

SRH Support in Africa

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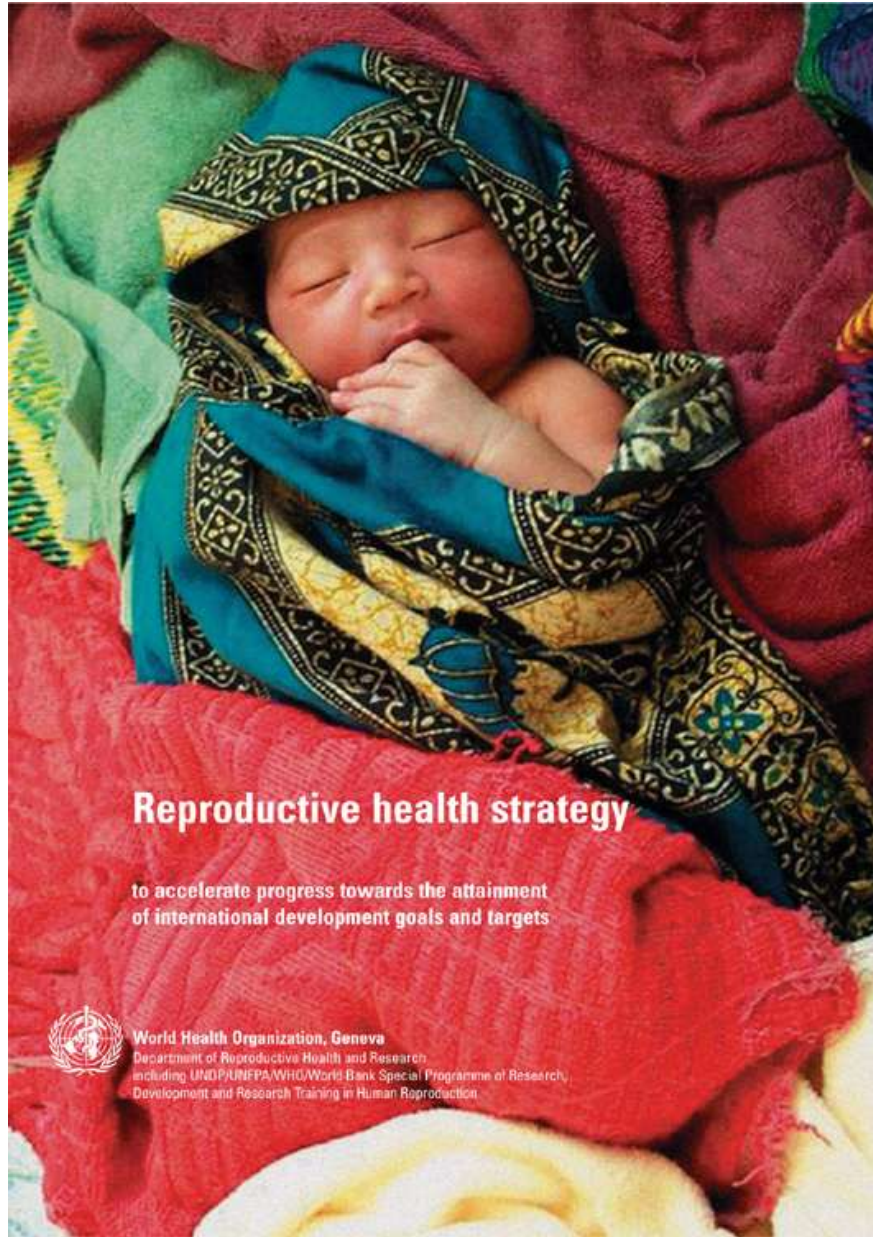
Some statistics about SRH in Africa

Africa continues to lag behind other regions of the world with regard to sexual and reproductive health (SRH):

- **MMR: 620 deaths/100 000 live births (2008)**
- **CPR:12% in 1990 and 24.4% in 2008**
- **Unmet need for FP:26.5 in 1990 and 24.3% in 2008**
- **TFR: 4.9 children per woman in 2008.**
- **Adolescent birth rate:124 per 1000 women aged 15 – 19 in 1990 ----- 121 in 2008**

