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REPORT ON THE PROMOTION OF MATERNAL AND CHILD HEALTH IN AFRICA

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BACKGROUND AND CONTEXT

The Millennium Goals (MDGs) emphasized the attainment, by all Member States of the United Nations in general and those in developing countries, notably Africa, in particular, of selected targets that considered key to sustainable socio-economic development the world over. These targets are to be met by 2015. Accordingly many countries in Africa have made significant strides in bringing about positive changes in the lives of their people. However, studies over the last few years indicate that Africa still lags behind and may need to double or triple efforts to achieve the MDGs, especially those related to maternal, infant and child health as well as HIV/AIDS, within the target period. Apart from poverty, conflicts and social instability, recent hikes in the price of food and oil as well as climate change play tremendous role in slowing down Africa's efforts in reaching these internally set targets.

Concerned by the continent's slow progress in reducing maternal, infant and child mortality, curving the spread of the trio-pandemics: HIV/AIDS, TB and Malaria, mitigating the negative impacts of environmental deterioration both on health and development, African Leaders adopted, over the last many years, a number of policies and strategies aimed at alleviating the sufferings of people and improving their living conditions. Some of these policy directives and strategies include:

- The 2001 Abuja Declaration and Plan of Action for the fight against the HIV/AIDS, TB and other related infectious diseases;
- The AU Vision, Mission and Strategic Framework (2004-2007 and beyond) which put HIV/AIDS top on the continent's agenda;
- The 2004 AU-WHO Roadmap for Accelerating the Reduction of Maternal and Neonatal Mortality and Morbidity in Africa;
- The 2005 Continental Policy Framework on the promotion of Sexual and Reproductive Health and Rights (SRHR) in Africa and the Maputo Plan of Action (2006) for its implementation;
- The Abuja Call for Accelerated Action towards Universal Access to HIV/AIDS, Tuberculosis, and Malaria (ATM) services in Africa (2006);
- Africa's Common Position on the UN General Assembly Special Session on AIDS (2006);
- The Continental Framework for Harmonization of Approaches and Policies on Human Rights and People Infected and Affected by HIV/AIDS;
- The Africa Health Strategy (April 2007); and

- The Report of the 2nd Pan-African Forum on Children: Mid-term Review held in Cairo, Egypt, in October-November 2007

During the 10th Ordinary Session of the Assembly of the African Union Heads of State and Government, African Leaders, upon the initiative of the Government of Mozambique, decided that the AU Commission, in collaboration with relevant partners, assesses progress made in reducing maternal, infant and child death in Africa and submit it to the June-July Summit of the AU Heads of State and Government for their consideration and directives for the way forward, leading to 2015. More specifically, the Assembly:

- **URGES** Member states, in collaboration with development partners and stakeholders, to effectively implement the commitments made to improve the rights and welfare of women, infants and children in Africa;

- **CALLS UPON** development partners at all levels to intensify efforts to provide well-coordinated support, based on the respective needs and policies of affected communities and countries;

- **MANDATES** the Chairperson of the African Union to undertake vigorous advocacy to mobilize resources and galvanise political will among the industrialized countries, at any available opportunity, including at such forums as the G8 Hokkaido Toyako Summit (2008), TICAD IV (2008), EU Summit (2008), to advance maternal, infant and child health and development in Africa;

- **REQUESTS** the AU Commission to include the "Promotion of Maternal, Infant and Child Health and Development" on the Agenda of our 11th Ordinary Session in 2008;

- **FURTHER REQUESTS** AU Commission to submit a progress report on the implementation of its commitments on children and progress towards achieving MDGs 4, 5 and 6 to the 12th Ordinary Session of the Assembly in 2009.

Guided by the above Decision of the AU Heads of Sate and Government and as an important part of its programmes in the social sector, the AU Commission collaborated with partners in the field including WHO and UNAIDS to compile the following report on the implementation status of MDGs 4 and 5.

II. STATUS OF IMPMENTATION OF MDGS 4 AND 5 IN AFRICA

A more detailed report covering all the health related MDGs, including the Goal on reducing poverty and hunger (MDG1) has been prepared to the Special Session of the Conference of African Ministers of Health (CAMH) held on 17 may 2008, in Geneva, at the margins of the World Health Assembly. This Section provides an overview of the status of implementation of the two health related MDGs (4 and 5).

A. GOAL 4: Reduce Child Mortality

Reduce By Two-Thirds, Between 1990 and 2015, the Under-Five Mortality Rate: Target 5

Under-five mortality rates in the African Region dropped from 185 per 1,000 live births in 1990 to 165 per 1,000 in 2005[1] hardly making a dent in the objective of a two-thirds reduction by 2015.

