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ENDING PREVENTABLE MATERNAL AND CHILD DEATH
WITHIN A GENERATION IN AFRICA
(Item proposed by the Federal Democratic Republic of Ethiopia)

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Explanatory Note

Introduction

1. The substantial and significant progress that African countries have made in meeting many of the Millennium Development Goals (MDGs), since their launching in 2000, is beyond doubt. African Governments have demonstrated strong political commitment to achieve all of the MDGs – including the reduction of child mortality rates as well as the improvement of maternal health. Today, most African countries have taken the health goals as part of their respective national priorities and channel resources towards the implementation of the plans.

2. However, in spite of these encouraging progresses, women and children in Africa still lack access to quality health care and thousands perish from preventable causes.

3. The health of a population is the foundation for sustainable social, economic and environmental development, as well as for peace and security. As the world concludes the implementation of Millennium Development Goals (MDGs) and moves towards the next set of development goals, it is imperative to ensure that the gains of the past for women and children are sustained and the future needs carefully identified and addressed.

4. In September 2006, ministers of health and delegates from 48 African countries met in Maputo, Mozambique where they agreed unanimously that the right to health is under serious threat in Africa, and that poor sexual and reproductive health is a leading killer. To address this problem, they adopted a plan of action to ensure universal access to comprehensive sexual and reproductive health (SRH) services on the continent.

5. **The Campaign for Accelerated Reduction of Maternal Mortality in Africa (CARMMA)** was launched in May 2009 within the context of the Maputo Plan of Action, which highlights the need for improvement in women’s health and the reduction of maternal mortality as priorities for African countries to achieve the MDGs and the objectives of the International Conference on Population and Development Plan of Action (ICPD PoA) and is expected to intensify the implementation of the Maputo Plan of Action for the reduction of maternal mortality in the Africa. It was planned to trigger concerted and increased action towards improving maternal and newborn health and survival across the continent. As such, CARMMA is not a new initiative; rather, it is derived from the key priority areas enshrined in the AU Policy Framework for the promotion of Sexual and Reproductive Health and Rights in Africa (2005) and the Maputo Plan of Action (2006).

6. At the continental launch of CARMMA by the African Union (AU) Ministers of Health in May 2009, eight African countries were selected by governments, the AUC, UN and other partners to launch CARMMA at the national level that year. The eight countries selected were Ethiopia, Malawi, Mozambique, Ghana, Nigeria, Rwanda, Senegal and Chad. Their selection was based on high maternal mortality ratios, low gender development index, and ready political commitment. They were to demonstrate that maternal mortality reduction can be accelerated.

7. In 2012, encouraged by the substantial reduction in mortality of children younger than 5 years, the global community including African Governments (spearheaded by the governments of Ethiopia, India, and the USA, in collaboration with UNICEF, WHO, and other partners) put forward a vision of ending preventable child deaths and pledged to commit to the attainment of the new goals.

8. Similarly, on 15-17 January, 2013, over 800 experts in maternal health came together in Arusha, Tanzania, to analyze the current status of the quality of care African women receive during pregnancy and childbirth. Participants at the Arusha Conference appreciated the extraordinary successes achieved on safe motherhood over the past 25 years— notably the 33% reduction in maternal mortality from 409 053, in 1990, to 273 465 in 2011. At its conclusion, the Conference issued a manifesto, which reflected the best available evidence, on maternal health the lessons of safe motherhood from the past 25 years, and the more recent experience of the MDGs.

The Situation of Maternal and Child Health in Africa

9. Since 1990, the number of child deaths in Sub-Saharan Africa has dropped by 39 percent. The global number of deaths among children under-five has fallen from around 12 million in 1990 to an estimated 6.9 million in 2011. Diverse countries, ranging from low-income, middle income, but also high- income countries have radically reduced their under-five mortality rates in the past two decades – demonstrating that progress is possible across diverse economic and geographic contexts.

10. About half of the 6.9 million child deaths are newborn deaths due mainly to pre-term delivery, birth complications and newborn infections. Approximately 1.1 million children die during labor. Additionally, 201,000 mothers die from birth complications. Other leading causes of child death include pneumonia, diarrhea and malaria with malnutrition underlying more than a third of these deaths. The World Health Organization (WHO) estimates that 22 million children globally do not complete a full course of basic vaccines.

11. Despite these dismal figures, Africa is making remarkable progress in addressing maternal and child health problems and, as a result, mortality is decreasing. The annual rate of reduction in under-five mortality rate has doubled in Sub-Saharan Africa between 1990–2000 and 2000–2011. However, in most African countries the progress is not fast enough to meet the MDG targets. This decline is especially slow for neonatal and maternal mortality.

