



Monitoring The Maputo Plan of Action

An assessment of
Sexual & Reproductive Health & Rights
Responses & Reporting
in Africa

MPOA Scorecard

BRIEF

Element 6: Access to safe motherhood and child survival services increased

Phillipa Tucker - September 2012

Holding leaders accountable



Introduction

The MPOA Scorecard provides data and an analysis of statistics provided by African governments to the African Union Commission in the Maputo Plan of Action (MPOA) reporting. This report first briefly introduces the various concepts that inform sexual and reproductive health and rights on the continent, how the Maputo Plan of Action commitment evolved as a government solution, and how accountability and data can be used to improve Sexual and Reproductive Health and Rights (SRHR). In the second section of the report the data is presented and analysed in an easy-to-read manner and a way forward provides recommendations in the final closing section. [Read the full report here](#)



Element 6: Access to safe motherhood and child survival services increased

In 2011 at the UN High Level Meeting on AIDS, globally leaders committed to the Global Plan Towards the Elimination of New HIV Infections Among Children by 2015 and Keeping Their Mothers Alive. This plan demonstrates that no technical barriers stand in the way of giving babies and mothers a chance at surviving. PMTCT or Prevention of mother to child transmission stands at between 15-45 per cent without interventions, but can be reduced to less than 5 per cent with timely management and access to ARVs. The very possibility of a Born HIV generation is around the corner and by 2015 the target is achievable with enormous financial support being offered by funding partners, accountable leadership from governments, and support and advocacy from civil society.

However, for all the facts and science showing the possibilities of the elimination of PMTCT, real access to PMTCT remains elusive in many countries, most obviously of which in the MPOA Scorecard is the Democratic Republic of Congo. In a country which reports 68 million people, 1,2 million of which are estimated to be living with HIV, the percentage of HIV positive mothers who have delivered and are receiving ARVs sits at a shocking 2 per cent. Other countries too report low numbers but none as low as the DRC. Since reporting on the first round of the MPOA

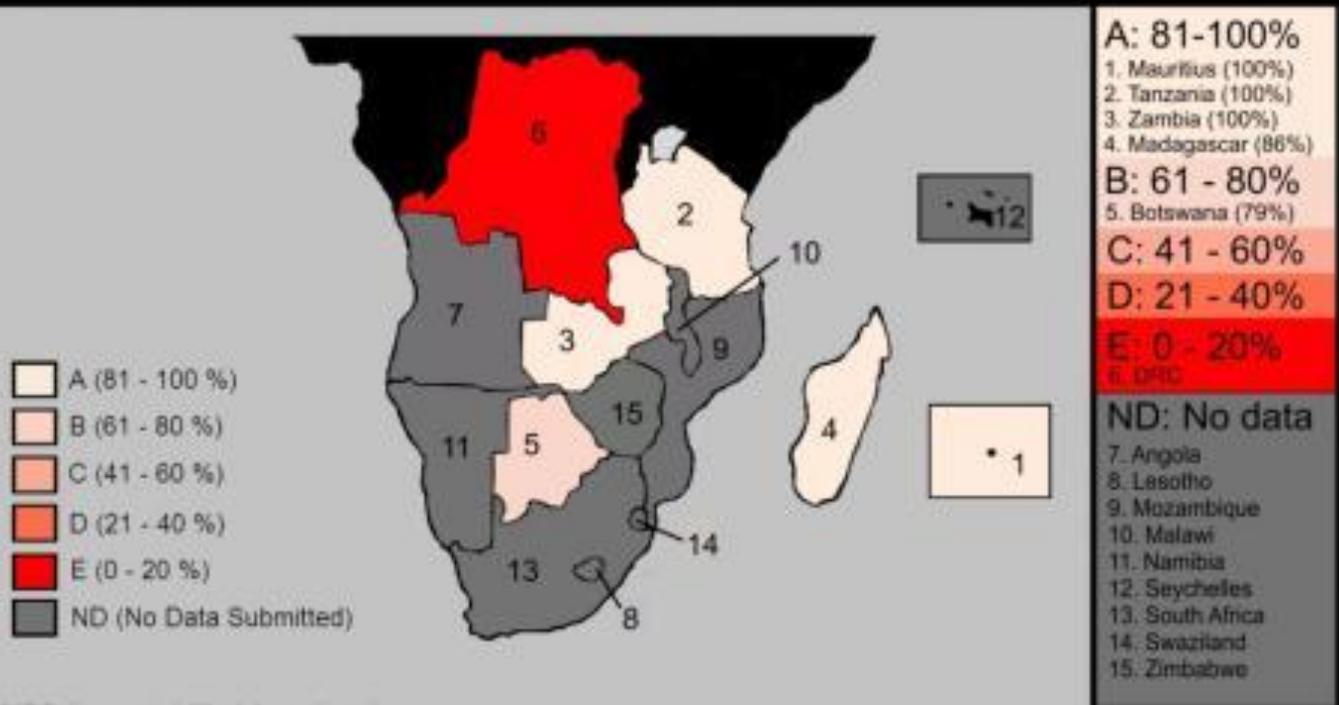
a few of these countries have reported improved figures, such as South Africa which now claims fewer than 4 per cent.^{xiii}



