



Achieving MDGs and the Implementation of the Maputo Plan of Action

*Achievements and challenges for consideration
in the post 2015 development agenda*

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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

ICPD



- ▶ International Conference on Population and Development – Cairo 1994.
- ▶ Identified the inter-relationship between population and development on a holistic basis, highlighting the centrality of reproductive health to that interaction.
- ▶ A Programme of Action (ICPD PoA) was agreed upon for implementation by 179 countries with targets set for 2015

ICPD



- ▶ ICPD consensus starts with respect for national sovereignty and for human rights.
- ▶ Goals include universal access to education and health care, including reproductive health—family planning services; safe motherhood; treatment and prevention of sexually transmitted infections including HIV/AIDS, and protection from violence.
- ▶ Others also include empowering women and guaranteeing their access to education, health care and work outside the home.



Millennium Development Goals(MDGs)

- ▶ 189 nations committed themselves to transforming the lives of the world's people including reducing by half the number of people living in extreme poverty.
- ▶ However poverty cannot and will not be eradicated without achieving ICPD goals such as Universal access to education and Reproductive Health Care.

Maputo Plan of Action (MPoA)



- ▶ CAMH2 (Gaborone – 2005) recognized that African countries were not likely to achieve the MDGs without significant improvements in the Sexual and Reproductive Health and Rights of the people of Africa
- ▶ Adopted the Continental Policy Framework on Sexual and Reproductive Health and Rights which was later endorsed by AU Heads of State in January 2006.
- ▶ The continental framework addresses the reproductive health and rights challenges faced by Africa.

MPoA



- ▶ The Maputo Plan of Action is a short term plan (2010) for the Operationalisation of the Sexual and Reproductive Health and Rights was extended in Kampala to 2015.
- ▶ Focuses on nine action areas: Integration of sexual and reproductive health (SRH) services into PHC, repositioning family planning, developing and promoting youth-friendly services, unsafe abortion, quality safe motherhood, resource mobilization, commodity security and monitoring and evaluation.
- ▶ The Plan is premised on SRH in its fullest context as defined at ICPD/PoA , addressing all the elements of SRHR as articulated by ICPD.

CARMMA



- ▶ CARMMA (Campaign for Accelerated Reduction of Maternal Mortality in Africa) 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 builds on commitments given by HOSG to accelerate achievements of MDGs 4,5 and 6.

CARMMA



- ▶ CARMMA is within the context of the MPoA highlighting the need for improvement in women's health as a priority for African countries to achieve the MDGs and the objectives of ICPD PoA.
- ▶ At the continental launch, in 2009, countries were urged to launch the campaign and to develop mechanisms for implementation and monitoring progress
- ▶ Up to now, 40 Countries that have launched CARMMA and 5 Countries that are preparing to launch CARMMA

CARMMA STIRS CONTINENTAL CONSCIENCE INTO ACTION

- The aim of CARMMA is to use the vehicle of policy dialogue, advocacy and community social mobilisation to enlist political commitment throughout the continent, increase resources and boost Maternal health success. It is a country driven undertaking.
- With launching comes the implementation of commitments, policies and activities with development of National Roadmaps highlighting the strengthening of HS, Reproductive and family planning services as well as the integration of HIV and AIDS

Achievements and remaining challenges

- Between 1990 and 2010, Africa has reduced **maternal mortality by 41%**.
- During the same period, **the Child mortality was reduced by 33%**
- Despite the progress, **Africa bears the highest maternal mortality ratio in the world** 52% of the Maternal deaths still occur on our continent (average of 444 women dying every day).
- In Africa, still 1 child in 8 dies before age of 5, nearly **20 times** the average of 1 in 167 for developed countries
- 30% of these under five deaths occur among Newborns and 60% occur within the first year of life

Remaining critical actions

- Most of the women who die of complications from pregnancy **are poor with low level of education and live in rural areas**
- Improve access to RH and reproductive rights
- Strengthen HS and increase access to health services especially for remote rural areas.
- Provide a trained and motivated health workforce
- Increase deliveries with skilled birth attendance
- Increase access to family planning (unmet need)
- Provide essential commodities and supply
- Empower women and young girls
- Increase domestic financing for health and promote efficiency use of existing resources
- Provide data and increase accountability

PROCESSES OF THE POST 2015 DEVELOPMENT AGENDA SETTING

- ▶ ASSEMBLY DECISION MANDATED THE COMMISSION TO IN COLLABORATION WITH ECA AND OTHER PARTNERS IDENTIFY PRIORITIES FOR THE CONTINENT
- ▶ REGIONAL CONSULTATIONS CONDUCTED AND PRODUCED A DOCUMENT
- ▶ AFRICAN COMMON POSITION WAS ADOPTED BY THE CAMEF
- ▶ AU ASSEMBLY ENDORSED COMMON POSITION during the Au May 2013 Summit
- ▶ ESTABLISHED COMMITTEE HEADED BY THE PRESIDENT OF LIBERIA TO FINALISE
- ▶ DEPARTMENT OF SOCIAL AFFAIRS NOTICED THE SUMMARY DOCUMENT DIDN'T ADEQUATELY DEFINE HEALTH PRIORITIES

THE POST 2015 DEVELOPMENT AGENDA SETTING

- ▶ CONDUCTED CONSULATATIONS WITH CSO AND STAKEHOLDERS TO DEVELOP HEALTH AT THE CORE OF THE POST 2015 DOCUMENT
- ▶ EXPERTS OF THE CAMH6 EXAMINED DOCUMENT
- ▶ FURTHER DISCUSSION BY THE EXPERTS DURING THE SPECIAL SUMMIT ON HIV/AIDS TB AND MALARIA AND BY THE BUREAU
- ▶ AS A WAY FORWARD STAKEHOLDERS WERE URGED TO BRIEF THE AFRICA GROUP TO PROPERLY INTERFACE AT THE VARIOUS NEGOTIATIONS WHEN PREPARING FOR THE GENERAL ASSEMBLY THAT WOULD ENDORSE THE FINAL DOCUMENT
- ▶ The PROCESS TO CONTINUE IN 2014 THROUGH A TECHNICAL COMMITTEE/TASK FORCE HOSTED BY ECONOMIC AFFAIRS, CONSULTANTS TO BE RECRUTED

FRAMING HEALTH IN THE AFRICA COMMON POSITION ON THE POST 2015 AGENDA

- ▶ The post 2015 framework to recognize and assert health as a driver of economic development;
- ▶ A public good as well as a human right;
- ▶ Focus on increasing universal and equitable access to quality health care;
- ▶ Effective and financially sustainable implementation of universal health care (based on a resilient and responsive health system);
- ▶ To provide comprehensive and cost-effective primary health care services;
- ▶ Extensive geographical coverage;
- ▶ Adequate skilled, well-trained and motivated workforce;
- ▶ Broad public health measures, health protection;
- ▶ Promoting health literacy of the population;

ASANTE SANA

