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THEME OF THE SUMMIT: "PROMOTING MATERNAL, INFANT AND CHILD HEALTH AND DEVELOPMENT IN AFRICA"

BACKGROUND DOCUMENT

2010
MAKE PEACE HAPPEN

THEME OF THE SUMMIT: "PROMOTING MATERNAL, INFANT AND CHILD HEALTH AND DEVELOPMENT IN AFRICA" BACKGROUND DOCUMENT

Introduction

1. On 8 September 2000, at the Millennium Summit held at United Nations in New York, the largest number of world leaders to ever assemble, including the 53 Heads of State and Government from the Member States of the African Union made the following solemn declaration:

> *"We will spare no effort to free our fellow men, women and children from the abject and dehumanizing conditions of extreme poverty, to which more than a billion of them are currently subjected. We are committed to making the right to development a reality for everyone and to freeing the entire human race from want".*

2. Eight (8) universal Millennium Development Goals (MDGs) were set at the Summit with targets for 2015 and indicators to monitor progress. Three (3) of these MDGs are directly related to Health – MDG 4: to reduce by two-thirds, the under-five mortality rate; MDG 5: to reduce maternal deaths by three-quarters and achieve universal access to reproductive health; and MDG 6: to halt and reverse the spread of HIV/AIDS, achieve universal access to treatment for HIV/AIDS by 2010, and halt the incidence of malaria and other major diseases.

3. It is pertinent to emphasize that other MDGs have indirect influence on or lead to gains in health, and vice versa: MDG 1 – halving the proportion of the people who suffer from hunger and (MDG 1c) improving the nutritional status of women and children; MDG 2 – primary education; MDG 3 – empowering women; MDG 7 includes a target of halving the proportion of the population without sustainable access to safe drinking water and basic sanitation; and MDG 8 provide access to affordable essential drugs in developing countries. In effect, all the MDGs could be considered as linked to health.

4. Although recent data on maternal mortality at global level looks like encouraging news, it is hardly a cause for celebration. Globally, only 23 nations are on track to reach MDG 5 on reducing by three-quarters maternal deaths by 2015. Though there has been significant progress, the attainment of MDG 5 remains a formidable challenge in Africa. Real progress will require tackling gender-based violence and discrimination against women, increasing resources to strengthen health systems to ensure universal access

to healthcare, including skilled birth attendants and emergency neonatal and obstetric care, and expanding access to family planning.

5. Lack of reproductive choices for women (with high fertility rates), child and or early marriage, sexual violence, unsafe abortions and the inability to own property and related unequal access to resources are all linked to slow progress on achieving this and other MDGs. Progress has also been noted with regards to the reduction of child mortality in some parts of the world. Despite this progress, and regardless of the efforts that the African Governments and development partners have made towards the reduction of maternal and child mortality, some countries in Africa still have the highest maternal, newborn and child morbidity and mortality rates in the world; and **they are due largely to preventable causes**.

6. Currently, it is estimated that 12,000 children die every day in Africa. Every minute, 8 children die from easily preventable or treatable conditions, 2 of them newborns[1]. A woman in Africa has a 1 in 16 chance of dying in pregnancy or childbirth, compared to a 1 in 4,000 risk in a developing country[2]. This is a result of weak health systems, delays at different levels in accessing health services and lack of emergency neonatal and obstetric care and family planning services; complications of unsafe abortions, and inadequate skilled human resources and investment in health and social development as well as socio-cultural barriers to accessing health care. These are compounded by over dependency on external funding, inadequate food security and malnutrition, heavy burden of diseases such as HIV/AIDS, Tuberculosis, Malaria, other communicable diseases, non communicable diseases and neglected tropical diseases.

Continental Efforts

7. Maternal and child health has been given considerable attention by the leadership of the African Union. This has been demonstrated by the fact that maternal and child health has been one of the recurring themes at various AU Summits, particularly since January 2008. The importance given to the reduction of maternal and child mortality could be further illustrated by the decision of the continent's leaders to make maternal and child health a theme for this 15th Ordinary Assembly of the AU Heads of State and Government in Kampala in July 2010 (Assembly/AU/Dec.232(XII).

