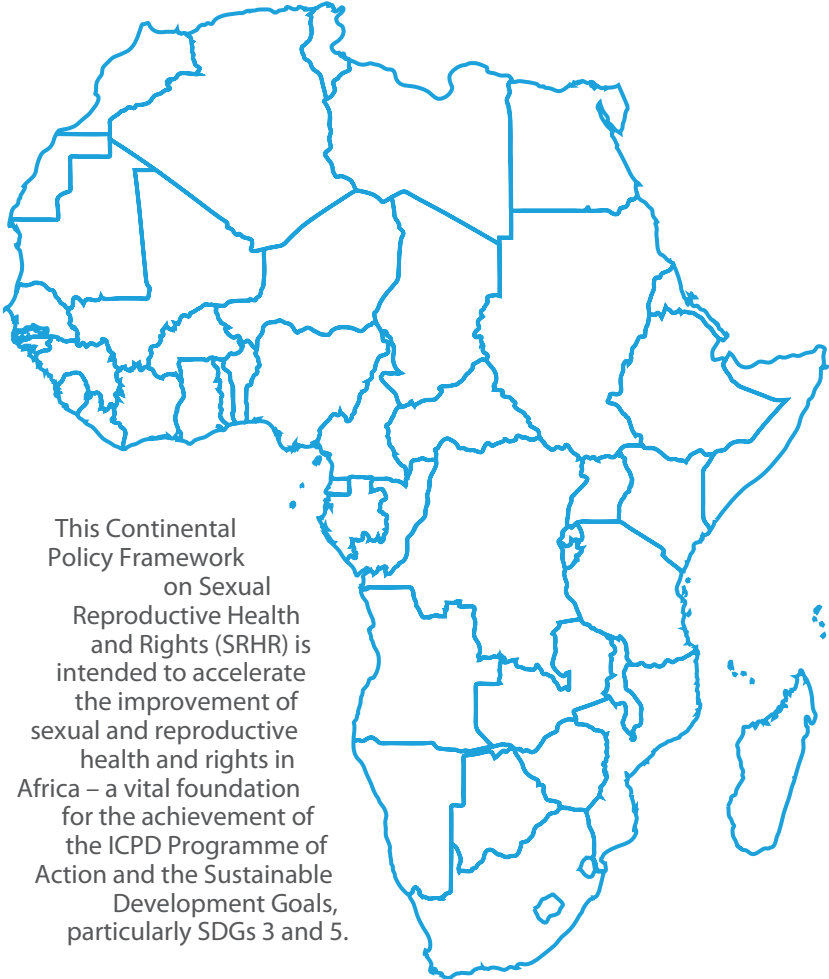




# MAPUTO PLAN OF ACTION 2016 – 2030

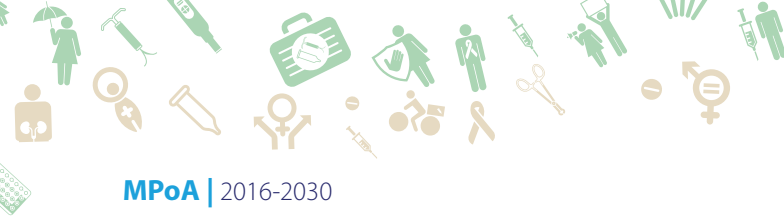
For the Operationalisation of the Continental Policy  
Framework for Sexual and Reproductive Health and Rights

*Popular version*



This Continental Policy Framework on Sexual Reproductive Health and Rights (SRHR) is intended to accelerate the improvement of sexual and reproductive health and rights in Africa – a vital foundation for the achievement of the ICPD Programme of Action and the Sustainable Development Goals, particularly SDGs 3 and 5.





