

Chairs of Budget and Finance Parliamentary Committee and Pan African Parliament
Reduction of Maternal Mortality and Health Financing
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Investing in Maternal Health: Appropriate Use of National Resources for Africa's Development

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Some positive developments in Maternal Health in Africa

- Africans are living longer, having fewer children, and in which more of their children are surviving infancy. Cities are restraining population growth
- In 1990 the continent's total fertility rate was over six, compared with two in East Asia. By 2030, according to United Nations projections, the total fertility rate in sub-Saharan Africa could fall to three. By 2050 it could be below 2.5.
- The UN Population Division points out that Africa's overall population is 8% lower today than it would have been if its fertility rate had stayed at its 1970s level. And the trend towards lower fertility is likely to accelerate.
- The use of modern contraceptives in sub-Saharan Africa is only 12% (though it has doubled since 1994).
- Maternal Deaths per year in Africa decreased by 27% from over 250,000 in 1990, to 189,000 in 2008.
- It is surely no coincidence that the past 15 years have seen Africa's fastest-ever period of economic growth.
- According to a study by the Harvard Initiative for Global Health*, the share of the working-age population will rise in 27 of 32 African countries between 2005 and 2015. Africa's people are its biggest asset. One day, its workforce could be as lusty and vital as Asia's.
- African Governments have taken some positive steps collectively as AU - Development of AU's SRHR Policy and the Maputo Plan of Action – launching of the CARMMA, Development of gender policy, etc.
- July 2010 African Union Summit Maternal, Infant and Child Health came out with 8 concrete actions to promote Maternal, Newborn and Child Health. All heads of State and Government declared commitment and support of MNCH.
- Positive development on Maternal Health some countries – Malawi – reduction of MMR, Rwanda – FP and reduction of MMR, Mozambique – SBA, Ethiopia – training of Human resources for Maternal survival – CHEW and task shifting to NPCs,
- Thirty-three out 35 countries that responded to a survey conducted on implementation of Maputo Plan of Action in 2008, indicated that they have developed Road Map for Maternal and Newborn Health
- Young People sexual and reproductive health and HIV prevention programmes in a number of countries a coming out with positive results – Ghana, Uganda, Tanzania, Botswana, Niger,

Mali, Cote D'Ivoire, Mozambique and others, and Youth participation culminating in AUC's development, adoption and ratifications of the African Youth Charter that came into force on the 10 August of 2009, after the required fifteen countries ratified the Charter

- Regional and National Authorities commitment, involvement and support for Women and Children's Health, as demonstrated at the 2010 Millennium Development Goal (MDG) Summit in September 2010 at the launching of the United Nations Secretary General Global Strategy for Women and Children's Health. Nineteen (19) of 26 Countries with written commitment are from Africa.
- The usual virtuous developments that follow demographic bonus of industrialisation, growing employment, increasing productivity and prosperity may be imminent in Africa if we invest appropriately in maternal health and young people programmes.

Challenges of Africa's development:

Disease burden - Throughout Africa the burden of disease weighs heavily. Between them, malaria and HIV/AIDS account for about a third of the continent's 10m deaths each year. In the ten years to 1995, more than 4m Africans died of AIDS and many countries have ten times as many people living with HIV as have died. Most are between 20 and 59. So HIV/AIDS is damaging that very productive section of the population—working-age adults—on which the demographic dividend depends. HIV infection in some countries, especially in East and Southern Africa, is increasing number of maternal deaths e.g. maternal deaths is 6 times more in HIV positive patients not on ARV treatment compared with HIV negative patients (recent study from South Africa), the number of maternal deaths is increasing in countries like Namibia and Cameroon where there is high HIV prevalence among pregnant women. More than half of about over half a million maternal deaths every year occur in Africa. Currently the Maternal Deaths per year in Africa is about 189,000

Unemployment - In some cities the rate of unemployment is 70%. The unemployed young people are recruited into militias or gangs for the price of a day's wage. For Africa to enjoy the demographic bonus as in other countries that went through this demographic trend, young people need to be gainfully employed and contributing to the economic development in the continent.

Governance: The third reason for concern is **Africa's political violence, corruption and weak or non-existent governing institutions in many countries.** According to a Harvard University study, "institutional quality (is vital) for converting growth of the working-age share into a demographic dividend." Here the continent scores much more poorly than Asia or Latin America did in the 1960s or 1980s.

