

**FEMNET Report from the
5th Session of the Conference of African Union Ministers of Health
(CAMH5)**

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Introduction

At the invitation of the AU Department of Social Affairs, FEMNET attended the CAMH5 Experts Meeting in Windhoek, Namibia.

The theme of the conference was *“The impact of climate change on health and development in Africa,”* however the bulk of the experts meeting focused on the five-year review of scaling up towards Universal Access to HIV/AIDS prevention, treatment, care and support (part of the Abuja Call of 2006), the tenth anniversary of the Abuja Declaration on healthcare financing, and maternal and child health issues including implementation of the Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA).

FEMNET also utilized the opportunity to showcase the photo exhibition from the East African Caravan on Maternal Health (2010) and lobby experts on gender equality issues pertaining to the right to sexual and reproductive health.

Highlights from Experts Meeting

- The indicators for the Abuja Call on Universal Access to HIV/AIDS, Tuberculosis and Malaria services, and those for the Maputo Plan of Action on sexual and reproductive health have been successfully aligned with the indicators for Millennium Development Goals (MDGs) 4, 5 and 6. States will utilize these indicators to report annually beginning 2012 to the July AU Summit.
- An African CSO Coalition on maternal, newborn and child health (MNCH), was initiated following the July 2010 AU Summit to complement AU and member states’ efforts to reduce maternal and child deaths, ensure intellectual, scientific and financial resources reach the grassroots, and ensure harmonised, evidence based advocacy on MNCH. The coalition was represented by members of its steering committee during the Experts meeting, including Dr. Uwem Essiet (Nigeria), Dr. Amany Asfour (Egypt) and Rotimi Sankore (Nigeria). Dr. Essiet delivered a statement to the Experts as part of the opening session, noting that *“for every moment we fail to act or do not act appropriately it is the women and children that bear the brunt of our inaction.”*

Review on Scaling up towards Universal Access to HIV/AIDS Prevention, Treatment, Care and Support

- The review involved an Africa-wide consultation in 2010 and 2011, at country level and sub-regional level. Forty-four countries were reviewed.
- Sub-Saharan Africa is the only region in the world where new HIV infections are feminized.
- Over 20 countries in sub-Saharan Africa, such as Zimbabwe, Tanzania, Mali and Sierra Leone, are showing greater than 25% decline in HIV incidence over the last ten years, while several countries like Uganda, Nigeria and DRC have remained stable.
- New infections among stable couples are on the increase in several countries such as Burkina Faso and Swaziland.
- Despite progress, less than 40% of all people living with HIV are aware of their infection (estimate by WHO/UNAIDS/UNICEF, 2010)
- There is evidence that young people are leading a ‘prevention revolution’ especially in many high-prevalence countries, however few countries address prevention services for out-of-school youth.
- Country reports included little information on prevention services for women, and there is need for greater recognition of the gender dimension of the HIV epidemic at country level.

- Only two countries have greater than 80% anti-retroviral therapy coverage: Botswana and Rwanda.
- Stigma and discrimination remain a major obstacle to effective service delivery scale up.
- African countries remain heavily dependent on external sources for financing the HIV response. For instance Kenya relies on external sources for 75% of its budget.
- There is evidence that spending on HIV has levelled off due to shifting global priorities and the shortfall in Global Fund replenishments/ flattening of PEPFAR financial support
- UNAIDS has launched its new vision: *Zero new HIV infections, Zero discrimination, and Zero AIDS-related deaths*. Part of its recommendations to member states are to:
 - Set targets for prevention
 - Develop workplans and budgets to empower women and girls by reversing harmful gender practices and norms
 - Commit to develop and fully resource a rights-based HIV response

Draft Africa's Common Position to the High Level Meeting of the UN General Assembly special session on AIDS (June 2011)

- The Experts and representatives of civil society made inputs into the draft Africa position, for consideration and adoption by the Ministers of Health. This document will be presented at the June 2011 high level meeting and will guide the AIDS response at country level going forward.
- FEMNET made the following interventions, utilizing among others the communiqué from the *Civil Society Experts Consultation on Maternal, Child and Infant Health and Sexual and Reproductive Health in Africa*, held in Addis Ababa, Ethiopia in April 2010, convened by SOAWR, IPPF-Africa region, UN Millennium Campaign, among others:
 - Member states should recognize the iterative link between violence against women and girls and the feminization of HIV/AIDS in Africa, as this has been largely absent in national level responses to the pandemic
 - The youth are leading the 'prevention revolution' and one key component to enhance and sustain this is access to comprehensive sexuality education and SRH services by adolescents in Africa
 - Member states must enact and enforce legal frameworks on VAW/G that provide equal rights and access to justice and security for women and girls
- These contributions were accepted and integrated into the draft Common Position.
- Whereas the Common Position emphasised that key populations at higher risk of HIV infection need to be covered by essential services, a joint-CSO recommendation to the Experts to elaborate who these 'key populations' were was rejected. This is unfortunate because many member states continue to marginalize these groups, including through social and legal barriers to accessing effective, quality and sustainable HIV services. The groups include: persons with disabilities, young people, men who have sex with men, and lesbian, gay, bisexual, transgender and intersex people.

