

# Reproductive Health

Strategic  
Priorities

2022-2026



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## ABBREVIATIONS AND ACRONYMS

Africa CDC	Africa Centres for Disease Control and Prevention
ASRH	Adolescent Sexual and Reproductive Health
AHS	Africa Health Strategy
AMREF	African Medical and Research Foundation
AU	Africa Union
CARMMA	Campaign for Accelerated Reduction of Maternal Mortality in Africa
FAO	Food and Agricultural Organisation
GAVI (GAVI alliance)	Global Alliance for Vaccines and Immunisation
IPPF	International Planned Parenthood Federation
MNCH	Maternal Newborn and Child Health
MoH	Ministry of Health
MPoA	Maputo Plan of Action
NPHI	National Public Health Institute
RCC	Regional Coordinating Centre
RMNCAH	Reproductive, Maternal, New-born, Child, and Adolescent Health
RH	Reproductive Health
SDG	Sustainable Development Goal
SRHR	Sexual Reproductive Health and Rights
UNAIDS	United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
WFP	World Food Programme

## EXECUTIVE SUMMARY

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.

However, seven years into the SDGs, key RH indicators are off track for Africa: Maternal Mortality ratio for Africa is 542/100, 000 live births (Global average 211/100, 000, and SDG target 70/100, 000), universal access to sexual and reproductive health-care services for sub-Saharan Africa is 28%, north Africa is 35% (Global average 44%) and Universal Health Coverage index for Africa is 46% (Global average 66%).

Africa CDC is very strong in responding to infectious disease outbreaks on the continent, but these outbreaks directly and indirectly cripple SRH services, and supporting SRH services during these emergency situations is not prioritised. Countries affected by humanitarian crisis disproportionately contribute to global maternal and newborn mortality and morbidity; 61 per cent of global maternal deaths occurred in countries affected by humanitarian crises, whilst more than 80% of countries with the highest newborn mortality have suffered from recent conflict, natural disaster or both.<sup>1 2</sup>

Emergent humanitarian settings and situations of conflict, post-conflict, disease outbreaks and disaster significantly hinder maternal and newborn health (MNH) improvement efforts required to meet global targets. <sup>4,5</sup> More than 235 million people (75%) in need of humanitarian assistance globally are women and children. <sup>6</sup> To compound the situation further, women, newborns, their families and health care providers are grappling with the impact of the COVID 19 pandemic, projected to negatively impact coverage of maternal and newborn health services, with a resultant increase in mortality. <sup>7,8</sup> For example, evidence shows a significant increase in clinically relevant anxiety, depression and intimate partner violence in the first 9 months of the pandemic – all of which are concerningly relevant to perinatal health. <sup>9</sup> Using COVID 19 pandemic over the last 2 years as an emergency situation scenario, against the back drop of the predicted impact of covid-19 on sexual and reproductive health services/maternal and newborn health services, an in-depth analysis of the impact of covid-19 on SRHR/MNH/Adolescent health in the continent, including in humanitarian settings is required.

To support the accelerated implementation and monitoring of the MPoA 2016-2030, Africa CDC has established a Reproductive health unit under the Division of Disease Control and Prevention. These RH priorities will form part of the overall Africa CDC five-year strategy (2022 – 2027) and it focuses to accelerate parts of MPoA 2016-2030, identified by member states as lagging.

Africa CDC in building from the lessons learned from past experiences in outbreak response and recognizing the critical gaps on the global health security architecture and as well championing a New Public Health Order are strengths to ride on. This Public Health Order is essential in the fulfilment of the vision of Agenda 2063-The Africa We Want, for an integrated and prosperous continent. It aims to ensure that there are effective health systems before a crisis that remain resilient during and after the crisis. This empowering New Public Health Order for member states is guided by the principles of local/continental ownership. Equity, wholesome investment in health systems, innovation and self-reliance to position the continent to address its health security challenges effectively.

This RH strategic priorities were developed through consultation and engagement with key stakeholders around the priorities of the AU as detailed in the Agenda 2063, the AU health strategy 2016-2030, shaped by the Global Strategy for Women's and Children's Health (2016-2030), SDGs and the ACDC New Public Health Order. The document presents the RH situation on the continent, past and current initiatives to improve the RH agenda, RH priorities of member states, and an operational plan between 2022 and 2026.

The purpose of the RH strategic Priorities is to provide the opportunity to identify member states lagging behind SRHR SDG targets, map out and engage support from RH partners in line with the Paris declaration, promote and highlight best practice, facilitate accelerated action, leverage political support to generate momentum to overcome challenges.

Over 5 phases evidence was gathered and analysed and a wide range of RH stakeholders on the continent were consulted. Including a continent-wide RH prioritisation survey.

The plan has been developed from extensive continent-wide consultations over 9 months (November 2021 to August 2022)

Key findings from an Africa CDC 2022 RH continental-wide survey (47% response rate), found very low awareness of the AU continental sexual and reproductive health and rights continental policy framework and the Maputo Plan of Action 2016-2030, sub-optimal financing for RH, Adolescent RH, safe abortion care and the reduction of gender-based violence were reported to be making slow progress or off track in achieving national targets. Priority areas to for accelerated progress were Adolescent RH, MNH and FP, prevention and management of cancers of the reproductive system, the reduction of Gender Based Violence, safe abortion linked to priority health system areas of financing, health work force training, deployment and retention, and service delivery including access and quality of care. Additionally, additional capacity for leadership, management and accountability for RH is required on the continent.

A strong Reproductive Health Unit in the Division of Disease Prevention and Control will lead and drive the implementation of activities in this strategic implementation plan via the Africa CDC Regional Collaborating Centres.

The RH unit will work closely with the AU Department of Health, Humanitarian Affairs and Social Development to ensure complementarity and alignment.

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This RH strategic implementation plan will ride on the same underpinning principles of Africa CDC's new public order:

1. Strengthened Public Health institutions,
2. Strengthened Public Health Workforce,
3. Expanded local manufacturing
4. Increased Domestic Resources
5. Respectful and Action Oriented Partnerships

Additionally, the unit will operate within the strengths of the Africa CDC in the last 5 years

- Effective response to infectious disease and health emergencies in Africa
- Leading on covid-19 vaccine advocacy and production on the continent
- Convening power

### **Vision**

A safer, healthier, integrated, responsive and prosperous Africa, in which Member states ensure optimal Reproductive Health for their population. Member states ensure the attainment by men and women, the highest level of RH, promote and protect their right to have a safe RH. Reproductive Health is a state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.

### **Mission**

Strengthen Africa's public health institutions' capacities, capabilities, and partnerships to strengthen health systems and systems for Reproductive Health consistent with evidence-based science, effective policy, and data-driven interventions and programs.

**Goal**

The overall goal is to improve maternal and reproductive health in Africa and contribute to the reducing maternal mortality ratio to less than 70/ 100, 000 live births

**Intermediate outcomes**

1. Minimum of 10-15% of country health budget allocated to RMNCAH
2. Reduction of Adolescent pregnancy rate by 50%
3. Improved availability and uptake of HPV vaccine for the primary prevention of cervical cancer
4. Improved availability and use of Heat Stable Carbetocin for the reduction of maternal deaths from post-partum haemorrhage
5. Proportion of ever-partnered women and girls aged 15–49 years subjected to physical and/or sexual violence by a current or former intimate partner in the previous 12 months reduced by 50%

**Strategic Objectives**

1. To collaborate with Africa CDC Regional Co-ordinating Centres and support member states to be more responsive to RH health priorities in the sub-region
2. To increase the capacity of member states and ACDC to respond to RH needs during health and humanitarian emergencies
3. To support member states to organise and participate in regular knowledge management and learning events to promote, national/cross continental learning and scale up of evidence-based interventions linked to RH priority areas
4. To improve the supply of RH supplies, equipment, medicines and vaccines
5. To support member states to develop and implement a sustainable Community Health Worker work force, and expand community Health Worker capacity to support scale up of interventions in RH priority areas
6. To improve advocacy for increased funding for RH to minimum of 10-15% of overall health budget
7. To improve capacity of RH managers in member states, Africa CDC Headquarters and the RCCs to lead, drive achievement of national RH targets and provide accountability.

**Input**

- Strengthened RH team at Africa CDC HQ with technical officers with expertise in the identified priority areas of Adolescent SRH, Maternal and Newborn Health, family planning, prevention, and management of cancers of the reproductive system, Gender Based Violence, safe abortion care, and health systems.
- Strengthen technical capacity at Africa CDC RCCs to support RH priorities from countries within the sub-region

An operational plan including activities for each objective are presented in this document. It is anticipated that full resourcing of this plan will result in improved maternal health outcomes on the continent.

The activities in the operational plan covers all 9 strategic focus areas of MPoA 2016-2030, priority interventions and indicators for monitoring progress. The priorities of this RH strategic implementation plan are also aligned with the Africa CDC New Public Health Order.

## BACKGROUND-NEED FOR A CONTINENTAL REPRODUCTIVE HEALTH STRATEGIC PRIORITIES

Africa made progress in improving maternal, new-born and child health under the Millennium Development Goals 2000-2015 but fell short of achieving the targets. This resulted in the development of the Continental Policy Framework on Sexual and Reproductive Health and Rights, that is consistent with the Africa Union Agenda 2063 and the Sustainable Development Goals. Subsequently two versions of a concrete Plan of Action for implementing the Continental Policy Framework were developed, version one was the Maputo Plan of Action (MPoA) 2007-2010 and MPoA 2007-2015. Subsequently the AU Heads of State endorsed a revised MPoA 2016-2030 that was more aligned with the AU Agenda 2063, and Sustainable Development Goals. The MPoA 2016-2030, sets out 9 strategic focus areas, priority interventions and indicators for monitoring. There is no report available on the progress of these priority indicators by member states or sub-region on the continent.

The key transformative outcomes of Agenda 2063 related to RH specifically linked to 'empower women youth and children' and 'violence against women, harmful social norms and customary practices and targets related to these outcomes in the first 10-year implementation plan of the agenda 2063 are not on track.

Four years after the Africa Union Agenda 2063 and a year after the current Africa Health strategy (2016-2030) were launched, the continent's first specialised technical public health agency the Africa Centres for Disease prevention and Control Africa (CDC) was established in 2017 with a vision of a safer, healthier, integrated, and stronger Africa where Member states can effectively respond to outbreaks of infectious diseases and other public health threats.

Africa's fragile health system remains strained by the high burden of both infectious and non-communicable diseases with reproductive health (RH) outcomes (maternal and new-born morbidity and mortality) substantially accounting for Africa's reduced success in achieving progress towards improving broader health outcomes and Agenda 2063.

