MATERNAL AND NEWBORN HEALTH
NATIONAL PLANS (ROAD MAP) ASSESSMENT

African MNH Road Maps Assessment Report

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List of Acronyms Frequently Used in Report

AFRO- Regional Office for Africa WHO
ARO- Africa Regional Office UNFPA
CIDA- Canadian International Development Agency
CFR- Case Fatality Rate
CO- Country Office
CS- Caesarean Section
DANIDA- Danish Development Assistance
DFID- United Kingdom Department for International Development
EmONC- Emergency Obstetric and Neonatal Care
FP- Family Planning
GTZ- Deutsche Gesellschaft für Technische Zusammenarbeit (German Technical Development Agency)
HMIS- Health Monitoring Information System
HR- Human Resources
IHTP- International Healthcare Technology Package
JICA- Japan International Cooperation Agency
MBB- Marginal Budgeting for Bottlenecks
MDG- Millennium Development Goal
MMR- Maternal Mortality Ratio
MNH- Maternal and Newborn Health
MoH- Ministry of Health
MPoA- Maputo Plan of Action
NORAD- Norwegian Agency for Development Cooperation
RCH- Reproductive and Child Health
RH- Reproductive Health
RHCS- Reproductive Health Commodity Security
RO- Regional Office
SRH- Sexual and Reproductive Health
STI/HIV- Sexually Transmitted Infections/Human Immunodeficiency Virus
UNFPA - United Nations Population Fund
UNICEF- United Nations Children's Fund
WB- World Bank
WFP- World Food Programme
WHO- World Health Organization
Y&A- Youth and Adolescent

Key Findings and Conclusions

- The majority of African countries have already developed a national MNH Plan. Among the 35 countries who responded to this survey, 33 have developed their national MNH Plan (MNH Road Map) and 29 have finalized the document.

- Despite this strong effort and commitment to the health of women, newborns and children in Africa, very few countries have the necessary resources and support to fully implement their MNH Road Maps.

- Many countries (26) have costed their Road Maps, but far fewer have a plan for scaling-up or an operational plan at the district level (16). Only 24 countries have a monitoring plan and 13 an evaluation plan for their Road Maps.

- Several strategic elements of MNH planning have still to be developed and incorporated in the existing MNH Road Maps of a number of countries, in particular EmONC planning, Human resources planning and monitoring and evaluation.

- Efforts made in term of integration of MNH with SRH and other key public health programmes should be strengthened and reflected in the implementation of the national MNH Plans.

- This self-assessment of the Road Maps was cited by many countries as a beneficial opportunity to reflect on the ongoing process. The main recommendations formulated by the country teams are related to: 1) the strengthening of the situation analysis including national needs assessments in Emergency obstetric care and human resources and improvements in national health information systems, 2) the technical assistance in the costing process to ensure that appropriate tools are used to ensure an effective planning process and 3) the support in resources mobilization to fund the implementation and scale-up process.

- If we are going to make serious progress in reducing maternal and newborn mortality and morbidity and in achieving MDG5, every national Road Map must be built on solid situational analysis that provides adequate baseline data from which to measure progress on all of the MDG5 indicators. The Road Map cannot merely be a static document, but a plan that is costed, part of the national Health plan, financed, implemented and scaled-up.

Executive summary

Recognizing the lack of progress in reducing maternal and newborn mortality and morbidity in the African continent over the last two decades, WHO/AFRO recommended in 2004 (Regional Committee RC04) that countries develop a national *Road Map for accelerating the attainment of the Millennium Development Goals (MDGs) related to maternal and newborn health*[1]. This was immediately endorsed by partners, including UNFPA.

In September 2006 in Mozambique, African ministers of health endorsed the integrated *Sexual Reproductive Health and Rights Plan of Action*, known as the Maputo Plan of Action[2] (MPoA), proposed by the African Union, which included maternal and newborn health planning.

This has resulted in an unprecedented effort to plan for MNH in Africa during the last four years. A review of progress in MNH conducted by UNFPA in 2008/09, assessed strengths and weaknesses of the planning/programming processes and will be used to assist countries in the improvement and the implementation of such plans.

