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**PROGRESS REPORT ON THE ROAD MAP FOR ACCELERATING THE
ATTAINMENT OF THE MILLENNIUM DEVELOPMENT GOALS RELATED TO
MATERNAL AND NEWBORN HEALTH IN AFRICA**

Progress Report

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BACKGROUND

1. Since many years, maternal and newborn mortality in Africa has been among the highest worldwide, representing about 50% of all maternal deaths.¹ In order to achieve the target of Millennium Development Goal (MDG) 5, i.e. to reduce maternal mortality by three-quarters of the 1990 levels by 2015, concerted effort is needed in Maternal and Newborn Health (MNH) interventions.

2. In response to this challenge, the Fifty-fourth Session of the WHO Regional Committee, in 2004, adopted Resolution AFR/RC54/R9 on the Road Map for accelerating the attainment of the Millennium Development Goals related to maternal and newborn health in Africa. The objectives of the Road Map are to provide skilled attendance during pregnancy, childbirth, and the postpartum period and to strengthen the capacity of individuals, families and communities to improve maternal and newborn health.

3. The priority interventions of the above-mentioned Road Map aim to improve access to and availability of quality Maternal and Newborn Health services including Family Planning (FP); prevent mother-to-child transmission (PMTCT) of HIV; strengthen the referral system; empower individuals, families and communities; foster partnerships for MNH; and strengthen district planning, management, monitoring and evaluation of MNH services.

4. This report succinctly presents the progress made in implementing the Road Map and proposes next steps for further action.

PROGRESS MADE

5. As of December 2010, 43 out of the 46 countries in the African Region had developed their national MNH Road Map and included maternal, newborn and child health issues in their poverty reduction strategies and health plans. Thirty-five countries² had developed district MNH operational plans, 35 countries³ had developed plans for scaling up PMTCT and 27⁴ had developed a strategy on repositioning family planning.

6. To improve the quality of MNH services, 28 countries⁵ introduced Maternal Death Reviews (MDR) and Liberia, Malawi, Rwanda and South Africa made maternal death a notifiable occurrence within 48 hours. Countries have been applying WHO revised planning and monitoring tools to

¹ Trends in Maternal Mortality: 1990 to 2008; Estimates developed by WHO, UNICEF, UNFPA and World Bank; WHO, Geneva, 2010.

² Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Eritrea, Ethiopia, Ghana, Guinea-Bissau, Kenya, Lesotho, Liberia, Malawi, Mali, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Senegal, Sierra Leone, South Africa, Swaziland, Tanzania, Togo, Uganda, Zambia and Zimbabwe.

³ Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Central Africa Republic, Chad, Congo, Côte d'Ivoire, Democratic Republic of Congo, Eritrea, Ethiopia, Ghana, Guinea-Bissau, Kenya, Lesotho, Liberia, Malawi, Mali, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Senegal, Sierra Leone, South Africa, Swaziland, Tanzania, Togo, Uganda, Zambia and Zimbabwe.

⁴ Angola, Benin, Burkina Faso, Burundi, Congo, Cameroon, Comoros, Côte d'Ivoire, Chad, Central African Republic, Democratic Republic of the Congo, Ethiopia, Equatorial Guinea, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Madagascar, Mali, Mauritania, Niger, Nigeria, Togo, Sao Tome and Principe, Sierra Leone and Senegal.

⁵ Benin, Burkina Faso, Burundi, Cameroon, Congo, Côte d'Ivoire, Equatorial Guinea, Ghana, Guinea, Guinea-Bissau, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Sierra Leone, South Africa, Swaziland, Togo, Uganda, Zambia and Zimbabwe.

strengthen MNH interventions. In addition, new guidelines on essential newborn care and home-based newborn care have been used to strengthen the capacity of health care providers in 12 countries.⁶ Similarly, 36 countries⁷ have used the new 2010 recommendations for PMTCT.

7. The number of countries with more than 50% skilled birth attendance coverage increased from 24 in 2005 to 28 countries⁸ in 2008. Seven of these countries reached the coverage of over 80%. The proportion of HIV-positive pregnant women receiving antiretrovirals to prevent mother-to-child transmission of HIV increased from 15% in 2005 to 54% in 2009. Six countries⁹ have reached over 80% coverage of HIV testing and counselling among pregnant women while Botswana, Namibia, Swaziland and South Africa have reached 80% antiretroviral coverage for HIV-positive pregnant women.

8. Through advocacy for MNH, 15 countries¹⁰ removed financial barriers to Emergency Obstetric and Newborn Care services (EmONC). Furthermore, a Safe Motherhood day or week has been institutionalized in 22 countries.¹¹ All Member States have endorsed the African Union *Campaign for Accelerated Reduction of Maternal Mortality in Africa (CARMMA)*. So far, 24 countries¹² have launched their national campaigns. Furthermore at their fifteenth ordinary session held in Kampala in July 2010, Heads of State and Government of the African Union committed themselves to accelerating efforts to improve the state of Africa's women and children in order to attain MDGs 4, 5 and 6 including building partnerships for elimination of mother-to-child transmission of HIV by 2015.