[1] Black RE, Morris SS, Bryce J. Where and why are 10 million children dying every year? *Lancet* 2003; 361: 2226–34

[2] UNICEF. The State of the World's children: Maternal and Newborn Health (2009)

8. The Heads of State and Government of the African Union have adopted notable policy instruments that include the Africa Health Strategy, Africa Regional Nutrition Strategy, Continental Policy Framework and its Plan of Action (Maputo PoA) on Sexual and Reproductive Health and Rights, the Abuja Call for Accelerated Action Towards Universal Access to HIV/AIDS, Tuberculosis and Malaria Services, Summit Decision on Accelerating Action for Child Survival and Development in Africa to Meet the MDGs - 2005 (Assembly/AU/Dec.75(V), Call for Accelerated Action Towards Africa Fit for Children, African Charter on the Rights and Welfare of the Child, Protocol on the Rights of Women and the Africa Youth Charter.

Specific actions on the policy instruments of the African Union include the following:

Africa Health Strategy

9. The AU adopted the Africa Health Strategy (2007-2015) which serves as an overarching framework to enable coherence between countries, civil society and the international community and is aimed at strengthening health systems for equity and development. It sets out a clear vision for health- *An integrated and prosperous Africa free of its heavy burden of disease, disability and premature death* and a mission: *"To build an effective, African driven response to reduce the burden of disease and disability, through strengthened health systems, scaled-up health interventions, inter sectoral action and empowered communities".*

10. Its main objective is to strengthen health systems in order to reduce ill-health and accelerate progress towards the attainment of the MDGs in Africa. The Africa health Strategy is based on the following principles:

- Health is a developmental concern requiring a multi-sectoral response;
- Health and access to quality, affordable health care is a human right;
- Equity in health care is a foundation for all health systems;
- Effectiveness and efficiency is central to realising the maximum benefits from available resources;
- Evidence is the basis for sound public health policy and practice;

11. The Strategy is focused on the Health systems strengthening which include amongst others Governance, Policies and Legislation, Organization, Performance, Resources, Financing, Resource Allocation and Purchasing of Health Services, Social Protection, Human Resources, Commodity Security and Supply Systems, Health Systems Operations, African Traditional Medicine, Participation, Community Involvement and Empowerment, Strengthening Partnerships, Health Information and Research, Surveillance, emergency preparedness and response

Child survival

12. Almost 90% of all child deaths are attributable to just six conditions: neonatal causes, pneumonia, diarrhoea, malaria, measles, and HIV/AIDS. Achieving the MDG on reducing child mortality will require universal coverage with key effective, affordable interventions: care for newborns and their mothers; infant and young child feeding; vaccines; prevention and case management of diarrhoea, pneumonia and sepsis; malaria control; and prevention and care of HIV/AIDS. In countries with high mortality, these interventions could reduce the number of deaths by more than half. The death of children is not just random, it is preventable.

13. The AU adopted the Call for Accelerated Action on Africa Fit for Children which highlighted the issue of child survival and development. The AU Commission has completed a report on the State of the African Child which will serve as a useful reference tool for enriching the work of the African Committee of Experts. The Commission has embarked on the revitalization of the African Committee of Experts on the Rights and Welfare of the Child (ACERWC), a treaty body charged with the responsibility for monitoring the implementation of the African Charter on the Rights and Welfare of the Child. The goal is to strengthen and enhance the effectiveness of the Committee of Experts to be able to hold Member States accountable for how they treat their children.

Nutrition

14. Nutrition is more than just food intake, absorption and metabolism. It also means the balance between what is eaten and what the body actually requires. The consequences of malnutrition in children are profound, far-reaching and irreversible. Malnutrition contributes to more than 35 per cent of child deaths. It weakens the immune system, making children more susceptible to diseases, and reducing their chances of surviving illnesses, such as diarrhea, pneumonia, and malaria. Those children who survive face a cycle of recurring illness and growth faltering, irreversibly damaging their

physical development and mental capacity. As a result, they are less likely to attend school and perform more poorly than their nourished counterparts. By adulthood they face higher risk of diseases than those who were not undernourished as children; their capacity to earn a decent livelihood is diminished and they are less able to care for their children. The vicious cycle of under-nutrition and poverty thus often continues across the generations.

15. In 2005, The African Union adopted the Africa Regional Nutrition Strategy (2005-2015) whose main purpose is to advocate and sensitize African leaders about the essential role of nutrition and food security in socio-economic development. The African Task Force on Food and Nutrition Development (ATFFND) has been established to serve as the advisory arm of the African Union in supporting Member States to implement the strategy.