The Africa CDC strategic pillars in her 2017-21 strategy were Surveillance and Intelligence, Information Systems, Laboratory Systems and Networks, Preparedness and Response and Public Health Research. ACDC successfully led the continental response to COVID-19 and has a vision for a new Public Health Order in Africa, underpinned by

1. Strong regional institutions,
2. Local production of vaccines,
3. Investments in public work force and leadership programs,
4. Strong partnerships and
5. A greater role for regional organisations in pandemic governance.

While the Africa CDC has achieved tremendous success in her mandate especially in infectious disease response, other public health threats like Reproductive Health<sup>1</sup>, compounded by some of these infectious disease outbreaks are been left behind.<sup>2,3</sup> Therefore, there is a risk that reproductive health targets in the Africa Health strategy (2016-2030) and the related Sustainable Development Goal (SDG) targets will not be achieved. (**Table 1**)

1 Reproductive Health rather than Sexual Reproductive Health and Rights as defined in the Africa Union Maputo protocol is used throughout this document.

2 Elston JWT, Cartwright C, Ndumbi P, Wright J. The health impact of the 2014-15 Ebola outbreak. Public Health. 2017.

3 Roberton T, Carter ED, Chou VB, Stegmuller AR, Jackson BD, Tam Y, et al. Early estimates of the indirect effects of the COVID-19 pandemic on maternal and child mortality in low-income and middle-income countries: a modelling study. Lancet Glob Heal [Internet]. 2020 Jul;8(7): e901-8. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S2214109X20302291>



**Table 1: Progress with key SRHR and UHC SDG targets**

Key SRH and UHC SDG targets		AU		Global average
SDG	Targets	Africa region	North Africa	
3.1	By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births. All countries should reduce MMR to less than 140/100, 000 live births.	542	112	211
3.2	By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce <b>neonatal mortality</b> to at least <u>as low as 12 per 1,000 live births</u> and <b>under-5 mortality</b> to at least <u>as low as 25 per 1,000 live births</u>	NMR: 27, U5MR: 74	NMR: 14, U5MR: 26	NMR: 17.5, U5MR: 37.7
3.3	By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases	Below global average	Below global average	
3.7	By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes	28% (SSA)	35%	44%
3.8	Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality, and affordable essential medicines and vaccines for all	UHC service index: 46%		UHC service index: 66%
5.2	Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation			
	Proportion of ever-partnered women and girls aged 15–49 years subjected to physical and/or sexual violence by a current or former intimate partner in the previous 12 months (%)	20%	No data	10%
	Proportion of ever-partnered women and girls aged 15–49 years subjected to physical and/or sexual violence by a current or former intimate partner in their lifetime (%)	33%	No data	26%
5.3	Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation			
	Women aged 20-24 married before age 18	35% (SSA)	18%	20%
5.6	Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences	Link to 3.7	Link to 3.7	Link to 3.7

The new strategy for Africa CDC (2022-2027) includes an additional pillar of Disease Prevention and Control. This new pillar will enable member states accelerate progress towards continental and global Reproductive Health targets. The capacity of Africa CDC to achieve its vision and new strategy will be enhanced by her recently approved autonomy by the Heads of state and governments in Africa.

Reproductive, Maternal, New-born, Child, and Adolescent Health (RMNCAH) services are likely to be impacted the most by the COVID-19 pandemic, just like in previous infectious disease outbreaks. The 2014-15 Ebola outbreak resulted in 80% reduction in maternal delivery care and significant increase in maternal morbidity and mortality. A recent study that modelled the impact of COVID-19 pandemic showed that 9.8%- 51.9% reduction in health service coverage could result in up to 38.6% additional maternal deaths in 12 months. Countries affected by humanitarian crisis disproportionately contribute to global maternal and newborn mortality and morbidity; 61 per cent of global maternal deaths occurred in countries affected by humanitarian crises, whilst more than 80% of countries with the highest newborn mortality have suffered from recent conflict, natural disaster or both.<sup>1 2</sup>

There are several Africa Union strategic documents that address RH:

- The **AU Agenda 2063** is the blueprint, master plan and strategic framework for transforming Africa into the global powerhouse of the future. Five of the 20 goals and priority areas of the Agenda 2063 are directly linked to RH; therefore, the proposed RH strategy is to meet its goal for inclusive and sustainable development in the continent. The key transformative outcomes of Agenda 2063 related to SRHR specifically linked to 'empower women youth and children' and 'violence against women, harmful social norms and customary practices' are more likely to be achieved with focused support from the new RH unit. Without accelerated action via the new RH unit, it is unlikely that targets related to these outcomes in the first 10-year implementation plan of the agenda 2063 will be achieved.
- The vision, mission, objectives and strategic priorities of the **AU health strategy (2016-2030)** are aligned to the AU Agenda 2063, SDG and existing continental and global commitments and strategies such as the 2015 Addis Ababa Action Agenda on the Third High Level Conference on Financing for Development; the Global Strategy for Women's, Children's and Adolescent Health 2016-2030; the AU Roadmap; the Catalytic Framework to End AIDS, TB and eliminate Malaria by 2030; the SRHR Continental Policy Framework For Sexual and Reproductive Health and Rights (SRHR) and its Maputo Plan of Action 2016-2030; the Pharmaceutical Manufacturing Plan for Africa; the African Regional Nutrition Strategy 2015 - 2025 and the AU Decade on Traditional Medicines and other policy frameworks. SRHR clearly features in the strategic objectives of the AU health strategy. The AU health strategy has clear roles and responsibilities and a proposed monitoring and accountability framework, the primary responsibility and drive to achieve these are unclear. This is a clear gap for the new RH unit to fill, regarding SRHR. A more specific RH strategy linked to this continental health strategy is needed.
- The **Africa Union Maputo Plan of Action 2015-2030**. Universal Access to Comprehensive Sexual and Reproductive Health Services in Africa is a long-term plan that seeks to take the continent forward towards the goal of **universal access** to comprehensive sexual and reproductive health services in Africa beyond 2015.

- A RH strategy for the new RH unit is an opportunity to expand on Agenda 2063 flagship programme number 12 (African virtual and E-university), to increase capacity for the design and management of effective context specific SRHR programmes in the continent. Additionally, opportunities for pan African clinical skills capacity strengthening programmes can be identified and developed.
- This is a clear gap for the new RH unit to fill, regarding SRHR. A more specific RH strategy linked to this continental health strategy is needed.

## Reproductive Health

As defined by the Continental Policy Framework on Sexual Reproductive Health and Rights (SRHR) and the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo protocol) *"Reproductive Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes"*. Reproductive health therefore implies that people can have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the rights of **men and women** to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant"

Reproductive Health is a state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.

The elements of RH include,

- Adolescent Sexual and Reproductive health (ASRH),
- Maternal health and new-born care,
- Family planning,
- Prevention and management of sexually transmitted infections including HIV&AIDS,
- Safe abortion care,
- Prevention and management of infertility,
- Prevention and management of cancers of the reproductive system
- Addressing midlife concerns of men and women,
- Health and development
- The reduction of gender-based violence,
- Interpersonal communication and counselling and Health education.
- 

While the current Africa health strategy will end with the SDG, a dedicated Reproductive Health unit under the Africa CDC Division of Disease Control and Prevention will provide an opportunity to facilitate prioritisation, implementation and monitoring of evidence based activities towards the achievement of strategic objectives of the Africa health strategy, goal 3 (healthy and well-nourished citizens), priorities and outcomes of the AU Agenda 2063 and accelerate progress towards SDG goal 3. Additionally, to improve the impact of Africa CDC on its mandate, a dedicated unit is required to address the public health threat from low coverage of RH on the continent.

A comprehensive implementation and monitoring and evaluation plan of the AU RH strategy to be implemented by the Africa CDC RH unit is an opportunity to identify member states lagging RH SDG targets, map support from RH partners, highlight best practice, facilitate accelerated action, leverage political support to generate momentum to overcome challenges and use her convening power to share best practices and celebrate success.

## METHODOLOGY - EVIDENCE-BASED AND CONSULTATIVE

Evidence gathering and continent-wide consultations were undertaken to co-produce an African Union Reproductive Health Strategic Priorities aligns with

- Africa Union Agenda 2063
- Africa Health Strategy (2016-2030)
- Africa CDC Strategic Plan (2017-2021)
- Africa Union Sexual and Reproductive Health and Rights-Continental Policy Framework
- Africa Union: Maputo Plan of Action 2016-2030

Several guiding principles that guided this task were to

1. Avoid duplication, leverage, and align with existing policies and resources within AU and ACDC, and UN organisations such as H6 partnership, UNFPA, UNICEF and WHO by
  - consulting key stakeholders in these institutions
  - engaging with the AU department of Health, Humanitarian Affairs and Social Development (HHS)
  - identifying and reviewing relevant documents
2. Assess functioning, capacity, and opportunities at ACDC Regional Collaborating Centres (RCCs)
3. Consultation with Ministry of Health of member states, to identify
  - challenges progressing RH/MNH SDG targets
  - RH priorities
  - opportunities to accelerate progress in the priority areas

This was achieved by consultations in a sample of member states to inform the development, deployment, and analysis of a continent-wide survey.

The RH priorities identified were further analysed using a health systems framework approach to focus on specific areas to strengthen

- Leadership and Governance
- Information and data management
- Financing
- Service delivery
- Human resources
- Medicines and technologies

The Bryson Model or Strategy Change Cycle strategic planning framework was used. A five phased approach to consultation, development, validation, and dissemination of the ACDC RH Strategy Implementation plan was used.

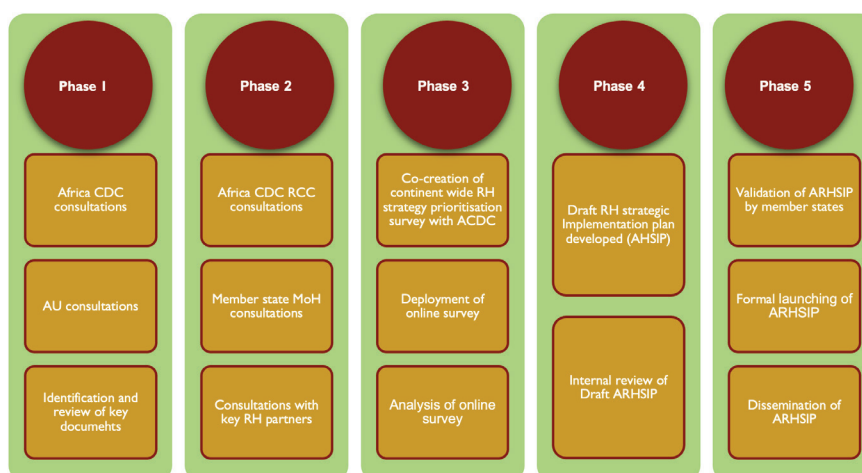


Figure 1: Five phased approach used to develop the Africa CDC RH SIP 2022-27

A combination of virtual and face to face meetings were used throughout to maximise engagement with stakeholders.