In countries where progress is lagging or where child mortality has increased, AIDS is likely to be a major contributing factor. Malaria, pneumonia and diarrhea too continue to kill vast numbers of children. In other countries, war and conflict have been the leading causes of increasing child mortality in the recent past. In many countries coverage of proven cost-effective interventions is too scanty to result in a significant impact in mortality reduction.

Current strategies to reduce the unacceptably high under five mortality include: the implementation at scale of a key package of cost effective interventions including: Africa Health Strategy, Newborn care; Infant and young child feeding including micronutrient supplementation; Prevention of malaria using insecticide treated nets; Immunization; Management of common childhood illnesses, IMCI; Prevention of Mother-to-Child Transmission of HIV and care & treatment of HIV exposed or infected children.

- **Under-five mortality rate: Indicator 13**

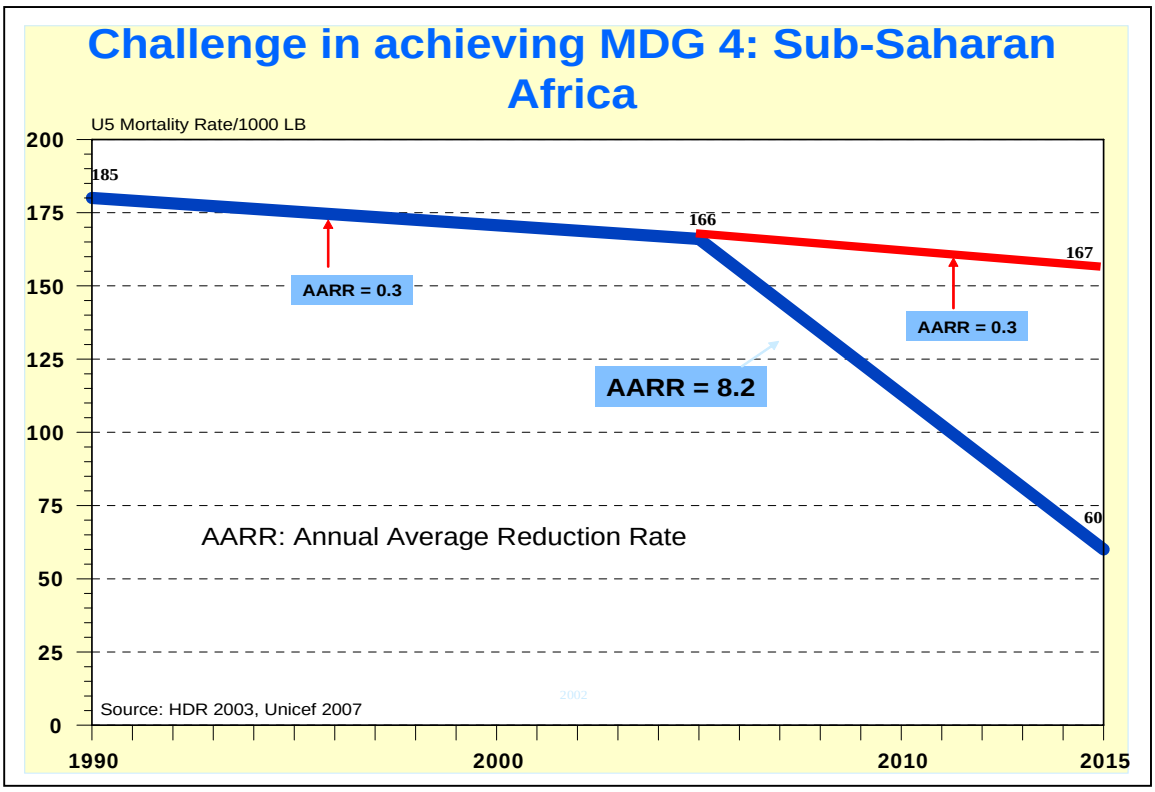
Children in sub-Saharan Africa face the gravest challenges in terms of survival. The Region accounts for 44 percent of the world's under-five mortality and each year over 4.6 million children under the age of 5 years die in Africa. Most of these deaths are due to common, preventable and treatable conditions occurring singly or in combination: Neonatal causes (26%), Respiratory infections (21%), Malaria (17%), Diarrhea diseases (17%), HIV/AIDS (7%), and others (4%). Malnutrition is associated with at least 50% of deaths. Currently only five African countries are on track in achieving the MDG. Twenty one (21) countries are making progress but it is insufficient.