## INTRODUCTION

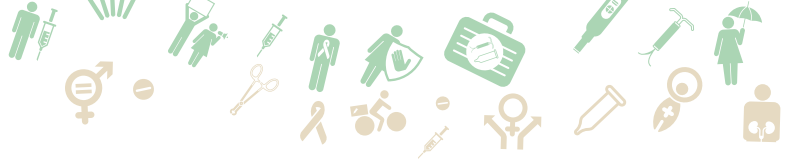
In 2006, the Special Session of African Union Health Ministers adopted the Maputo Plan of Action for implementing the Continental Policy Framework on sexual and reproductive health and rights (SRHR), which expired at the end of 2015. The goal was for all stakeholders and partners to join forces and re-double efforts, so that together, the effective implementation of the Continental Policy framework including universal access to sexual and reproductive health by 2015 in all countries in Africa can be achieved. The Revised Maputo Plan of Action (MPoA) 2016 – 2030 was subsequently endorsed by the African Union Heads of State at the 27th AU Summit in July 2016 in Kigali, Rwanda. The plan reinforces the call for universal access to comprehensive sexual and reproductive health services in Africa and lays foundation to the Sustainable Development Goals, particularly Goal 3 and 5, as well as the African Union Agenda 2063.

## OVERARCHING GOAL

The ultimate goal of this Plan of Action is for African Governments, civil society, the private sector and all multisector development partners to join forces and redouble efforts so that together, the effective implementation of the continental policy framework on SRHR, Agenda 2063 and SDGs are achieved in order to end preventable maternal, newborn, child and adolescent deaths by expanding contraceptive use, reducing levels of unsafe abortion, ending child marriage, eradicating harmful traditional practices including female genital mutilation and eliminating all forms of violence and discrimination against women and girls and ensuring access of adolescents and youth to SRHR by 2030 in all countries in Africa.

## EXPECTED OUTCOME

The implementation of the Plan of Action will bring about improvements in the health status of women, children, adolescents and young people and hence result in greater family savings and stronger economies in Africa.



## THE REVISED MAPUTO PLAN OF ACTION, CALLS FOR ACTION ON TEN KEY STRATEGIES

- 1. Improving political commitment, leadership and good governance**
  - prioritizing Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) into continental, regional and national development plans, budgets and Policy Reduction Strategic Plans (PRSPs)
  - holding political leaders accountable.
- 2. Instituting health legislation and policies for improved access to RMNCAH services**
  - removal of legal, regulatory and policy barriers limiting women, men, young people and adolescent's access to SRH commodities, programmes and services
  - streamlining legislative frameworks, policies and operational strategies that govern partnerships and collaborations in the health sector
  - enacting, reviewing and enforcing laws that prevent child marriages and ensure access to safe abortions in accordance with national laws and policies.
- 3. Ensuring gender equality, women and girls empowerment and respect of human rights**
  - protecting the rights of all citizens to have control over and decide freely and responsibly on matters related to sexual and reproductive health, free from coercion, discrimination and violence
  - eradicating harmful traditional practices such as child marriage and female genital mutilation/cutting and other harmful practices, and eliminating all forms of discrimination and violence against women and girls
  - promoting social values of equality, non-discrimination, and non-violent conflict resolution.
- 4. Improving Strategic communication for SRH&RR**
  - institution of effective behavior change communication and information sharing mechanisms that promotes RMNCAH



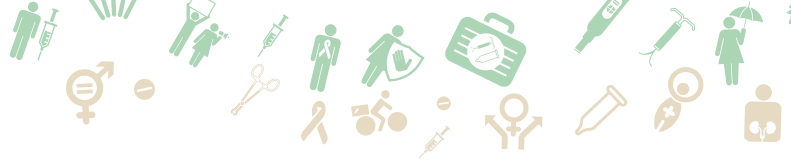
- targeting adolescents and youth (both in and out of school) with age-appropriate and culturally sensitive comprehensive education on sexual and reproductive health
- promotion and facilitation of communication among health care providers including peer educators at various levels
- widely disseminating information on RMNCAH including using new communication technologies such as e-health, tweeter, Instagram, Facebook among others
- promoting community mobilization for and participation in RMNCAH, with a special focus on the involvement of men.