HIV, Malaria and Tuberculosis

16. HIV/AIDS, tuberculosis and malaria undermine productive capacities of populations, perpetuate poverty, exacerbate social problems and overwhelm health services and contribute to a reversal in the health status of Africans, and threaten the development gains made in previous years.

17. HIV/AIDS, tuberculosis and malaria undermine countries' productive capacities, perpetuate poverty, exacerbate social problems and overwhelm health services. Tuberculosis is the leading cause of death in people living with HIV, due to the high HIV co-infection. Malaria threatens a disproportionately high percentage of the population in Africa, with about 350 million episodes annually.

18. The GDP loss in Africa due HIV/AIDS is estimated to be between 0.5% and 2.6% annually. In countries with a high prevalence of tuberculosis, economic loss is estimated at between 4% and 7% of GDP annually. Due to the high prevalence of malaria in the past 30 years, Africa's GDP lost as much as USD 100 billion.

19. More than 90% of the 430,000 human immunodeficiency virus type 1 (HIV-1) infections in children each year occur in Africa, where HIV-1 acquisition through breast milk accounts for more than 40% of infections. It should be possible to eliminate new perinatal HIV-1 infections globally with the use of antiretroviral therapy when needed for maternal health.

20. Since the adoption of the Abuja Call for Accelerated Action Towards Universal Access to HIV/AIDS, Tuberculosis and Malaria Services by the AU Heads of State and Government in 2006, significant progress has been made by Member States. This has been revealed in the 5-Year Review of the Abuja Call for Accelerated Action Towards Universal Access to HIV/AIDS, Tuberculosis and Malaria Services that was conducted in 2010 in pursuance of the mandate of the AU Heads of State and Government [Assembly/AU/Dec.115 (VII)].

21. In spite of the commendable progress made, this is still insufficient to attain the Abuja target of universal access to HIV/AIDS, Tuberculosis and Malaria services by 2010. There is a need to achieve better harmonization and co-ordination at continental, regional and national levels by adopting an integrated approach for the three diseases.;

Sexual and reproductive health and rights (SRHR),

22. The Commission has elaborated programmes and developed policies and strategies such as the Continental Policy Framework on SRHR and the Maputo Plan of Action (MPoA for its implementation, adopted by the policy/decision-making organs of the AU in 2006 and 2007, respectively. The elaboration and adoption of these policy instruments has been guided by the Vision, Mission and Strategic Framework of the AUC for the period 2003-2007 and continues to benefit from the directives and key strategic plan for the period 2009-2012.

23. The SRHR Policy Framework was developed in response to the call for the reduction of maternal and infant morbidity and mortality in Africa. It was also designed as Africa's contribution to the implementation of the Programmes of Action of the International Conference on Population and Development (ICPD) since reproductive health and the rights of women, as well as men were among the key priority objectives of the ICPD. Furthermore, the continental SRHR policy framework was aimed at accelerating action on the implementation of the MDGs, particularly those related to health, including MDGs 4, 5 and 6.

24. The African Union Commission was mandated (Executive Council Decision EX.CL/Dec.327 (X) rev.1) to play an advocacy role, monitoring and evaluation, dissemination of best practices, and harmonization of policies & strategies. Accordingly, the Commission has made considerable efforts to promote the implementation of the Maputo Plan of Action, using different advocacy platforms at continental, regional and international levels. In 2009, the Commission prepared and disseminated a Progress

Assessment Tool (PAT) to Member States for monitoring and evaluation of the implementation status of the Plan.

25. Forty-three (43) Member States completed and returned the PAT questionnaire to the AUC. Based on the responses from the Member States on their implementation of the Plan of Action, the AUC prepared a comprehensive Progress Report on the state of maternal and child health, reproductive health and rights of women and young people, the situation of HIV/AIDS, unsafe abortion and family planning, as well as unmet needs for reproductive health services. The Progress Report was examined by experts from Member States at the AU Experts' Meeting on Maternal, Infant and Child Health in Africa, held in Addis Ababa from 19 to 21 April 2010. The meeting was attended by experts from 43 member states and experts from the United Nations Agencies, Civil Society Organizations and development partners. The Progress Report and the recommendations of the experts, which included an extension of the Maputo PoA for another five years, have been adopted by the Ministers of Health at their Special Session in Geneva on 15 May 2010. The Progress Report and the recommendations adopted by the Ministers are the main working documents for the debate at the 15th Ordinary Assembly in Kampala in July 2010.