[1] World Health Statistics, 2007, World Health Organization 2007, UNICEF, Child Survival 2004

Table 1: Trend assessment based on Under-five mortality Rate, 2006

Target achieved or trend towards achievement	Progress but insufficient trend to reach the target	No progress or decline	Data incomplete or not available
Algeria Cape Verde Eritrea Mauritius Seychelles	Benin , Côte d'Ivoire Gambia , Ghana Guinea, Guinea Bissau Mauritania, Niger Senegal, Togo Comoros, Ethiopia Lesotho, Madagascar Malawi, Mozambique Namibia, Nigeria Tanzania, Uganda Zimbabwe	Burkina Faso, Liberia Mali, Sierra Leone Angola, Burundi Cameroon Central African Republic Chad, Congo, DRC Equatorial Guinea Kenya, Gabon, Rwanda Sao Tome & Principe Botswana, South Africa Swaziland, Zambia	

Figure 1: Under five mortality rate / 1000 live births



Although some progress has been made in child mortality reduction, in recent years it has slowed as seen on the figure above. In 2005, U5MR was estimated at 165 per 1000 live births. To achieve MDG 4, an 8.2% average annual reduction rate (AARR) of under-five mortality is needed in the African Region.

- **Infant mortality rate: Indicator 14**

Countries with high under five mortality rates have also a high infant mortality rate (IMR). The Infant Mortality rate in the African Region was estimated at 99 per 1000 live birth in 2005. Six countries in the Region have an IMR equal or below 50 per 1000 live birth. This ranges from 12 per 1000 live births to 50 per 1000 live births. Twenty one countries have an IMR below 100 per live births while 19 have an IMR above 100 per live births.

- **Proportion of 1 year-old children immunized against measles: Indicator 15**

One success story in child survival in recent years is the dramatic decline of measles deaths in Africa which fell by 91% between 2000 and 2006, from an estimated 396 000 to 36 000, reaching the United Nations 2010 goal to cut measles deaths by 90% four years early. The significant decline in measles deaths in Africa was made possible by the firm commitment of national governments and development partners to fully implement the measles reduction strategy, which includes vaccinating all children against measles before their first birthday via routine health services and providing a second opportunity for measles vaccination through mass vaccination campaigns. This success is a clear demonstration that with Government commitment, Partners coordination and resource mobilization, other causes of child death can be addressed successfully.

B. GOAL 5: IMPROVE MATERNAL HEALTH

Reduce By Three-Quarters, Between 1990 and 2015, the Maternal Mortality Ratio (Target 6)

The MDG 5 calls for a reduction of 75% of the 1990 levels of maternal mortality and two indicators were agreed to monitor the progress towards attaining this goal: (1) maternal mortality ratio (MMR) and (2) proportion of births attended by skilled health personnel.

To achieve MDG 5 there is need to more than double efforts to scale up priority interventions and to promote universal access to quality maternal and newborn care that includes presence of a skilled birth attendant at all births. In the African Region, despite many multifaceted efforts and activities geared towards the improvement of maternal and newborn health, the levels of maternal and newborn morbidity and mortality are still unacceptably high mainly due to the lack of and poor availability and accessibility to skilled attendants and emergency obstetric care services.

In 2005, the MMR was estimated at 900 deaths per 100.000 live births compared to the level of 1990 which was estimated at 920 deaths per 100.000 live births. With this trend the MDG 5 will not be attained by the vast majority of the countries in the African Region. There is absolute need for changing this situation by increasing the investment in maternal health and increase the resources allocated to it.

The main challenges related to the high maternal and newborn mortality include the health systems inability to deliver quality care; insufficient and inadequate allocation of funds; poor coordination and partnership; and poor community participation. Maternal and newborn health services should be seen as the best entry point for strengthening health systems because most of the health priorities can be addressed through this essential service.

- **Maternal mortality ratio: Indicator 16**

Out of the estimated total of 536,000 maternal deaths worldwide, slightly more than half (270,000) occur in the sub-Saharan Africa region and out of the 14 countries that have MMRs of at least 1000, 13 are in the sub-Saharan African region. The new maternal mortality estimates for 2005[2] indicate that the decline between 1990 and 2005 in sub Saharan Africa was only 0.1 per cent per year and that to achieve the MDG5 there is need for a decrease of at least 5.5% per year.

These estimates provide us with general information about trends in the Region, but are not appropriate for trend analysis using data from individual countries, because of the difference between the methodologies used in the previous estimates. It is very difficult to have a more reliable and accurate data on maternal mortality because of the weak capacity in birth and death registration associated to the low performance of the health information systems in most of the countries.

