



Monitoring The Maputo Plan of Action

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

MPOA Scorecard

BRIEF

Findings and Recommendations

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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](#)



Findings and Recommendations

AIDS Accountability International sees the following points as vital issues in addressing SRHR and the commitments made in the Maputo Plan of Action:

1. **The AUC needs to prioritise completing the piloting of the revised PAT**, and needs support from funding partners and civil society in the pilot countries in order to be able to do this important work.
2. **A second round of MPOA Reporting needs to be done before the end of 2013**. The time delay between the first and second round poses a possible threat to undermining the importance of this work.
3. **All African countries**, especially those in the SADC region where the burden of HIV and AIDS are largest and where SRHR issues are heavily affected by this, **need to report in the upcoming rounds**.
4. **Reporting needs to be bi-annual and not annual**. The task, if quality work is expected, requires time and resources and annual reporting is too large a demand on overworked health departments.
5. **Completion of the PAT needs to be the responsibility of the top leadership** of the ministry of health and its staff. Allocating the task to staff is necessary but final accountability needs to be shared at the top echelons of health ministries.

6. **Collaborative completion of the PAT with experts** from civil society, multi and bi-laterals, as well as funding partners will ensure a PAT that truly reflects the statistics of a country, the challenges being faced and a collective set of recommendations. Health ministries should not outsource the reporting to consultants but rather ensure a collaborative process which brings all stakeholders around the table to work together.
7. **The quality of reporting needs to be improved.** Data collection methods need to be improved, methodological considerations, sources of data, and statistical considerations need to be part of the PAT report. Funding partners potentially play an enormous role here in funding better data collection.
8. **Marginalised groups such as men who have sex with men need to be included** in the PAT report so as to accurately reflect the health rights needs of all people, and so that governments can plan with full information and knowledge of what is happening at community level.
9. **Civil society organisations need to engage more fully with the MPOA process.** They need to familiarise themselves with the original intent of the Maputo Declaration and work with their governments to fulfil their obligations, in time for the assigned deadlines. Where government excludes them civil society needs to lobby for inclusion or rally for a change of leadership, and increased accountability.
10. **The MPOA Scorecard needs to be repeated with every round to monitor the progress** of countries, or lack thereof, and commend and share best practice and hold under-performing leaders to account to the people. Lessons learnt and best practices are vital to this work.
11. **All stakeholders need to engage with the actual data and commit to refrain from silo work,** duplication of government work but rather to collaborate with governments to support where they are most able to.
12. **Accountability needs to be increasingly on the agenda,** and the use of data to advocate for improved leadership responses so that an ethical answerability becomes a larger force in national, regional and continental dialogue, and a lens for various groups and organizations through which to do their work.



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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