Ten Year Review of the Abuja Declaration on health financing

- Only six countries have met the Abuja commitment to increase domestic spending on health to at least 15% of the annual budget. These include Rwanda and Botswana.
- According to the WHO, twenty-seven countries have increased the proportion of their health expenditure since 2001, while seven countries have *reduced* their contributions to health during the same period.

- Overseas Development Assistance (ODA) for health has tripled, however the benefits are not spread evenly, with a few countries receiving relatively large contributions and some virtually nothing.
- Even with increased spending on health, most countries still record poor indicators in one or more of the health MDGs due to low per-capita spending.
- Some recommendations from the Experts:
 - Collect data on how much governments are spending on maternal health– *how much does it cost to keep a woman alive and healthy from when she conceives to when the child is one year old?*
 - Mobilize parliamentarians to understand and increase health financing
 - Ensure ODA is fully aligned with national health strategies
 - Promote social health insurance schemes as a best practice
- The AU/ECA held a discussion between Ministers of Health and Ministers of Finance/economy/planning on health care financing, in Addis Ababa in March 2011. The Ministers agreed to focus on governance issues such as efficient use of health funds and avoidance of waste.
- The AUC has proposed a roundtable discussion with development partners to discuss how best African states can access the new funds for MCH (about USD 40 billion) promised during the 2010 MDG Summit.

Assessment of CARMMA implementation

- CARMMA has been expanded to include newborn and child mortality issues, as per the decision of Heads of State in July 2010.
- Twenty-nine countries have launched CARMMA, they are:

Mozambique, Malawi, Swaziland, Rwanda, Nigeria, Ghana, Chad, Namibia, Ethiopia, Sierra Leone, Central African Republic, Uganda, Lesotho, Cameroon, Mauritania, Zambia, Guinea Bissau, Zimbabwe, Senegal, The Gambia, Angola, Kenya, Eritrea, Togo, Benin, Congo, Liberia, Botswana and DRC.

- Twenty five of these countries have reported on progress on implementing the objectives of the campaign.
- 54% of the countries reporting have road maps for implementation of CARMMA
- Only 17% of countries report sustainable funding for MNCH/SRHR
- 54% have conducted maternal mortality audits
- Current challenges to the CARMMA campaign:
 - Lack of specific budget for maternal health
 - Removal of political figure acting as CARMMA champion
 - Inadequate monitoring of progress
 - Coordination of the campaign often sits within other offices, such as First Lady's office, rather than within the Ministry of Health
 - CARMMA campaign not linked to the African Women's Decade or Ministry of Gender
- The Experts took up the FEMNET / AU Women, Gender and Development Directorate's suggestion that Ministries of Health must work with Ministries of Gender within the context of the African Women's Decade in implementing CARMMA to ensure gender equality dimensions of MNCH/SRHR are well integrated.

- Commissioner Bience Gawanas reminded Experts severally that CARMMA is inextricably linked to the issue of gender equality, and that “we cannot sweep the issue of abortion under the carpet.”
- A Taskforce on MNCH is being formed, and will be comprised of 5-6 expert organisations and 5 eminent personalities who will act as champions of MNCH. The experts will be responsible for reviewing the annual reports to be submitted to Heads of State beginning in 2012.
- The Africa CSO Coalition on MNCH volunteered to be one of the members of the Taskforce and the Experts did not object.
- Next steps for CARMMA
 - Compilation of good/best practices – identifying what works and doesn’t work (ongoing)
 - Resources from the Fund for African Women will support CARMMA related projects (2011)
 - CARMMA review and best practices workshop (last quarter of 2011)
 - Opening of CARMMA Clinics in the member states (2011)
 - “CARMMA Week” (November 2011)

Immediate Outputs/ Outcomes of FEMNET’s Engagement at CAMH5

Successfully disseminated messages to government experts and Ministers of Health on gender equality and the right to sexual and reproductive health, utilizing the photo exhibition from the East African Caravan on Maternal Health photo and materials on the right to sexual and reproductive health (in English and French)

Several recommendations on gender equality issues including VAW/G, adolescent SRH and comprehensive SRH education were integrated into the Africa Common Position to UNGASS

Key recommendation on linking the African Women’s Decade and the Ministries of Gender to the CARMMA campaign was adopted by the Experts/ Ministers

The Africa CSO coalition on MNCH, of which FEMNET is a member, strategically placed to collaborate with member states on implementation and reporting on MNCH going forward.