9. Following the launch of the Global Strategy for Women's and Children's Health by the United Nations Secretary General, 26 countries¹³ in the Region renewed their commitment to accelerating the attainment of MDGs 4 and 5 such as increasing the health budget, providing free maternity care, increasing the number of nursing-midwifery schools along with enrolment, increasing FP uptake, and strengthening community involvement in MNCH services.

10. Despite the efforts and commitments to implement the Road Map, only two countries, namely Equatorial Guinea and Eritrea, are on track to achieve the MDG5 target. However 20 countries¹⁴ are

⁶ Angola, Gabon, Ghana, Kenya, Malawi, Mozambique, Namibia, Nigeria, Sierra Leone, Tanzania, Uganda and Zambia.

⁷ Angola, Benin, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Gabon, Gambia, Ghana, Equatorial Guinea, Eritrea, Guinea-Bissau, Kenya, Liberia, Malawi, Mali, Mauritania, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, South Africa, Sierra Leone, Swaziland, Tanzania, Togo, Uganda, Zambia and Zimbabwe.

⁸ Algeria, Benin, Botswana, Burkina Faso, Cameroon, Cape Verde, Central African Republic, Comoros, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Gabon, Gambia, Ghana, Equatorial Guinea, Lesotho, Madagascar, Malawi, Mauritania, Mauritius, Namibia, Rwanda, Sao Tome and Principe, Senegal, South Africa, Swaziland, Togo and Zimbabwe.

⁹ Botswana, Mauritius, Namibia, Sao Tome and Principe, South Africa and Zambia.

¹⁰ Angola, Benin, Burkina Faso, Burundi, Congo, Ghana, Kenya, Liberia, Malawi, Mali, Niger, Senegal, Sierra Leone, South Africa and Tanzania.

¹¹ Angola, Benin, Burkina Faso, Cameroon, Chad, Comoros, Eritrea, Ethiopia, Gabon, Ghana, Kenya, Liberia, Malawi, Mali, Mauritania, Mozambique, Madagascar, Niger, Nigeria, Rwanda, Uganda and Zambia.

¹² Angola, Burkina Faso, Cameroon, Central African Republic, Chad, Ethiopia, Gambia, Ghana, Guinea-Bissau, Guinea, Malawi, Mauritius, Mozambique, Namibia, Nigeria, Senegal, Sierra Leone, Swaziland, Rwanda, Tanzania, Togo, Uganda, Zambia and Zimbabwe.

¹³ Benin, Burkina Faso, Burundi, Chad, Central African Republic, Comoros Congo, Democratic Republic of Congo, Ethiopia, Ghana, Guinea, Kenya, Liberia, Madagascar, Malawi, Mali, Mozambique, Niger, Nigeria, Rwanda, Sao Tomé and Principe, Senegal, Sierra Leone, Togo, Zambia and Zimbabwe.

¹⁴ Algeria, Angola, Benin, Cape Verde, Comoros, Côte d'Ivoire, Ethiopia, Gambia, Ghana, Guinea, Madagascar, Malawi, Mali, Mauritania, Mozambique, Niger, Rwanda, Togo, Senegal and Uganda.

making progress towards achieving that target. Currently 16 countries¹⁵ are undertaking medium-term review of their national Road Map to identify gaps and bottlenecks in order to take appropriate remedial measures.

11. The challenges faced by maternal and newborn health in the Region are well known and include inadequate access to quality MNH health care; inequitable distribution of quality MNH services; inadequate financial and human resources; huge burden of HIV/AIDS, malaria and other infections; and weak community involvement and participation. Furthermore weak health system and especially health information systems hamper consistent tracking of the progress made. The prevalence in the Region of other health determinants such as poverty, gender inequity and poor communication systems contribute to delays in timely accessing MNH services.

NEXT STEPS

12. To accelerate progress towards the achievement of MDG5, countries, with the support of partners, should:

- (a) accelerate the implementation of the Road Map to contribute towards the attainment of the Millennium Development Goals related to maternal and newborn health at all levels;
- (b) increase access to quality services through capacity building in MNH and PMTCT;
- (c) mobilize and allocate financial and human resources to accelerate the implementation of the MNH essential interventions. This also includes removing financial barriers at the point of service delivery;
- (d) effectively integrate HIV /AIDS and malaria services into MNH interventions;
- (e) scale up PMTCT interventions towards the attainment of the goal of eliminating mother-to-child transmission of HIV by 2015;
- (f) strengthen skills to engage individuals, women, communities and other sectors in order to address maternal and newborn health needs as well as the key determinants of health especially among vulnerable population groups;
- (g) institute strong and functional monitoring and evaluation system in order to monitor progress against agreed indicators and targets. Strengthen the system of tracking resources allocated to women's and children' health in order to ensure that more funds are used for the intended purposes of reaching those who need them most;
- (h) strengthen documentation and operational research activities to generate evidence on interventions, strategies and tools that are feasible and effective in reducing maternal and newborn mortality.

13. The Regional Committee took note of the progress made and endorsed the proposed next steps.

¹⁵ Benin, Burkina Faso, Burundi, Congo, Democratic Republic of the Congo, Chad, Guinea-Bissau, Lesotho, Liberia, Malawi, Mali, Mozambique, Namibia, Niger, Senegal and Zimbabwe.