Even if the available data cannot be compared for trend analysis of individual countries, the two maps presented here provide us with a non encouraging picture of the situation of maternal health in the region. Twenty five years after the launching of the safe motherhood initiative, it seems like there were no significant changes in the risk of dying in childbirth in Africa. Only one country has maternal mortality less than 100 deaths per 100.000 live births in the region. Three countries have moderate MMR (100-299) and, nine have levels between 300 and 549 deaths per 100.000 life births, considered as high maternal mortality level. Thirty one countries have maternal mortality rates that are considered very high, equal or more that 500 death per 100.00 live births. Among these, thirteen countries have ratios that are equal or more than 1000 (Table 5 in the Annex presents the MMR WHO, UNICEF, UNFPA and World Bank estimations from 1990 to 2005)

- **Proportion of births attended by skilled health personnel: Indicator 17**

The percentage of birth attended by skilled personnel is still very low in the African region; the average is 46.5% (varying from 6 to 99%), with 21 countries with coverage below 50% and 37 below 80%[3]. Sub-Saharan Africa has the lowest coverage of skilled birth attendant and there has only been minimal change in the proportion of births attended by health personnel in the region since 1990s. High fertility, combined with high maternal mortality risk, makes a woman in sub-Saharan Africa face a 1-in-26 chance of dying in childbirth, compared with 1-in-7300 in developed countries.

[2] "Maternal Mortality in 2005 - Estimates developed by WHO, UNICEF, UNFPA and The World Bank", World Health Organization 2007
[3] World Health Statistics, 2007

III. ADVOCACY AND SENSITZATION EFFORTS OF THE AFRICAN UNION COMMISSION SINCE JANUARY 2008

As part of its implementation effort of the Assembly Decision on the MDGs 4 and 5, the AU Commission had been engaged, over the past six months, in organizing regional and international events aimed at stepping up advocacy and sensitization programmes.

1. G8 Health Experts United Nations University, Tokyo, February 14-15, 2008

The AU Commission took part in the G8 Health Experts Meeting which was held in Tokyo on 14-15 February. In Addition to the G8 Health Experts, the meeting was attended by representative from Norway and eight (8) international organizations known as "Health 8" or "H8,". The H8 consists of the Bill and Melinda Gates Foundation, Global Alliance for Vaccines and Immunization (GAVI), Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM), Joint United Nations Programme on HIV/AIDS (UNAIDS), United Nations Population Fund (UNFPA), WHO UNICEF, and World Bank.

The AU Commission used to the occasion to popularize the Summit Decision on the promotion of maternal, infant and child health and development (Assembly/AU/Dec.176 (X)). This meeting was organized as a forum for the G8 members to discuss health-related topics in preparation for the G8 Hokkaido Toyako Summit.

Representatives of the AU Commission and UNICEF used the occasion to popularize the Call for Accelerated Action on the Implementation of the Plan of Action towards Africa Fit for Children (2008-2012). The AU Delegation also called upon the international partners to speed up the implementation of health-related MDGs (4, 5 and 6) though supporting the implementation of national, subregional and continental initiatives, including the Africa Health Strategy and the Maputo Plan of Action on the promotion of reproductive and maternal health.

2. Workshop on HIV/AIDS and its Impact on Ex-Child Soldiers/Captives in the Great Lakes Region, 21-22 February 2008, Kampala, Uganda

The Workshop on HIV/AIDS was and its impact on Ex-Child Soldiers/Captives in the Great Lakes Region was held at the Hotel Africana, Kampala, Uganda from 21-22 February 2008. The objective of the Workshop included sharing experiences and expertise as concerns the theme of the Workshop and make recommendations for care and support for more effective demobilization, rehabilitation and re-integration of ex-child soldiers or captives affected or infected by HIV/AIDS.

The Workshop deliberated on such key issues as the Impact of Alcohol and Drugs on the Spread of HIV/AIDS and on the Child Soldiers in Particular; the challenges of access to HIV/AIDS prevention, treatment, care and support services for ex-child soldiers in “the Great Lakes Region”. During the Workshop, a former child captive shared his experiences which was moving and educative.

