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## **ASSEMBLY OF THE AFRICAN**

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## **REPORT OF THE IMPLEMENTATION STATUS OF ASSEMBLY DECISION ON PROMOTION OF MATERNAL, INFANT AND CHILD HEALTH IN AFRICA**

## REPORT OF THE IMPLEMENTATION STATUS OF ASSEMBLY DECISION ON PROMOTION OF MATERNAL, INFANT AND CHILD HEALTH IN AFRICA

### I. INTRODUCTION

1. The July 2008 Summit, held in Sharm El Sheik, Egypt, considered the Report on the situation of maternal, infant and child health and development in Africa and adopted the above-mentioned Decision. Among others, the Assembly Decision:

- **Reaffirms** its commitment to intensify its leadership role and keep the promotion of maternal, infant and child health high on the continental agenda;
- **Urges** Member States to take action to institutionalize enquiries into maternal, infant and child deaths in Member States; to this effect, periodic reports should be submitted to the Commission, Regional Economic Communities (RECs) and relevant partners for assessment and analysis of progress and sharing best practices;
- **Endorses** the nomination by the Special Session of the AU Conference of Ministers of Health, on 17 May 2008, of Dr. M. Tahabalala-Msimang, Minister of Health of the Republic of South Africa as Goodwill Ambassador to champion the promotion of maternal, infant and child health in Africa;
- **Calls Upon** the United Nations (UN) Agencies and other International partners to accelerate actions to improve maternal, infant and child health in order to achieve the Millennium Development Goals (MDGs) by 2015;
- **Requests** the Commission to speed up action for capacity building with the view to strengthening advocacy, resource mobilization, coordination and harmonization, monitoring and evaluation of progress made in the promotion of maternal, infant and child health;
- **Also Requests** the Commission to develop and disseminate a format to guide Member States with reporting and to enable it to update its statistical data;

2. Guided by the above Decision of AU Heads of State and Government, the AU Commission has been conducting vigorous advocacy and sensitization efforts over the last six months. This Report provides an overview of some the activities at regional, continental and international levels.

### II. OVERVIEW OF ACTIVITIES TOWARDS THE IMPLEMENTATION OF THE ASSEMBLY DECISION

3. Between July and December 2008 the AU Commission has undertaken the following sensitization and advocacy activities:

4. As indicated in the above-mentioned Decision, the July 2008 Summit of the AU Heads of State and Government appointed a Goodwill Ambassador, Dr Manto Tahabalala-Msimang, former Minister of Health of the Republic of South Africa, to champion the movement to promote maternal, infant and child health and development. In order to facilitate the work of the Goodwill Ambassador, a concrete plan of action has been elaborated in collaboration with the Office of the Goodwill Ambassador and the AU Commission in August 2008. According to the action plan, the Goodwill Ambassador will perform, among others, the following:

- Advocacy with policy-makers (Heads of State and Government, ministers responsible for health, finance, planning and other related issues) with the aim to encourage member states to mainstream maternal, neonatal and child health issues in their national health plans. The advocacy effort will also target academic and professional institutions to contribute to the promotion of maternal, infant and child health through research, teaching and awareness creation efforts;
- Submit regular reports to the Chairperson of the AU Commission, on progress towards the attainment of MDGs 4 and 5 for forward transmission to the AU Heads of State and Government and other relevant organs of the AU where deemed necessary.

5. From 1-5 September 2008, the Commission took part in the 58<sup>th</sup> Session of the Regional Committee for Africa of the World Health Organization (WHO-AFRO) held in Yaounde, Cameroon, and used the occasion to sensitize Ministers of Health, NGOs and Health-related private sector as well as CSOs on the situation of maternal, infant and child health in Africa with emphasis on the need for implementing the health related MDGs, particularly MDGs 4, 5 and 6. The Theme of this year's Regional Committee Meeting was ***"The Role of Traditional Health Practitioners in Primary Health Care"***. This was particularly an important issue for maternal, infant and child health since the majority of African mothers deliver with the help of traditional birth attendants; and infants and children are cared for, and nursed and/or treated by traditional medical practitioners. As a matter of fact, the Ministerial Session was preceded by the Sixth Anniversary of the Commemoration of African Traditional Medicine, on 31<sup>st</sup> August, which was jointly organized by the AU Commission, WHO-AFRO and the Government of Cameroon.