Main objectives of the survey were to document the planning process within the Road Map; to assess the availability of the essential maternal and newborn health outcomes and process indicators; to identify the possible gaps as they relate to the 3 MNH pillars (Family Planning, Skilled Attendance at Birth and Emergency Obstetric and Neonatal Care, the last one including prevention/management of unsafe abortion); to document whether the strategies and selected priority interventions are aimed as well at increasing demand for, access to and use of quality services toward the universal access/coverage to SRH services; to document whether the plans are costed and financed for the scaling-up towards universal access / coverage to SRH services; to document whether the plans are ready for operationalization at district level; and to describe the related monitoring and evaluation plans

Methodology: a questionnaire for country teams' self-assessment on Maputo Plan of Action and MNH Road map development was designed, peer-reviewed, field tested and sent to all UNFPA Representatives.

This survey is a self-assessment survey, conducted by the national teams (Ministry of Health, UN and sometimes other partners) in charge of developing the national MNH Road Map. The quality of the assessment is based on the motivation, the thoroughness, and the incisiveness of the questioning by the team members. There is a built in risk that respondents will not be sufficiently self-critical. However by intentionally designing the survey as a self assessment survey we aim to ensure a buy in by the National MNH team and senior MoH officials to the results; a buy in which is instrumental in using the survey's results to address the gaps and weaknesses identified. National MNH teams have seized the opportunity and seriously and thoroughly reviewed their respective MNH Road Maps.

In the second stage of the survey, meetings and conference calls were conducted to discuss and validate the findings during the first semester of 2009. In their recommendations and during teleconferences a substantial number of countries have strongly expressed their gratitude and

[1] http://afrolib.afro.who.int/

[2] http://www.africaunion.org/root/au/Conferences/Past/2006/September/SA/Maputo/doc/en/Working_en/SRHR_%20Plan_of_Action_2007_Final.pdf

mentioned the benefits of conducting such an exercise, to improve their plans and implementation processes.

Results

35 African countries, out of 45 (77.7%), have responded[3].

In summary:

- 33 countries developed a national MNH Road Map
- 29 countries finalized their national MNH Road Map
- 21 national MNH Road Map are endorsed
- 22/33 countries established national MNH Committee (66.6%)
- 8 countries are engaged in resources mobilization for MNH
- 19/29 countries developed a national MNH action plan (65.5%), and
- 16 countries developed a District action plan for their MNH Road map implementation

Among the 22 countries (66.6%) who have established or re-stimulated a national MNH Committee, few have equipped them with a plan of action (12), and even fewer (6) with a budget.

The UN agencies (UNICEF, WHO and UNFPA) have supported the Road Map development process in all the 33 countries, with the World Bank and, in some cases, the African Development Bank (3 countries). Among bilateral partners supporting the development of the national MNH plan, fifteen countries mentioned USAID (bilateral signatory of the WHO Road Map); DFID and JICA were mentioned by 8 countries, GTZ by 5 countries, AFD (France) by 4 countries and CIDA (Sweden) was mentioned by 2 countries.

Six countries have mentioned the involvement of professional associations.

Countries have made an important effort to cost their final Road Map, with support provided by one among the three agencies, in a majority of cases. The costing of the national plans has been achieved in 26/33 countries (78,8%). Specific tools like the MBB (Mali), the IHTP (Malawi) or the RH Costing tool (Uganda, Congo) were used, but in some cases, usual budget mechanisms have been used.

Of 33 countries, 17 mentioned conducting resources mobilization activities.

The level of financial resources already mobilized seems to be a challenging question for country teams. Regarding the resources mobilized and available for the first phase of the national plan implementation, among 21 countries responding with available data, only 2 (Malawi (85.9%) and Equatorial Guinea) have mobilized more than 50% of the necessary funds, 9 have mobilized one third of the necessary budget and 8 less than 10%. All these responding countries except Lesotho are among those that started resource mobilization.

For 5 countries out of 18 (28%), the available funding from international partners is covering more than 50% of the available resources. The partners listed include all the specialized UN agencies (WHO, UNICEF and UNFPA) plus the WFP, and bilateral agencies: DANIDA, DFID, JICA, NORAD, SIDA, the Swiss Cooperation and USAID.

[3] Angola, Benin, Bissau Guinea, Burkina-Faso, Burundi, Cameroon, Central Africa Republic (CAR), Chad, Congo, Democratic Republic of Congo (DRC), Equatorial Guinea, Eritrea, Ethiopia, Gambia (The), Ghana, Guinea, Ivory Coast, Kenya, Lesotho, Madagascar, Malawi, Mali Mauritania, Mozambique, Namibia, Nigeria, Rwanda, Senegal, Sierra Leone, Swaziland, Tanzania, Uganda and Zambia

One third of the countries have established a SRH/MNH budget line.