Country reports and regional experiences were presented with the view to developing regional strategies to address the challenges faced by ex-child soldiers affected and infected by HIV and AIDS in the Great Lakes Region. After wide deliberations, the participants agreed and recommended that National Governments, Communities and partners take concerted measures. Some of these measures include, among others:

- To reinforce the capacity and networks of local communities to provide treatment and care and to develop youth friendly institutions and peer-to-peer education programs along with the formal rehabilitation centers;

- To create permanent and sustainable structures dedicated to addressing the impact of HIV and AIDS on ex-child soldiers/captives in the region in a long term and comprehensive approach to progressively take over short-term and limited projects;

- To reinforce the cooperation, coordination and harmonization between the Member States, Regional Economic Communities (EAC, IGAD, COMESA), Regional structures (Great Lakes Initiative on AIDS), CSOs, UN agencies and the AUC in combating HIV and AIDS and ensuring the welfare of ex-child soldiers/captives;

- To reinforce the involvement of African expertise in the process such as the African Rehabilitation Institute (ARI) and the United Nations African Institute for the Prevention of Crime and the Treatment of Offenders (UNAFRI);

- To develop Non Formal Vocational Training program including post training kit and assistance so as to promote economic reintegration and self employment of ex-child soldiers/captives;

- To develop mechanisms to expand HIV and AIDS Prevention and care to children caught up in conflict areas and children involved in gangs and tribal militias who share the same situation of violence and abuse with ex-child soldiers/captives;

- To take into consideration the case of ex-child soldiers in Internally Displaced Persons Camp which have been particularly weakened by the overcrowding and decay of their socio-cultural environment;

- To reintegrate ex-child soldiers/captives in the formal education system in order to mitigate social stigma and accelerate reintegration and dialogue within the communities;

- To reinforce sensitization, systematic counseling and voluntary testing while ensuring the national needs to collect accurate and gender disaggregated data on HIV and AIDS among ex-child soldiers and captives;

- To emphasize the rights and welfare of the ex-child soldiers within the Disarmament, Demobilization and Reintegration (DDR) program including education, technical training, medical treatment and psychosocial care;

- To reinforce peace, reconciliation, forgiveness process at the community level and the society commitment to welcome and to assist ex-child soldiers while tackling social stigma;

- To reinforce the popularization and advocacy for the ratification of all relevant legal instruments related to the rights, welfare and empowerment of ex-child soldiers and the youth such as the African Charter on the Rights and welfare of the Child, protocol on women's rights, the African Youth Charter and other instruments;

- To strengthen and appraise existing legal and political mechanisms to prevent the abduction and recruitment of child-soldiers and make recruiters accountable;

Regarding the need to follow up implementation of the above recommendations, the participants agreed to:

- widely disseminate the conclusions and recommendations of the workshop to all the AU Member States and relevant stakeholders;

- establish and maintain the network between the participants to the workshop as well as other national focal persons, partners and stakeholders for the smooth implementation of these recommendations with the technical support and coordination of the AUC;

- ensure the organization of periodic review workshop on the outcomes and impacts of the AU/UNDP partnership project among ex-child soldiers/captives and local communities.

3. The 46th Conference of Eastern and Southern Africa- Health Community (ECSA- HC) Health Ministers, Victoria, Mahe Island, Seychelles, 25-29 February 2008

The AU Commission participated at the 46th Conference of ECSA-HC Health Ministers was held Seychelles from 25 to 29 February 2008. The ECSA-HC covers 16 Commonwealth countries although Burundi and Mozambique have applied to join. The theme of the Conference was "*Improving the Performance of Health Systems: from Policy to Action".* The objectives of the Conference included to;

- Provide a forum to review the performance of health systems and progress towards MDGs;
- Share experiences on the health care delivery systems in the region;
- Review progress in the implementation of resolutions of the Health Ministers Conference; and
- Consider, approve and adopt the new ECSA-HC Strategic Plan 2008-2012 and Business Plan 2008-2010.

- After thorough deliberations, the Conference adopted the following resolutions:
- Strengthening Health Systems to ensure equitable access to health care;
- Improving Human Resources for Health for Effective Health Care Services;
- Increasing access to medicines and medical supplies;
- Maternal and Child Health/Reproductive Health/Family Planning;
- HIV/AIDS;
- Injury Prevention and Control;
- Prevention and Management of Non-Communicable Diseases;
- Strengthening Monitoring and Evaluation Systems in ECSA;
- Strengthening Use of Information Technologies for Health Care;
- Nutrition Interventions for Promoting Health and Survival;
- Coordination and harmonisation of Regional and International Partnerships; and
- Expression of gratitude to the Government and People of Seychelles.

The Representative of the Commission not only took active part in the deliberations and contributed to the shaping up of the recommendations, but also shared ideas on the background to and the reason for the Decision of the AU Heads of State and Government on the promotion of maternal, infant and child health in Africa.