## PHASE 1: ENGAGEMENT AND BUY-IN FROM IMMEDIATE STAKEHOLDERS

The main objective of phase 1 was to engage and get buy-in from immediate stakeholders within the Africa CDC, and Africa Union. This was critical to initiate and agree on the strategic planning process, identify institutional mandates, clarify AU mission and values, and identify key documents. Additionally, these consultations were to identify other internal and external stakeholders to help assess the environment to identify strengths, weaknesses, opportunities, and threats (SWOT) for the new RH unit. As part of understanding the environment, a competitive analysis was conducted to assess opportunities and threats from other RH stakeholders to understand their current and future strategies.

## PHASE 2: ENGAGEMENT WITH STAKEHOLDERS OUTSIDE AFRICA UNION AND AFRICA CDC HQ

The main objective of phase 2 was to engage with other internal stakeholders like the ACDC Regional Collaborating Centres (RCC), a sample of Ministry of Health of member states, and key stakeholders like UN organisations and other key players in RH on the continent. It was important to understand the functioning of the Africa CDC RCCs, as these were seen as potential platform for implementing the RH strategic plan. The output of consultations in phase 1 and 2 was the development of a continent-wide.

## PHASE 3: CO-CREATION, DEPLOYMENT, AND ANALYSIS OF CONTINENT-WIDE RH STRATEGY PRIORITISATION SURVEY WITH AFRICA CDC

An online survey based on the outputs of phase 1 and 2 was developed with the Division for Disease Prevention and Control Africa CDC. The questionnaire was designed to help identify SRHR priorities amongst Member states and areas for support from the ACDC RH unit.

The survey was in both English and French, was pre-tested, adjusted and deployed for 8 weeks. The objective of this survey was to expand the consultation to all member states to ensure that RH priorities and opportunities for accelerating progress towards national, regional, and international targets can be identified.

## PHASE 4: PREPARATION AND INTERNAL REVIEW OF DRAFT AFRICA CDC RH STRATEGIC PRIORITIES 2022-2026

A draft Africa CDC Reproductive Health Strategic Priorities was developed and reviewed by the Africa CDC. The document was updated and used to prepare for the Continental dissemination workshops in Phase 5.

## PHASE 5: VALIDATION, LAUNCH AND DISSEMINATION OF AFRICA CDC STRATEGIC PRIORITIES 2022-2026

The final draft was validated by all 55 member states during a multistakeholder dissemination workshops hosted by Africa CDC.

# OUTPUTS OF EACH PHASE OF THE AFRICA CDC STRATEGIC PRIORITIES DEVELOPMENT PROCESS

## PHASE 1: ENGAGEMENT AND BUY-IN FROM IMMEDIATE STAKEHOLDERS

The objectives of stakeholder engagement in phase 1 were to

1. Identify and review key Health and RH policy documents from the AU
2. understand the AU and Africa CDC environment, functioning of the Division of Disease Control and its units
3. understand existing SRH/MNH/adolescent health/gender related policies/road maps/strategies within the Africa CDC and AU
4. learn lessons that can be built upon by the proposed RH unit by previous initiatives such as Campaign on Accelerated Reduction on Maternal Mortality in Africa
5. understand how the Africa CDC Division of Disease Control can support the health system strengthening activities of the RH Unit

### Key document review

Sixteen key health related strategic documents were identified from African Union Commission, United Nations, the Africa CDC, and peer reviewed academic journals (**Table 2**). The main objectives of the document review were

1. To inform the development of a continental wide RH survey, initial key stakeholder consultations including ACDC Regional Coordinating Centres (RCC), the following AU documents were critical to this objective
  - Africa Union Agenda 2063
  - Africa Health Strategy (2016-2030)
  - Africa CDC Strategic Plan (2017-2021)
  - Africa Union Sexual and Reproductive Health and Rights-Continental Policy Framework
  - Africa Union: Maputo Plan of Action 2016-2030
  - Africa CDC: Africa's New Public Health Order
2. To ensure alignment and reduce the risk of duplication of efforts between the AU and ACDC.
3. To identify emerging themes and opportunities about the strategic role of the ACDC to drive RH agenda in Africa were identified.

**Table 2: List of documents reviewed**

S/No	Title of document	Author
1	A new Public Health Order for Africa	Dr John Nkengasong, Director ACDC, published in The Lancet Africa CDC
2	Africa CDC and Prevention Strategic Plan 2017-2021	ACDC
3	Africa Health Strategy 2016-2030	Department of Social Affairs Africa Union
4	Addis Ababa Declaration on Population and Development in Africa beyond 2014	UN, AU commission and UNFPA
5	Sexual and Reproductive Health and Rights Continental Policy Framework	AU Commission

S/No	Title of document	Author
6	Maputo Plan of Action 2015-2030. Universal Access to Comprehensive Sexual and Reproductive Health Services in Africa	AU Commission
7	Evaluation of the Campaign for Accelerated Reduction of Maternal Mortality in Africa (CARMMA) 2009-2019	Africa Union
8	Partner accountability framework and CARMMA plus road map (2021-2030)	AU
9	Communication and advocacy road map and resource mobilisation 2018-2030	AU
10	Sexual and Reproductive Health Strategy for the SADC Region (2006-2015)	Southern African Development Community
11	Regional interventions action plan for east and southern Africa 2018-2021	UNFPA
12	Executive Board of the United Nations Development Programme, the United Nations Population Fund, and the United Nations Office for Project Services-UNFPA: The UNFPA strategic plan, 2022-2025. DP/FPA/2021/8	United Nations
13	United Nations Population Fund (UNFPA) strategic plan, 2022-2025 (DP/FPA/2021/8)	UNFPA
14	United Nations Population Fund (UNFPA) strategic plan, 2018-2021	UNFPA
15	Regional interventions action plan for east and southern Africa 2018-2021	UNFPA
16	Executive Board of the United Nations Development Programme, the United Nations Population Fund, and the United Nations Office for Project Services-UNFPA: The UNFPA strategic plan, 2022-2025. DP/FPA/2021/8	United Nations

### 1. *A new Public Health Order for Africa*

Africa CDC in building from the lessons from past experiences in outbreak response and recognizing the critical gaps on the global health security architecture and is championing a New Public Health Order.

- Home grown solutions for Africa based on the experience of the covid-19 pandemic and heavy disease burden.
- Testing capacity strengthening and deployment used to get ahead of virus, amidst very low vaccine availability and uptake
- New public order focus
  - Strong regional institutions
  - Local production of vaccines, therapeutics, and diagnostics
  - Investments in public work force and leadership programs
  - Strong high-level partnerships
- A greater role for regional organisations in pandemic governance

A follow-on document that details the pillars and priorities of Africa's New Public Health Order published by the Africa CDC was reviewed.

Africa CDC in building from the lessons from past experiences in outbreak response and recognizing the critical gaps on the global health security architecture and is championing a New Public Health Order. This Public Health Order is essential in the fulfilment of the vision of Agenda 2063-The Africa We Want, for an integrated and prosperous continent. It aims to ensure that there are effective health systems before a crisis that remain resilient during and after the crisis. This empowering New Public Health Order for member states is guided by the principles of local/continental ownership. Equity, wholesome investment in health systems, innovation and self-reliance to position the continent to address its health security challenges effectively.



A summary of the description and priorities of the pillars of Africa's New Public Health Order are presented be in **Table 3**

**Table 3: Description and priorities of the pillars of Africa's New Public Health Order**

Pillars	Description	Priorities
Strengthened Public Health Institutions	Aims for strong national, regional, and continental institutions for public health which are adequately networked and effectively equipped with the required infrastructure, systems, and capabilities to harmonize and coordinate public health preparedness and response in Africa.	<ul style="list-style-type: none"> <li>Strengthening Africa CDC and its Regional Coordinating Centres</li> <li>Strengthening National Public Health Institutes</li> <li>Strengthening Public Health Emergency Operation Centres</li> <li>Supporting Centres of Excellence</li> <li>Networking of public health assets across the continent for synergy.</li> </ul>
Strengthened Public Health Workforce	Aims to address the gap in the public health workforce through adequate investment to develop and maintain a prepared cadre of public health experts and leaders.	<ul style="list-style-type: none"> <li>Training of frontline Field Epidemiologists</li> <li>Training of next-generation public health leaders</li> <li>Supporting Community Health Workers' Programs</li> </ul>
Expanded Local manufacturing	Aims to ensure the continent's timely access to medical supplies through sustainable manufacturing of vaccines, diagnostics, therapeutics and other medical supplies in Africa.	<ul style="list-style-type: none"> <li>Supporting demand coordination</li> <li>Addressing barriers to local manufacturing</li> <li>Expanding the Partnership for African Vaccine Manufacturing</li> <li>Building momentum for Africa Collaborative Initiative to Advance Diagnostics (AFCAD)</li> </ul>
Increased Domestic Resources for health	Aims to prioritize domestic resource mobilization which includes local expertise, technical resources and networks, as well as financing from domestic sources including the private sector	<ul style="list-style-type: none"> <li>Advocating for increased domestic financing using the African Union and Global instruments</li> <li>Establishing the Africa Epidemic Fund</li> </ul>
Respectful and Action Oriented Partnerships	Aims to build sustainable and results oriented partnerships to address Africa's priorities in a respectful way.	<ul style="list-style-type: none"> <li>Promoting country ownership</li> <li>Promoting African driven public health agenda</li> <li>Championing long-term engagement</li> </ul>



## 2. **Maputo Plan of Action 2016-2030. Universal Access to Comprehensive Sexual and Reproductive Health Services in Africa by Africa Union Commission**