The EMTCT Plan was developed by representatives of more than 30 countries and the 22 countries with the highest burden of HIV have all signed onto implementing the plan as well as been part of its development. Corporate, bi-lateral as well as multi-lateral funding has been dedicated to EMTCT and the 2015 targets, yet issues of timely access to pre-natal care and HIV testing, stock-outs of HIV testing kits, as well as follow up of both mother and baby post-partum remain barriers, especially in those countries with vast geographical areas and low population numbers such as Namibia. If HCWs are able to spend sufficient time with mothers that present at clinics and complete full health checks, including HIV testing, as well as diagnose high blood pressure problems many of the factors increasing maternal mortality could be cheaply addressed. Of course, remaining barriers include patient adherence, whether it be to ARV treatment, or blood pressure medication. However, community based programmes such as Community Antiretroviral-Therapy Groups, or CAGs, (groups of patients who meet to talk about their health issues and other aspects of their lives, offering moral and mental support as well as taking turns to collect medicine for the group) are becoming useful tools which improve adherence and can be applied to other issues facing mothers and their babies.

Element 6. Access to safe motherhood and child survival services increased

B: Proportion of EmONC sites with access to adequate supply of safe blood %

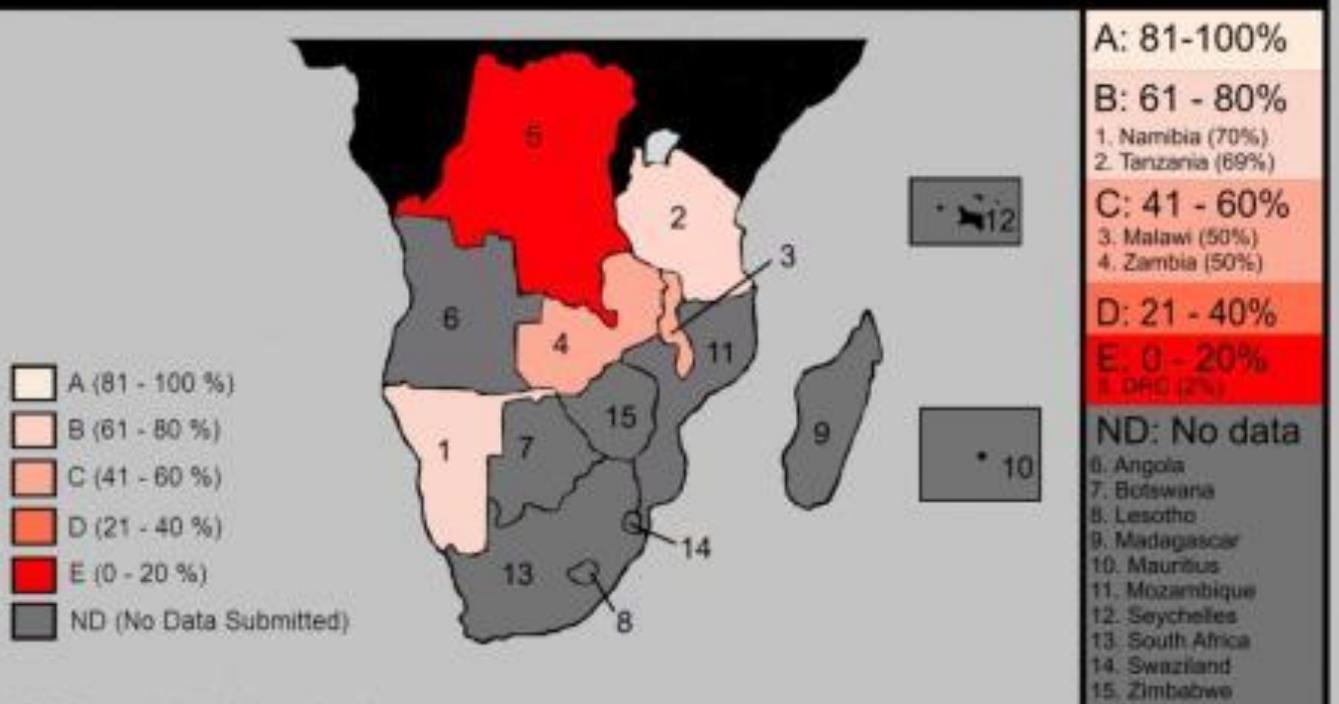


AIDS Accountability International
 Creative Commons Licence by-nc-nd

www.aidsaccountability.org

Element 6: Access to safe motherhood and child survival services increased

C: Proportion of HIV positive mothers who have delivered and are receiving ARVs %



AIDS Accountability International
 Creative Commons Licence by-nc-nd

www.aidsaccountability.org

What is interesting however is the number of countries that do not report any data on the proportion of Emergency Obstetric and New-born Care (EmONC) sites with access to adequate supply of safe blood. With sepsis and haemorrhaging (blood loss) featuring as direct yet avoidable causes of maternal mortality, yet reasonably cheap and simple to diagnose and treat, governments need to urgently address hygiene, correct diagnosis and management, as well as access to cheap effective medications.

Feedback

Every attempt has been made to ensure the accuracy of this report but the author and AAI welcome any feedback, comments, and/or corrections on the content.

Contact details: Phillipa Tucker: phillipa@aidsaccountability.org

In partnership with



FORDFOUNDATION

*Working with Visionaries on the
Frontlines of Social Change Worldwide*



AFRICAN UNION

To find out more visit us at
www.aidsaccountability.org



AIDS Accountability
International