### 5. Investing in SRH needs of adolescents, youth and other vulnerable marginalized populations

- improving access to and uptake of quality RMNCAH information and services for youth, including HPV vaccination and contraceptives through provision of quality integrated youth-friendly adolescent SRH services
- investing to improve the Sexual Reproductive Health and Reproductive Rights (SRH&RR) status of the poor and empowering and supporting community-led efforts to address their RMNCAH challenges and advance inclusion
- ensuring effective emergency response in humanitarian and fragile settings while continuing routine service delivery for women, children and adolescents.

### 6. Optimizing the functioning of health system for RMNCAH

- strengthening primary health care systems by linking comprehensive, quality RMNCAH, HIV/AIDS, Malaria/TB services at all levels of the health system and strengthening referral systems for integrated RMNCAH, HIV/AIDS/STI and Malaria/TB services
- ensuring availability of the widest range of drugs/medicines and commodities for RMNCAH
- expanding access to high-impact health interventions such as immunization, skilled attendance at birth and quality care including EmONC essential new-born care and Kangaroo Mother Care for mothers newborns and children and access to contraception
- addressing the rising burden of reproductive cancers



- improving efforts to end vertical transmission of HIV, ending malaria transmission, and strengthening emergency preparedness capacities.
- 7. Investing in human resource by strengthening training, recruitment and retention through partnerships and collaborations**
- producing a health workforce with the required competencies and appropriately distributed at all levels with particular attention to rural and hard to reach areas
  - achieving excellence in human resources capacity development, training, recruitment and retention.
- 8. Improving partnerships and multi-sectoral collaborations for RMNCAH**
- collaborating with development partners to fulfil their pledge to devote 0.7% of their GNP to development, working with partners to develop operational and financing frameworks that take into consideration specific RMNCAH characteristics and priorities of the continent, sub-regions and countries
  - developing policies that promote involvement of civil society, private sector and communities in RMNCAH service delivery within national programmes;
  - strengthening South-South, North-South, triangular partnerships and Diaspora cooperation in achieving SRH&RR goals.
- 9. Ensuring accountability and strengthening monitoring and evaluation, research and innovation**
- establishing strong evidence–based integrated national monitoring and evaluation frameworks
  - implementing or strengthen Maternal, Child Death Surveillance and Response (MCDSR) systems
  - developing a foundation for baseline data that can be used to track progress
  - developing/strengthening civil registration and vital statistics systems
  - strengthening national health information systems to collect and publish key age/sex disaggregated RMNCAH data

- investing in research and innovation to address key health and social development priorities among others and strengthening the monitoring and evaluation system for the Plan of Action.

**10. Increasing investments in health**

- increasing domestic resource mobilization for RMNCAH through innovative health financing mechanisms and putting in place social protection mechanisms
- identifying and instituting budget lines and budgetary allocations for essential, cost-effective and high impact RMNCAH interventions and programmes and encouraging and supporting member states to invest in health infrastructure, local manufacturing of medicines, health equipment and consumables.

**PRIORITY TARGET GROUPS**

SRH&RR services shall be provided along the continuum of care to all who need them. However emphasis will be on couples, women of reproductive age, women beyond reproductive age, newborns, children, adolescents and youth and men in hard to reach areas, mobile and cross-border populations, displaced persons and other vulnerable groups.

**COST OF THE IMPLEMENTATION OF THE MPOA**

The cost estimates for this MPoA reflect the requirements for RMNCAH Care in the continent under two scenarios:

1. the cost when all women’s RMNCAH care needs are provided
2. the cost required to provide the unmet RMNCAH care needs of women.