Inadequate and sustainable Healthcare Financing: Not enough understanding, political commitment and budgetary allocations for healthcare financing. Obligation of 15% of national budgets to support healthcare financing made by African Governments is not met by almost all countries in sub-Saharan Africa. Why are countries not meeting the obligation? Responses include: the obligation is not getting through to Ministries of Finance or Parliamentary Committees for Finance; and, Ministries of Health (MoHs) or Parliamentary Committees for Health are not requesting the budget. This is probably why we have decided to have this meeting with

parliamentarians. It is also important that we are having this meeting with women parliamentarians because women bear more of all the burdens - Gender inequality, gender-based violence, Socio-cultural disadvantages against women, Maternal Mortality, higher HIV infection among women (women account for about 57% of people living with HIV). The women parliamentarians here should help chart the way forward to reduce these inequalities, increase budget for health, appropriate funding Family Planning and reduce Maternal Mortality in your respective countries and Africa.

Reduction of Maternal and Newborn Deaths

Economics of Maternal Health: In countries and communities where women have enough access to reproductive health services—such as family planning, skilled attendance at birth and emergency obstetric and neonatal care—survival rates are high and maternal and newborn deaths are rare. Access to reproductive health, in particular family planning and maternal health services, helps women and girls avoid unwanted or early pregnancy, unsafe abortions, as well as pregnancy-related disabilities. This means that women stay healthier, are more productive, and have more opportunities for education, training and employment, which, in turn, benefits entire families, communities and nations. Investments in reproductive health are cost-effective. For example, each dollar invested in contraceptive services saves up to \$4 in health expenditures and as much as \$31 in other social services such as education, housing, and sanitation. It is estimated that family planning alone could reduce maternal mortality by as much as 40 per cent. When a mother dies, when an orphan child does not get the food or education he needs, when a young girl grows into a life without opportunities, the consequences extend beyond the existence of these individuals. They diminish the society as a whole and lessen chances for peace, prosperity and stability.

What is needed to Reduce Maternal Deaths? Or Characteristics of Maternal Health programmes that reduce maternal deaths

- Strengthening Health System, including Primary Health Care, to provide Family Planning, Skilled health providers – Skilled Birth Attendants (SBAs), and Emergency Obstetric Care, HIV prevention, Prevention of unsafe abortions and treatment of post-abortion complications and prevention and screening for Cancers – breast and cervical.
- Political Commitment and financial support to implement, replicate and scale-up successful policies and programmes
- Community mobilization, involvement and participation, including social change
- Coordination of multi-sectoral partnerships under national ownership and leadership.

Update on CARMMA Launching – “No woman should die while giving life”

- *What is CARMMA and why CARMMA?*

CARMMA is Campaign for Accelerated Reduction of Maternal Mortality. The purpose of the CARMMA is to renew attention to the issue of Maternal Mortality in Africa – that the number of maternal deaths in Africa is still unacceptably high and that we (all stakeholders), including general public (communities), Governments and development partners, have roles to play in the reduction of maternal deaths and disabilities in our communities. CARMMA is a major effort for improvement of women's health and accelerating the reduction of maternal mortality. This remains a critical priority for African countries without which it would be difficult, if not impossible, to achieve the MDGs, the objectives of International Conference Population Development (ICPD) Programme of Action and the Maputo Plan of Action.

CARMMA focuses on four key areas: – (a) Building on-going efforts and particularly on best practices; (b) Generating and providing data on maternal and newborn deaths; (c) mobilization of political commitment and support of key stakeholders including national authorities and communities; and, (d) accelerating actions aimed at the reduction of maternal, and associated infant mortality in Africa.

- *What has been done in CARMMA?*

The Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA), which was launched in May 2009 by the African Union (AU) Ministers of Health, has made tremendous progress within the past 15 months. I am pleased to inform you that the Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA), which was launched by the African Union (AU) Ministers of Health, just barely 14 months ago, has made tremendous progress. 2009 saw good progress in Africa with rising political commitment following the launch of the CARMMA. To date, **23 countries** have successfully launched CARMMA.

In 2009, eight (8) countries successfully launched the Campaign. These countries are: **Mozambique Malawi Rwanda, Nigeria, Swaziland and Ghana, Namibia and The Chad.**

So far in 2010, fifteen countries have launched CARMMA. These are: – **Ethiopia, Sierra Leone, Central Africa Republic, Uganda, Cameroon, Mauritania, Lesotho, Zambia, Zimbabwe, Guinea Bissau, Senegal, Gambia, Eritrea, Togo and Benin.**

Driving the launch in the six countries above, senior political leaders (Presidents, Vice President, First Ladies, Ministers, Traditional and Community leaders) joined hands with the UN (WHO, UNICEF, FAO, UNAIDS, UNIFEM, UNFPA), the World Bank, bilateral donors (USAID), Civil Society (IPPF, White Ribbon Alliance etc.), to mobilise the country and commit to specific actions to reduce maternal deaths in their countries.

