

Review of the Maputo Plan of Action: A vehicle for achieving the MDGs in Africa



It is a simple truth: The Millennium Development Goals will not be achieved in Africa without addressing sexual and reproductive health. The mid-term report card on the MDGs, and particularly MDG 5, shows uneven progress, and in some countries even setbacks. In 2006, recognizing that maternal and child health is tearing apart the social fabric and preventing economic progress, the African Union boldly adopted a short-term plan to achieve the MDGs in their continent: The Maputo Plan of Action. The plan embraced the Cairo Programme of Action and moved sexual and reproductive health higher on Africa's political agenda.

In the last few years the world's development goals have caught up to the intention of the Maputo Plan of Action:

- Universal access to reproductive health became target B under MDG5 – improve maternal health, uniting ICPD with the MDGs.
- Donor governments and global foundations have started pledging substantial funds for reproductive and maternal health services and supplies in developing countries.
- There is growing recognition and call for the need to link HIV&AIDS with sexual and reproductive health.
- International initiatives such as Women Deliver are generating broad-sector support for global, regional, and national level advocacy for MDG5 and its targets.

What the Maputo Plan of Action sets out to accomplish:

The plan sets forth an ambitious agenda to move the world's poorest continent toward the ICPD goal of universal access to reproductive health by 2015. The plan aims to change how governments address reproductive health in their policies, as well as health system strengthening, increasing the availability of sexual and reproductive health supplies, and building of long-term infrastructure. Its timeframe is 2006-2010 and includes clear goals, outcomes, and outputs with target indicators, timelines, and costing, but the method of attaining the goals is left up to each country.

Progress-to-date:

Within the first two years of the Maputo Plan of Action, major milestones were attained. Despite considerable US opposition, African ministers not only endorsed the plan, but moved firmly ahead on its goals. Twenty-two countries developed Maternal and New-born Health Road Maps, and five countries are in the process of development. Several countries report progress in scaling up linkages between SRH and HIV/AIDS; implementing and expanding family planning, passing laws to protect women against violence and criminalizing harmful practices against women. In sum, many of the key policies forming the foundation for action are in place. Progress on implementation, however,

varies between countries and between goals largely due to limited financial and human resources, as well as competing resources and demands. Without commitment backed by resources, the Maputo Plan of Action will not be fully achieved, and nor will the MDGs.

Energizing efforts to achieve the Maputo Plan of Action:

It is time to revisit the Maputo Plan of Action, to recognize the progress that has been made, and to get the world on board. The change in US administration removes a major blockage to achievement. And in May 2009, the African Union launched the Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA). The Maputo Plan of Action and CARMMA represent the two targets of MDG5, reducing maternal mortality and assuring universal access to reproductive health. These complementary efforts will increase the attention and commitment to the end result – achieving MDG5 (and others) by 2015.

Throughout 2009 particularly with the marking of ICPD+15, there are numerous opportunities to piggyback on scheduled events and conduct a series of review-related activities that will shine the spotlight on the Maputo Plan of Action and propel action and generate political will and support. The purpose of such activities is to: 1. review progress to date on the targets set in the Maputo Plan; 2. gather technical input by exchanging lessons learned, exploring successes and barriers, and identifying solutions and resources to help fully implement the Maputo Plan of Action; 3. mobilize support and resources for the Maputo Plan of Action from parliamentarians, ministers of health, finance planning, and representatives from civil society and donor countries; and 4. secure a recommitment by the African ministers to making the Maputo Plan of Action a reality and move Africa toward social and economic sustainability.

Potential venues include several scheduled UNFPA technical meetings for assessing progress and providing data and exchanging information; ICPD events, the Ministers of Health meeting, and the African Population Committee and others for enlisting support, and meetings of regional groups, e.g., ECOWAS, for building recommitment ending with the African Union Heads of State meeting in June 2010.

Representatives from the African Union, the International Planned Parenthood Federation, IPPF (African Regional Office), UNFPA, the European Commission, South to South Partnership for Population & Development, WHO, and Women Deliver are committed to moving this process forward.

Conclusion:

Universal access to reproductive health services is critical for the achievement of MDG5 and essential to the other MDGs. The Maputo Plan of Action is the vehicle in Africa for their attainment. It is time to refocus our efforts on ensuring its success.

Created by the Partnership for the Review of the Maputo Plan: The International Planned Parenthood Federation, IPPF/African Regional Office, UNFPA (Africa Region), the European Commission, South to South Partnership for Population & Development (Africa Region), WHO, and Women Deliver.