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**REDUCTION OF MATERNAL, NEWBORN AND INFANT
MORTALITY AND MORBIDITY IN AFRICA
(Item proposed by the Republic of Bénin)**

REDUCTION OF MATERNAL, NEWBORN AND INFANT MORTALITY AND MORBIDITY IN AFRICA

Background

1. In 2010, approximately 287,000 women were the victims of maternal mortality worldwide, a 47% decrease compared to deaths recorded in 1990. In Africa, during the last two decades, the maternal mortality rate fell by 41%. The considerable progress made by several Member States of the African Union in improving maternal, new-born and child health (MNCH) shows that the root causes of these challenges, as well as the interventions needed to rectify the situation are well known. In spite of the progress made and the efforts towards the attainment of the Millennium Development Goals (MDGs) by 2015 (particularly Goals 4 and 5), African countries continue to face formidable challenges. The maternal mortality rate in African countries is still far too high. Africa, with 164,800 cases of maternal mortality, has the highest maternal mortality rate (MMR) with 500 maternal deaths per 100,000 live births, which represents 56% of the global maternal mortality rate. Furthermore, one out of sixteen (1/16) African women runs the risk of dying during pregnancy or from complications during childbirth. In addition, thousands of women suffer, in the short or long term, from a handicap, and therefore from socio-economic marginalization.

2. Since maternal health is directly linked to the health and welfare of the child, data indicates that children who lost their mothers are ten times more likely to die prematurely, compared to children whose mothers are alive. The infant mortality and morbidity rates in Africa remain high, with one out of eight children dying before the age of five. Mortality during the first month of life accounts for about one quarter of deaths in children below the age of five. Although a certain number of African countries have recently made progress in the area of child welfare, the new-born mortality rate has remained more or less stagnant during the last decade. The great disparities in the maternal and infant mortality rates reflect the inequalities that exist between as well as within countries. Most, if not all cases of maternal and infant mortality are preventable through essential interventions applied in an integrated manner.

3. Considering the state of maternal health in Africa, the African Union recognizes that improvement of health is essential to human and social development, as well as for equitable and sustainable economic growth. The AU is also of the opinion that sustainable economic growth, and peace and stability cannot be achieved as long as gender inequalities, social exclusion and a mediocre health system persist.

4. Consequently, the leaders of the African Union have accorded due attention to maternal and child health. The Heads of State and Government of the African Union adopted remarkable policy instruments including: the African Regional Nutritional Strategy; the implementation of the Continental Policy Framework of the Maputo Plan of Action for the Operationalization of Sexual and Reproductive Health and Rights; the Abuja Declaration to promote the acceleration of actions for universal access to services for the treatment of HIV/AIDS Tuberculosis and Malaria; the 2005 Assembly Decision on Accelerating Action for Child Survival and Development in Africa to meet the MDGs

(Assembly/AU/Dec.75 (V); the Call for Accelerated Action Towards Africa Fit for Children; the African Charter on the Rights and Welfare of the Child, the Protocol on the Rights of Women, and the African Youth Charter.

5. At its Fifteenth Ordinary Session, the Assembly of the African Union on the theme “*Maternal, Infant and Child Health and Development*”, held in Kampala in 2010, for two days, the Heads of State and Government discussed issues relating to maternal and child health, and pledged to undertake necessary actions (Assembly/ AU/Decl.1 (XI)).

6. For its part, the AU launched the Campaign for Accelerated Reduction of Maternal Mortality in Africa (CARMMA) at the 4th Session of the Conference of African Ministers of Health (CAMH4), held in Addis Ababa from 4 to 8 May 2009. The theme of CARMMA is: “*Africa Cares: No woman should die while giving life*”. Today, thirty-seven Member States have already launched the Campaign at national level.

7. In January 2009, Member States declared 2010-2020 the African Women’s Decade, and called on Member States, the different organs of the African Union and the Regional Economic Communities to support the activities during the Decade. Under the theme “*Grassroots Approach to Gender Equality and Women’s Empowerment*”, maternal health, mortality and HIV/AIDS is one of the ten priority areas spelt out as an objective of the Decade.

8. At the meeting organized by the United Nations on Sustainable Development (Rio+20), Member States undertook to reduce maternal and infant mortality in order to improve the health of women, men, youths and children. The UN Commission on Life-Saving Commodities for Women and Children was jointly chaired by the Nigerian President Goodluck Ebele Jonathan and the Norwegian Prime Minister Jens Stoltenberg. The Commission, which is part of the UN Secretary General’s Global Strategy for Women’s and Children’s Health, is working to rapidly increase access to and the use of essential health supplies in order to save more than 6 million lives by 2015.

9. Notwithstanding the efforts invested and progress made, Africa has the highest maternal, newborn and infant mortality and morbidity rates in the world, **regrettably due to causes that are often preventable**. Recognizing the need to redouble efforts towards the realization of the Millennium Development Goals for development in the area of child health (MDG 4) and maternal health (MDG 5), including the need to reduce by two-thirds, between 1999 and 2015, the under-five mortality rate; the need to reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio, achieve universal access to reproductive health; and the priority given to issues relating to women, youths and children by the new Commissioner of the African Union; the Government of the Republic of Benin wishes to propose the item “*Reaffirmation of efforts towards the reduction of maternal, newborn and infant mortality and morbidity in Africa*” for inclusion in the agenda of the 20th Ordinary Session of the Assembly of the African Union due to take place in Addis Ababa in January 2013.

Objectives

10. Based on a series of continental initiatives such as the Continental Policy Framework for Reproductive Health, the Maputo Plan of Action, the Campaign for Accelerated Reduction of Maternal Mortality in Africa (CARMMA), and the decisions of the Kampala Summit (2010), the agenda is aimed at evaluating progress made in the implementation of CARMMA, celebrating the successes, facilitating the sharing of experiences, and highlighting tools for collaboration and support Member States have for the implementation of CARMMA. It is expected that discussions on the topic will give rise to innovative strategies for the intensification of actions in order to ensure that the health needs of African women and children are met.

Expected Outcomes and the Way Forward

11. Although there are challenges, our set objectives and our commitments are achievable. However, it is essential that all the actions undertaken are informed by a plan and monitoring based on evidence, including the effective and efficient use of resources. In order to achieve the objectives, the Government of the Republic of Bénin presents the attached draft decision to serve as guidelines for actions to be undertaken by countries with a view to strengthening interventions for MNCH and the monitoring of CARMMA.

12. Maternal, newborn and child mortality and morbidity impose severe limitations on Africa's development. We must act today in order to improve MNCH in Africa. ***No woman should die while giving life! And no child should die of hunger or neglect.***

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