AU Campaign on Accelerated Reduction of Maternal Mortality (CARMMA)

AFRICA CARES:
No Woman Should Die While Giving Life!
Plan of Presentation

- What is CARMMA?
- Why CARMMA?
- What is the Added Value of CARMMA?
- Who are the Partners of CARMMA?
- How did we select 2009 countries?
- What is the Progress in CARMMA?
- What are the Results or follow up Actions?
- Examples National Experiences
- The way forward
What is CARMMA?

• Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA)’ is an African Union Commission (AUC) initiative to promote and advocate for renewed and intensified implementation of the Maputo Plan of Action for Reduction of Maternal Mortality in the Africa and for the attainment of MDG 5.
Why CARMMA?

• Recognition that reducing maternal mortality in most African countries by 75% in comparison with 1990 figures, by 2015 as recommended in the MDG 5, is a daunting challenge.

• Threats to Women’s Health from global financial crisis and economic meltdown
What is the Added Value of CARMMA?

• Building on-going best practices;
• Generating and providing data on maternal and newborn deaths;
• Mobilization of political commitment and support of key stakeholders and communities for additional resources and involvements
• Accelerating actions to reduce maternal and associated infant mortality.
Who are the Champions and Partners of CARMMA?

• AUC and the National Governments – President and Vice, First Ladies, Ministers, Parliamentarians
• Birth Attendants, Community Health Workers, Nurses & Midwives; and Doctors
• UN Agencies (WHO, UNICEF, FAO, UNAIDS, UNIFEM, UNFPA), the World Bank)
• Bilateral Partners (USAID, DFID),
• CSOs (IPPF, White Ribbon Alliance, etc.),
• Academia, Community and Religious leaders, Professional Associations, Artist and the Media, and the Private sector
• Everyone has a role
What is the Progress in Launching of CARMMA?

• Continental launch of CARMMA by the African Union (AU) Ministers of Health in May 2009,

• Eight African countries were jointly selected by Governments/AUC/UN to launch in 2009-2010: Ethiopia, Malawi, Mozambique, Ghana, Nigeria, Rwanda, Senegal, and Chad.
How did we select 2009 Countries?

• High mortality ratios,
• Low gender development index,
• Ready political commitment.
• Countries were selected to demonstrate Results
• Ensuring sub-regional balance.
What is the Progress in CARMMA?

• **22 countries** have successfully launched CARMMA.

• In 2009, eight launched CARMMA: Mozambique, Malawi, Rwanda, Nigeria, Swaziland and Ghana, Namibia and The Chad.

• In 2010, Fourteen countries have launched CARMMA: – Ethiopia, Sierra Leone, Central Africa Republic, Cameroon, Uganda, Lesotho, Mauritania, Zambia, Zimbabwe, Guinea Bissau, Senegal, Gambia, Eritrea and Togo
What is the Progress in CARMMA?

- More countries that have promised to launch in 2010: Benin, Egypt, Sudan, Tanzania, Tunisia, Liberia and Mali, Sudan, Eritrea, Togo, Botswana, Cote d’Ivoire, Gabon and Congo Brazzaville.

- Many more countries will follow because “No Woman Should Die Giving Life”
National Experiences - Malawi
National Experiences - Rwanda
National Experiences - Ghana
National Experiences - Chad
What are the Results or follow up Actions?

- Renewed and Intensified Efforts, and National mobilization
- Launching in all Districts or States – Malawi, Chad, Rwanda and Nigeria
- Adoption of District Hospitals for strengthening with private sector - Malawi
- Instituted Maternal Mortality monitoring indicators – Swaziland
- Resource Mobilization – Chad
- Free medical services for pregnant mothers and infants – Sierra Leone and Nigeria
The way forward

- All countries should launch CARMMA
- Increase domestic resources – Private Sector
- Coordination of multi-sectoral and multi-agency Partnerships – Under national leadership
- Involve all stakeholders, incl. communities
- Implement follow-up actions to reduce maternal mortality – Health systems, FP
- Monitoring of progress – With data and indicators.
Link between CARMMA and AU Heads of State Commitment to Action on MCH & Dev’t

• Launch CARMMA in all member states of the Africa Union;
• Mobilize additional resources for MCH:
  – Domestic resources
  – Replenishment of Global Fund
  – Creating a window for MCH within Global Fund and ensuring all countries have increased access to it.
• Develop policies and programmes to increase access to MCH services which are free or subsidised
• AUC to set up a task force to monitor country progress on these commitments and MCH, and report to HoS on annual basis