**A total of \$318billion would be required from 2016 to 2030 to meet the RMNCAH needs on the continent whilst \$182billion will be required to cover the unmet RMNCAH needs on the continent.**





## ROLE OF STAKEHOLDERS IN THE IMPLEMENTATION OF THE MPOA

### 1. The African Union Commission (AUC)

- High level advocacy to ensure political commitment and leadership of the plan
- Advocate for increased resources for RMNCAH
- Identify and share best practices
- Ensure policies and strategies among member states are harmonized with continental and global instruments
- Put in place a monitoring, reporting and accountability mechanism for the plan under which five-year, ten-year and end of term evaluations of progress of implementation of plan would be ensured
- Host a data and best practice platforms to support the monitoring, reporting and accountability mechanism.

### 2. Regional Economic Communities (RECs)

- Conduct high level advocacy
- Provide technical support to Member States including training in the area of sexual and reproductive health
- Advocate for increased resources for sexual and reproductive health
- Harmonize the implementation of national action plans, monitor progress annually
- Identify and share best practices.

### 3. Member States

- Domesticate and implement the plan
- Put in place advocacy, resource mobilization and budgetary provisions
- Monitor the implementation of the plan on annual basis
- Reach out to the civil society, private sector and other extra-health sectors (education, water and sanitation, environment, labor and employment etc.) and religious and traditional institutions to participate in national programs and tackle the social determinants of health impacting the SRH&RR outcomes.

#### 4. Partners

Align their financial and technical assistance and cooperation plans with national and regional needs and priorities for implementation of the plan of action.

#### CALL TO ACTION

Investing in Reproductive, Maternal, Newborn, Child and Adolescent Health enable individuals and couples to have healthy sexual lives, free from HIV and other sexually transmitted infections; to have the number of children they want and when they want them, to deliver their babies safely and have healthy newborns.

***African leaders/Policy makers have a civic obligation to respond to the Sexual and Reproductive Health needs and Reproductive Rights of their people.***

***The civil society, the private sector and all multisector development partners should collaborate with member states to end preventable maternal, newborn, child and adolescent deaths.***

## Some facts About SRHR

### Abortion

Almost all abortion-related deaths worldwide occur in developing countries, with the highest number occurring in Africa. As of 2015, an estimated 90% of women of childbearing age in Africa live in countries with restrictive abortion laws. Even where the law allows abortion under limited circumstances, it is likely that few women in these countries are able to navigate the processes required to obtain a safe, legal procedure. (Guttmacher Institute, May 2016 fact sheet, Abortion in Africa)

### Contraception

214 million women of reproductive age in developing countries who want to avoid pregnancy are not using a modern contraceptive method. A woman's ability to choose if and when to become pregnant has a direct impact on her health and well-being. (WHO Fact sheet Family planning/Contraception, July 2017)

### Child marriage

Child marriage directly threatens girls' health and well-being. Marriage is often followed by pregnancy, even if a girl is not yet physically or mentally ready. In developing countries, nine out of 10 births to adolescent girls occur within a marriage or a union. In these countries, complications from pregnancy and childbirth are among the leading causes of death among adolescent girls aged 15 to 19. (<http://www.unfpa.org/child-marriage>)

### Comprehensive sexuality education(CSE)

CSE does not lead to earlier sexual activity or riskier sexual behaviour. In fact, these programmes reduce risky behaviours: About two thirds of evaluations show reductions in targeted risky behaviours. About 60 per cent of programmes had a positive effect on at least one behavioural or biological outcome, such as increased condom use or reduced unplanned pregnancies. (<http://www.unfpa.org/comprehensive-sexuality-education>)

### Sexual rights

Sexual and Reproductive Health and Rights are part of a continuum of human rights. In 2016, the Committee on Economic, Social and Cultural Rights cemented the right to sexual and reproductive health. It is not only an integral part of the right to health; it is fundamentally aligned to the enjoyment of many other human rights, including the rights to life, health and education, the rights to equality and non-discrimination, the right to privacy and freedom from torture, and individual autonomy. (<http://www.unfpa.org/human-rights>)

