

“Africa cares: no woman should die while giving life”

The 15th Ordinary Session of the Summit of the African Union (AU) will be held in Kampala, Uganda from 19 to 27 July, under the theme “Maternal, Infant and Child Health and Development in Africa”. In an interview with *New African*, the AU Commissioner for Social Affairs, Bience Gawanas, explains why this theme was chosen and its significance, bearing in mind there are just five years to go before the Millennium Development Goals (MDGs) deadline.

New African: Health in general is an important aspect of Africa’s development. So why will the Heads of State be discussing “Maternal, Infant and Child Health and Development in Africa” at next month’s summit?

Commissioner Gawanas: The AU’s health programme has been very, very broad and we really focus on issues such as HIV and Aids, malaria, TB and other communicable and non-communicable diseases. We have also focused a lot on strengthening health systems and we have produced quite a lot of policy instruments over the years. For example, the Africa Health Strategy, the Africa Regional Nutritional Strategy and so on. But we have realised that something was amiss in our health strategies – and that is the state of maternal, infant and child health, which are issues absolutely connected to the MDGs. We have seen many reports which say Africa is falling behind in terms of realising the MDGs, especially numbers 4 and 5 which pertain to women and children, and Africa and the AU especially is now bringing this matter to the fore in a broader way than we have done before.

Q: How are you going to do things differently this time?

A: We have built up a lot from a campaign we launched in Addis Ababa in May last year, called the Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA), which is an African-led, and African-owned programme. CARMMA is multi-faceted: it is about advocacy; about social mobilisation; about strengthening

and harnessing political will; about coordination and harmonisation. This was decided because many a time, our efforts do not have an impact because they are so diverse and not really coordinated. Our slogan with CARMMA is “Africa Cares: No Woman Should Die While Giving Life”.

Through CARMMA, policy instruments and decisions on maternal and child health have been brought on to the continental and global agenda. But the AU has also recognised that there is a very long road between policy and its implementation. CARMMA therefore, allows the AU the opportunity to interact with member states to follow up on the decisions they have taken in regards to maternal, infant and child health. The idea is to mobilise political will, and mobilise financial resources so that we can get effective delivery systems.

Q: With maternal mortality on the rise in Africa, why has maternal and child health been on the bottom rung of the ladder to date, in comparative terms?

A: I believe this is an issue that brings you into full view of what our women are in society. I want to believe that it is also very closely related to the whole issue of gender inequality in our societies. It is only women that give birth and it is only women that die while giving life. This is why as the AU, we are saying we need to challenge our health systems. As you know many of our health systems are very disease-specific. For example, there has been a lot of emphasis on HIV and Aids, TB and malaria. But we are saying that pregnant women can also suffer from malaria, they could be



Advocate Bience Gawanas leads the AU’s campaign to improve maternal, infant and child health

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HIV-positive, they could be malnourished, could be poor or could have a lot of other children. This is why we need to have a very comprehensive and integrated approach to health. We are also saying, women and children must come first, even in our health systems.

Q: How is this message being put across to the wider audience and how has it been received so far?

A: I am personally very enthusiastic about how far we have come, in the sense that, at least a lot of people are starting to talk about maternal mortality, sexual and reproductive health as well as rights, which are usually viewed as taboo subjects in some of our traditional societies. But it is good to see that we are increasingly challenging cultural traditions that are harmful to our children. This is not easy, but it is good when you see that since the launch of CARMMA, even our traditional and religious leaders are saying we need to support this initiative because our societies need healthy women, children and babies.

Q: And how does the African Union fit in as a continental body dealing with multi-faceted issues?

A: I believe that by lending its voice to this issue, the African Union and our Heads of State are sending out a message that our organisation is not just a political one, but an organisation that concerns itself with the overall wellbeing of the continent’s women and children. Many of the AU member-states already have roadmaps on maternal, newborn and child morbidity and mortality, and it is important that when support is given to a country, it is built around those roadmaps.

We really need to work in such a way that at the end of the day there are five or six actions, because it is five years to 2015 when we are supposed to be reaching the MDGs. So rather than looking at 20 actions that should be taken, we are saying let us look at those that can have the highest impact and can save the lives of women and children.

Q: How optimistic are you about the outcome of the MDGs in Africa, in

relation to women and children?

A: In many of the meetings that I have attended, when people are describing maternal mortality, they always say, it’s really a shame on Africa. But what I can re-state and emphasise is that it’s only once we have recognised the problem, that we can then provide a solution to it. Therefore the mere fact that we are debating the issue, the mere fact that the issue is in everybody’s consciousness, will help drive strategies that can lead to interventions that can bring action before the MDGs deadline ends in 2015.

Q: Financing and budgetary allocation is always an issue when it comes to the effective implementation of programmes of such a broad scale. How committed is the AU in funding maternal and child health?

A: Firstly, let us look at the entire social sector. In women’s debates, we have always recognised that the ministries of gender, or the ministries of children, or the ministries dealing with disability, are always underfunded. And so you are looking at the extent to which we really pay attention to social challenges within our countries. Health is one of the social sectors, but at least we know that health and education in many countries take up a huge chunk of the budget. What the AU is saying is that health financing is never enough, because sometimes, financing is very disease-specific, for example with HIV and Aids or malaria funding. But there is always a challenge with specific budget allocation. In 2001 our Heads of State at the AU Abuja special summit on HIV and Aids, malaria and TB, decided to allocate 15% of their budgets to that. Many years after that we are looking at how many of the 53 member-states have reached that target. Obviously not many have reached the target, but I am glad that there are some who are allocating more than the 15%.

The concern at the moment is not to repeat this disease-specific allocation of funding by doing the same with maternal and infant and child health. This is the challenge that we have and we are saying, let us move away from disease-specific intervention and look at the health system as a whole. Money will never be enough. What we are pushing for when we are looking at the health system now, is that the focus should be more on women and children. We must recognise the centrality of women’s and children’s health.

And to do this effectively, we are saying, how does the health system as a whole respond to maternal and child health? And linked to this question are not just the issues about budgets for health, but issues such as how the budgets cover areas such as safe drinking water, sanitation, food security and so forth. In other words, all the social determinants of health, contribute to better health. So where there are no roads, no safe drinking water, no sanitation – all these will negatively impact on the health of mothers and children too.

Q: So how can this be effectively addressed? It is a diverse task?

A: What I am advocating for is a holistic and comprehensive approach to the issue of maternal and child health, other than just saying fine, we have the money, we will just focus this money on women and children. The health system should be made to be responsive to all the health needs of women and children.

Q: Could you elaborate on that last sentence?

A: What I am trying to emphasise is that it is not just about resource mobilisation; it is also about the effective use of available resources. For example, you could have your hundred thousand or hundred million dollars, but it is how effectively you use those available funds, and how you prioritise and what you prioritise spending on. When it comes to the health system, we are also talking about the challenges of health workers, the challenges of people having access to medicines.

Q: So come 27 July, the subject will have been dissected and hopefully pricked everyone’s conscience, but what should really be anticipated?

A: It is important for the AU, our leaders and the continent that the July summit should not just be an end in itself, but a means to an end, in other words, this summit will not aim for just another declaration. We are looking forward to an outcome that will make a real difference – not just another commitment.

