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REGIONAL ACTORS ADDRESSING MATERNAL, NEWBORN, AND CHILD HEALTH IN AFRICA: Comparative Advantages, Challenges, and Opportunities

Maternal, newborn, and child health (MNCH) is a focal area for many regional bodies across Africa, as the continent currently accounts for more than 60 percent of all maternal deaths and almost half of all newborn and under-five deaths globally each year.^{1,2} Intergovernmental partnerships and cross-border collaboration add value to the fight to save the lives of mothers and children. In an environment with a multiplicity of MNCH policies and programs at national, regional, and global

levels, and a pool of donor assistance for health that is shrinking, strengthening partnerships and coordination to collaboratively address MNCH across the continent is critical.

Africa has greatly benefited from partnerships to achieve shared goals, demonstrated by the momentum created through the Millennium Development Goals for maternal and child health. The region saw significant improvements for MNCH, including a 49 percent decline in the maternal mortality ratio from 1990 to 2013 and a 48 percent reduction in under-five mortality from 1990-2013.^{3,4} However, progress has varied, stagnated, and even reversed in some countries, and has often not reached the most vulnerable mothers, newborns, and children. While high-impact, evidence-based interventions to reduce maternal, newborn, and child mortality are well known, the global community continues to struggle with how to effectively deliver those interventions to the populations most in need. Regional actors have a critical role to play in accelerating progress and advancing MNCH initiatives including the U.S. Government's call to Ending Preventable Child and Maternal Deaths and the Secretary General's Every Woman Every Child. The United Nations' Sustainable Development Goals also include MNCH targets of significantly reducing global maternal mortality and ending preventable deaths of newborns and children under five years of age by 2030. Understanding how regional actors operate, as well as their comparative advantages and challenges, will help ensure that governments, policymakers,

The United States Agency for International Development's (USAID) Africa Bureau and their project, African Strategies for Health (ASH), conducted a landscape analysis of regional African health sector bodies. The study contributes to a larger analysis commissioned by Harmonizing for Health in Africa (HHA), supported by the Norwegian Agency for Development Cooperation (NORAD). This Technical Brief provides a summary of findings related to regional actors engaged in maternal, newborn, and child health work and their comparative advantages, challenges, and opportunities.

donors, and implementers more effectively engage with them and leverage their full potential to end preventable child and maternal deaths.

Types of Regional Actors Working in MNCH in Africa

Africa-based regional actors are organizations or institutions headquartered in Africa and comprised of groups of individuals or organized entities from more than one country with a relationship structured around a common purpose. They can be grouped into the following three categories:

- **Regional economic communities (RECs)** are groups of individual countries in a region that partner for the purpose of achieving greater economic integration. They are responsible for the planning, coordination, and monitoring of the integration or regionalization process, and for this reason are often referred to as the ‘building blocks’ of regional integration.
- **Regional networks and associations** include umbrella organizations for civil society organizations (CSOs); groups that bring together new mothers and families, advocates, health professionals, researchers, or policymakers; and groups of research and/or academic institutions. They often cite knowledge exchange, capacity building, and advocacy as their main objectives, and closely follow current thinking and trends in MNCH in order to disseminate MNCH-related information, monitor the delivery of MNCH services, represent the voice of the community, or advocate for strengthened MNCH policies.
- **Regional technical organizations** bring together groups of people with deep technical expertise who understand the African context and can conduct research or provide guidance for transforming MNCH commitments and decisions into technically sound, evidence-based MNCH interventions.

Comparative Advantages of African Regional Actors in Addressing MNCH

This section describes four of the key advantages African regional organizations have in working to address MNCH on the African continent.

■ **Convening power and ability to influence MNCH policy**

A core function of RECs is the harmonization of frameworks and policies, and the promotion of regional standards. RECs have a unique ability to elevate MNCH issues on the development agendas of their member states by convening heads of state and government officials at the highest levels and providing a forum for reviewing progress, addressing challenges, and identifying and sharing lessons learned across national borders. During these meetings, regional strategic plans, frameworks, policies, and protocols can be proposed and endorsed or adopted by member states. Regional bodies may use this opportunity to advise countries on the implementation of best practices and allocation of financial resources toward MNCH interventions. The African Union’s (AU) Maputo Plan of Action on Sexual and Reproductive Health and Rights is one

such example. Developed during a Special Session of the AU Conference of Ministers of Health in September 2006, the plan has recently been updated and ratified at the AU Headquarters in April 2016, and will be presented and discussed at the May 2016 World Health Assembly.⁵ The Maputo Plan illustrates the political will within the African continent for urgently addressing issues affecting women and children and lays out a framework to move the continent towards universal access to comprehensive sexual and reproductive health services, safe motherhood, and quality newborn care.⁶ Within the first five years of the Maputo Plan of Action, a number of countries have developed roadmaps for MNCH, made progress in scaling up linkages between sexual reproductive rights and MNCH, expanded family planning, and passed laws to protect women against violence and harmful practices.⁷

