



Africa Regional Office

CARMMA

Campaign for Accelerated Reduction of Maternal Mortality in Africa

Africa cares: no woman should die while giving life

... What it is and why it cannot wait • ... AU Summit boosts CARMMA
... A new day for the African mother • ... Launching clips... and post-launch activities

Spreading the news:

Status of the CARMMA launch
(March 2011)



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What is CARMMA,

and why it cannot wait

CARMMA, the Campaign for Accelerated Reduction of Maternal Mortality in Africa, is an initiative of the African Union Commission to curb the continentally-high pregnancy-related deaths. Maternal Mortality Ratio (MMR) is the number of pregnancy-related deaths per 100,000 live births. That is, the number of women who die as a result of childbearing, during the pregnancy or within 42 days of delivery or termination of pregnancy in one year, per 100,000 live births during that year. Globally, there are over 358,000 maternal deaths per annum, and Africa accounts for more than half (53%).

Although the principal focus of CARMMA is maternal mortality, it is also about child mortality because of the impact of maternal mortality on children and families. Children who lose their mothers are up to 10 times more likely to die within two years of their mother's death than those whose mothers are alive.

At the 12th AU Assembly of Heads of State and Government in Addis Ababa in January-February 2009, African leaders reached the conclusion that a major push was required in order to avoid as many as 2.5 million maternal deaths, 2.5 million child deaths and 49 million maternal disabilities in the next 10 years, according to UNFPA and WHO estimates.

They then committed themselves to giving maternal, infant and child health high priority on Africa's development agenda. It was during that same meeting, that a decision was taken to adopt Maternal and Child Health as the theme for the July 2010 Summit in Uganda, under the theme: "Maternal, Infant and Child Health and Development in Africa".

CARMMA was launched at the continental level during the Africa Union Conference of Ministers of Health in May 2009 in Ethiopia, using the theme: "Universal Access to Quality Services: Improve Maternal, Neonatal and Child Health" in recognition of the importance of addressing the challenge vigorously.

CARMMA derives its significance and authority from previous commitments made by African Heads of States on Maternal Health and the achievement of health-related Millennium Development Goals (MDGs). They include:

- The AU Vision, Mission and Strategic Framework (2004-2007 and beyond) which put health high on the continent's agenda;
- The 2005 Continental Policy Framework on the Promotion of Sexual and Reproductive Health and Rights (SRHR) in Africa and the Maputo Plan of Action (2006) for its implementation;
- The Abuja Call for Accelerated Action towards Universal Access to HIV/AIDS, Tuberculosis, and Malaria (ATM) services in Africa (2006);
- The Africa Health Strategy (April 2007); and
- The international consensus on MDG 5 and the target set for universal access to reproductive health.

A number of countries were selected in 2009 for priority launching of the campaign on the basis of criteria that include high mortality rates; low gender development indexes; high political commitment as measured by resource allocation and leadership; regional balance; and the strong presence of UNFPA Country Offices, in collaboration with other agencies, with the capacity to support country-driven efforts vigorously in order to accelerate maternal mortality reduction.

Those countries were: Ethiopia, Mozambique, Malawi, Rwanda, Nigeria, Ghana, Senegal and Chad. However, Namibia and Swaziland arranged promptly to launch the campaign. By July 2010, 20 countries had launched, and following the July 2010 AU Summit, many more followed. As of March 2011, 29 countries had launched CARMMA.

CARMMA is designed to be nationally driven and owned, and it enjoys strong support and partnership from several United Nations bodies, bilateral interests, foundations and non-governmental organizations.

The CARMMA strategy was developed with initial input from UNFPA, WHO, UNICEF and the International Planned Parenthood Federation (IPPF), as well as other stakeholders. As a reflection of its commitment, several UN agencies provided financial and technical assistance to ensure the success of the continental launch of CARMMA in Addis Ababa. UNFPA, WHO, UNICEF, UNAIDS, WFP and others continue to support national launches, and through their Country Offices. They also support the implementation of post-launch action plans.

The campaign currently focuses on four key areas:

- Building on-going efforts and particularly best practices;
- Generating and providing data on maternal and newborn deaths;
- Mobilizing political commitment and support of key stakeholders including national authorities and communities - mobilizing additional domestic resources in support of maternal and newborn health and mobilizing communities to let them know that everyone has role in maternal health and reduction of maternal deaths; and
- Accelerating actions aimed at the reduction of maternal and associated infant mortality in Africa.