Eleven components have been identified by the authors as main components of a MNH programme [4]. It is remarkable that only four countries have included all the mentioned components in their Road Map. Seven countries are missing only one component but seven countries have included in their MNH plan less than half of the 11 listed key components. The most often missing elements of a comprehensive MNH plan are: EmONC plan, Infrastructure plan, Human resources plan and Human resources strategy. Six countries have not included FP activities as main component of their MNH Plan.

Seven countries (21.2%) indicated that no Monitoring and Evaluation plan with a list of core indicators was attached to the national MNH Road Map.
Only thirteen countries have developed a plan for evaluating their national Road Map.

The questionnaire proposed, at the end of the self-assessment process, that the country team formulate recommendations to the MoH and partners, based on the findings of the review. A number of countries have used this opportunity to formulate recommendations regarding the national MNH Road Map finalization, improvement and/or implementation.

The main issues highlighted in the Report are:

1. The quality of the Situation Analyses, which are often poor which can impact negatively on the identification of innovative and context-specific strategies to be designed and activities to be implemented.
2. Supported by the increasing consensus on strategic MNH interventions, countries are in general well-focused on the three main strategies to efficiently reduce maternal and newborn mortality[5]. For a substantial number of countries though, FP programmes seem not to be clearly integrated with the MNH plans. EmONC plans are not well enough developed, and neither are human resources development and management plans.
3. Community involvement/mobilization is addressed but not all countries have defined detailed interventions linked with Newborn/Child health and HIV programmes.
4. Even if post-abortion care is included in the basic signal functions of EmONC, the abortion issue, one of the major causes of maternal deaths in all African countries, is very poorly addressed in general, even when allowed by law.
5. Not all countries have developed a scaling-up plan for the key strategies and interventions, with clear targets, a time frame and steps.
6. Substantial efforts have been conducted by countries in costing their Plans. However, only few countries have used costing tools to measure the cost of possible strategic service provision coverage scenarios and to facilitate decision making within the process of plan development.
7. Regarding budget issues, budget mechanisms and financial support: responses to the questionnaires were often a challenge. This probably indicates that the technical staff in charge of developing the plans is not familiar enough with these issues.
8. Maternal and newborn mortality reduction requires massive investments in strengthening health systems, infrastructure, and in training, recruiting and retaining the skilled health professionals who are acutely needed. No country will be able to mobilize these crucial

[4] The 11 elements are: Individual, Family and Community strategy (IFC), human resources strategy and plan (HR), Emergency obstetric and neonatal care strategy and plan (EmONC), Family Planning (FP), Abortion/Post-abortion care (Abort.), Youths and Adolescent Sexual reproductive health strategy (Y&A), HIV/AIDS strategy (HIV), Infrastructure (Infr.) and Reproductive health commodity security strategy (RHCS).
[5] Family Planning, Emergency Obstetric and Neonatal Care and Skilled Birth Attendance

resources on its own. Strong resources mobilization strategies are therefore strongly required. A number of countries have taken this point as a recommendation in the immediate follow-up to this self-assessment.

9. The monitoring and evaluation of the Road Maps' implementation would require well-established, multi-disciplinary teams with a clear mandate, work plan and budget. Not all countries have yet established such a team. Ensuring, in addition, that the key MNH indicators are included in the national Health monitoring information system (HMIS) and can be routinely or regularly measured is certainly a long-term action to be taken.
10. Developing national MNH Road Maps has certainly been an important step in many countries when MNH plans were characterized by their lack of comprehensiveness and strategic content. However, integrating these plans with the national health plans and financing processes is now the challenge majority of countries is facing.

In conclusion, planning is important but the real progress in women's health will be made in implementing and scaling-up the priority and cost-effective well defined interventions and monitoring it to track progress and improve the plans in a cycle planning process. Immediate and long-term activities are necessary, to be implemented at the same time with strong political support and appropriate investments. UNFPA, UNICEF, WHO and The World Bank (H4) working together with donor countries, global funds and foundations, regional and international NGOs, can be successful in providing the necessary support to countries toward MDG 5 and 4 achievements!