership between AUC and PPD

Attaining the targets of the MPoA and MDGs can only be attained if we strengthen partnerships; From 2010 to date the AUC and PPD have collaborated in the following activities:

1. Collecting data from Member States for MPoA 5-year review, 2010;
2. CARMMA launch in the Republic of Uganda, 2010;
3. Side event of First Ladies @ AU Summit, Kampala, 2010;
4. 5th AU Conference of Ministers of Health, 2011
5. Development of CSOs guidelines for MPoA, 2011
6. The 8th Session of the APC, 2011



Thank You For Your Attention!