

Global budget document for sexual and reproductive health for 2010-2015 Contribution of the Regional Office for Africa

Issues and challenges

The 46 Member States of the WHO African Region face major sexual and reproductive ill-health accounting for a crucial part of the global burden of diseases in the Region. Maternal and infant mortality and morbidity, unsafe abortion, sexually transmitted infections including HIV/AIDS, cervical cancer, harmful practices and violence against women and children, sexual and reproductive health problems affecting young people are among the most pressing issues in sexual and reproductive health. Of the estimated 529 000 maternal deaths occurring every year, 48% are in the African Region. Studies show that in 2005 in the sub-Saharan Africa Region, there were 900 maternal deaths per 100 000 live births. The lifetime risk of maternal death from pregnancy related complications is 1 in 26. The causes that contribute heavily to maternal death include the following factors: pregnancies are too early, too closely spaced, too late and/or too many. In addition, the contraceptive prevalence among married women in sub-Saharan Africa (estimated at 13%) is very low and the fertility rate (which is 5.5 children per woman) is very high. Furthermore, population grows faster than the economy and the level of poverty is rising

Africa has the highest rate of unsafe abortion in the world. Every year, more than 4,5 millions unsafe abortions are occurring. About 25% are among teenagers aged from 15 to 19. In 2003, complications due to unsafe abortion procedures account for an estimated 650 maternal deaths per 100,000 unsafe abortions. Additional consequences of unsafe abortion include loss productivity, economic burden on public health systems, stigma, infertility and long-term health problems. 10 to 50% of girls and women who have unsafe abortion suffer from complications that need medical attention. Thus, the key challenge will be to determine unsafe abortion prevalence and practices, to produce norms, tools and guidelines on preventing unsafe abortion, and to assist countries in reducing unsafe abortion among others, by preventing unwanted pregnancies and improving access to quality post-abortion care.

As the first pillar of safe motherhood and essential component of primary health care, family planning could play a major role in reducing maternal and newborn morbidity and mortality. However, traditional beliefs, religious barriers and lack of male involvement have weakened family planning interventions. Access to and use of contraceptives has not been widely successful. Yet, research has confirmed high “unmet needs” for family planning for married women 15-49 years old ranging from 13% to 38%. In recognition of the family planning importance, the ministers of Health adopted in 2004 a ten-year framework for accelerated action to reposition family planning on their agendas and in national reproductive health services. The framework, developed by the WHO Regional Office for Africa, in collaboration with its partners, calls for increasing efforts to advocate the recognition of the pivotal role of family planning in achieving health and development objectives at all levels, as targeted by the Millennium development goals (MDGs) 4, 5 and 6.

Cervical cancer is the most common cancer among sub-Saharan African women. It accounts for 22% of cancer deaths and affects the youngest age groups as a result of early sexual activity, multiplicity of sexual partners and history of sexually transmitted infections (STIs) mainly related to human papilloma virus (HPV). It is one of the leading causes of death among women. Although 80% of the deaths from cervical cancer can be prevented if timely detected, 50% of the cases are diagnosed at a later stage. One way to prevent cervical cancer is through screening and early treatment programmes. However, this requires political and technical input. Since 2006, a pilot project is conducted at primary health care level in six African countries (Madagascar, Malawi, Nigeria, Tanzania, Uganda and Zambia) to strengthen national cancer control programmes. The final review of the project concluded that screening and early treatment have been effective in preventing the cervical cancer. However, the main issue is the sustainability of the interventions, which continue to depend essentially on external assistance to a large extent. Despite their usefulness and the possibility of adequate national responses, activities are threatened when partners stop providing financial assistance.

With regards to HIV/AIDS infection, the heterosexual transmission is the highest among adults in the African Region. The majority of HIV infections are sexually transmitted or associated with pregnancy, childbirth and breastfeeding. In 2008, 55% of the 28 millions persons infected by HIV were women. Among youth, there are 4 infected women for every man infected with HIV. Mother-to-child HIV transmission is estimated at 5% to 20% where there is no intervention. Programmes on prevention and management of HIV/AIDS must take into consideration the gender dimension as well as poverty, gender inequality and social marginalization of the most vulnerable populations. The situation is aggravated by a feeble access to ARV therapy in most countries, although significant progress has been made during the past five years.