4. Global Forum on Human Resources for Health and Taskforce on Training and Education on the Health Workforce, 2-7 March 2008, Kampala, Uganda

As a Co-Chair of the Global Health Workforce Alliance, the AU Commission has been actively involved in both co-organizing and hosting some of the Meetings of the Alliance over the past two years. The above Forum was used as a platform for the streamlining the issue of health workforce in Africa for the promotion of sustainable health development in general and ensuring maternal, newborn and child health in particular. The Forum had three main objectives:

- To build consensus on accelerating human resources for health action
- To build implementation capacity on human resources for health action at a global and country level
- To build networks and alliances as a global movement on human resources for health moving from recognition to concrete action

The Meeting came up with the following outcomes:

- Commitment to a Global Action Plan for the coming decade
- Better knowledge on what works, what has not, and why
- Enhanced and strengthened implementation capacity
- A consolidated and revitalized global movement

It is believed that implementing the recommendations of the Report for scaling up education and training of health workers in Africa would make a substantial difference in strengthening health systems. This would, in turn, contribute to the promotion of maternal, newborn and child health thereby accelerating the implementation of MDGs 4 and 5. The Forum underscored the importance of a multi-sectoral approach in meeting the challenges in ensuring that people have access to skilled health workers.

Member States are expected to consider the recommendations of the Report of the Forum, which are based on best practices from around the world, when looking at national human resource development plans. The Leadership role of the AU Commission in this venture is well recognized and lauded by all stakeholders.

5. The African Union Continental Workshop to Harmonise/ Develop, and Institutionalize the Maternal, Newborn and Child Mortality Reviews (Including Mortality Assessment Tools) and Accelerate the Implementation of Recommendations – Towards Meeting MDGs 4 and 5 Johannesburg, South Africa, 13th -16th April 2008

Consistent with the mandate entrusted to it by the Assembly, the AU Commission, in collaboration with the Government of South Africa and other Partners, organized the aforementioned Continental Workshop on maternal, newborn and child mortality reviews in Africa. The Workshop had the following objectives:

- AU Member States to share country experiences on improving coverage and quality of priority Maternal, Newborn and Child health intervention.

- AU Member States to share experiences on Institutionalization of Mortality Review Processes to improve quality of health care.

- AU Member States to develop and agree on steps on accelerating and escalation of Implementation with Measurable targets.

- Mobilization of coordinated and harmonized support by Development Partners, NGOs and CSOs.

In the course of the Workshop, the representatives of Member States and partner agencies and civil society organizations reviewed progresses made, challenges encountered and the way forward in reducing maternal, infant and child mortality in Africa in the context of MDGs 4 and 5. Discussion themes ranged from confidential enquiries to maternal death, promotion of child survival strategies and reduction of infant mortality. Experiences and best practices from a number of countries were shared; and in spite of the formidable challenges faced by many of the African countries, participants expressed hope that it is possible to collectively achieve the MDGs within the agreed upon time limit, 2015.

Based on the provisions of the Africa Health Strategy 2007-2015, which was endorsed by the Heads of AU States in July 2007, the Maputo Plan of Action on sexual and reproductive health and rights in Africa (2006); the WHO/Afro (2004) Roadmap for accelerating the reduction of maternal and neonatal the Child Survival Strategy and others, as well as other regional and continental instruments, the Workshop forwarded some key cross-cutting recommendations. The participants believed that these recommendations, if accepted, will help strengthen “Africa’s Movement to improve Maternal Health and Promote Child Survival and Development in Africa Beyond 2015.” These include:

On Gender Equality the participants recommended for the constitutional enshrinement of the full rights of women and girls to equal access to political, economic and social status. This will create an enabling environment for the

improvement of maternal health and promote child survival and development. It will further accelerate the development of Africa.

On Policy matters participants called on all stakeholders to accelerate development/review of policy on maternal, neonatal and child health for the implementation of priority maternal, newborn and child programs. The most cost-effective interventions are well known. “No woman should die giving life”

On increased and equitable financial access to maternal neonatal and child heath services they recommended the acceleration of internal resource mobilisation through risk pooling social insurance, community health funds, etc., in order to reduce the out-of-pocket payment and enhance sustainable financing for health within the Medium-Term Expenditure Framework. They further called for urgent internal resource allocation to health in line with the Abuja Declaration.

Regarding health system strengthening, the participants urged all concerned for the implementation of the most cost-effective interventions:

- Development, retention, redeployment and management of skilled human resources (train for need).
- Institutionalisation of mortality reviews (maternal, neonatal and child) for continuous quality improvement
- Improvement of the Health Management and Information System for better operation and decision making.