Campaign on Accelerated Reduction of Maternal Mortality in Africa

26. Despite the courageous effort of AU leadership in adopting the Maputo PoA, challenges remained in reducing maternal mortality. It is in realization of this that the AU launched its Campaign on 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, Ethiopia, from 4th to 8th May 2009. The theme of CARMMA is: ***"Africa Cares: No Woman should Die while Giving Life"***.

27. CARMMA is derived from key priority areas enshrined in the 2005 AU Policy Framework for the Promotion of Sexual and Reproductive Health and Rights in Africa and the Maputo Plan of Action (2006).

28. The main objective of CARMMA is to accelerate the availability and use of universally accessible quality health services which are critical for the reduction of maternal mortality. The focus is to ensure accountability, coordination and effective implementation of existing plans and strategies. Since its continental launch, CARMMA has been launched in 16 AU Member States with their respective national champions that included Presidents, Prime Ministers, Vice Presidents and First Ladies.

29. The campaign aims to cut maternal mortality in countries with high rates. Positive messaging promotes good examples and achievements in some Member States and their replication in other countries, and more actions to stop mother and newborn deaths. It takes into account the African reality – women's sexual rights and choices, gender equality, economic dependence and informed health choices, armed conflicts, situations of refugees, harmful traditional practices such as early marriage female genital mutilation; diseases and unsafe sex. Without effective implementation of a comprehensive sexual and reproductive health strategy, one in which women have control over their bodies and the means for this, maternal mortality will be Africa's problem and will retard development.

30. Other aspects for national policies that CARMMA is focusing on include: cultural and traditional practices which put less value on the lives of women; equality in education for women; women's rights over marriage and fundamental sexual rights and how many children they would like to have; unequal sexual relationships, including violent and coerced sex.

31. Since CARMMA was launched at continental level in May 2009, 16 countries – Chad, Cameroun, Central Africa Republic, Ethiopia, Ghana, Lesotho, Mauritania, Malawi, Mozambique, Namibia, Nigeria, Rwanda, Sierra Leone, Swaziland, Uganda, and Zambia have launched CARMMA. Nine more countries – Egypt, Guinea Bissau, Liberia, Mali, Senegal, Sudan, Tanzania, Tunisia, and Zimbabwe have committed to launch CARMMA in 2010. This is an indication of how continental policies can motivate and provide an impetus to national level action. Thus CARMMA should be used as one of the best examples for establishing common grounds between global/continental initiatives and their triggering effect of local action. Launching CARMMA is not an end in itself; there is a lot more work to be done including urgent actions to be taken. It is imperative to invest in the health of women and children for they are the engine that generates power to deliver and contribute to national development.

32. Fortunately a key recommendation adopted by the Ministers of Health at their special session in Geneva on 15 May 2010 and which is before the Heads of State and Government for endorsement is to: *"Accelerate reduction of maternal and child mortality in Africa using CARMMA as an advocacy strategy for the promotion of maternal, newborn and child health and involve all key stakeholders including men, women and young people, parliamentarians, community and religious leaders, the media, and the private sector"*.

Key Issues for the Debate

33. At the 15th Ordinary Session of the Assembly, Heads of State and Government will debate the theme "Promoting Maternal, Infant and Child Health and Development in Africa". In suggesting the key issues for the debate, there are three considerations.

34. Firstly, this is a broad theme that cannot be effectively covered in a debate of 2-3 hours. **There is therefore, the need to make the debate focused and meaningful by concentrating on specific issues that would accelerate the reduction of maternal and newborn and child mortality**, thereby facilitating the attainment of the MDGs.

35. Secondly, the AU Heads of State and Government have made many commitments in the past: from the Millennium Summit in 2000 to the Summit Decision on Accelerating Action for Child Survival and Development in Africa to Meet the MDGs in 2005, as well as the Abuja Call for Universal Access in 2006. Africa does not need more new commitment but the implementation of existing ones. Therefore, **the debate should focus on cost-effective measures with high impact that will accelerate the reduction of maternal and newborn and child mortality**.

36. Thirdly and related to the second consideration is that the challenge for attaining the health MDGs are formidable but the solutions need not be complex. From the Progress Report on Maputo PoA, the most effective interventions have been the simplest and perhaps the least obvious. Therefore, the debate should also focus on **the sharing of experiences amongst the Heads of State and Government on successful practices and what works in their countries**.

