Accountability and the MPOA – perspectives of the African Union Commission

By

Dr Ademola Olajide
Head of Division - HNP
African Union Commission
“The African Union envisions a high standard of well-being and empowerment for all African people fostered by the promotion of human rights and dignity, a significant increase in equitable access to relevant, affordable, and cost effective basic social services with the protection of individual freedoms guaranteed by strengthened and accountable institutions”
Demographic characteristics

- Africa bears the world’s highest population growth rates; youth population; number of people living in absolute poverty.

- Compounded by a combination of peace, security and public health issues.

- Africa’s 2010 population was estimated as 1.03 billion with a projection of a two-fold increase to 2 billion in the next 40 years.

- 15% of total world population and 18% of population of less developed areas.
Share of global population may increase to 22% by mid-point of the century (2050).

9 of the 10 countries with highest % of population below 15 years are in Africa (44.7% - 50.1%)

Population growth patterns

- Highest increase - Eastern Africa from 64.8M (1950) to 327.2M (2010), ----- 711.4M (2050).

- Lowest increase – Southern Africa from 57.9 (2010)------67.4M (2050).

- Growth rate (2010 – 2015) – 2.2%

- Total fertility rate (2005 – 2010) – 4.6
Mortality

- MMR - 207,000 annual deaths;
- U5 mortality – of the 31 countries (globally) which recorded at least 10% under five deaths (in 2009), only 1 (one) was not in Africa.

HIV – 67% of persons living with HIV and 2/3rd of AIDS related deaths

19.2 million international migrants (2009)

Urbanization 40% (lowest globally), estimated at 62% by 2050.
ICPD – MDGs and MPoA


- Millennium Summit - 189 nations committed themselves to transforming the lives of the world’s people including reducing by half the number of people living in extreme poverty.

- The centrality of Universal access to education and Reproductive Health Care to development and eradication of poverty was further emphasized.
CAMH2 (Gaborone – 2005) recognized that African countries were not likely to achieve the MDGs without significant improvements in the Sexual and Reproductive Health and Rights of the people of Africa

Adopted the Continental Policy Framework on Sexual and Reproductive Health and Rights which was later endorsed by AU Heads of State in January 2006.
The continental framework addresses the reproductive health and rights challenges faced by Africa.

It calls for strengthening the health sector component by increasing resource allocation to health, mainstreaming gender issues into socio-economic development programmes and SRH commodity security.
Focuses on nine action areas: Integration of sexual and reproductive health (SRH) services into PHC, repositioning family planning, developing and promoting youth-friendly services, unsafe abortion, quality safe motherhood, resource mobilization, commodity security and monitoring and evaluation.

The Plan is premised on SRH in its fullest context as defined at ICPD/PoA 1994 taking into account the life cycle approach addressing all the elements of SRHR as articulated by ICPD.
CARMMMA is a campaign to promote and advocate for renewed and intensified implementation of the Maputo Plan of Action for Reduction of Maternal Mortality in the Africa Region (2009).

CARMMMA was initiated due to concerns that many African countries may not attain the MDG5 if efforts are not redoubled.
CARMMA uses policy dialogue, advocacy and community social mobilization to enlist political commitment, increase resources and societal change in support of Maternal Health.

- It is a country driven undertaking.

- CARMMA has been launched by 35 AU Member states.
Countries that have launched CARMMA (35) in order of launch

1. Mozambique
2. Malawi
3. Swaziland
4. Rwanda
5. Nigeria
6. Ghana
7. Chad
8. Namibia
9. Ethiopia
10. Sierra Leone
11. Central Africa Republic
12. Uganda
13. Lesotho
14. Cameroon
15. Mauritania
16. Zambia
17. Guinea Bissau
18. Zimbabwe
Countries that have launched CARMMA (35) in order of launch

19. Senegal
20. Gambia
21. Kenya
22. Angola
23. Eritrea
24. Togo
25. Benin
26. Congo
27. Liberia
28. Botswana
29. DRC
30. Gabon
31. Tanzania
32. Equatorial Guinea
33. Burundi
34. Burkina Faso
35. Tunisia
Member States/National Governments are expected to drive the processes.

Duty Bearers MUST be accountable to Right Holders.

We must facilitate the creation of an enabling environment to ensure accountability.
1. The process of determining the continental agenda and priorities is limited and not adequately participatory.

2. The process leading up to continental decision making fora does not sufficiently include a robust dialogue with diverse stakeholders both at regional and national level.

3. There are multiple meetings involving the decision makers/Ministers of Health on the continent.
4. Development partners have a poorly synergized and coordinated agenda, consequently contributing to the divergent focus of the Health sector leadership.

5. Weak inter-sectoral linkages and dialogue especially with respect to health financing and the social determinants of health.

6. Partners continue to by-pass government systems and processes.
7. M & E systems are weak and where supported only capture project/service data.

8. Inefficient utilization of resources, we need a paradigm shift from “More money for health to More health for money”.

9. CSOs engage in service delivery rather than strengthen government services to provide the same services.
Way forward

- Integrating accountability systems (and indicators) within routine M & E.

- Institutionalization of the process of agenda/priority setting nationally and continentally relying on a strong evidence base.

- Formalize systems of national and regional dialogue (involving all stakeholders) before the conduct of continental decision making event.
The fire of change is burning across Africa!

African proverb: “If you don't pay attention to the pot, the contents will spill and quench the fire”!

We need to keep our eye on the ball/pot and hold EVERYONE accountable!