- seeks to take the continent forward towards the goal of universal access to comprehensive sexual and reproductive health services in Africa beyond 2015.
- It is a long-term plan for the period up to 2030, built on ten action areas:
  - political commitment, leadership, and governance.
  - health legislation.
  - gender equality, empowerment of girls and women and respect for human rights.
  - strategic communication.
  - investing in RH needs of adolescents, youth, and other vulnerable populations
  - optimizing the functioning of the health systems.
  - human resource development
  - partnerships and collaborations.
  - monitoring, reporting and accountability
  - increasing investments in health.
- The MPoA 2015-2030 takes into account
  - Continental Policy Framework on Sexual and Reproductive Health and Rights, review findings
  - Agenda 2063 and its 10-year implementation plan,
  - Sustainable Development Goals (SDGs),
  - Rio+20,
  - ICPD+20
  - the Global Strategy for Women's, Children's, and Adolescent's Health,
  - the Gaborone Declaration on the Roadmap towards Universal Access to Prevention, Treatment and Care,
  - the Brazzaville Commitment on Scaling Up towards Universal Access and the Abuja commitments.
- Following a comprehensive review of the MPoA 2007 - 2015 (implementation, achievements, challenges, and gaps) the MPoA 2015 was developed.
- It rides on the ten strategic interventions of the Continental Policy Framework on Sexual and Reproductive Health and Rights which are:
  - increasing resources to SRHR programmes,
  - translating the Addis Ababa Declaration on Population and Development (2013) and Beijing plus 20 commitments into national legislation, and RH policies including
  - continuing to reduce maternal mortality and morbidity, infant and child mortality by ending all preventable deaths of mothers, new-borns, and children,
  - ensuring combating HIV/AIDS,
  - expanding contraceptive use,
  - reducing levels of unsafe abortion,
  - ending early and child marriage,
  - eradicating female genital mutilation
  - preventing gender-based violence
  - ensuring access of adolescents and youth to SRH.
- The MPoA 2015-2030, sets out 9 strategic focus areas, priority interventions and indicators for monitoring.
- There is no report available on the progress of these priority indicators by member states or sub-region on the continent.

### 3. **Africa Union Agenda 2063: The Africa we want**

- The AU Agenda 2063 is the blueprint, master plan and strategic framework for transforming Africa into the global powerhouse of the future. Five of the 20 goals and priority areas of the Agenda 2063 are directly linked to RH; therefore, the proposed RH strategy is to meet its goal for inclusive and sustainable development in the continent.
- The key transformative outcomes of Agenda 2063 related to RH specifically linked to 'empower women youth and children' and 'violence against women, harmful social norms and customary practices' are more likely to be achieved with focused support from the new RH unit. Without accelerated action via the new RH unit, it is unlikely that targets related to these outcomes in the first 10-year implementation plan of the agenda 2063 will be achieved.
- The proposed RH strategy to be implemented by the new RH unit is an opportunity to expand on Agenda 2063 flagship programme number 12 (African virtual and E-university), to increase capacity for the design and management of effective context specific RH programmes in the continent. Additionally, opportunities for pan African clinical skills capacity strengthening programmes can be identified and developed.

### 4. **Africa Union Health Strategy (2016-2030)**

- The vision, mission, objectives and strategic priorities of the AU health strategy (2016-2030) are aligned to the AU Agenda 2063, SDG and existing continental and global commitments and strategies such as the 2015 Addis Ababa Action Agenda on the Third High Level Conference on Financing for Development; the Global Strategy for Women's, Children's and Adolescent Health 2016-2030; the AU Roadmap; the Catalytic Framework to End AIDS, TB and eliminate Malaria by 2030; the SRHR Continental Policy Framework For Sexual and Reproductive Health and Rights (SRHR) and its Maputo Plan of Action 2016-2030; the Pharmaceutical Manufacturing Plan for Africa; the African Regional Nutrition Strategy 2015 - 2025 and the AU Decade on Traditional Medicines and other policy frameworks. RH clearly features in the strategic objectives of the AU health strategy.
- The AU health strategy has clear Roles and responsibilities and a proposed monitoring and accountability framework, the primary responsibility and drive to achieve these are unclear. This is a clear gap for the new RH unit to fill, regarding RH. A RH strategic implementation plan linked to this continental health strategy is needed.

### 5. **Sexual and Reproductive Health and Rights Continental Policy Framework**

- The policy framework was developed as part of maternal mortality reduction efforts on the continent by AU commission, UNFPA, IPPF and other development partners.
- The aspects of this framework are the inclusion of RH in primary health care, increased funding for RH interventions as per the 2001 Abuja declaration. The framework also promotes gender mainstreaming in socioeconomic development programmes. The framework also covers SRH commodity Security.
- The Continental Policy Framework on RH was adopted by the African Ministers of Health at the 2nd African Union Conference of Health Ministers held in Gaborone, Botswana in October 2005 and endorsed by the Summit of the African Heads of State and Government in Khartoum, Sudan in January 2006. The framework also has an operational plan and matrix.
- Two versions of a concrete Plan of Action for implementing the Continental Policy Framework were developed, version 1 was the Maputo Plan of Action (MPoA) 2007-2010 and MPoA 2007-2015. Subsequently the AU Heads of State endorsed a revised MPoA 2015-2030 that was more aligned with the AU Agenda 2063, and Sustainable Development Goals.

## 6. Evaluation of the Campaign for Accelerated Reduction of Maternal Mortality in Africa (CARMMA) 2009-2019 by AU

<ul style="list-style-type: none"> <li>▪ The evaluation of the CARMMA Campaign was commissioned by the Department of Social Affairs of the African Union Commission to measure and review the effectiveness of the Campaign for Accelerating Reduction of Maternal Mortality in Africa (CARMMA), launched in 2009.</li> <li>▪ CARMMA was initially launched by eight high-burden member states that had very high maternal mortality rates these were: Chad, the Kingdom of Eswatini, Ghana, Malawi, Mozambique, Namibia, Nigeria, and Rwanda.</li> </ul>	<ul style="list-style-type: none"> <li>▪ UNFPA</li> <li>▪ IPPF</li> <li>▪ GAVI</li> <li>▪ ECA</li> <li>▪ Save the Children</li> <li>▪ WACI Health</li> <li>▪ WHO</li> <li>▪ MSD for Mothers</li> <li>▪ UNAIDS</li> <li>▪ US-AU Office and USAID</li> <li>▪ IPAS Africa Alliance</li> <li>▪ EGPAF</li> <li>▪ UNICEF</li> <li>▪ AMREF</li> <li>▪ Women Deliver</li> <li>▪ FAO</li> <li>▪ WFP</li> <li>▪ Access Challenge</li> </ul>
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### Box 1: RH partners supporting CARMMA

48 of these member states were considered for the evaluation.

- First ladies of member states launched the CARMMA campaign in their countries and became CARMMA national champions
- The CARMMA campaign also received strong support from UNFPA, and other partner's organisations listed in the box above.
- Key lessons of the CARMMA Campaign
  - Identifying entry points for MNCH to scale up and enhance reach
  - Targeted implementation of high-impact interventions for results
  - The importance of data use for decision making
- All member states took positive steps toward reducing neonatal mortality. Member states with the highest percentage reductions were Angola and Ethiopia, which both achieved a 22.9 per cent reduction between 2009 and 2016. This achievement was far short of the expected 75% reduction in MMR during the MDG period.
- Monitoring and accountability during the CARMMA Campaign was weak.
- The main conclusions of the evaluation were
  - The CARMMA campaign generated interest and contributed to sustaining the agenda for women's health and provided a vehicle for many other initiatives with similar focus
  - The advocacy strategy implemented under the CARMMA campaign is still relevant for Africa, the conceptual design of the CARMMA advocacy and communication strategy was useful, and its successes can be built upon to galvanize efforts to improve the health of women, children, and adolescents
  - The CARMMA campaign generated significant successes that have resulted in the continued placement of women's, children, and adolescent health high on political and global agendas
- The 2019 CARMMA evaluation report made the following recommendations:
  - Adequate resources should be mobilized to sustain the CARMMA campaign
  - The CARMMA Secretariat should be established with adequate human resources
  - Partnerships should be broadened with the specific objective of engaging the private sector and the AU recognized regional economic communities
  - Accountability mechanism of the campaign need to be strengthened at the national and

- regional level
    - The frequency and number of MNCH reports and meetings should be reviewed.
    - The CARMMA campaign should be revised in line with the continental and global post 2015 commitments on MNCH and adolescent health
- In conclusion the CARMMA campaign did not achieve significant reductions in maternal mortality but was a strong platform for advocacy and political will for maternal health. However, the report did not clearly demonstrate increased resource allocation to SRHR/MNH during the implementation period.
- Issues of adequate resources to manage the CARMMA Secretariat persist.

In recognition of the adverse impact of infectious disease outbreaks on RH, there is an opportunity to expand the ACDC first responder's roster with RH experts and expand stock piling commodities to include RH commodities

**7. Partner accountability framework and CARMMA plus road map (2021-2030) by AU**

- This document was developed based on the recommendations of the 2019 CARMMA evaluation report, focusing on partnerships, accountability and presents a road map to achieving RH national and global targets by 2030.
- The document was being reviewed internally at the AU and not publicly available (January 2022)

Regional Economic Communities (RECs)	
1	West African Health Organization (WAHO)
2	Common Market for Eastern and Southern Africa (COMESA)
3	Intergovernmental Authority on Development (IGAD)
4	Communauté des Etats Sahélo-Sahariens (CEN-SAD)
5	Communauté économique des Etats de l'Afrique Centrale (CEEAC)
6	East African Community (EAC)
7	Southern African Development Community (SADC)
8	Union du Maghreb Arabe (UMA)

**Key stakeholder engagement**

Ten key informants from ACDC and AU, including the Director Africa CDC, Head of Division Disease Surveillance/Division of Disease Prevention and Control, Head Division National Public Health Institutes and Research, the Ag Director Health and Human Affairs Directorate Department of Health, Humanitarian Affairs and Social Development AU, Principal RCC Coordinator, Africa CDC, Head of strategic partnerships ACDC, Head Division of National Public Health Institutes and Research and Head Division of Laboratory Systems Africa CDC.

Health economics initiative at ACDC-unit has been established to help prioritise evidence and generate evidence, working with centres of excellence, develop policy briefs to help member states. Was sitting in the Directors office, so now under the deputy Director's office. it will be problem focused. Initial stage of the unit not fully established.

RCC concept is a collaborating centre for public health initiatives within each region, it is not a branch of the ACDC There are 5 RCCs and a phased approach to their establishment and operationalisation is being implemented (Entry phase, activation phase, establishment phase and operational phase).

The RCC core functions are

1. Fostering coordination, collaboration, and integration among African Union Member states, RECs, and public stakeholders
2. Mapping, strengthening, and networking of public health assets to harness existing capabilities for advancing public health impact in the regions.
3. Facilitating knowledge exchange and sharing of health information in a timely manner.
4. Implementation of the Africa CDC strategic plan within the region.