Other RECs have used their influence to persuade governments to adopt resolutions and commit to various calls to action related to MNCH. The East African Community (EAC), for instance, has a broad development strategy for the period of 2011-2016, adopted by its member states under the banner “One People, One Destiny.”⁸

■ **Advocating for accountability and change**

Regional actors, in particular RECs, are powerful advocates for MNCH issues and can successfully recruit and mobilize individual and organizational champions for MNCH. For example, the AU’s Campaign on Accelerated Reduction of Maternal, Newborn, and Child Mortality in Africa (CARMMA) was developed in order to promote the adoption and implementation of the Maputo Plan of Action. This advocacy campaign benefits from engagement and political leadership at the highest-level including heads of state and First Ladies, and galvanizes commitment to adopt strategies set forth by AU strategies. In Kenya, the First Lady of the Republic partnered with the AU to host the 2015 CARMMA Week, in which she released AU’s 2015 Status Report on MNCH. Since the launch of CARMMA 44 countries have engaged in high-visibility, high-level events to increase awareness of MNCH regional goals and progress towards them. As an accountability mechanism, CARMMA has been strengthened through the promotion and sharing of best practices and lessons learned among member states and across regions, and through tools such as scorecards and a user friendly online database of indicators that assist member states and other stakeholders in tracking progress towards MNCH commitments.⁹ The EAC has similarly developed a Regional Reproductive Maternal Newborn and Child Health Scorecard to track progress on key commitments, launched at the 2nd Health Ministers and Parliamentarians’ Forum held 2015 in Uganda.¹⁰ By bringing a regional perspective to local issues happening across countries and cities, these organizations can help shape a common vision, influence member states to commit to advancing regional strategies, goals, and targets, and spur healthy competition that encourages transparency and accountability.

■ **Pooling of expertise and promoting best practices**

Regional networks, associations, and technical organizations provide platforms for MNCH experts across Africa—researchers,



African Union CARMMA Week, November 2015

Photo by JoAnn Paradis

scientists, implementers, and advocates—to connect and discuss best and emerging practices and interventions in MNCH. For example, AMREF Health Africa, a regional technical organization, regularly convenes experts from Kenya, Ethiopia, South Africa, South Sudan, Tanzania, Senegal, and Uganda to strengthen midwifery skills and support reproductive health services for women. AMREF's Position Statements offer technical guidance around key issues affecting the delivery of MNCH services across the region.¹¹ By working across national borders, AMREF ensures that service providers and implementers have access to the necessary skills, trainings, and information to improve MNCH service delivery across the continent.

Best practice forums, such as those hosted by the West African Health Organization's (WAHO) Economic Community of West African States (ECOWAS) and the East, Central, and Southern Africa Health Community (ECSA-HC), facilitate regional consensus building to identify and prioritize best practices and identify action at national levels.¹² In most cases, these meetings have resulted in the production of criteria that must be met for a program or an approach to qualify as a best practice and guidance to member states on how to take advantage of best practices. These meetings bring together senior health officials, researchers, heads of training institutions, and international experts to identify best practices around key policy issues which feed into a set of annual recommendations to Ministers of Health. To identify best practices and as a member of the Implementing Best Practices (IBP) consortium, ECSA-HC engages its member states to identify, evaluate, and scale up effective reproductive health interventions. Through its Family and Reproductive Program, ECSA worked with the ministries of health in five member states—Kenya, Lesotho, Malawi, Uganda, and Zimbabwe—to assess current policies, guidelines, financing, training materials, and implementation of community-based family planning. ECSA-HC also maintains an online database of resources and experts, seeking to establish connections and promote knowledge exchange across the region.

■ *Connection to the ground*

Regional blocs have a firm grasp of the power dynamics, forces at play, and mechanisms to effect policy change. In addition to being able to elevate policy issues to the highest levels, regional networks can also represent the voice of researchers and affected communities who may not otherwise have a means of interacting with decision makers. African-led regional bodies

benefit from a strong sense of ownership and belonging, as well as from the membership of local and national CSOs and communities that are experiencing the impact of MNCH policies on the ground.

