Sexual & Reproductive Health & Rights: Progress After Maputo

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Commitments on Health & SRH

- Alma Ata Declaration (1978)
- ICPD 1994
- World Summits on Women, Children, Social Development (Beijing Platform for Action 1995)
- The MDGs (4, 5, 6);
- AU Special Summits & Debates On HIV, TB, Malaria, Children
- Continental Policy Framework On SRHR
- SADC (Lesotho on HIV and the SADC Gender Protocol)
Report by UNFPA & AU

2010 Report
Maputo PoA on SRHR (2007-2010)

Goal:

• Partners and stakeholders to join forces and re-double efforts, so that together, the effective implementation of the Continental Policy framework including universal access to sexual and reproductive health by 2015 in all countries in Africa can be achieved”
Key Strategies

1. Integrating STI, HIV & AIDS, and SRHR programmes and services;
2. Repositioning family planning as essential part health MDGs;
3. Addressing the SRH needs of adolescents and youth;
4. Addressing unsafe abortion; Delivering quality & affordable services for safe motherhood, child survival, maternal, newborn and child health.
5. African and south-south co-operation
6. SRH Commodity security
7. Monitoring and Evaluation
Findings Per Priority Areas

• Integration of HIV/STI, Malaria and SRH Services into PHC
  – Plans in place in 79.4% countries, some being implemented. Challenge: vertical programmes prevail.
• Strengthening of Community-based STI, HIV & AIDS and SRHR Services
  – >50% have strategies, implementation initiated, a few none.
• Family planning Repositioning as key Strategy for attainment of MDGs:
  – only 40.6% countries reported, funding generally from global budget, 0.8% only with FP budgets.
Findings Continued

• Youth-friendly Services positioned as Key Strategy for youth empowerment:
  – 60.6% have policies, half of these implementing, 30% developing them, 9.1% do not have plans;
• Incidence of unsafe abortion reduced:
  – >half have frameworks on abortion, while 68% have strategies to reduce unwanted pregnancies. Some still developing them, others have none. Challenge: lack of resources.
Findings Continued

- Access to safe motherhood & child survival services increased:
  - 94.1% have roadmaps, 79.4% with operation plans, a few developing plans, a few others no plans, 94.1% have roadmaps, 79.4% with operation plans, coverage for HIV+ mothers significant (linked to emtct);
- Resources for SRHR:
  - mostly from general health budget, a few with allocation for RH and FP, and all need more mobilisation.
Findings Continued

• SRH Commodity Security Strategies
  – Strategies/ Plans in place, but stock-outs experienced by some, esp. rural areas, a few prolonged. RH commodities should be on essential medicine list.

• Monitoring, Evaluation and Coordination Mechanism
  – Many have or are in process of institutionalising M&E systems. HIS need further development and good management.
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<tr>
<th>Priority Areas</th>
<th>Progress to Date</th>
<th>Score</th>
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<tbody>
<tr>
<td>Integration of HIV/STI, Malaria and SRH Services</td>
<td>Plans in place in 79.4% countries but vertical programs</td>
<td>Good Progress</td>
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<tr>
<td>Community-based STI, HIV &amp; AIDS and SRHR Services</td>
<td>&gt;50% have strategies</td>
<td>Satisfactory Progress</td>
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<td>Family planning Repositioning</td>
<td>40.6% countries reported</td>
<td>Lagging behind</td>
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Synergies at Global & Continental Levels

• HLM and a number of targets and recommendations in the political declaration;
• Global Launch and Country launches of eMTCT plans;
• Continental and national launches of CARMMA (2009/10): ‘No woman Should Die While Giving Life’.
• Regional launch of ‘Women’s Health Day’, followed by establishment of Commission on Women’s Health.
• Collaboration in ‘White Ribbon Alliance’ Campaign led by UK PM’s Spouse
• Launch of Pink Ribbon Red Ribbon Initiative on Cervical/Breast Cancer & HIV by President George Bush
Challenges

• Inadequate human resources esp. midwives;
• Weak health systems, poor service delivery, inadequate access for all and/or poor utilization,
• Inadequate health financing;
• Poor coordination, limited integration
• Unfavorable or old legislation, limited application
• Harmful traditional practices still prevail;
• Limited IEC and community involvement, esp. for youth in/out of school, men;
• And now – challenges with funding (also an opportunity)
Recommendations

1. Development human resources (midwives);
2. Develop integrated health systems, including universal access, commodity security;
3. Health financing: local, international;
4. Partnerships and coordination;
5. Legislation and addressing harmful traditional practices;
Way Forward

• Extend Maputo PoA to 2010-2015 and intensify advocacy and action (done);
• Commit to implementation of eMTCT plans & capitalize on other international & regional opportunities;
• Accelerate action in the areas identified as lagging behind;
• Explore models for smart investments & doing more with less in challenging financial environment
Thank You!