There are 2 conceptual models for operationalisation of the RCCs

**Model 1:** Regional knowledge hub operated by knowledge management and health management officers. Role of knowledge management officer: Mapping of function of all partners within that region, mapping gaps in implementation strategies, dissemination of information and processing. Governance issues regarding data sharing etc can be addressed. The team will also have staff that can do secondary analysis of data. They can also arrange and facilitate engagement with the relevant local technical experts.

**Model 2:** Expanded ACDC with technical divisions having staff at the RCC. So, the central technical units coordinate technical functions at RCC level. The assumption here is that there is sufficient funding. It should be noted that surveillance officers are already decentralised.

None of the three RCCs visited (Central, Eastern and Southern) was operating fully based on these models. Their operations focus mainly on infectious disease outbreaks and at the time of visit had not received any request to support RH in the regions

RH and mental health are usually over looked during humanitarian emergencies and responses. Emergency response provided by ACDC focuses on infectious disease outbreaks. Emergency preparedness and response is a key function of the ACDC. The ACDC actively monitors emergencies and advice member states of emerging threats. ACDC responds to requests from member states for help, deploying first responders and supplying essential commodities to support both medical and counter measures to manage these emergencies. Currently there are no RH experts on the emergency roster and stock piling does not include RH commodities.

In recognition of the adverse impact of infectious disease outbreaks on RH, there is an opportunity to expand the ACDC first responder's roster with RH experts and expand stock piling commodities to include RH commodities

The following suggestions on the activities of the new RH unit based on the strategic Priorities were

- The RH strategic plan should be independent of donor funding as much as possible, but a key function of the RH unit should be resource mobilisation to support activities.
- The RH unit should demonstrate measurable outputs/impact after 5 years
- The RHSIP should have immediate (1year), medium (2-3 years) and long term (4-5 years) activities
- The RH unit could create dash boards to monitor SRH/MNH indicators (hosted on the web), will have to complement what CARMMA plus is doing
- RH unit needs to advocate for inclusion of RH commodities for emergency response stock piling as part of the RH strategic implementation plan. The emergency roster of first responders needs to be expanded to include RH experts and all emergency responders will require training in safe guarding.
- RH unit should organise regular RMNCH conferences/events for regional and continental knowledge and experience sharing
- RH unit should organise side event on RH during AU summit, to increase awareness on RH issues, including increased funding
- Tracking partner support, to leverage input, identify gaps and direct support to address specific gaps
- Support for the development of Maternal and Perinatal Death Surveillance and Response (MPDSR) accountability framework to help drive accountability for MNH on the continent

- RH unit should leverage the success of community health workers during the pandemic for RH
- The Kofi Annan Global Health Leadership programme targeting mid-career to senior leaders from NPHIs and MoH, should be expanded to include RH content and address leadership priorities identified by member states through the RH continent-wide survey.

## PHASE 2: ENGAGEMENT WITH STAKEHOLDERS OUTSIDE AFRICA UNION AND AFRICA CDC HQ

The objectives of stakeholder engagement in phase 2 were to

1. understand the current functioning and capacity of the Africa CDC RCC and current functioning of the Africa CDC Central, Eastern, and Southern RCC.
2. To understand the resource needs for the implementation of the RH strategy via the RCC
3. explore the opportunities for Africa CDC to support the RH agenda of Ethiopia, Kenya, Tanzania, Kenya, Gabon, and Namibia.
4. understand the RH strategy of key RH partners (UNFPA, UNICEF, WHO, FIGO, FCDO, Red Cross) and explore opportunities for collaboration with Africa CDC via the RH unit.

Thirty-six key stakeholders were consulted from Ethiopia, Kenya, Tanzania, Kenya, Gabon, and Namibia, representing Ministry of Health, Red Cross, WHO, FIGO, FCDO, UNFPA, UNICEF and Africa CDC RCC staff.

### **Central RCC**

#### **Identified challenges and opportunities:**

- Central Africa RCC covers predominantly French speaking 9 countries (3 countries are Portuguese, Spanish or English speaking)
- Multilingual team will be required for effective communication and engagement with all 9 countries in the region.
- CA RCC has strong engagement at high level of Health policy and management in the 9 countries but engagement with REC has not been consistently and optimally utilised.
- CA RCC has sight of national health plans so can promote prioritised RH interventions
- CA RCC has excellent offices but small number of staff with no substantive RCC coordinator
- Full implementation of activities across current 5 ACDC strategic pillars in all 9 countries in the region has not been achieved.
- CA RCC has not been formally launched
- NPHI has not been established in any of the 9 countries of the region, but RH agenda can be included in their operational plans at the development stage
- ACDC staff have a clear vision of the need and opportunity for supporting SRHR in the region via the AU
- The PACT CHW programme can be used to support SRHR interventions
- RH interventions identified for priority support include Adolescent Reproductive Health, Family Planning, Health Promotion, Human Papilloma virus vaccination and gynaecological cancer screening.

#### **Opportunities for ACDC and Red Cross Gabon to implement the RH strategic Implementation Plan**

- Red Cross successfully implemented the PACT CHW programme with funding from ACDC, within the CHW strategy of the MoH Gabon
- The current PACT CHW programme has scope for expansion and as COVID 19 demands on the programme diminishes, there are opportunities for this platform to support SRHR programmes.
- Red Cross has developed a strategy for SRH and ACDC is included in this as a partner
- The strategy specifies 3 areas for support requested by RC from ACDC: 1) technical expertise, 2) funding 3) developing/reviewing technical material
- ACDC can optimally support the MNH strategy of the Red Cross if SRHR technical expertise is



available at the regional RCC

- CHW programme can be used to anchor several SRHR interventions (ASRH, FP, Health Education, and promotion, GBV surveillance and health education and prevention of reproductive health cancers) especially as covid related activities start winding down but the programme will still retain the infectious disease prevention and control capacity.

#### **Consultations with key RH partners in Gabon**

- Most stakeholders do not know about ACDC
- There is an opportunity for the ACDC RH strategy to link with the new UNICEF strategy 2023-2027
- The new UNICEF strategy 2023-2027 includes: Adolescent reproductive health, sexual violence, social inclusion, infant/child survival, development, and education.
- UNICEF experience with cold chain management may be an advantage for an effective PPH prevention strategy on the continent.
- ACDC could have thematic RH specialists at HQ but more RH generalists in the RCCs

#### **Southern RCC**

- Zambia provides strong support for ACDC via the Southern RCC
- The Southern Africa Regional Collaborating Centre (SA-RCC) is well established, with a relatively large team, good infrastructure, and access to official vehicles.
- SA-RCC Southern has not engaged with 4 of 10 countries in the Region.
- Africa CDC could have thematic RH specialists at HQ but more RH generalists in the RCCs

#### **Opportunities**

- Well established partnership between Africa CDC RCC, Zambia NPHI, and the Zambia MoH
- Southern RCC has good resources (personnel and office infrastructure)
- RH is a priority for the Government of Zambia

#### **Consultations with key RH partners in RCC Southern region**

- Most RH stakeholders do not know about Africa CDC
- Regular engagement between member states will help to highlight effective innovations and share lessons, best practice
- Priority areas include support for HMIS, implementation research, adolescent reproductive health, MPDSR, implementation of quality ANC according to current WHO recommendations
- There is policy and implementation gap on the continent
- Need to map current investments in RH particularly resource allocation
- Quality of service delivery of evidence-based RH interventions needs to be prioritised
- Evidence generation, surveillance and response will be key to improving RH outcomes
- There is an opportunity for the Africa CDC RH strategy to link with the new UNICEF strategy 2023-2027
- The new UNICEF strategy 2023-2027 includes: Adolescent reproductive health, sexual violence, social inclusion, infant/child survival, development, and education.
- UNICEF experience with cold chain management may be an advantage for an effective PPH prevention strategy on the continent.

#### **Ministry of Health in some member states**

Most MoH RH managers consulted were unaware of the ACDC or its functions and had limited knowledge of the AU RH strategy Maputo 2016-30.

RH priority areas identified by the RH team at the MoH Gabon

- Adolescent reproductive health is a priority area, and an integrated/multi-sectoral approach will be required
- Using CHW strength from PACT programme to increase implementation of pre-natal care to WHO recommendations and standards
- Prevention of cervical cancers, continental vaccine production and accelerated vaccine deployment
- Improving capacity for gynaecological cancer diagnosis
- Minimising impact on RH services during epidemics and pandemics

- ACDC to use its convening power to provide a platform at regional and continental level for SRHR stakeholders and technical partners to share best practice
- Strengthening RH leadership programmes on the continent.
- Technical support for specific aspects of SRHR will be required from the ACDC RH unit.

**MoH Zambia**

- ACDC and WHO jointly implemented one strategy during the COVID-19 pandemic, with the Involvement of regional UN, UNICEF, UNFPA.
- MoH Zambia and RH partners (UNFPA, WHO, CHAI, World Bank and PPAZ) have been developing a Zambia RMNCAH investment case 2022-2024
- Prioritised RH interventions with potential high impact have been identified
- Harmonisation, integration, and coordination will likely result in value for money interventions
- Priority RH areas include adolescent reproductive health, adolescent mental health, Cervical Cancer prevention, post-partum haemorrhage with concerns about the quality of oxytocin and Gender based violence.
- Research is critical to fully understand and develop context specific solutions lead by Africa researchers to improve the situation.

