

Monitoring The Maputo Plan of Action

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

MPOA Scorecard

BRIEF

Element 7: Resources for SRHR 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](#)

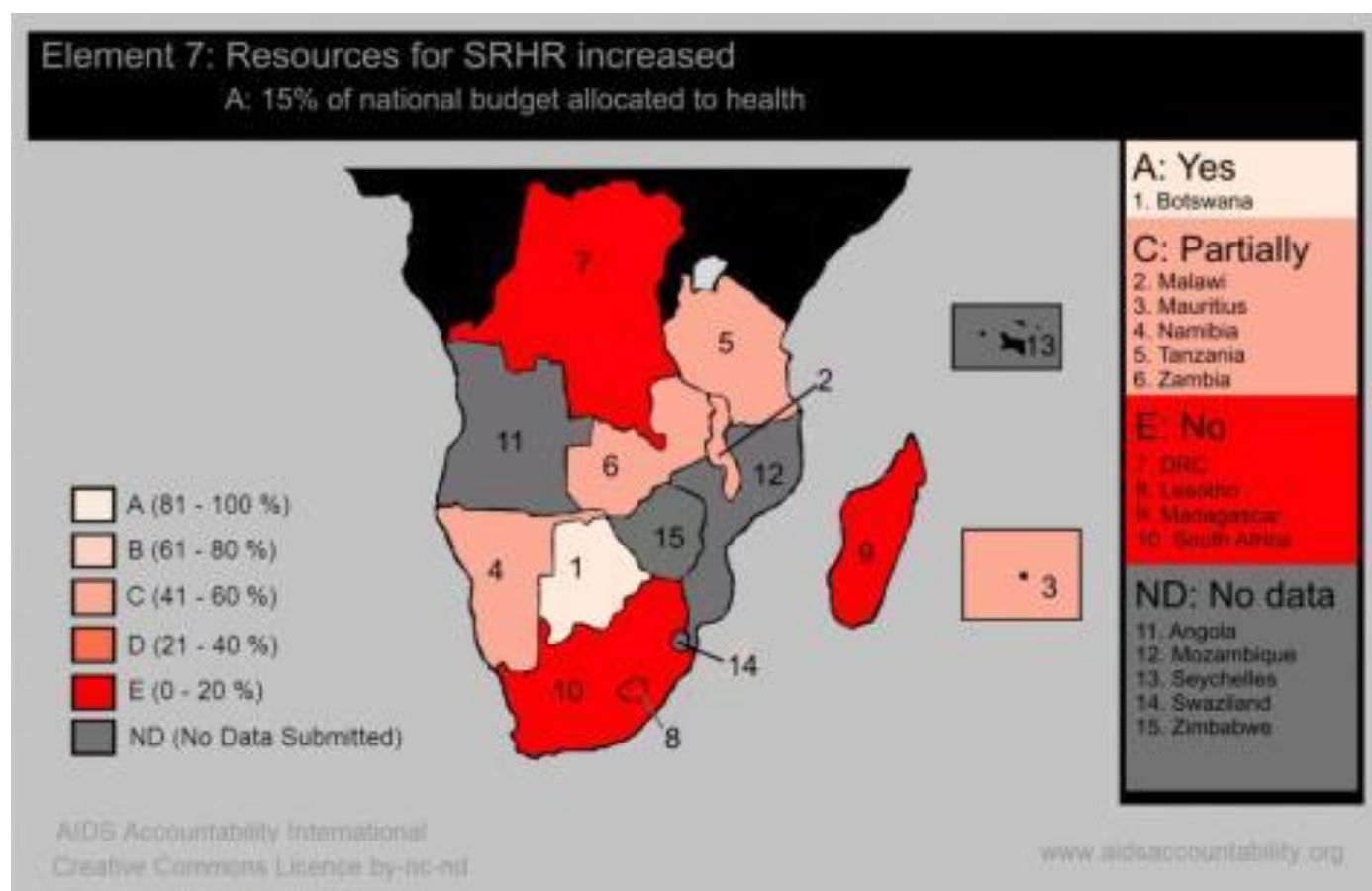


Element 7: Resources for SRHR increased

When countries commit to allocating budget to particular development areas it shows the decision to “put their money where their mouth is” and allocating resources, especially financial, is a huge step towards going beyond policy and programming, towards implementation and thus real impact on the public access to health. Thus in promising to allocate 15 per cent of national budget to health, the SADC countries reinforced their commitment to health development. However, sadly in the MPOA Scorecard only Botswana has demonstrated the actual follow through on the promise.