37. Consequently, it is proposed that the debate focus on the following:

(a) How CARMMA can continue to be used to accelerate reduction of maternal and child mortality through national ownership;

(b) Challenges faced in reducing maternal, newborn and child mortality rate in Africa with a particular focus, among others on: delivery of quality, comprehensive, integrated and affordable primary health care services in order to assure continuum of care, promote safe motherhood, child survival, and women, newborn and child health;

(c) The impact of nutrition, food, and sanitation on maternal, newborn and child health;

(d) Prevention of Mother to Child (PMTC) transmission of HIV/AIDS;

(e) Increasing domestic resources to health through national budget and public-private partnership;

(f) Accountability, improving governance in the health sector, and mechanism for monitoring and evaluation.

Format and Structure of the Debate

38. The debate will be conducted in an interactive moderated panel discussion which will focus on specific questions posed to the panel for their responses. The questions would be based on the key issues identified above.

39. It is envisaged that the panel will comprise of 2 Presidents and 2 other eminent personalities plus a moderator. The Commissioner for Social Affairs, Adv. Bience Gawanas will make introductory remarks to start the discussion.

40. Following the interactive session, the discussion will be opened to all Heads of State and Government who would wish to make an intervention. It is hope that their interventions would be on the key areas of focus of the debate.

41. There will be closing remarks, possibly by the Chairperson of the African Union who will also read the outcome document of the debate.

Outcome of the Debate

42. It is expected that the Summit will adopt a number of Key Actions to accelerate the reduction of maternal and child mortality and ensure that our health systems are women and child centred and with specific health outcomes including for women and children.

43. Africa aspires to move from commitment to results oriented action and the key message for a better health for Africa is focus on integrated, comprehensive and cost effective interventions. The role of Primary Healthcare is still as significant as it was more than 30 years ago since the ALMA ATA Declaration.

44. Ultimately, the debate should provide a renewed focus on the issues and recognize that the time for action is now if we have to reverse this negative image of women and children dying from preventable cause in Africa.

Documents

45. The following working documents have been made available to facilitate preparation and to be used during the debate:

1. Progress Report on the Implementation of the Maputo Plan of Action on Sexual and Reproductive Health and Rights

2. Progress Report of Abuja Call for Accelerated Action Towards Universal Access to HIV/AIDS, Tuberculosis and Malaria Services

3. Thematic Discussion Papers on: MNCH; Nutrition and Food Security; & Health Financing

4. The State of the Africa's Child Report 2010

Reference Documents

1. African Charter on the Rights and Welfare of the Child,
2. Protocol on the Rights of Women
3. Africa Youth Charter Continental Policy Framework on Sexual Reproductive Health and Rights
4. Plan of Action on Sexual and Reproductive Health and Rights (Maputo Plan of Action)
5. Call for Accelerated Action Towards Africa Fit for Children
6. Social Policy Framework

Assembly/AU/2(XV)
Annex

AU CAMPAIGN ON ACCELERATED REDUCTION OF MATERNAL MORTALITY IN AFRICA (CARMMA)

"AFRICA CARES: NO WOMAN SHOULD DIE WHILE GIVING LIFE"

2010
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Department of Social Affairs
African Union Commission

Factsheet

AU Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA)

"Africa Cares: No Woman should Die while giving Life"

What is CARMMA?

The Campaign on Accelerated Reduction of Maternal Mortality (CARMMA) is a major initiative driven by the Department of Social Affairs(DSA) and launched in May 2009 on the theme: "Africa Cares: No Woman should Die while Giving Life". CARMMA is derived from key priority areas enshrined in the 2005 AU Policy Framework for the Promotion of Sexual and Reproductive Health and Rights in Africa and the Maputo Plan of Action (2006). Maternal and Child Health will be the theme of the 2010 July AU Assembly to be held in Kampala, Uganda.

CARMMA focuses on three key areas: positive messaging; encouraging achievements and strides made in some countries in reducing maternal mortality and seeking to replicate them; and intensifying actions aimed at reducing maternal and infant mortality. The campaign aims to cut maternal mortality in countries with high rates. Positive messaging promotes good examples and achievements in some Member States (for instance Malawi, Mauritius, Tanzania and Uganda) and their replication in other countries, and more actions to stop mother and infant deaths. It focuses on African factors – women's sexual rights and choices, gender equality, economic dependence and informed health choices, armed conflicts, situations of refugees, early marriage and other abuse, diseases and unsafe sex. Without effective implementation of a comprehensive sexual and reproductive health strategy, one in which women have control over their bodies and the means for this, maternal mortality will be Africa's problem and will retard development.