Key RH and operational issues and opportunities/potential solutions after consultations in Phase 1 and 2

Key issues identified	Opportunities/Potential solutions
Lack of awareness of Africa CDC by RH managers at MoH	<ul style="list-style-type: none"> <li>▪ Improve awareness of MPoA and opportunities for Africa CDC to support member state sin accelerating progress of national, regional and international RH indicators.</li> </ul>
Lack of awareness of the Maputo Plan of Action (MPoA)	<ul style="list-style-type: none"> <li>▪ Improve awareness of MPoA and opportunities for Africa CDC to support member state sin accelerating progress of national, regional and international RH indicators.</li> </ul>
Need to develop capacity for implementation research with south-to-south collaboration and partnership	<ul style="list-style-type: none"> <li>▪ Need to build capacity for research in Africa. Advocate for increased funding for Global research grants that focus on building research capacity in Africa.</li> <li>▪ Increase visibility, awareness, and track uptake/success rate of RH/MNH focused research grant in Africa.</li> <li>▪ Create a platform for south-south learning from health workforce training.</li> <li>▪ ACDC RH unit to have capacity to perform secondary analysis of data to guide policy direction</li> </ul>
Evidence of context specific interventions are required to feed into scale up plans	<ul style="list-style-type: none"> <li>▪ Successful implementation of several RH programmes was identified in some Member states, but these where not know within the region or to other MoH on the continent.</li> <li>▪ Increase capacity for publications in Africa public health journals for wider reach of context specific research.</li> <li>▪ Design and implement regular Africa RMNCAH conference/knowledge management and learning events</li> <li>▪ Addressing adolescent reproductive health and GBV challenges in Africa is an extremely urgent priority.</li> </ul>
RH workers training, deployment, and retention	<ul style="list-style-type: none"> <li>▪ Strategy to support policy development, implementation, evaluation, and monitoring is needed to accelerate UHC targets.</li> <li>▪ Strategy to improved training, recruitment, deployment, and retention.</li> </ul>
Dwindling donor funding will significantly negatively impact RH in the Africa continent	<ul style="list-style-type: none"> <li>▪ Advocacy, monitoring, and peer bench marking to improve resource allocation for Health and RH at both national and sub-national areas in Africa.</li> <li>▪ Tracking of health budget allocation, making it transparent and available</li> </ul>



Key issues identified	Opportunities/Potential solutions
Profile and advocacy for RH amongst Head of state and Governments can be improved.	<ul style="list-style-type: none"> <li>▪ Dashboard for SDG indicators generated regularly packaged for Heads of state and governments.</li> <li>▪ Produce evidence easily digestible to raise awareness of progress of RH/MNH SDG indicators for member states, head of governments-this will create an atmosphere of positive peer pressure to accelerate actions towards SDG targets.</li> <li>▪ Identify, publish, recognise/reward and show case countries/RH projects making an impact. Dedicated website to profile and show this.</li> </ul>
Limited capacity for policy design/formulation, implementation, and monitoring	<ul style="list-style-type: none"> <li>▪ Capacity building of entry level and mid-level RMNH managers options include short courses, on the job placements.</li> <li>▪ TA to support MoH on complex matters to ensure context specific issues are addressed</li> </ul>
Enhance complementarity of various RH partners and donors in Africa	<ul style="list-style-type: none"> <li>▪ The Africa CDC RH unit should identify and strengthen existing RMNCAH partnerships in the continent and facilitate potential partnerships, both programmatic, technical and resource mobilisation.</li> <li>▪ The proposed RH unit of Africa CDC should use data to guide policy and strategy development amongst member states and RH partners/actors on the continent.</li> </ul>

#### Emerging functions of ACDC RH unit

- Resource mobilisation
- Analyse and document the impact and lessons learnt from COVID-19 on RH services and outcomes on the Continent, use this as a blueprint for targeted support to accelerate progress towards the RH/MNH related SDGs
- Identifying regional RH priorities via ACDC RCC and regional economic forum
- Creating a platform for regional learning, alignment of donor support, technical support from UN partners
- Create a platform for continental learning, through RMNCAH conferences, regional technical workshops in collaboration with UN partners and other RH stakeholders
- Creating a data hub for RH data, programme evaluation data, secondary analysis of data, country and regional RH/MNH dash boards
- Use of RH/MNH dash boards for high level advocacy, complemented by RH/MNH side events during Annual AU summit

#### Threats to RH unit and RH strategic Priorities Plan

- Challenges with human resource recruitment centrally and at RCCs focused on RH
- Lack of awareness of the Africa CDC by RH teams in MoH and RH partners
- Functioning of ACDC RCCs (2 launched: Southern Africa and Eastern Africa), agreements being finalised with WAHO in West Africa, Gabon to be launched, coordinator being recruited, Northern Africa, still at early stage of development
- RCCs focus largely on pandemic and infectious disease outbreaks, this was validated via the ACDC 2022 continental RH survey
- The success of the Africa CDC in the first 5 years of existence has been in the area of infectious disease outbreak. This strength is also reflected in the composition of the RCCs and the experience of member states. The new Africa CDC will have an operational challenge if not set up properly, as infectious disease outbreak management will take priority over RH on the continent. The following are options for operationalising the Africa CDC RH unit
  - large RH team at HQ with frequent deployment to implement activities via RCCs and no specific RH technical team at RCC,
  - moderate size central team and small RH specific technical team at RCCs
  - thematic RH specialists at HQ but more RH generalists in the RCCs
  - start with moderate size central team and expand to RCC based regional teams. This will mean that RH gets adequate attention and does not come after infectious diseases, this is a potential threat to the RH strategic approach

### Implications for ACDC RH Strategic Priorities

- The RH unit of the ACDC can play a complementary role to the new CARMMA Plus initiative by focusing on specific RH issues and demonstrate tangible results.
- The ACDC SRH strategic implementation plan will be built on strong high-level partnerships for example Red Cross and the PACT initiative
- potential work via NPHIs, production of HPV vaccine for prevention of cervical cancer,
- expanding flagship ACDC leadership programs to improve RH
- strengthening rapid response teams' capacity to strengthen RH services in emergency situations,
- strengthen the technical capacity at RCCs to support RH in member states. This will be consistent with the vision of a new public health order for Africa and ensure that infectious disease outbreaks are not prioritised over RH.

## PHASE 3: CO-CREATION, DEPLOYMENT, AND ANALYSIS OF CONTINENT-WIDE RH STRATEGY PRIORITISATION SURVEY WITH AFRICA CDC

The continental RH survey was launched in June 2022 for 8 weeks. There were 27 responses to the survey from 26/55 countries, representing 47% of member states with MoH officers in charge of reproductive health completing the online questionnaire. The response rate by ACDC RCC region was 33% (3/9) Central region, 42% (6/14) Eastern region, 43% (3/7) Northern region, 70% (7/10) Southern region and 47% (7/15) Western region (Figure 2)

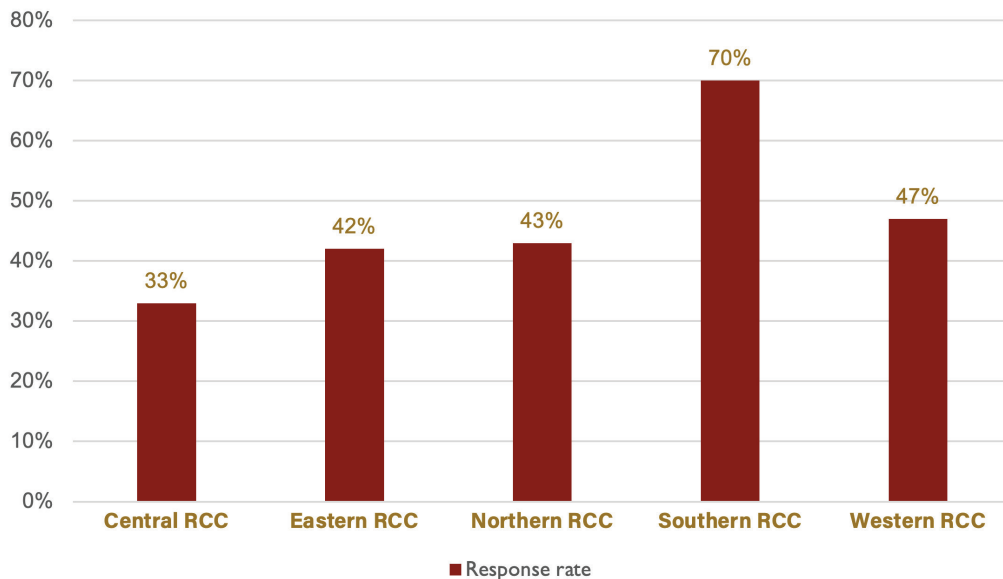


Figure 2: Response rate by Africa RCC regions

The highest response rate was from the Southern RCC, and the least was from the Central Region. The consultant visited Eastern, Central and Southern RCC regions for consultation with the RCCs, key RH stakeholders, including representatives of the Ministries of Health. The MOHs consulted prior to the survey, did not complete the survey.

Most of the countries that responded the survey, have engaged with the ACDC around prevention and control of infectious diseases, 61% (16) have engaged in the area of prevention and treatment of none communicable diseases (NCD) and only 40% (7) have engaged in Reproductive Health.

Only 41% (11) countries who responded were conversant with the Africa Union SRHR strategy Maputo 2016-2030. Eighty-five percent (23) of countries who responded have an RH strategy, all within date but 2 under review. Two-thirds of the respondents reported a national RH programme monitoring and evaluation plan or framework, most developed within the last 5 years. Only 18 of 27 respondents, reported on the extent of the implementation of the M/E plan. 83% (15) of those reported partial implementation of the M/E plan and 17% (3) reported full implementation of M/E plan. Only 9 countries responded to the question on organisations supporting their national RH strategy. The 2 areas of RH with the least RH partner support are prevention and management of infertility and addressing midlife concerns of men and women health development. Typically, these support focus on specific sub-national needs. There were only 4 responses to the question health financing, 3 of these countries reported health allocated budget of 6-10% of overall budget and one reported 11-15% of overall annual budget is allocated to health.

All respondents provided a response to the question of funding for reproductive health, as a proportion of overall health budget. In about 60% of these countries, less than 5% of overall health budget is allocated to RH. Only 3 countries reported allocation above 15%.

Regarding components of RH that are off track, Adolescent RH, safe abortion care and the reduction of gender-based violence were reported to be making slow progress or off track in achieving national targets. Whereas prevention and management of sexually transmitted infections including HIV/AIDS and family planning were ranked less likely to be off track or making slow progress.

Only 40% (11) countries reported regular (mostly annually) and 60% (16) reported sporadic/adhoc RH technical meetings with other MoH in the sub-region. However, 85% (23) reported that information sharing, and cross-national learning is extremely important for the acceleration of RH national targets in member states.

Five RH priority areas linked to specific health system priorities identified by respondents are

- Adolescent SRH (financing, health work force training, deployment and retention, and service delivery: access and quality of care)
- MNH and FP (financing, health work force training, deployment and retention, and service delivery: access and quality of care)
- Prevention and management of cancers of the reproductive system (financing, health work force training, deployment and retention, and service delivery: access and quality of care)
- The reduction of GBV (financing, health work force training, deployment and retention, and service delivery: access and quality of care)
- Safe abortion care (financing, health work force training, deployment and retention, and service delivery: access and quality of care)

Although health information and research were not identified as health system priority in any of the 5 priority RH areas, most (81% or 22) respondents reported that context specific implementation research is extremely important for the acceleration of SRH targets in their country.