WHO African Region Plan for Reproductive Health in 2010-2015

According to the 2010-2011 biennial plan, the WHO African Region Plan for reproductive health for the period 2010-2015 will be developed in line with the RHR Department Strategic Plan. It will encompass the following main themes: (i) the universal access to reproductive health; (ii) the renewal of primary health care that give a central role to reproductive health services and; (iii) the promotion of service linkages within/between reproductive health and other relevant programmes.

1. The universal access to reproductive health

Lack of access to and poor use of sexual and reproductive health services and information contributes to high levels of morbidity and mortality for largely preventable sexual and reproductive health problems, in particular STIs including HIV infection. This situation compromises the MDG target of achieving universal access to reproductive health services. Strategic planning will be the key to address the epidemiological burden of sexual and reproductive illnesses through:

- awareness and commitment raised at government/political levels;
- national and regional capacity building to develop/strengthen comprehensive SRH policies, programmes and strategies;

- adaptation, dissemination and implementation of norms, standards and tools for scaling up universal access to SRH services including family planning;
- improvement of the quality of sexual and reproductive care to ensure effectiveness, acceptability and use of services;
- establishment of an efficient integrated surveillance system with a special emphasis on SRH;
- collection of evidence-based information on SRH;
- documentation and dissemination of best practices on SRH for advocacy, policy and programme development, monitoring and evaluation and;
- strengthening coordination and networking on research development on key issues related to sexual and reproductive health.

2. The renewal of primary health care that includes reproductive health services at its centre

In most African countries, the magnitude of reproductive health problems is due to weak and fragile health systems. Human resource shortage in terms of skills and numbers, competition with other health related issues including emergence of non-communicable diseases alongside with communicable diseases and poor health information system and research, compromise tremendously the chance of men and women of enjoying reproductive health well-being throughout the life cycle. In 2008, the Ouagadougou Declaration on primary health care and health systems renewed the urgent need for the governments of the African Region to implement appropriate mechanisms in achieving national and internationally-agreed health targets, including the MDGs 4, 5 and 6.

Improving sexual and reproductive health will be a long-term investment. Strategic actions for the renewal of primary health care and make reproductive health at its centre will include:

- advocacy in high level arenas with governments, universities, non-governmental organizations, other UN agencies to develop and support the provision of essential reproductive health services in primary health care, particularly at the district level;
- support to countries to achieve their reproductive health objectives;
- advocacy for adequate resources for implementation of core components of reproductive health funded through national budget and stakeholders support;
- resources mobilization and support to countries to explore other options for partnership with the private sector, donors and other key players under the leadership of the government;
- community financing schemes to support reproductive health interventions at community level and;
- establishment of institutional mechanisms involving all stakeholders to ensure sustainability in the provision of sexual and reproductive health care throughout the life cycle.

3. The promotion of service linkages within/between reproductive health and other relevant programmes

Based on the Global strategy of reproductive health, the work of WHO in the African Region is to strengthen the capacity of Member States for accelerated action to uphold the principles of human dignity, equality and equity for the reproductive health rights of all individuals -women and men, young and elders. Service linkages among the

components of the sexual and reproductive health programme, as well as with relevant other programmes, is critical to ensure universal coverage of interventions through: control of STIs and HIV/AIDS, prevention and control of cervical cancer, prevention of unsafe abortion, repositioning of family planning and mainstreaming gender in sexual and reproductive health. Further support will be given to countries according to their national and specific needs.

It is therefore critical that public health actors be able to identify the factors that put the women and men at risk, and address these factors through effective and comprehensive interventions. The support to countries will focus on:

- effective partnership among reproductive health stakeholders, including policy-makers, private sector, training institutions, professional associations, NGOs, community and religious leaders;
- setting up of coordination mechanisms among partners;
- capacity building for managers and services providers to form a holistic response to reproductive health issues;
- research and use of research findings for development of integrated services and;
- appropriate reproductive health monitoring and evaluation.