The data is however limited in this section as several countries reported figures reaching 15 per cent: Malawi (12 per cent), Mauritius (8 per cent), Namibia (12 per cent), Tanzania (10 per cent), Zambia (11,55 per cent), whilst South Africa reported No, 15 per cent was not allocated yet South Africa’s health budget forms 12,2 % of the national budget. This serves of an example where the data provided by the report is incomplete, inaccurate or not useful. What should be remembered too is that in the South African example for instance, that health forms 121 billion South African Rand of the trillion rand budget, but that 51.2 billion Rand was still allocated to the defence budget, signalling a space for budget allocation to still be reviewed with regard to health needs in the country. This data should therefore be used as a guideline only, and

reviewed in coordination with local budget experts as a means to better understand budget monitoring and development.

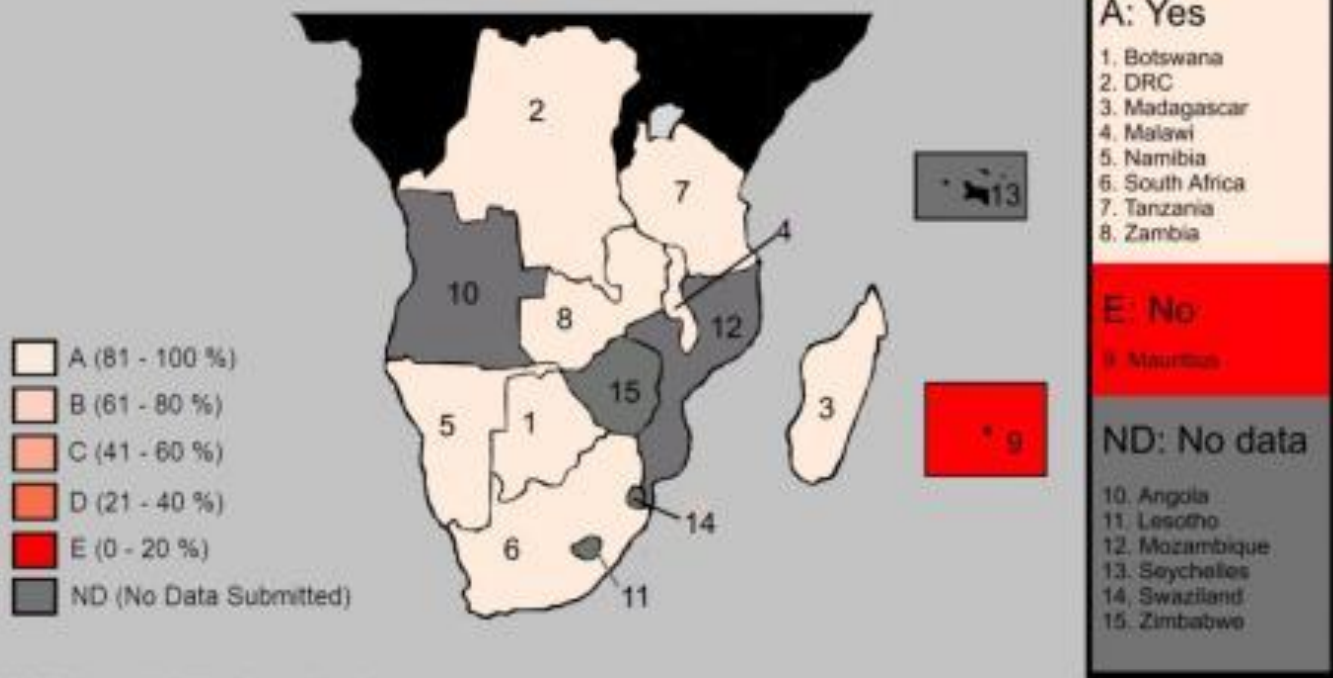


In the second map we see that once again our governments have put policy and planning in place. This trend can be seen throughout the MPOA Scorecard and is once again demonstrated in this section on resources for SRHR. Because putting policy in place can be viewed as the first step this may be promising yet the implementation data consistently proves otherwise.

