

Time for Commitment is Over, Time For Action Now!

Communiqué of the Civil Society Experts Consultation on Maternal, Child and Infant Health and Sexual and Reproductive Health in Africa, April 17-18, 2010, Addis Ababa, Ethiopia

We, members of civil society Participating in 'Civil Society Experts Consultation on Maternal, Child and Infant Health and Sexual and Reproductive Health in Africa' Addis Ababa, Ethiopia, April 17-18, 2010, organised by Solidarity for African Women's Rights Coalition (SOAWR), IPPF-Africa Region, Ipas Africa Alliance, Save the Children International, Abantu for Development, and the UN Millennium Campaign in collaboration with the AU Commission to assess progress in reducing maternal, child and infant mortality and implementation of the Continental Framework on Sexual and Reproductive Health (Maputo Plan of Action 2007-10):

Commend African governments for committing themselves to address maternal, newborn and child health as outlined in the *Protocol on the Rights of Women in Africa, The African Youth Charter, Continental Framework on Sexual and Reproductive Health* (Maputo Plan of Action 2007-10) and *The African Charter on the Rights and Welfare of the Child*. We further commend the African Union for declaring maternal, newborn and child mortalities continental emergencies requiring commensurate urgent actions;

Congratulate countries that have launched the *Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA)* and taken action to address the maternal, newborn and child health at national level as indicated in the best practices below. **However, a lot more needs to be done.**

Urge all African Governments and other Relevant Stakeholders to ensure the following:

Make Adolescent Sexual and Reproductive Health (SRH) a priority

- Prioritise adolescents' and young women's needs by creating policies, programs and guidelines to reduce the impact of unsafe abortion and facilitate their access to comprehensive reproductive health services;
- Provide comprehensive sex education and services for the sexual and reproductive health of the youth.

Reposition and Prioritise Family Planning

- Promote access to contraception and sexual health and reproductive rights for both men and women including family planning as a development priority including female and male condoms as well as emergency contraception, with the full involvement of young people, based on culturally sensitive approaches, community mobilization and men's engagement.

Unsafe Abortion

- The grounds for legal abortion should be broadened by repealing existing laws criminalising abortion and access should be implemented under criteria permitted by existing laws;
- Ensure expanded the coverage of comprehensive safe abortion care services.

Strengthen Health Systems with Maternal, Newborn and Child Health (MNCH) as a Priority

- Ensure essential measures such as quality reproductive health services, antenatal care, skilled health workers assisting at birth;
- Take measures and give incentives to retain medical personnel and avoid the brain drain;
- Train middle-level health providers, especially midwives, skilled birth attendants and community health nurses who can be deployed to underserved areas to work with poor communities to emergency obstetric and newborn care, adequate nutrition, post-natal care for mothers and newborns.

Eradicate Harmful Traditional Practices

- Ensure the enactment and enforcement of legislation to eradicate female genital mutilation, including when performed by medical personnel, and laws and policies on the minimum age of marriage at 18 in line with regional and international commitments to respect girls' human rights and prevent risks associated with child marriage and adolescent pregnancies.

Combat Violence against Women and Girls

- Enact and strengthen laws to address violence against women;
- Provide social and psychological support and compensation to victims of violence;
- Implement the Africa-Wide campaign on VAW recommended at the Sixth Africa Development Forum (ADF VI) on Action on Gender Equality, Women's Empowerment and Ending Violence against Women.

SRH Commodities Stock outs

- Include SRH products and commodities in the list of essential medicines;
- Put in place strategies to address lack of personnel and to ensure functioning procurement and the distribution of drugs and equipment, quality of care, and financial accessibility;
- Enforce policies and legislation on counterfeit medication without hindering access to generic medicines.

Malaria

- Continue to widen and subsidize insecticide-treated nets (ITNs) coverage and address problems related to malaria drugs procurement and supply-chain processes.

Integrate HIV&AIDS/STIs in SRH Interventions

- Enhance prevention methods and access to post-exposure prophylaxis drugs;
- Strengthen the prevention of parent-to-child transmission of HIV and AIDS within the framework of maternal and child health care programmes;
- Increase the coverage rates of prevention of parent -to –child transmission (PPTCT+) and pediatric treatment services from the current average of 30-40% to the globally agreed-upon target of 80% and ensure high-quality services.

Public-Private Partnerships

- Private sector should be involved as a key partner in planning, decision-making and resource mobilisation in matters related to maternal, newborn and child health. There should be a clear strategy on how to engage the private sector at the different levels and for the different responsibilities.
- Ensure a regulatory framework to guarantee within private sector, quality of MNCH services, training of private health care workers and availability of commodities for family planning and reproductive health.