12. The Sub Saharan Africa region accounts for 38 percent of global neonatal deaths and has the highest newborn death rate compared to the other regions of the world (34 deaths per 1,000 live births in 2011). Neonatal sepsis, diarrhea, pneumonia, and malaria account for most deaths among children under five years of age in Africa. In 2010, 15 percent of newborn deaths in Africa can be attributed to infections related to the delivery process. Malaria led to the loss of nearly 500,000 lives of children under-five in the world with almost all of the deaths occurring in sub-Saharan Africa while HIV associated deaths in under-five children contributed to 6 percent of deaths in 2010. Millions of children die from diseases that can be prevented through vaccines. In 2011, the immunization coverage in Africa was estimated at 77 percent and a high number of unimmunized children did not get access to vaccines. The prevalence of malnutrition also remains high with 165 million children under five years of age being stunted due to poor nutrition during the first 1,000 days of life.

13. Maternal mortality is also a risk factor for neonatal and infant mortality. In 2011, only 48 percent of births were attended by skilled health personnel in Africa. The largest number of maternal mortality occurs during labor, birth, and the 24 hours following birth. Many of The presence of Skilled Birth Attendants is critical to save the lives of women and their newborns.

14. According to the United Nations Population Fund (UNFPA), unless the “Three Delays” – (1) delay in deciding to seek appropriate medical help for an obstetric emergency; (2) delay in reaching an appropriate obstetric facility; and (3) delay in receiving adequate care when a facility is reached – are addressed, no safe motherhood programme can succeed.

15. Therefore, addressing maternal and child mortality and morbidity require:

- ensuring access to quality health care;
- ensuring the services reach underserved communities;
- focusing on behavior change and not just biomedical interventions;
- eliminating user fees on lifesaving care for women and children;
- increasing the focus on the first month of a child’s life;
- carrying out regular human resources supervision and ensure accountability with the use of scorecards;
- using thoroughly analyzed data to monitor and measure progress;
- renewing political commitment and ownership as well as ensuring community engagement.

16. Reducing maternal mortality rates is possible only with strong. Government commitment and sustainable efforts. Concrete actions to save the lives of mothers and newborns take place through the commitment to universal access to care, monitoring of progress and resources, and through operational research.

17. Strategies can be adapted to specific local cases, whether they are directly related (eg, haemorrhage, pre-eclampsia or eclampsia, sepsis, or unsafe abortion) or

indirectly related (eg, HIV, malaria, tuberculosis, anaemia, or non-communicable diseases) to maternal mortality.

18. The paramount importance of creating a smart system of accountability where leaders at various levels are held accountable for results can never be more emphasized here than anywhere else. Therefore, putting in place a Pan African MNCH Score Card definitely serves this cause.

19. The successful framework of the continuum of care must be redefined to make women more central to our notions of reproductive, maternal, newborn, and child health. The continuum needs to be more inclusive of the social determinants of health, such as poverty, gender disparities, sexual and gender-based violence, water and sanitation, nutrition, and transportation.

20. A much greater emphasis must be put on reaching the women and children who are socially excluded because of culture, geography, education, disabilities, etc.

21. In order to sustain achievements we should ensure universal access to services free at the point of demand within a strong health system—to family planning, to emergency obstetric care, to safe abortion, to properly trained health workers, especially midwives and those providing midwifery services.

What needs to be done?

22. African leaders have to build on the momentum generated by the remarkable progress made towards the achievement of the MDGs and renew their commitment to end preventable child and maternal deaths within a generation in line with the Post-2015 Sustainable Development Agenda.

23. To this end, it is proposed that AU Heads of State and Government issue, during their 23rd Ordinary Session in June 2014, in Malabo, Equatorial Guinea, a “Declaration on Ending Preventable Maternal and Child Deaths” as a demonstration of their renewed commitment and resolve to end preventable maternal and child deaths within a generation.

24. The Declaration will, among others:

- Reconfirm the commitment of African Leaders to increase efforts in the areas where the most deaths occur;
- Reaffirm commitment to achieve Universal access to quality MNCH services by developing a 20-year-Pan-African MNCH Road Map incorporating the second round renewed Maputo Plan of Action and strengthening the implementation of the Campaign for Accelerated Reduction of Maternal Mortality in Africa (CARMMA);

- Emphasize the need to scaling-up access for underserved populations, such as high burden, rural and low income groups;
- Underline the critical importance of ensuring multi sectoral collaboration and addressing issues beyond health sector such as the education of girls and boys; the empowerment of women and men; climate change and water and sanitation;
- Call upon all member States, partners and other stakeholders to consolidate their efforts around a shared goal to ensure mutual accountability and financing;
- Call upon member States to develop and adopt a Pan African MNCH Score Card.

25. The premise of the Declaration is the conviction that every woman and child should have universal access to quality care. This can be possible through the provision of quality antenatal care and nutrition to pregnant mothers; safe delivery, and post natal care. This means that newborns will be sheltered, breastfed, kept warm and shielded from diseases like HIV. It also means protecting women and children from infectious diseases like malaria and pneumonia with vaccines, bed nets, and antibiotics.

26. As indicated above, the “Declaration on Ending Preventable Maternal and Child Deaths” aims to sustain the gains made under the Millennium Development Goals and renews the call to the international community to strengthen its collaboration with Africa, especially in ensuring universal health coverage to every woman and every child. No children and mother should die from avoidable causes.

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