- *What is next in CARMMA?*

Many more countries have indicated their plans to launch the CARMMA before the end of 2010. The desire to Launch CARMMA will also increase after the African Union Summit, which focused

on Maternal, infant and Child Health. The AU Summit provided opportunities to share information about CARMMA between Heads of State and Government and First Ladies, many of who are already involved in CARMMA in their countries. Here are 11 more countries that have promised to launch in 2010: *Democratic Republic of Congo, Tanzania, Botswana, Liberia, Cote d'Ivoire, Gabon, Congo Brazzaville, Mali, Egypt, Sudan and Tunisia*. Many more countries will certainly still indicate their plans to launch the CARMMA because we all agree that “**No Woman Should Die Giving Life**”.

All countries with high maternal mortality ratios should be supported by the UN system and international development partners to amass efforts against maternal mortality. In view of the multi-sectoral responses and multi-agency partnerships required to address maternal mortality reduction, the launching of CARMMA and efforts to address maternal mortality should promote inclusive participation of all necessary stakeholders from governments, UN agencies, other development partners, NGOs, including community institutions and organizations, professional associations, schools and health training institutions and the media.

Commitments by Development Partners

UNFPA, in collaboration with other partners, will like to reiterate its commitment to continue to support African governments in their efforts to reduce maternal morbidity and mortality in the region. UNFPA supported the African Union (AU) in the development of the AU's Sexual and Reproductive Health Policy and the Maputo Plan of Action, the African Youth Charter and its implementation Plan of Action, Gender and other Social Development policies. At country level, UNFPA supports governments to promote and implement the Maputo Plan of Action on sexual and reproductive health through: strengthening health system by training of healthcare providers; provision of reproductive health equipments and commodities including family planning; provision quality emergency obstetric care; and, mobilization of community to participate and demand quality healthcare. In addition to the support to all countries in the region, UNFPA is adopting intensified support to countries in phased approach. This is to ensure that all countries are supported with coordinated and focused concerted efforts by UNFPA and other development partners. Ten countries have been selected in 2009, and another ten countries will be selected in 2010. The ten countries for 2009 are: **Benin, Burkina Faso, Ethiopia, Malawi, Niger, Nigeria, Rwanda, Sierra Leone, Uganda and Zambia**. The additional 10 countries identified as focus in 2010 are: **Burundi, Eritrea, Tanzania, Kenya, DRC, Ghana, Guinea Conakry, Cote d'Ivoire, Chad and Mali**.

Many other development partners are also working on Maternal Health and HIV prevention such as WHO, UNICEF, UNAIDS, the World Bank, Global Fund, Foundations and NGOs. Development partners are also working in collaboration and coordination through the International Health Partnerships (IHP+), HHA, H4, Partnership for Maternal and Newborn Health (PMNCH) and others to support maternal Health.

The United Nations Secretary General launched a Global Strategy for Women and Children's Health, during which both developed and developing nations, Foundations, NGOs and Private sector pledged commitments to address Women and Children's Health. The UN SG's Global Strategy was launched with call to support its implementation with \$40 billion.

What is the role of Parliamentarians?

From the above section on what is needed to reduce maternal deaths, three of the four interventions needed there are not medical; it means hypothetically, 75% of what is needed is outside the medical field. If the interventions are observed closely, you will notice that the three of the four are within the reach of parliamentarians and policy makers in countries. These are: Political commitment and financial support; Community mobilization, involvement and participation, including social change; and, Coordination of multi-sectoral partnerships under national ownership and leadership.

Honourable Parliamentarians, I will therefore want to conclude this statement by saying that “**The key to the development of this continent is in your hands**”. As parliamentarians, you make all policy decisions, you make decisions about the distribution or allocation of budgets, and you make decisions about what gets done and what does not get done. Based on your decisions, Africa will develop or not develop. **The Future of Africa is your hands.** If we take the right decision by supporting and investing in women’s health and young people, Africa will become prosperous.

A good journey creates a person. Let your journey to this parliamentarians meeting on Financing Maternal, Newborn and Child Health creates a new leader in you. Good leaders are those who take into account the needs of young people and show concern for the health of women and mothers. The new leaders are those who give critical attention to these two issues. I am not a politician, but I qualify to be a Political Analyst and a Political Strategist. Qualified to be a Political Analyst because I have unbiased views of situations and needs of people in Africa. I am also qualified to be a Political Strategist because I know how you can meet the needs of the people. I also know the psychology of people, and how meeting their needs affect their behaviours. Take my free consultancy services for your good, and you will continually get reelected. **All you have to do is take care of the health of mothers and needs of young people and you have the majority votes.**

I thank you.