6. From 8-10 September 2008, the Commission participated in the SADC Parliamentary Forum- Civil Society Consultative meeting, in Maseru, Lesotho, on the implementation of the Maputo Plan of Action on Sexual and Reproductive Health and Rights. Maternal, infant and child health and development formed an important part of the discussion and of the outcomes of that meeting.

7. Child health and development (MDG4) and Maternal Health (MDG5) featured prominently during the UN partner Side-event on the Millennium Development Goals from 22-26 September 2008 in New York, USA. The Chairperson of the AU, H. E. J. M.

Kikwete, President of the United Republic of Tanzania, along with Presidents of Chile and Finland hosted the Session "**Commitment to Progress for Maternal, Newborn and Child Health (MNCH)**". A number of countries, development partners, and stakeholders have made pledges to accelerate the implementation of MDGs 4 and 5 within the framework of the decisions on maternal, infant and child health of the AU Heads of State and Government during the January and July 2008 Summit.

#### E-health

8. It is worth noting that one of the main challenges in the promotion of maternal, infant and child health and development is access to health care facilities and services, especially at primary health delivery level and rural areas. However, recent developments in employing the new information and communication technology (ICT) to facilitate access to health are promising and the AU Commission is encouraging Member States to harness emerging opportunities such as e-Health networking and practices. The contribution of this to the improvement of maternal, infant and child health in Africa will be paramount. More importantly, rural health posts could be linked up to major national, regional and international hospitals and would be able to render needed services, including assisted delivery, newborn and childcare, improved hygiene and nutritional education; and enhanced health systems management. In this regard the AU Commission took part in the 1<sup>st</sup> High-Level Ministerial Dialogue on e-Health and Development for East, Central and Southern Africa region (ECSA) convened in Mahe, Seychelles, from 29 September to 01 October 2008.

9. In line with the preceding paragraph, it is also important to note that Africa's difficulties in meeting the health needs of the population, particularly that of mothers, newborns and children is constrained by the limited availability of drugs at affordable prices. This situation has been aggravated by high costs related to the importation and distribution of drugs, a real challenge for most African countries. Desirous to help Member States address this problem, the AU Commission has developed a Pharmaceuticals Manufacturing Plan (PMP) for Africa, which has been adopted by the Heads of State and Government. The Commission has also elaborated the Operational Plan for the implementation of PMP and efforts are underway to translate the plan into concrete action so that Africa could produce its own drugs and medical facilities thereby to reduce its dependence on the external market. It particularly hoped that manufacturing, at least during the initial phase, would focus on the major disease burdens – HIV/AIDS, TB, and Malaria. Addressing these trios means also addressing the challenges faced by mothers, infants and children in Africa. That is why the AU Commission is very much committed to facilitate the realization of the PMP through mobilization of political will, needed resources, and partnership.

10. Consistent with the above-mentioned Assembly Decision of July 2008, the AU Commission, collaborated with ECA and AfDB, in organizing the Sixth Africa Development Forum (ADF VI) from 19 to 21 November 2008, in Addis Ababa, Ethiopia under the theme "Action on Gender Equality, Women's Empowerment and Ending Violence Against Women". Among others, the Forum adopted three priority actions that can have far-reaching implications:

- Africa-wide Campaign to Eliminate Violence against Women and Girls;
- Financing for gender equality, women's empowerment, and ending violence against women and girls; and
- Reliable data on gender equality, women's empowerment and violence against women and girls.

11. Successful implementation of these interrelated action lines is believed to improve the health and well-being of women and girls as much as it will lift their socio-economic and political standing in society. Emphasis was placed, during the debate in both plenary and breakaway sessions, on health as human and women's rights and the need for looking at health from a holistic and developmental perspective rather than considering it as an expenditure item. This view was loudly and convincingly pronounced by the AU Commission and wholly endorsed by the participants representing AU Member States, African civil society organizations, Regional Economic Communities, UN Agencies, regional and international NGOs as well as development partners.