Similarly, leadership and management health system building block was not one of the top HS priorities under top 5 RH priority areas identified in this survey, but the top 5 leadership and management skills required to support accelerated implementation of RH evidence-based programmes by member states identified are

- Programme design (96% or 26)
- Budgeting (88% or 24)
- Programme monitoring and evaluation (96% or 26)
- Public engagement (81% or 22)
- Engagement with politicians (78% or 21)

# AFRICA CDC RH UNIT MISSION, VISION, GOAL, INTERMEDIATE OUTCOMES, AND OBJECTIVES

This RH strategic implementation plan covers 2022 to 2027 and considers the RH focus in the AU Agenda 2063, AU Health Strategy (2016-2030), the SRHR Continental Policy Framework for Sexual and Reproductive Health and Rights (SRHR) and its Maputo Plan of Action 2016-2030 and the Global Strategy for Women's, Children's, and Adolescent Health 2016-2030.

The plan has been developed from extensive continent-wide consultations over 9 months (November 2021 to August 2022)

A strong Reproductive Health Unit in the Division of Disease Prevention and Control will lead and drive the implementation of activities in this strategic plan via the Africa CDC Regional Collaborating Centres. The RH unit will work closely with the AU Department of Health, Humanitarian Affairs and Social Development to ensure complementarity and alignment.

This RH strategic implementation plan will ride on the same underpinning principles as the Africa CDC's new public health order:

1. Strong regional institutions,
2. Local production of vaccines,
3. Investments in public work force and leadership programs,
4. Strong partnerships and
5. A greater role for regional organisations in pandemic governance.

Additionally, the unit will operate within the strengths of the Africa CDC in the last 5 years

- Effective response to infectious disease and health emergencies in Africa
- Leading on covid-19 vaccine advocacy and production on the continent
- Convening power

## **Vision**

A safer, healthier, integrated, responsive and prosperous Africa, in which Member states ensure optimal Reproductive Health for their population. Member states ensure the attainment by men and women, the highest level of RH, promote and protect their right to have a safe RH. Reproductive Health is a state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.

## **Mission**

Strengthen Africa's public health institutions' capacities, capabilities, and partnerships to strengthen health systems and systems for Reproductive Health consistent with evidence-based science, effective policy, and data-driven interventions and programs.

## **Goal**

The overall goal is to improve maternal and reproductive health in Africa and contribute to the reducing maternal mortality ratio to less than 70/100, 000 live births

## **Intermediate outcomes**

1. Minimum 10-15% of country health budget allocated to RMNCAH
2. Reduction of Adolescent pregnancy rate by 50%
3. Improved availability and uptake of HPV vaccine for the primary prevention of cervical cancer
4. Improved availability and use of Heat Stable Carbetocin for the reduction of maternal deaths from post-partum haemorrhage
5. Proportion of ever-partnered women and girls aged 15-49 years subjected to physical and/or sexual violence by a current or former intimate partner in the previous 12 months reduced by 50%

## Strategic Objectives

1. To collaborate with Africa CDC Regional Co-ordinating Centres and support member states to be more responsive to RH health priorities in the sub-region
2. To increase the capacity of member states and ACDC to respond to RH needs during health and humanitarian emergencies
3. To support member states to organise and participate in regular knowledge management and learning events to promote, national/cross continental learning and scale up of evidence-based interventions linked to RH priority areas
4. To improve the supply of RH supplies, equipment, medicines and vaccines
5. To support member states to develop and implement a sustainable Community Health Worker work force, and expand community Health Worker capacity to support scale up of interventions in RH priority areas
6. To improve advocacy for increased funding for RH to minimum of 10-15% of overall health budget
7. To improve capacity of RH managers in member states, Africa CDC Headquarters and the RCCs to lead, drive achievement of national RH targets and provide accountability.

## Input

- Strengthen RH team at Africa CDC HQ with technical officers with expertise in the identified priority areas of Adolescent SRH, Maternal and Newborn Health, family planning, prevention, and management of cancers of the reproductive system, Gender Based Violence, safe abortion care and health systems.
- Strengthen technical capacity at Africa CDC RCCs to support RH priorities from countries within the sub-region

The priorities of the Africa CDC RH strategic plan are aligned with those of the New Public Health Order for Africa (Table 4)

**Table 4: Africa CDC RH strategic implementation plan priorities aligned with Africa CDC New Public Health Order**

Africa CDC New Public Health Order Pillars	Africa CDC New Public Health Order Priorities	Africa CDC RH Strategic Implementation Plan priorities
Strengthened Public Health Institutions	<ul style="list-style-type: none"> <li>• Strengthening Africa CDC and its Regional Coordinating Centres</li> <li>• Strengthening National Public Health Institutes</li> <li>• Strengthening Public Health Emergency Operation Centres</li> <li>• Supporting Centres of Excellence</li> <li>• Networking of public health assets across the continent for synergy.</li> </ul>	<p>To collaborate with Africa CDC Regional Collaborating Centres and support member states to be more responsive to RH health priorities in the sub-region</p> <p>To increase the capacity of member states and ACDC to respond to RH needs during health and humanitarian emergencies</p> <p>To improve capacity of RH managers in member states, Africa CDC Headquarters and the RCCs to lead, drive achievement of national RH targets and provide accountability</p> <p>To support member states to organise and participate in regular knowledge management and learning events to promote, national/cross continental learning and scale up of evidence-based interventions linked to RH priority areas</p>
Strengthened Public Health Workforce	<ul style="list-style-type: none"> <li>• Training of frontline Field Epidemiologists</li> <li>• Training of next-generation public health leaders</li> <li>• Supporting Community Health Workers' Programs</li> </ul>	<p>To increase the capacity of member states and ACDC to respond to RH needs during health and humanitarian emergencies</p> <p>To support member states to expand community Health Worker capacity to support scale up of interventions in RH priority areas</p>

Africa CDC New Public Health Order Pillars	Africa CDC New Public Health Order Priorities	Africa CDC RH Strategic Implementation Plan priorities
Expanded Local manufacturing	<ul style="list-style-type: none"> <li>▪ Supporting demand coordination</li> <li>▪ Addressing barriers to local manufacturing</li> <li>▪ Expanding the Partnership for African Vaccine Manufacturing</li> <li>▪ Building momentum for Africa Collaborative Initiative to Advance</li> <li>▪ Diagnostics (AFCAD)</li> </ul>	To improve the supply of RH medicines, commodities and vaccines
Increased Domestic Resources for health	<ul style="list-style-type: none"> <li>▪ Advocating for increased domestic financing using the African Union and Global instruments</li> <li>▪ Establishing the Africa Epidemic Fund</li> </ul>	To improve advocacy for increased funding for RH to 10-15% of overall health budget
Respectful and Action Oriented Partnerships	<ul style="list-style-type: none"> <li>▪ Promoting country ownership</li> <li>▪ Promoting African driven public health agenda</li> <li>▪ Championing long-term engagement</li> </ul>	<p>To improve advocacy for increased funding for RH to 10-15% of overall health budget</p> <p>To improve capacity of RH managers in member states, Africa CDC Headquarters and the RCCs to lead, drive achievement of national RH targets and provide accountability</p> <p>To support member states to organise and participate in regular knowledge management and learning events to promote, national/cross continental learning and scale up of evidence-based interventions linked to RH priority areas</p>

## OPERATIONAL PLAN

Activities linked to each of the 7 strategic objectives of this RH strategic implementation plan and time lines over the 5 years of this strategy is presented in the table below

S/N	Strategic objective and activities	Objective verifiable indicator	Year 1	Year 2	Year 3	Year 4	Year 5
<b>1</b>	<b>To collaborate with Africa CDC Regional Coordinating Centres and support member states to be more responsive to RH health priorities in the sub-region</b>						
1.1	Raise awareness of the MPoA 2016-2030, Africa CDC RHSIP in the sub-region	Annual reports from RCCs to RH unit	X	X	X	X	X
1.2	Develop Communication Strategy and implementation Plan for the MPoA 2016-2030 and the Africa CDC RHIP	6 monthly reports from RCCs to RH unit		X			
1.3	Support member states to align national RH strategies to MPoA and develop M/E framework and implementation plans	6 monthly reports from RCCs to RH unit		X	X		
1.4	Support RH unit to engage with RH partners in sub-region	6 monthly reports from RCCs to RH unit	X	X	X	X	X
1.5	Support RH unit to organise activities at regional and continental level	6 monthly reports from RCCs to RH unit	X	X	X	X	X
1.6	Provide technical assistance to support scale up of evidence-based interventions in ASRH, GBV, MNH and FP	Annual report	X	X	X	X	X
<b>2</b>	<b>To increase the capacity of member states and ACDC to respond to RH needs during health and humanitarian emergencies</b>						
2.1	Develop Safe guarding policy and training for ACDC	Published policy and training package	X	X			
2.2	Train all ACDC staff including first responders in safe guarding	Training report	X	X	X	X	X
2.3	Expand list of first responders to include RH specialists	First responders' data base report	X	X	X	X	X
2.4	Train first responders in essential emergency RH skills	Training report	X	X	X	X	X
2.5	Expand the content of emergency stock pile supply list to include RH commodities	Expanded list	X	X			
2.6	Expand surveillance of the effect of humanitarian emergencies on RH in Africa. Review existing surveillance tools to incorporate RH indicators	RH unit six monthly report	X	X	X	X	X

S/N	Strategic objective and activities	Objective verifiable indicator	Year 1	Year 2	Year 3	Year 4	Year 5
2.7	Increase awareness of the impact of health and humanitarian emergencies on RH in member states	RH annual report		X	X	X	X
2.8	Conduct a detailed review and analysis on the impact of COVID-19 on RH service delivery in Africa towards the development of an RH specific blueprint to improve readiness and response to future emergencies.	Peer reviewed publication	X	X			
3	<b>To support member states to organise and participate in regular knowledge management and learning events to promote, national/cross continental learning and scale up of evidence-based interventions linked to RH priority areas</b>						
3.1	Develop a virtual RH community of practice at regional level	Report on level of country engagement every 6 months	X	X			
3.2	Organise Africa RH priority focused regional knowledge management and learning events in collaboration with key RH partners	Event reports		X		X	
4	<b>To improve the supply of RH supply chain, equipment, medicines, commodities and vaccines</b>						
4.1	Lead advocacy for the production, distribution, and uptake of HPV vaccine on the continent for the prevention of cervical cancer	RH unit quarterly report		X	X	X	X
4.2	Lead advocacy for technology transfer, production, pooled procurement, distribution, of RH supplies, equipment, medicines, commodities and vaccines and use of heat stable carbetocin on the continent for the prevention of post-partum haemorrhage.	RH unit quarterly report		X	X	X	X
5	<b>To support member states to develop and implement a sustainable Community Health Worker work force, and expand community Health Worker capacity to support scale up of interventions in RH priority areas</b>						
5.1	Support member states to develop and implement sustainable CHW policy	Activity report		X	X	X	X
5.2	Support member states to develop comprehensive RH package for training CHWs.	Activity report		X	X	X	X
5.3	Support member states to train and monitor CHWs activities for example <ul style="list-style-type: none"> <li>□ Training of CHWs on maternal and perinatal death surveillance and GBV surveillance,</li> <li>□ Training CHW to support health promotion activities around family planning, safe abortion care/comprehensive abortion care and cancers of the reproductive track</li> </ul>	Activity report		X	X	X	X