Finally the delegates invited Dr M. Tshabalala-Msimang, Honourable Minister of Health of the Republic of South Africa and Chairperson the CAMH3, to be Africa’s Champion and Goodwill Ambassador for advocating the implementation of the recommendations of the “Africa’s Movement to Improve Maternal Health and Promote Child Survival and Development in Africa, beyond 2015”

6. The 2008 Countdown to 2015 Conference on maternal, newborn and child health (MNCH), Cape Town, South Africa 17-19 April 2008

Just a day after the AU Continental Workshop in Johannesburg, the Global Countdown to 2015 Conference was held in Cape Town, South Africa on the same subject: maternal, newborn, and child health. The Conference opened a window of opportunities for the global community to put the issues of maternal, newborn and child health (MNCH) on the agenda of the highest-level of decision- and policy-makers by releasing groundbreaking information on the latest state of the global progress towards MDGs 4 and 5. This event was an important milestone following a wave of recent international advocacy efforts to mobilize global commitment and actions in MNCH.

Following thorough deliberations on the very closely interrelated issues of maternal, new born and child health, the ministers, parliamentarians and all participants at the Countdown to 2015 Conference reaffirmed their commitments to all previous internationally agreed instruments including the Delhi Declaration on Maternal, Newborn and Child Health of April 2005. they also expressed concern on the close to 10 million children and newborns dying every year from largely

preventable diseases and conditions, and more than half a million women die annually from the complications of pregnancy and childbirth.

- Among others, the participants further commit themselves to an intensive effort to:
- Sustain and expand successful efforts to achieve high and equitable coverage of effective and high-impact interventions that save lives and improve the health of mothers and children, and thereby contribute to the fight against poverty;
- Integrate efforts to address under-nutrition with broader maternal and child health strategies;

- Support initiatives to stop early marriage, early childbirth and harmful practices, to keep adolescent girls in schools and to promote good health-seeking behaviour among them;

- Strengthen primary health care, linked to the achievement of measurable results;

- Invest in strengthening health systems, including efforts to improve the quality, accessibility, affordability and coverage of essential health services, with a particular focus on priority periods within the continuum of care and strengthening links with interventions addressing HIV/AIDS;

- Invest in infrastructure development and human resources in relation to ethical recruitment and training of health workers, particularly skilled attendants, at all levels, assuring a committed and motivated health workforce;

- Allocate more resources to research, monitoring and evaluation for maternal, reproductive, newborn and child health, and strengthening use of data to guide implementation;

- Address inequities in coverage of care among different geographic, socioeconomic, age and gender groups;

- Hold governments, financing institutions and international organizations accountable for making adequate resources available to achieve MDGs 4 and 5, and other health-related MDGs;

- Ensure predictable, long-term financing for reproductive, maternal, newborn and child health which reflects countries' priorities and plans.

- Finally participants to the Countdown 2015 Conference called upon all leaders to champion reproductive, maternal, newborn and child health to ensure political priority and investment to achieve MDGs 4 on child mortality and MDG 5 on maternal health. We must all play our part and lead the change to improve the lives of women, newborns and children.

7. The Special Session of the Conference of African Ministers of Health (CAMH), May 17 2008, Geneva, Switzerland

As agreed at the 3rd Session of the AU Conference of Ministers of Health (Johannesburg, April 2007), the Special Session of the AU Conference of Ministers of Health was held at the ILO Headquarters, Geneva, Switzerland, on 17 May 2008. The objectives of the Special Session of the Conference included:

- To consider the Implementation Plan for the Africa Health Strategy (2007);
- Agree on the way forward for operationalizing the Pharmaceutical Manufacturing Plan for Africa;
- Consider the Progress Report on Implementation of the Outcome of the May 2006 Abuja Special Summit on HIV/AIDS, TB and Malaria as requested by Heads of State and Government;
- Consider the Progress Report on the Implementation of Health-linked MDGs, in commemoration of 30th Anniversary of the Alma Ata Declaration;
- Consider other health issues of current concern to Africa.

After a thorough deliberation a number of important issues related to health, including the promotion of maternal, newborn and child health in Africa, the AU Ministers of Health meeting, among others:

- endorsed the Progress Report on Implementation of Health-related MDGs: and, welcome the steps forward, but recognise that the achievement of the Health MDGs will require renewed commitment to health development through the Primary Health Care strategy in line with the Ouagadougou Declaration (2008) and strengthening of health systems, significant increase in domestic and external investment and improved aid effectiveness in line with the Paris Declaration.
- also recommend that the Progress Report on Implementation of Health-related MDGs be incorporated into the annual progress report to be submitted to the AU Summit and to the UN General Assembly.
- further endorsed the Report of the AU Continental Workshop to Harmonise, Develop and Institutionalise the Maternal, Newborn and Child Mortality Reviews and Accelerate the Implementation of Recommendations Towards Meeting MDG 4 and 5 and invite Member States to plan for the implementation of the outcomes of the workshop:

Moreover, the Special Session nominated the Minister of Health of South Africa, Dr Manto Tshabalala Msimang, as AU Goodwill Ambassador and Champion for “Africa’s Movement to Improve Maternal Health and Promote Child Survival and Development beyond 2015”, in collaboration with other Ministers.