With regard to midwives per population, it is necessary, in order to fully understand the data in this section, to compare the numbers with other non-SADC countries. Number of midwives per 10 000 in Norway is the highest in the world at 319. Next is Finland with 240. The figures in the MPOA Scorecard however, when compared to the global average of 28, are remarkably low. Mauritius, Namibia and Tanzania reported 2, 14 and 4 respectively. The rest of the countries did not report at all. So as to measure performance on this element, we can use the 2004 Joint Learning Initiative report, Human Resources for Health, which used three categories to identify low, medium and high density of health workers in health settings as a means to accurately engaging with such forms of data. The report classifies the number of midwives as follows: less than 25, 25-50 and 50 or more health workers respectively per 10 000 population, as low, medium and high density clusters. xiv This shows all countries to be in the low cluster.

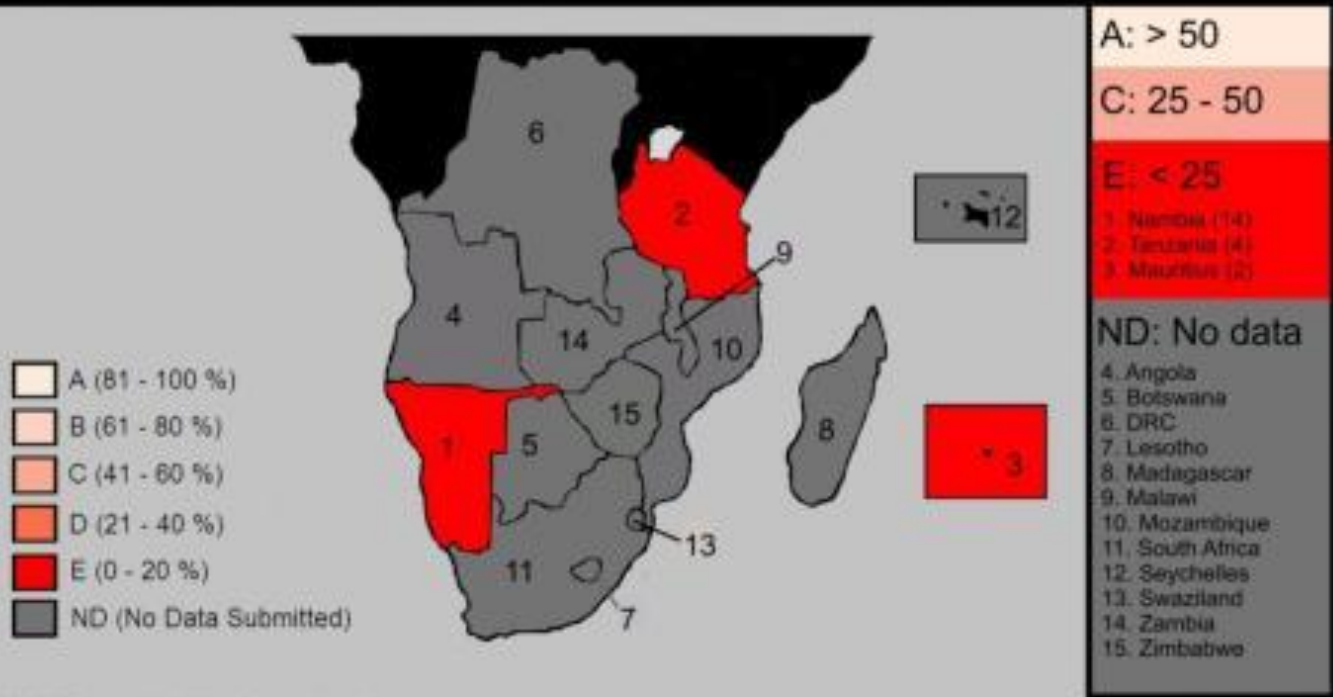
Element 7: Resources for SRHR increased

B: SRHR integrated in national PRSPs or other development plans



Element 7: Resources for SRHR increased

C: Number of midwives per population (10 000)



Attrition of health care workers is an enormous problem in the continent and innovative plans that put the cost at the doors of developing countries which employ African HCWs abroad are being developed. Plans to bring retired midwives back into the system and train larger numbers of new ones should also be urgently put in place, as they form the backbone of SRHR services.

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.

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