S/N	Strategic objective and activities	Objective verifiable indicator	Year 1	Year 2	Year 3	Year 4	Year 5
6	<b>To improve advocacy for increased funding for RH to minimum of 10-15% of overall health budget</b>						
6.1	Develop an advocacy strategy to improve funding for RH.  Organise advocacy events to increase awareness and gain commitment for SRH, around AU Head of State, spouse of HoS, Ministers of Health events and other stakeholder events	Activity reports		X	X	X	X
6.2	Track and analyse progress and trends in the MPoA indicators for priority interventions for the 9 strategic focus areas of the MPoA 2016-2030. Produce dash boards for advocacy, benchmarking, and reporting. Support member states to develop RH resource tracking tool/dashboard	Activity reports		X	X	X	X
6.3	Develop in partnership a continental MPDSR accountability framework for member states. Build capacity of member states to use the framework.  Monitor the use of the framework.	Activity reports		X	X	X	X
6.4	Organise partner advocacy events to increase funding for RH in member states	Annual reports		X	X	X	X
7	<b>To improve capacity of RH managers in member states, Africa CDC Headquarters and the RCCs to lead, drive achievement of national RH targets and provide accountability</b>						
7.1	Increase scope of content of Kofi Annan leadership programme to include RH component. Increase the number of RH managers from member states on the programme.	Quarterly reports		X			
7.2	Develop blended learning course for entry level and mid-level RH technical staff and managers to improve their capacity for programme design, budgeting, monitoring and evaluation, reporting, public engagement, evidence-based policy development and engaging politicians.	Training package development report		X	X		
7.3	Develop a mechanism to ensure uptake of 7.2	Operational and monitoring plan			X	X	X
7.4	Develop capacity of RH managers in MS to improve resource mobilization for RH in collaboration with other partners such as the World Bank	Quarterly reports			X	X	X

## INDICATORS FOR MONITORING PROGRESS

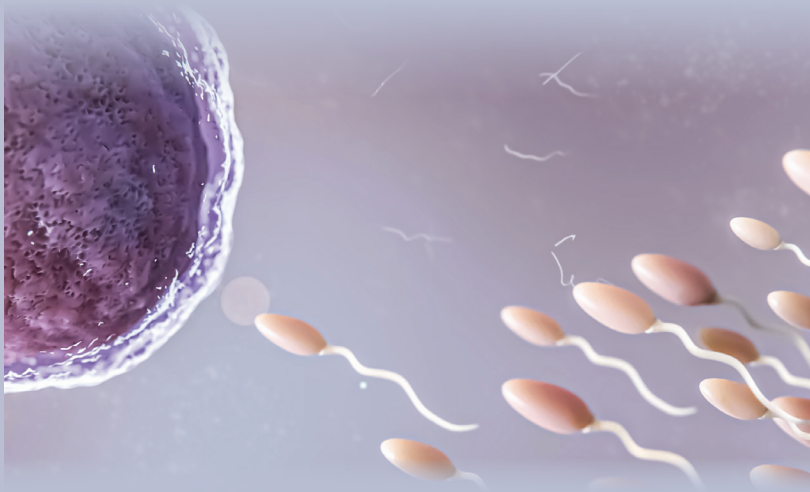
The indicators selected to monitor progress the Africa CDC RH strategic implementation plan are the same as for the MPoA for implementing the continental SRH policy framework.

S/No	Africa CDC SIP 2022-2027	MPoA 2016-2030 strategic focus area	MPoA 2016-2030 priority interventions	Indicators for MPoA and Africa CDC SIP 2022-2027
1.	To collaborate with Africa CDC Regional Collaborating Centres and support member states to be more responsive to RH health priorities in the sub-region	1-Improve Political Commitment, leadership and Governance for RMNCAH	1.1-Popularise MPoA 2016-2030 at continental, regional and national levels  1.3-Develop Communication Strategy and Implementation Plan for the MPoA 2016-2030  1.4-High political commitment and leadership for RMCAH	1.1 Presence of a costed roadmap for the reduction of maternal, new-born and child morbidity and mortality 1.2 Communication Strategy and implementation plan for MPoA and ACDC SIP 1.3 No. of countries achieving the continental/global RMNCAH commitments 1.4 Proportion of country health budget allocated for RMNCAH 1.5 Proportion of countries whose National Health accounts track RMNCAH allocations and expenditures
2	To increase the capacity of member states to respond to RH needs during health and humanitarian emergencies	5-Invest in adolescents, youth and other vulnerable and marginalized populations	2.1-Invest in poor and marginalized and empower and address their RMNCAH challenges	2.1-Percentage of most-at-risk populations (including refugees and other displaced persons) reached with RMNCAH and HIV services
3	To support member states, organise regular knowledge management and learning events to promote, cross continental learning and scale up of evidence-based interventions linked to RH priority areas	7-Improve partnerships and collaborations with private sector, communities' other extra health sectors, CSO and other partners	3.1-Strengthening South-South, North- South, triangular partnerships and Diaspora cooperation in achieving SRHR goals (including institutionalization of technical exchange and sharing of best practices)	3.1-Number of institutions in formal strategic partnerships for technical exchange 3.2-Forum to share best practices put in place. 3.3- number of Regional Knowledge Sharing Platform events organised.
4	To improve the supply of RH medicines, commodities and vaccines	5-Invest in adolescents, youth and other vulnerable and marginalized populations  6-Optimize the functioning of health system and improve human resource for RMNCAH	4.1-Improve access to and uptake of quality SRH services for youth and adolescents including HPV vaccination  4.2-Ensure the availability of the widest range of drugs/ medicines and commodities for RMNCAH  4.3-Address the rising burden of reproductive cancers, including breast, cervical and prostate cancers, by investing in prevention strategies including the HPV vaccine and routine screening, early treatment at the primary care, and reliable referrals to higher levels of care	4.1-Proportion of young people accessing SRH services 4.2-Adolescent birth rate (10-14 years and 15-19 years) 4.3-HIV prevalence among young people aged 15-24 years 4.4-Proportion of girls vaccinated with 3 doses of HPV vaccine by age 15 years 4.5-Contraceptive prevalence rate 4.6-Coverage of medications for prevention and treatment of postpartum haemorrhage (Heat Stable Carbetocin and Tranexamic acid) 4.7-Proportion of women aged 30–49 years who report they were screened for cervical cancer 4.8-Existence of national reproductive cancer policy. 4.4-Proportion of girls vaccinated with 2 doses of HPV vaccine before the age of 9-14 y 4.9-Proportion of girls vaccinated with 3 doses of HPV vaccine after the age of 15-45 y 4.10- number of production plants for the local production of RH medicines, commodities, and vaccines

S/No	Africa CDC SIP 2022-2027	MPoA 2016-2030 strategic focus area	MPoA 2016-2030 priority interventions	Indicators for MPoA and Africa CDC SIP 2022-2027
5	To support member states, expand community Health Worker capacity to support scale up of interventions in RH priority areas	<p>2-Institute health legislation in support of RMNCAH</p> <p>3-Gender equality, empowerment, and human rights</p> <p>4-Improve SRH information, education and communication</p>	<p>5.1-Implement policies, strategies and action plans to reduce unintended pregnancies and unsafe abortion</p> <p>5.2-Develop legal frameworks, strategies and programmes that deal with GBV</p> <p>5.3-Protect the rights of women, youth and adolescents and address sexual and gender-based violence</p> <p>5.4-Target children, adolescents and youth, both in and out of school with age-appropriate and culturally sensitive comprehensive sexuality education that involves parents and communities</p>	<p>5.1- number countries preparing status report on unsafe abortion</p> <p>5.2-prevalence of unsafe abortion</p> <p>5.3-Proportion of ever-partnered women and girls (aged 15-49) subjected to physical and/or sexual violence by a current or former intimate partner, in the last 12 months</p> <p>5.4-Proportion of women and girls (aged 15-49) subjected to sexual violence by persons other than an intimate partner, since age 15</p> <p>5.5-Percent of children, adolescents and youth, both in and out of school reached by comprehensive sexuality education programmes</p>
6	To improve advocacy for increased funding for RH to 10-15% of overall health budget	9-Increase health financing and investments	<p>6.1-Increase domestic resources for health by ensuring financial deepening and inclusion</p> <p>6.2-Identify and institute budget lines and budgetary allocations for essential and cost-effective SRH interventions and programmes</p> <p>6.3-Implement or strengthen MCDSR systems that monitor, evaluates and responds to all contributing factors to poor maternal outcomes, including those related to services delivery, access and socio-cultural/gender inequality barriers</p>	<p>6.1-General government expenditure on health as a percentage of total government expenditure</p> <p>6.2-Per capita government expenditure on health</p> <p>6.3-% of total financial needs for RMNCAH mobilised from domestic sources</p> <p>6.4-Existence of budget lines for essential/cost-effective interventions within the SRH/MNCAH budget</p> <p>6.5-Number of countries that have institutionalized MCDSR systems</p>
7	To improve capacity of RH managers in member states, Africa CDC Head Quarters and the RCCs to lead, drive achievement of national RH targets and provide accountability	8. Ensure accountability and strengthen monitoring and evaluation, research and innovation	7.1-Establish strong evidence-based integrated national research, innovation and monitoring and evaluation systems that incorporates population based survey	<p>7.1-The number of countries with integrated national research, innovation and M&amp;E Systems (RIME)</p> <p>The number of countries with integrated national M&amp;E System that captures equity trends</p> <p>7.2-The number of countries with integrated national RH M&amp;E</p> <p>7.3-Systems that incorporates mechanisms for tracking financial resources for RMNCAH</p> <p>7.4-Household surveys and service provision assessments conducted regularly.</p>







# Reproductive Health

Strategic  
Priorities  
2022-2026