Other aspects for national policies to focus on include: cultural and traditional practices which put less value on the lives of women; equality in education for women; women's

rights over marriage and fundamental sexual rights and how many children they would like to have; unequal sexual relationships, including violent and coerced sex.

The goal of CARMMA is to contribute to further advancement of social development in the continent through proactive support to national efforts and national leadership aimed at reducing maternal mortality. Its main objective is to accelerate the availability and use of universally accessible quality health services including those related to reproductive and sexual health which are critical for reducing maternal mortality. This would be achieved through strengthening health systems with a view to reaching the MDG and other targets and related national goals, and recognizing maternal mortality as a key indicator of health system effectiveness.

CARMMA raises awareness and builds links with international campaigns, and strengthens and integrates health systems through high-impact interventions in selected countries. It will promote sustainable financing and publicize the issues through media and other support. It will also set up monitoring and evaluation frameworks and work with partners including health ministries.

Key Policies and Strategies

- The AU Vision, Mission and Strategic Framework (2004-2007 and beyond) which put health high on the continent's agenda;
- Decisions by the AU Summit on Maternal and Child Health
- 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);
- The Africa Health Strategy (April 2007).
- CARRMA strategy document

Actions by the Department of Social Affairs

The DSA developed the CARMMA strategy document which was presented to and adopted by the AU Conference of Ministers of Health during May 2009. The Ministers of Health agreed to support and launch CARMMA in their respective countries.

Since then launches took place during 2009 in the following countries:

- *Maputo, (Mozambique)*, 3rd August;
- *Lilongwe, (Malawi),* August 7;

- *Kigali (Rwanda*) 7th October;
- *Abuja(Nigeria), 16th October*
- *Mbabane (Swaziland),*
- *Ghana, 25 November*
- Ndjamena, (Chad) *15 December*
- *Gobabis, (Namibia), 16 December*

Further launches are planned for about 9 other countries by July 2010.

In launching the Campaign, the DSA also prepared documentation and pamphlets for distribution. It is preparing follow-up activities, resource mobilization and a sustainability plan including establishment of partner group in selected countries.

The DSA is working with Member States, RECs, UN Agencies and a wide range of other stakeholders. Member States are encouraged to build their own strategies, mobilize all key stakeholders including at community level, and launch CARMMA in their respective countries.
In promoting CARMMA, the DSA has also built international collaboration. In this regard, a new international leadership group to tackle Maternal Mortality was launched on the 12 March 2009 in London, with Bience Gawanas (African Union) and Sarah Brown as the co-chairs. This high level group - initiated by grassroots organizations and backed by the Network of Global Leaders - will help lead the global fight against maternal mortality. The group – announced as Maternal Mortality campaigners will be made up of activists, academics, heath care professionals and first ladies from around the world. Its full membership will be announced in the coming months. The group will seek to catalyze efforts at a national and international level to tackle the problem.
The DSA also assisted in the organization of the meeting of the Network of African Parliaments for Health Development and Financing held on 9 September 2009 which adopted a resolution in support of CARMMA urging the PAP, REC Parliaments and all national parliaments to formally adopt CARMMA.

The DSA is conducting various preparatory activities for the AU Summit debate on the Theme on Maternal and Child Health during the 2010 Summit such as the organization on a Pan-African Conference on Maternal and Child in April 2010 which reviewed the progress on the Maputo Plan, the convening of the Special Session of AU Conference of Ministers of Health to amongst others, came up with recommendations for the July 2010 Summit.

How to contact the DSA

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"*We are determined to deal once and for all with the scourge of conflicts and violence on our continent, acknowledging our shortcomings and errors, committing our resources and our best people, and missing no opportunity to push forward the agenda of conflict prevention, peacemaking, peacekeeping and post-conflict reconstruction. We, as leaders, simply cannot bequeath the burden of conflicts to the next generation of Africans*." (Paragraph 9 of the Tripoli Declaration of 31 August 2009)

2010
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Theme of the Summit: “Promoting Maternal, Infant and Child Health and Development in Africa” Background Document

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