Financing

- Scale-up of resources allocated to health to achieve the minimum commitment of 15 per cent endorsed by African leaders in Abuja with 4% of the 15% going to maternal and reproductive health interventions to address unsafe abortion in national and health-system budgets;
- Prioritise come up with a specific percentage of resources be earmarked for newborn and child health within the 15% budget for health.
- Increase access to MNCH services through community based health insurance schemes within the context of AU Social Policy Framework;
- Enforcing zero tolerance policies on corruption in the health sector.

Implementation and Monitoring and Evaluation Mechanisms

- Make maternal and new born deaths notifiable;
- Develop and strengthen monitoring, evaluation and information systems on SRH and child health by focusing on sex-disaggregated data collection, production, analysis and dissemination;
- Extend the *Continental Framework on Sexual and Reproductive Health (Maputo Plan of Action 2007-10)* to 2015;
- To develop and implement national action plans on MNCH based on national priorities and come with mechanisms for reporting progress annually at national level and at the sessions of AU Conference of Ministers of Health.

Civil Society Organisations Commitments:

- Strengthen civil society collaboration to hold governments accountable on their commitments on SRH and MNCH;
- Strengthen coordination of interventions and campaigns with governments and the private sector to avoid duplication of efforts and resources;
- Continue to provide SRHR and HIV information and services for women, adolescents and communities;
- Continue to advocate for the power of informed choice and personal decision-making on SRHR and comprehensive prevention approaches;
- Continue campaigns to end violence and all forms of discrimination against women and girls.

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Abantu for Development
African Women's Development and Communication Network (FEMNET)
Akina Mama wa Afrika
Alliance for Reproductive Health Rights, Ghana
Association Burundaise pour le Bien-Etre Familial (ABUBEF)
Association Nigérienne pour le Bien Etre Familial Association Nigérienne pour le Bien Etre
Familial (ANBEF) Niger
Association Rwandaise pour le Bien-Etre Familial (ARBEF) Rwanda
Campaign to End Paediatric HIV/AIDS – (CEPA)
DSW Ethiopia
East African Sub-Regional Support Initiative for the Advancement of Women (EASSI)
Family Guidance Association of Ethiopia
Fair Play for Africa Campaign
Federation of Women Lawyers, Kenya
Inter-African Committee against Harmful Practices (IAC)
Ipas Africa Alliance
IPPF-Africa Region
Kenya Treatment Access Movement (KETAM)
Oxfam
Save the Children International
Solidarity for African Women's Rights Coalition (SOAWR)
The Rosebush Foundation
UN Millennium Campaign (UNMC)-Africa
Young Women's Christian Association (YWCA), Benin

Notes:

1. Specific targets to promote sexual and reproductive health including maternal, child and infant health have been set in plans of actions and commitments by African governments in the *Maputo Plan of Action for Sexual and Reproductive Health and Rights 2007-2010*, *Protocol to the African Charter on the Rights of Women in Africa* (2003); *African Youth Charter, Solemn Declaration on Gender Equality in Africa* (2004); *Abuja Declaration on HIV/AIDS, Tuberculosis, and Other Related Infectious Diseases* (2001), *African Charter on the Rights and Welfare of the Child* (1990), *The Convention on Elimination of all Forms of Discrimination Against Women (CEDAW)* (1979); *Vienna Declaration on Human Rights* (1993); *International Conference on Population and Development (ICPD Plan of Action)* (1994); *Beijing Declaration and Platform for Action* (1995), and *The Millennium Declaration* (2000) amongst others;
2. Gaps between policy and practice remain significant. It is sad that mothers and newborns are no more likely to survive today than two decades ago with prospects worst in countries battling AIDS, conflict and poverty. Little progress has been made in the response to ensure that African women and girls enjoy sexual health and reproductive rights and services. Consequently, preventable, detectable and treatable obstetric complications-including post-partum haemorrhage, infections, eclampsia, anaemia (exacerbated by malaria and HIV), prolonged or obstructed labour and complications of unsafe abortion account for the majority of maternal deaths;
3. Little progress has been made towards reducing under-five and infant mortality. Sub-Saharan Africa accounts for half of all deaths among children under five. For newborns, the greatest health risks are posed by severe infections, which include sepsis/pneumonia, tetanus and diarrhoea together with asphyxia and pre-term births. Close to one in seven children die before his or her fifth birthday as a result of weak child survival interventions-use of insecticide-treated bed nets (to prevent malaria), nutrition, antiretroviral treatment for pregnant mothers who are HIV-positive, exclusive breastfeeding and immunization;
4. 36, 000 African women and girls die annually from unsafe abortion, accounting for 14 percent of all maternal deaths in the region and a higher percentage in many countries. Almost 60 percent of annual deaths from unsafe abortion in Africa occur among women and girls younger than 25 (WHO 2007). However, in many African countries laws criminalising safe abortion persist denying women access to safe abortion;
5. The enjoyment of African women's sexual and reproductive rights is hindered and compounded by other human rights issues including: inadequate access to information, education and services necessary to ensure sexual health; sexual violence, harmful traditional and customary practices affecting the health of women and children (such as early and forced marriage), and lack of legal capacity and equality in areas such as marriage and divorce;
6. Improved health, sexual and reproductive health contributes to economic growth, societal equity, gender equality, and democratic governance, thus bringing tremendous benefits to women, families and societies. Reproductive health and rights are instrumental for achieving the Millennium Development Goals (MDGs).