8. Additional Advocacy Efforts on the Promotion of Maternal, Newborn, and Child health at international fora

Continuing its advocacy and sensitization campaign, as per the various Assembly Decisions, the AU Commission has pressed the issue of promoting maternal, neonatal and child health at international level such as

- The Africa-India Summit in April 2008, held in New Delhi;
- The 4th Tokyo International Conference on Africa's Development (TICAD IV) in May 2008; and
- The G8 Summit in July 2008, both held in Japan.

Efforts are also under way and will continue in the future to use relevant subregional, continental, and international fora to step up advocacy, sensitization and mobilization activities.

IV. CONCLUSIONS AND RECOMMENDATIONS

It is often reported that Africa as a region tends to lag behind in the attainment of the Millennium Development Goals, particularly in the areas of maternal, newborn and child health. However, there are inter-regional and inter-country differences in progresses both in the health and other development sectors. Moreover, despite the challenges faced in achieving the MDGs, voices from African countries indicate that Goals and their specific targets could be reached through collective and complementary efforts given that countries, international development partners, grassroots organizations, and all stakeholders keep their commitments.

It has also been observed that a considerable degree of political momentum exists in Africa which favors the implementation of instruments agreed at subregional, continental and international levels and that it is desirable to maintain this momentum in order to ensure sustainable socioeconomic development, including health for all in Africa by strengthening health systems, training, recruitment, and retention of health workers, and mainstreaming health in general and maternal, newborn and child health in particular, in all development undertakings. There should be a major shift in thinking at the level of policy-decision makers from considering health as an area of expenditure to an important sector of investment which pays off in the short, medium and long-term.

The international community has also recognized the importance of the health sector in its entirety and is trying to address some of the challenges faced by the continent. This trend is encouraging and needs to continue in a concerted manner.

Based on the foregoing observations in this report, it is therefore recommended as follows:

i. The leadership role of the AU needs to intensify and should continue to put maternal, newborn and child health top on the continental agenda;

ii. It is essential to promote transparency and accountability in the health sector in general and in programmes dealing with maternal, newborn and child health in particular. In this regard, it is recommended that efforts should be made to institutionalize enquiries into maternal, newborn and child deaths and that period reports be submitted by member states to the RECs and the AU Commission;

iii. In the context of promoting maternal, newborn, and child health, Member States should ensure the implementation of the Africa Health Strategy, the Maputo Plan of Action on sexual and reproductive health and rights, the Plan of Action for the prevention of violence in Africa; and other instruments, including the African Charter on the Rights and Welfare of the Child as well as conventions and protocols dealing with the promotion of women's rights;

iv. The international community should make good its promises at different fora and as enshrined in a number of international agreed upon instruments: the ICPD PoA, the Beijing Declaration, the World Summit on Social Development, the MDGs, and the various declarations following reviews of these and other consensuses;

v. While Africa needs to tackle existing problems like poverty, the HIV/AIDS pandemic, Malaria and TB, concerted efforts should are also needed to tackle emerging challenges such as climate change, the food crisis and skyrocketing food prices whose impacts are severe on children, mothers and infants;

vi. As in all other development areas, the health sector in general and maternal, newborn and child health promotion requires strong partnership at all levels. In this regard, mechanisms should be devised to make partnership work for Africa, and to ensure result-based, demand-driven and transparent partnership in maternal, newborn and child health;

vii. The human resources, financial and logistic capacity of the AU Commission should be strengthened to:

- step up advocacy efforts for the promotion of maternal, newborn and child health in Africa;
- Undertake timely monitoring and evaluation activities; compile and disseminate best practices and
- create appropriate fora for exchange of ideas and experiences in the promotion of maternal, newborn and child health;

viii. The recommendation of the Special Session of the Conference of African Ministers of Health, on May 17, 2008, appoint a Goodwill Ambassador to champion the promotion of maternal, newborn and child health in Africa be considered and adopted by the AU Heads of State and Government. If this is accepted, the AU Commission should provide the necessary technical and institutional support for the Goodwill Ambassador.

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