Regional Forum on Safe Motherhood for East Africa and Consultative Meeting on the Implementation of the Maputo Plan of Action on Sexual and Reproductive Health and Rights, December 2008,

12. As part of its continued effort to create awareness and sensitization on the high level maternal, infant and child morbidity and mortality; and on the need to speed up the implementation of MDGs 4 and 5, the Commission organized, from 11 to 13 December 2008, a Regional Forum on Safe Motherhood for East Africa and Consultative Meeting on the Implementation of the Maputo Plan of Action on Sexual and Reproductive Health and Rights, Nairobi, Kenya. The main objectives of the East African Regional Forum include:

- To assess the magnitude of safe motherhood and maternal mortality problems in the region;
- To identify and share best practices and lessons learnt in promoting safe motherhood;
- To sensitize policy and decision-makers to translate into operational terms decisions and policies, including the Maputo Plan of Action, on Safe motherhood at national, regional and continental levels; and
- To develop benchmarks for monitoring and evaluating programme performance in promoting Safe motherhood.

13. The Meeting was attended by national reproductive health experts, policy/decision-makers, representatives of family planning associations, Regional Economic Communities (RECs), African Population Commission (APC) Bureau Members, the Pan African Parliament, UN agencies, NGOs/CSOs and the AU Commission. A similar forum has been organized in Southern and West Africa regions in 2005 and 2006. Two additional fora or advocacy missions will be organized for Central

and North Africa in 2009 to cover all the regions of the AU and expand the Commission's advocacy and outreach programmes.

14. The Commission is working very closely with the White Ribbon Alliance for Safe Motherhood, an international coalition of individuals and organizations formed to promote increased public awareness of the need to make pregnancy and childbirth safe for all women and newborns in the developing, as well as, developed countries.

15. It is also worth reporting that the Commission is coordinating, in collaboration with ECA and UNFPA, the fifteen-year review of the implementation status of the Dakar/Ngor Declaration of 1992 and the Programmes of Action (PoA) of the International Conference on Population and Development Conference (ICPD + 15). An integral part of the survey questionnaires distributed to Member States, is the issue of maternal, infant and child health. The questionnaires also include assessment on the level of implementation of the Maputo Plan of Action on Sexual and Reproductive Health and rights. It is therefore hoped that the review exercise would reveal a full picture of the situation of women in general and that of maternal, newborn and child health and development in particular.

### **III. CHALLENGES AND OPPORTUNITIES**

16. As noted in the foregoing paragraphs, a number of advocacy and awareness raising/sensitization efforts are made during the last six months. These are perfectly in line with the AU's role of advocacy, coordination, harmonization and mobilization of resource as well as political will among a wide-range of actors, stakeholders and partners, the tasks accomplished within the period under reporting could be regarded as reasonable. However, the Commission's effort to do more has been constrained by limited human and, to a certain extent, financial resources.

17. Despite such constraints, however, there are existing and emerging opportunities that could be exploited for the promotion of maternal, infant and child health and development in Africa. Some of these opportunities include the following:

- First, the leadership of the AU, as demonstrated by its endeavor to put maternal, infant and child health top on the continent's agenda for human-centered and holistic development, has repeatedly expressed its renewed commitments to addressing the issues of health in general and maternal, infant and child health in particular;
- Second, the Commission of the AU has also placed greater emphasis on maternal, infant and child health as part of its programme on health and social development. There is therefore a remarkable convergence on priorities between the entire leadership of the AU and that of the Commission and this is an encouraging trend.

- Third, international institutions, including the UN Agencies, the G8, the TICAD process and other initiatives are putting considerable emphasis on the implementation of MDGs 4, 5 and 6. Provided that the human resource constraints are addressed, the AU Commission can utilize these opportunities for the betterment of maternal, infant and child health on the continent;
- As pointed out elsewhere, the Goodwill Ambassador could mobilize resources and political will towards the attainment of the above-mentioned MDGs.
- The Commissioner for Social Affairs joined the White Ribbon Alliance Campaign, spearheaded by Sarah Brown, spouse of the Prime Minister of the UK to highlight maternal and child morality and health issues.

#### **IV. CONCLUSION**

18. In conclusion, it can be re-stated that Africa is faced with a grim reality of excessive but avoidable maternal, infant and child morbidity and mortality. However, African leaders and Africa's development partners have made it clear that maternal, infant and child health are important indicators of sustainable development and an integral part of continental and international human and peoples rights instruments; hence the need to tackle them at all levels and using all possible opportunities. The AU Commission has understood this need and has adopted action this regard, as much as time, resources and circumstance allow. In this regard, the Commission will continue to advocate and encourage partners and stakeholders to streamline maternal, infant and child health as part of its overall support to the implementation of the MDGs by 2015 and beyond.

2009-02-03

# Report of the Implementation Status of Assembly Decision on Promotion of Maternal, Infant and Child Health in Africa

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