Positive SRH developments in Africa

- **Regional Strategy for Sexual and Reproductive Health, 1998**
- **Roadmap for Accelerating the Attainment of MDGs related to maternal and newborn health in Africa, 2004**
- **Plan of Action on Sexual and Reproductive Health and Rights (Maputo Plan of Action) by the African Union Commission, 2006**
- **Ministerial Conference on Research for Health adopted the so-called Algiers declaration, which calls on African nations to develop comprehensive plans for health research and information, 2008**
- **Ouagadougou Declaration on Primary Health Care, 2008**
- **African Union's Campaign for the Accelerated Reduction of Maternal Mortality in the Africa (CARMMA)**



WHO Global Strategy for Reproductive Health 2004

Reproductive health strategy

to accelerate progress towards the attainment
of international development goals and targets



World Health Organization, Geneva
Department of Reproductive Health and Research,
including UNDP/UNFPA/WHO/World Bank Special Programme of Research,
Development and Research Training in Human Reproduction

Accelerating universal access to sexual and reproductive health:

Agenda for the WHO Africa region: 2012 onwards

Process used

- **Phase I involved the development of a draft “regional agenda” by a WHO technical core group.**
- **Phase II involved improvement of the draft regional agenda through a regional consultation involving governments and other stakeholders in the field SRH in the region.**
- **Phase III will involve the adoption of the final agenda by the Member States of the WHO African region.**

Partners in Nairobi meeting, July 2011

- **WHO**
- **UNFPA**
- **UNICEF**
- **IPPF**
- **SAGO**
- **FASFACO**
- **DFID**
- **White Ribbon Alliance**
- **Packard Foundation**
- **Family Care International**
- **FHI**

Partners in Nairobi meeting, July 2011

- **JHPIEGO**
- **IntraHealth**
- **JSI**
- **MSI**
- **PSI**
- **MSH**
- **PPD**
- **Pathfinder international**
- **Population Council**
- **IPAS**