Challenges

Like other international and regional institutions and networks, many African regional bodies face complex challenges related to their mandates, organizational structure, coordination, and financial and human resources. Three key challenges are outlined in this section.

■ *Limited ability to enforce policy*

Regional economic communities, networks, and associations face challenges in enforcing the policies they design or advocate for. While regional bodies, particularly RECs, are almost always engaged in high-level policy discussions regarding MNCH, as well as monitoring countries' progress in implementation of these policies, they do not have the authority or mandate to directly enforce policies or make changes to national service delivery guidelines.

■ *Multiplicity of programs and players*

Faced with a multiplicity of MNCH initiatives, programs, and players operating across Africa, regional actors must compete with programs funded by bilateral and multilateral donors for resources and attention. Similarly, networks and associations with like-minded missions and overlapping membership can lead to fragmentation of the response and confusion among members, governments, and donors. The emergence of regional and global consortiums and networks focusing on specific key populations or interventions—such as the Ending Preventable Maternal Mortality and the Ending Newborn Action Plan—makes coordination critical. The multiplicity of programs and players complicates the coordination role of RECs and creates difficulty for governments and donors in determining how to work together.

■ *Difficulty measuring impact*

Regional actors face the challenge of drawing direct connections between their work and outcomes for MNCH, particularly in regard to evaluating the effects of advocacy. A lack of standard indicators and robust methods for tracking advocacy impact has hindered efforts to improve quality and impact of regional

strategies. It has also made it more challenging to effectively demonstrate their comparative advantage in an environment in which multiple actors are competing for shrinking donor funding.

Opportunities

Many opportunities to engage with regional actors are emerging, as the trend of regionalization across Africa expands. Regional networks and associations can add value to decision making processes by linking with RECs and regional technical organizations to ensure that African voices are heard and reflected in the commitments and resolutions made by their governments. Local experts in MNCH are able to share experiences from across country borders and hone in on the most effective interventions to improve maternal and child health. Furthermore, regional technical organizations provide capacity building and trainings to continue developing deep technical knowledge of MNCH among Africans, trained by Africans, and perpetuate a cycle of learning across the region. Strategic partnerships with RECs enable leaders to make commitments on those issues and facilitate greater policy coherence. By spurring healthy competition among members and serving as a platform for comparing progress, regional actors are well placed to promote transparency and accountability, and to drive stronger monitoring and evaluation for regional impact.

Regional actors can also play a role in promoting national awareness and ownership of regional priorities and strategies by ensuring national stakeholders have access to platforms for policy dialogue and information sharing. Civil society coalitions at regional and sub-regional levels can gather evidence for multi-stakeholder review processes and recommend remedies. Regional networks also train countries to implement and monitor their progress. Regional accountability systems, if rigorously monitored and connected to national processes, are critical for ensuring monitoring, review, and remedial action.

Regional actors also have the opportunity to play a strategic role in supporting and promoting local manufacturing of health commodities for maternal, newborn, and child health. As countries develop manufacturing capacity over time, regional production could improve access to those commodities for a greater population. In Nigeria, for example, a local company, Drugfield Pharmaceuticals Ltd, became the first African

producer of chlorhexidine gel for the prevention of umbilical cord infections in newborns, one of the leading causes of death of newborns worldwide.¹³ Regional blocs are well placed to support local manufacturers by coordinating the sale and distribution to countries, thereby assisting them to fulfill national obligations and achieve coverage targets.

Conclusion

Regional actors are able to raise MNCH issues to the highest levels of policy decision-making on the African continent and beyond, can be drivers of the replication and expansion of best practices in MNCH, and can serve as platforms for technical experts, researchers, and advocates to pool their expertise and achieve a louder voice than they could have on their own. While they do have their challenges in navigating a rapidly changing environment, their unique lens can benefit implementers, donors, and governments of member states to view MNCH issues from a broader scope, thus allowing MNCH advocacy, research, direction of resources, and service delivery to reach more mothers and children and save more lives across the region. ■

ABOUT ASH

African Strategies for Health (ASH) is a five-year project funded by the U.S. Agency for International Development's (USAID) Bureau for Africa and implemented by Management Sciences for Health. ASH works to improve the health status of populations across Africa through identifying and advocating for best practices, enhancing technical capacity, and engaging African regional institutions to address health issues in a sustainable manner. ASH provides information on trends and developments on the continent to USAID and other development partners to enhance decision-making regarding investments in health.

ENDNOTES

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Additional information can be obtained from:

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