

## The Maputo Plan of Action

**The Maputo Plan of Action (PoA) for the Operationalisation of the Continental Policy Framework for Sexual and Reproductive Health and Rights 2007- 2010** is the concrete outcome of a special session of the African Union Conference of Ministers of Health, who met in Maputo, Mozambique in September 2006. Ministers of Health and delegates from 48 African countries unanimously agreed poor sexual and reproductive health is a leading killer in Africa. The goal of the Maputo Plan of Action is “**universal access to comprehensive sexual and reproductive health services in Africa by 2015.**”



Two in three Africans have no access to reproductive health services. As a result, women in sub-Saharan Africa have a 1 in 16 chance of dying from complications of pregnancy or childbirth during their lives; comparatively, the lifetime risk to women in developed countries is 1 in 3,800. Other health indices on the continent speak to the need to improve reproductive health services on the African continent. Sixty-eight percent (68%) of adults and nearly 90% of children infected with HIV live in sub-Saharan Africa. There is also high unmet need for family planning, resulting in rapid population growth outstripping economic growth and the availability of social services such as education and health. Thus, efforts to improve sexual and reproductive health and rights align with poverty reduction strategies, including the Millennium Development Goals (MDGs).

The Maputo Plan of Action is premised on sexual and reproductive health (SRH) in its fullest context, as defined at the landmark International Conference on Population and Development (ICPD), a UN meeting held in Cairo, Egypt in 1994. The links between women’s status, reproductive health, and social and economic development were first recognized by the global community at the ICPD. The principal goal of the ICPD—**universal access to reproductive health services by 2015**—is reinforced in the Maputo Plan of Action.

The Maputo Plan of Action illustrates the political will within the African continent to provide to high quality information and services to women, men, and young persons to

protect themselves from unwanted and high-risk pregnancies, as well as sexually transmitted infections. **Enhancing individual reproductive health and rights enables governments to achieve their population goals—such as preventing unplanned pregnancies and slowing population growth—and provides the necessary conditions for economic and social development.**

The Maputo Plan of Action has nine (9) action areas:

1. Integrating HIV, sexually transmitted infection (STI), malaria, and sexual and reproductive health and rights (SRHR) services into primary health care (PHC);
2. Strengthening community-based STI/HIV/AIDS/STI and SRHR services;
3. Repositioning family planning as key strategy for the attainment of the MDGs;
4. Positioning youth-friendly SRHR services as key strategy for youth empowerment, development and well-being;
5. Reducing the incidence of unsafe abortion;
6. Increasing access to quality safe motherhood and child survival services;
7. Increasing resources for SRHR, in alignment with the Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases (2001) pledging 15% of national budget allocation to health;
8. Achieving SRH commodity security for all components of SRH; and
9. Establishing monitoring, evaluation and coordination mechanisms for the Maputo Plan of Action.

The Maputo Plan of Action also identifies South-South cooperation as a strategy to attain both the goals of the ICPD and the MDGs.

### **Supporting Implementation**

**The African Union** should play an advocacy role, conduct resource mobilization, monitoring and evaluation, dissemination of best practices and harmonization of policies and strategies.

**Regional Economic Communities** need to provide technical support to countries, advocate for increased resources, harmonize implementation, monitor progress, and share best practices.

**Countries** in Africa should incorporate elements of the Maputo Plan of Action into current strategies and roadmaps for reducing maternal and infant mortality. The Maputo Plan of Action should be used as a guide at the country level to examine population and reproductive health policies and ensure that the necessary resources are allocated and expended in national budgets. Countries should also advocate, raise additional resources, and invite civil society and the private sector to participate in national programmes.

**Members of Parliament**, as key stakeholders, must play their legislative, representative, budget appropriation, and oversight roles. They and other policymakers must ensure that SRHR is included in development planning and funding mechanisms such as Poverty Reduction Strategy Papers (PRSPs), Sector-wide approaches (SWAs), the Global Fund to fight AIDS, Tuberculosis, and Malaria and PEPFAR.

**Partners**, including non-governmental organizations (NGOs) and civil society organizations (CSOs) and other development partners, need to align their financial and technical assistance and cooperation plans with national and regional needs, in line with the Paris Declaration on Aid Effectiveness (2005) and the Accra Agenda for Action (2008).

**All** groups must act to raise the necessary financial and human resources. The cost for direct service delivery in alignment with the Plan of Action has been estimated at US\$3.5 billion for Africa in 2007 and a total of US\$16 billion from 2007 through 2010.

### **Resources**

**Maputo Plan of Action for the Operationalisation of the Continental Policy Framework for Sexual and Reproductive Health and Rights: 2007-2010 (2006):**

*[http://www.unfpa.org/africa/newdocs/maputo\\_eng.pdf](http://www.unfpa.org/africa/newdocs/maputo_eng.pdf)*

**Millennium Development Goals (2000):**

*<http://www.un.org/millenniumgoals/>*

**International Conference on Population and Development (ICPD) Programme of Action (1994):** *<http://www.un.org/popin/icpd/conference/offeng/poa.html>*

**Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases (2001):**

*[http://www.un.org/ga/aids/pdf/abuja\\_declaration.pdf](http://www.un.org/ga/aids/pdf/abuja_declaration.pdf)*

**Abuja Call for Accelerated Action Towards Universal Access to HIV and AIDS, Tuberculosis and Malaria Services in Africa (2006):**

*[http://www.africa-union.org/root/au/conferences/past/2006/may/summit/doc/en/ABUJA\\_CALL.pdf](http://www.africa-union.org/root/au/conferences/past/2006/may/summit/doc/en/ABUJA_CALL.pdf)*

**Paris Declaration on Aid Effectiveness (2005):**

*<http://www.oecd.org/dataoecd/11/41/34428351.pdf>*

**Accra Agenda for Action (2008):**

*[http://siteresources.worldbank.org/ACCRAEXT/Resources/47007901217425866038/ACCRA\\_4\\_SEPTEMBER\\_FINAL\\_16h00.pdf](http://siteresources.worldbank.org/ACCRAEXT/Resources/47007901217425866038/ACCRA_4_SEPTEMBER_FINAL_16h00.pdf)*

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