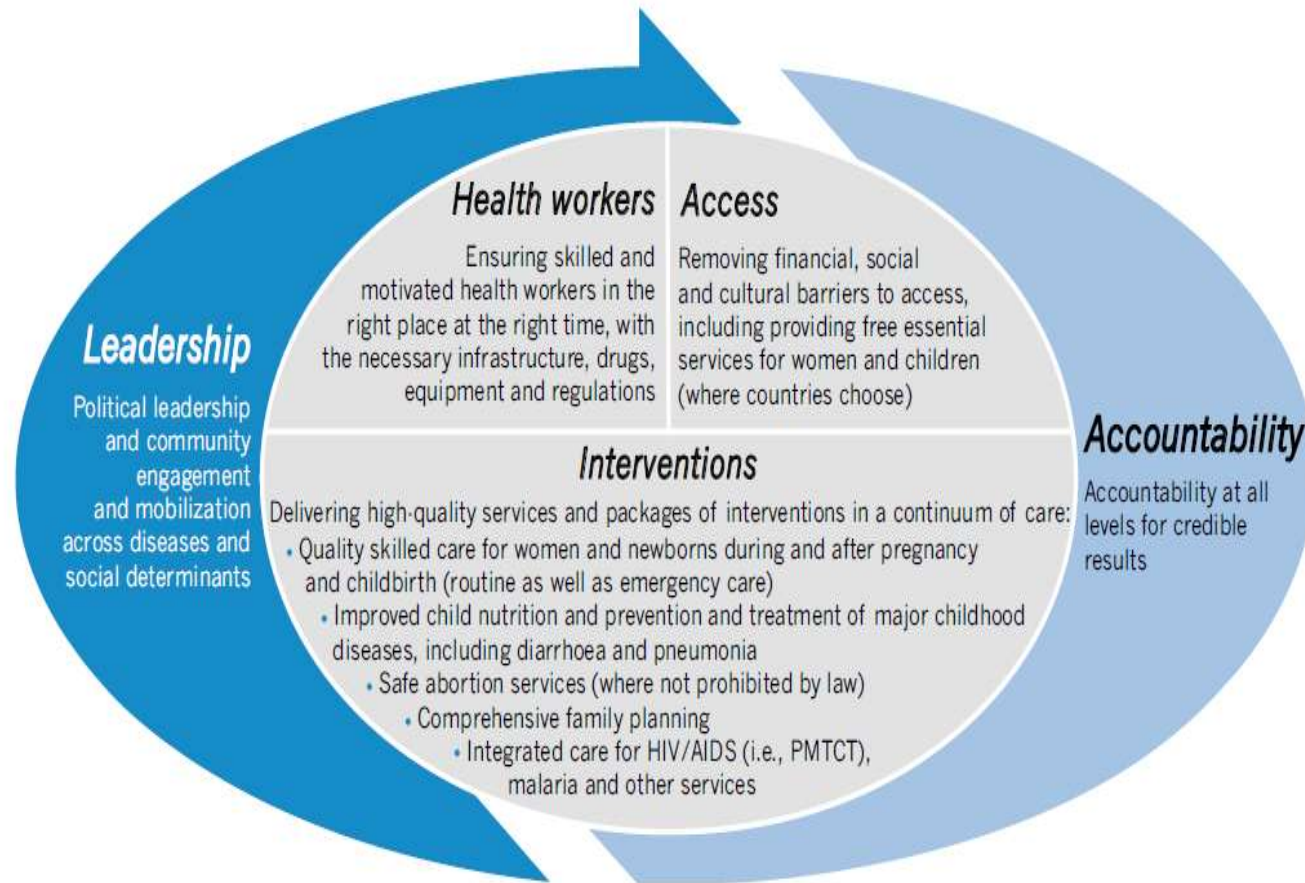
Partners in Nairobi meeting, July 2011

- **ICRH**
- **IRH**
- **EU**
- **AU**
- **URC**
- **Save the Children**
- **ECSA-HC**
- **World Bank**
- **France**
- **ADB**

UN SG Global strategy, 2010: Global consensus on improving women's and children's health – huge number of partners and commitments

middle-income countries.

Figure 1. The Global Consensus for Maternal, Newborn and Child Health



Priority areas of the African Agenda for SRH

Health information : Examples of Action needed:

- **Strengthen capacities for data collection and analysis about health status, its underlying determinants and the functioning of health services at local, district and national levels;**
- **Provide HIMS services with appropriate and qualified human resource and the required equipment;**
- **Take into account the data from communities, and private sector;**
- **Strengthen integration of data for family planning, STIs and HIV/AIDS, cervical cancers, infertility and harmful practices into existing HIMS;**
- **Use ITCs to improve the data collection, analysis and use;**

Priority areas of the African Agenda for SRH

Health information - Examples of Action needed:

- Establish and strengthen the system for registration of births, deaths and causes of death, and institutionalize national-level maternal mortality and near-miss registers and make maternal mortality notifiable;
- Disaggregate the key indicators on reproductive, maternal and child health, by gender, lowest wealth quintile, age, urban/rural residence, geographical location, ethnicity and education and other equity considerations;
- Make health research a national priority and use research findings;

Priority areas of the African Agenda for SRH

Human resources - Examples of Action needed:

- Take appropriate actions to ensure equitable distribution of SRH health providers (e.g. : multiple prong approaches combining decentralized training and management of human resources, staff rotation rules from urban to rural areas, ...)
- Develop and implement policies and programs to provide incentives and increased motivations (e.g. performance based incentives) for staff retention
- Prioritize of midwifery training and development of competencies to deliver emergency obstetrics and newborn care in national health development plans and others social development strategies
- Exploit the possibilities offered through information technologies for training, mentoring and supervision as well as dissemination of WHO guidelines

Priority areas of the African Agenda for SRH

Health services delivery - Examples of Action needed:

- **Ensure the availability of electricity, water and sanitation in facilities**
- **Ensure the SRH commodities security**
- **Develop and implement integrated, monitoring and supervision plans addressing key SRH intervention packages at all levels to ensure quality and efficient SRH service delivery**
- **Ensure the availability of updated SRH services delivery protocols and guidelines**
- **Scale up basic obstetric care**

Priority areas of the African Agenda for SRH

Finances- Examples of Action needed:

- **Develop national accelerated and costed SRH Plans which all partners should buy into. Planning should commence from bottom-up in order to facilitate implementation and the involvement of partners.**
- **Increase national funding for health, keeping in mind the Abuja target (at least 15% of national revenue channeled to the health sector).**
- **Institutionalize national and district health accounts including SRH sub accounts to allow tracking and monitoring of funds allocated for SRH in order to facilitate accountability for both the government and partner agencies, harmonization, alignment and advocacy towards increase of resources in line with the Paris Declaration on Aid effectiveness.**

Priority areas of the African Agenda for SRH

Governance - Examples of Action needed:

- **Involve higher political levels, such as a president's or a prime minister's office to impact the importance of SRH in socio-economic development and generate support for accelerated progress.**
- **Strengthen multi-sectoral coordination among relevant ministries and agencies, such as health, finance, gender, social affairs and justice; and increase funding for comprehensive RH care.**
- **Engage non-governmental actors, (e.g. health professional bodies, legal experts, human rights groups, women's associations, political leaders and parties, religious and community leaders) to champion SRH issues.**

Research Capacity Strengthening options through WHO

www.who.int/reproductivehealth/topics/countries/grants/en/index.htm



Long-term Institutional Development (LID) Grant

Financial support towards:

- **the implementation of well-defined research projects;**
- **research training locally, within or outside the region;**
- **organization of short group-learning activities;**
- **purchase of laboratory equipment and consumables;**
- **purchase of computer equipment and software, including establishment**
- **of information technology facilities;**
- **data processing and library resources;**
- **transport facilities.**

Up to a maximum of five years,

- **renewable once for another five years, subject to satisfactory annual performance by the recipient centre.**

Institutional leadership and national authorities should be

- **willing to gradually increase financial support to the centre for its sustainability**

Courses, Workshops and Seminars (CWS) grant

- The grant proposal should spell out clear course objectives, which are measurable, and also the expected outcome(s) following issuance of such grant support.**
- Centres are encouraged to forge strategic partnerships or participate in relevant networks following a CWS grant award. The proposal should outline proposed links with other units, institutes or centres that could strengthen the application.**
- CWS grant can be awarded to: organize regular postgraduate courses; facilitate the dissemination of research findings; provide intensive training towards the design and implementation of a research project;**
- CWS grant recipient centres are encouraged to use the support of HRP as leverage for additional funding through other channels such as national and external donor sources. Demonstration of ability to secure such additional support reflects positively on the centre and its potential for being able to sustain its courses, workshops and seminars.**

The WHO Reproductive Health Library (RHL)



<http://www.who.int/rhl>

réseau
RAFT
network

soutenir les professionnels de la santé là où on en a le plus besoin
supporting care professionals where they are most needed



<http://raft.hcuge.ch/>

AFRICA BUILD

- The EU funded Africa Build project will use information technology and know-how, e-learning and knowledge-sharing via web-enabled virtual communities to promote health research, education and health-care practice in Africa by creating centres of excellence.

- Project started in August 2011 and will finish July 2014

- Partners in the consortium are:

- Institute of Tropical Medicine (ITM), Antwerp, **Belgium;**

- University of Yaoundé, Yaoundé, **Cameroon;**

- Information Technology Institute, Ministry of Communications & Information Technology, Cairo, **Egypt;**

- School of Public Health, University of Ghana, Accra, **Ghana;**

- Université de Bamako, Bamako, **Mali,**

- Universidad Politecnica de Madrid (project coordinator), Madrid **Spain;**

- Faculté de Médecine de Pharmacie et d'OdontoStomatologie, University of Geneva, Geneva, **Switzerland;**

- Department of Reproductive Health and Research, WHO, Geneva, **Switzerland**



Other support

- H4+
- Muskoka: French grant to FP in francophone Africa
- Implementation research platform

Way forward

Creating a **dynamic environment** of strong support for **rights-based sexual and reproductive health initiatives** will help to overcome inertia and galvanize support. This requires the **involvement of not only Ministries of Health, but also Ministries of Finance, Education, Gender etc.** and possibly other sectors, and their counterparts at **district and local levels.**