

# MAPUTO PLAN OF ACTION: A vehicle for achieving the MDGs in Africa

**It is a simple truth:** *The Millennium Development Goals can not be achieved in Africa if we do not address sexual and reproductive health.*

Recognising this essential fact, in 2006 African Heads of State adopted the Maputo Plan of Action, which sets out a framework for countries to improve reproductive health. Maputo includes clear goals, outcomes, outputs, indicators, timelines, and costing, while allowing countries to set their own priorities and build on existing work.

## LESSONS LEARNED:<sup>i</sup>

African countries are making progress toward achieving the Maputo goals. Most have established maternal and newborn health roadmaps that focus on implementing the core strategies for reducing mortality — family planning, skilled birth atten-

dance, emergency obstetric care, and neonatal care. Most have begun to address the sexual and reproductive needs of adolescents and developed plans for addressing reproductive health services and commodities. But many challenges remain:

- Maternal mortality is the leading cause of death among girls 15-19 years of age in Africa, where more than 70% of the population is under 30.
- Up to 40% of maternal mortality could be prevented with family planning, but Africa's modern contraceptive prevalence rate is only about 20%.
- Recent successes in preventing and managing obstetric fistula provide an entry point for more broadly addressing maternal and reproductive health care.
- The burden of HIV/AIDS increasingly falls upon women and girls. While treatment is more available and affordable, vertical funding hampers opportunities to integrate services with sexual and reproductive health programs.
- Although abortion is legal under some circumstances in every African country, safe abortion services and post-abortion care remain generally inaccessible despite some progress.
- Young people's — and particularly girls' — rights are hindered by cultural values and beliefs that perpetuate discrimination.
- Maternal and reproductive health services face severe challenges in training, recruiting, motivating, and retaining skilled health professionals.
- Civil society organisations must play a critical role in advocating and developing innovative services for marginalised and vulnerable populations.

## Key elements of sexual and reproductive health

- Adolescent sexual and reproductive health
- Maternal health and newborn care
- Abortion and post abortion care
- Family planning
- Sexually transmitted infections including HIV/AIDS

<sup>i</sup> Content for this brief is compiled largely from reports: *UNFPA report: African MNH Road maps Assessment Report July 2009*; *Status Report on the Implementation of the Maputo Plan of Action: Opportunities and Challenges for CSO Action in Promoting Sexual and Reproductive Health and Rights in sub-Saharan Africa - July 2009 prepared for IPPF, African Office, and Africa Regional Review Report: Fifteen-Year Review of the Implementation of the ICPD PoA in Africa - ICPD at 15 (1994 - 2009) - October 2009.*

## **THE WAY FORWARD:**

Renewed focus on MDG5, and the African Union's Campaign on Accelerated Reduction of Maternal Mortality (CARMMA), offer a crucial opportunity to help countries fulfill the Maputo Plan of Action. Maputo needs visible, knowledgeable, and politically powerful champions to take these actions:

### **Governments and policymakers:**

- Invest in family planning — a 'quick win' to substantially reduce maternal mortality.
- Ensure youth-friendly sexual and reproductive health services.
- Fully integrate family planning, HIV/AIDS services, post-abortion care, and maternal and newborn care into primary health services.
- Integrate sexual and reproductive health with other sectors, including education, gender equality, environment, and employment.
- Strengthen health systems, prioritising sexual and reproductive health through targeted policies, programs, and budgeting.
- Engage the private sector in promoting and financing initiatives focused on improving sexual and reproductive health outcomes.
- Establish systems to measure progress, accessibility, and service quality and to ensure accountability.

### **Civil society:**

- Hold governments accountable for their commitments.
- Build advocacy alliances with groups outside the maternal and reproductive health communities.
- Engage parliamentarians, youth, professional and civil society organisations, and regional networks, to generate increased political and financial support.
- Raise awareness through media campaigns.

### **Continental and regional bodies:**

- Ensure that CARMMA and Maputo efforts are mutually reinforcing to achieve the MDG5 targets.
- Identify and share best practices and lessons learned, and act as technical advisors, advocates, funders, and monitors.
- Bring world attention to the serious shortfalls on MDG5 and the need for increased support.

### **Donors:**

- Provide predictable, long-term, and substantial financial and other resources to support achievement of the Maputo goals.

This card was developed by the Support Group for the Maputo Plan of Action, which includes the following members: The International Planned Parenthood Federation and IPPF/African Regional Office, United Nations Population Fund (UNFPA) and UNFPA (Africa Region), the European Commission, UN Economic Commission for Africa (UN-ECA), Partners in Population and Development (Africa Region), WHO and WHO Africa, and Women Deliver.

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