Best Practices in Africa

- In 2002, Malawi rolled out an essential health: childhood vaccines; treatment of childhood infections such as tuberculosis, schistosomiasis, acute respiratory infections, and diarrhoeal diseases; prevention and treatment of HIV/AIDS and sexually transmitted infections; prevention and management of malnutrition; and management of eye, ear, and skin infections. It has since been expanded to include neonatal services. Donors were invited to work together in funding the package. Malawi has also upgraded health facilities and trained armies of community health workers; clinical assistants to carry out emergency caesarean sections if there are no obstetricians. The number of nurses is beginning to improve, rising from one nurse per 4000 people in 2005 to one per 3000 in 2008. Malawi is on track to reach the MDG for child deaths. Mortality among under-five has dropped nearly 50% in 15 years to 122/1000. Maternal mortality is falling but remains high, at around 800/100 000 births.
- Uganda in 2005, Côte d'Ivoire in 2008 and Mauritius in 2007, revised their population policy and instituted a road map for accelerating the reduction of maternal morbidity and mortality.
- Botswana involves males in sexual and reproductive health interventions.
- The United Republic of Tanzania and Mauritius provide pregnant women and children under-five with treated mosquito nets, in addition to free maternal and child health services.
- Namibia provides adolescent-friendly health services and also conducts gender and reproductive health workshops.

- Côte d'Ivoire has rehabilitated its structures offering emergency obstetric care, and equipped 135 medical structures with reproductive health facilities.
- Botswana, Uganda and Zimbabwe provide female condoms free of charge.
- Namibia has trained youth as peer educators and condom use promoters, such that about 64 per cent of youths in the age group 15-19 uses condoms during their first sexual intercourse, compared to 53 per cent of adult men.
- Female genital mutilation is specifically addressed in enacted laws in Burkina Faso, Mauritania and the Niger.
- Algeria, Comoros, the Congo, the Gambia, Morocco and Tunisia have prepared national strategies to combat VAW.
- The Governments of Malawi and the United Republic of Tanzania have adopted gender budgeting and auditing initiatives incorporating gender-sensitive economic analysis in their budgetary plans.
- Gender budget analysis has been conducted in the health sector in Mozambique more particularly on user fees.
- Rwanda, over the last few years, with a committed Government and strong women's health advocates and community involvement, has tripled the use of modern contraception, skilled birth attendance had increased to more than 50 percent and half of the deliveries now take place in health facilities.
- In Ghana, the Government agreed to the requests of women's health groups and decided that pregnant women will not be required to pay into national health insurance schemes.
- In Mozambique, Tanzania, Ethiopia, Zambia and Mauritius, more skilled midwives are being trained and deployed. More advanced skills are also being taught to carry out higher-level functions. In Egypt and Tunisia have halved their maternal mortality by increasing access to family planning and skilled birth attendance with emergency obstetric care. Women's health advocates have been critical in igniting action to raise awareness to gender equality to bring about these changes.
- Maternal mortality rate in Egypt is low due to efforts improving hospital facilities with equipments, increased training for health care providers, and increase in the blood banks community awareness, increase in family planning and antenatal care. In 2008, the Egyptian government passed laws banning both female genital mutilation and marriage of girls below 18 years of age considering that FGM and early marriage is a threat to reproductive health.
- In Kenya, community midwifery training has been to improve maternal and newborn care by taking midwifery skills and care to women within their own homes through the provision of domiciliary midwifery. This strategy focuses on empowering retired midwives and midwives who are not employed and who are already living in the communities to assist women during pregnancy within their homes and to manage minor complications and to further facilitate referrals when necessary.
- In Ethiopia and South Africa safe medical abortion is legal as a way of reducing maternal mortality.
- In Djibouti, women have organized themselves to establish a community health fund. The fund supports health care visits during pregnancy and life-saving care during childbirth, including transportation, to ensure a safe delivery.
- In Mozambique, women's groups successfully campaigned to raise the legal age of marriage by 2 years to 16 with parental consent and to 18 without.
- In Egypt, Ethiopia, Cote d'Ivoire, Mali and Nigeria, more girls are going to school, more births are attended by skilled health workers, more women and couples are using family planning. There is an increasing action by civil society to end violence against female genital mutilation and cutting.
- In Uganda, women and their attendants are supported to stay near health facilities close to their due date
- In Morocco, free transport is provided to obstetric health facilities in rural areas.