CARMMA enjoys broad international recognition. On 14 and 15 April 2010, when the United Nations Secretary-General convened a Global Forum on women's and children's health in New York to define a collective strategy to be unveiled at the MDG Summit in September 2010, CARMMA was one of the regional commitments and efforts cited.





That event was attended by President Kikwete of Tanzania, Prime Minister Stoltenberg of Norway, and Vice President Boediono of Indonesia. Also present were ministers and senior officials from Brazil, Canada, China, Ethiopia, India, Indonesia, the Republic of Korea, Nigeria, Rwanda, Tanzania, the United Kingdom, the United States of America, the African Union Commission and leaders from the World Health Organization, UNAIDS, UNFPA, UNICEF, the World Bank, the Global Fund to fight AIDS, TB and Malaria, GAVI, the Bill & Melinda Gates Foundation and other foundations, corporations and civil society organizations.

The agreed strategy will build on discussions at the Secretary-General's Forum on Global Health in June 2009, as well as commitments made by Member States at the 2009 ECOSOC Ministerial Review on Global Health, the 2009 UNGA Special Session: Healthy Women, Healthy Children - Investing in our Common Future, the 54th session of the Commission on the Status of Women, and on regional commitments and efforts, such as the Maputo Plan of Action and CARMMA.

Towards securing greater support from high-level policymakers from the Africa region, UNFPA also

organized a briefing for African Ambassadors in New York on CARMMA on 16 April, following the Secretary-General's Global Forum. The Commissioner for Social Affairs of the African Union Commission, Ms Bience Gawanas, and the UNFPA Regional Director for Africa, Mr Bunmi Makinwa, briefed the Ambassadors and other representatives from 32 Africa Permanent Missions to the United Nations.

CARMMA's strategy is to use policy dialogue, advocacy and community social mobilization to enlist political commitment and increase resources and societal change in support of Maternal Health.

CARMMA provides additional value to ongoing efforts geared towards further implementation of the Programme of Action of the 1994 International Commission on Population MDGs, the Maputo Plan of Action on Sexual and Reproductive Health and Rights in Africa and the Africa Health Strategy. It also complements on-going efforts for resource mobilization at the global level to support the strengthening of health systems including campaigning for the recognition of maternal mortality as a key indicator of a functioning health system.

AU Summit

commits to achieving maternal and child health objectives by 2015

The Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA) received a big boost at the 15th African Union (AU) Summit Meeting as the continent's leaders committed to ensuring its launch in all countries before the next Summit – and to attaining maternal and child health objectives by 2015.

The leaders also agreed to extend the Maputo Plan of Action on Sexual and Reproductive Health from 2010 to 2015, thereby paving the way to further the Plan in all countries.

In 2009 the AU chose, as the theme for the 15th Summit in Kampala, Uganda, “Maternal, Infant and Child Health and Development in Africa.”

African leaders took advantage of it and for an unprecedented 10-hour, two-day debate, as many as 30 leaders and delegations took the floor to explore the importance and challenge of maternal and child health on the continent.

The AU Commission's Commissioner of Social Affairs, Ms Bience Gawanas said the choice of theme signaled “the end of business-as-usual by all the stakeholders in the process, including development partners.”

Of equal interest at the Summit, African First Ladies convened an important session following the debate of the leaders. They have previously focused only on HIV and AIDS.

In addition to committing to the launch of CARMMA in all countries, the leaders also agreed to the following actions, among others:

- Strengthen the health system to provide comprehensive, integrated, maternal, newborn and child health care services;
- Provide stewardship as national Governments and achieve policy coherence by developing integrated health plans within the development plan, with cross disease and cross sector health goals; and coordinate multi-sectoral and multi-agency partnerships;



- Provide strong support for sharing and scaling up of identified good practices that have high impact and that are cost effective; and request the AU Commission to map and disseminate such practices;
- Provide sustainable financing by enhancing domestic resource mobilization, including meeting the 15% Abuja target;
- Call on the Global Fund to Fight against HIV/AIDS, Malaria and TB to create a new window to fund Maternal, Newborn and Child Health;
- Institute a strong and functional monitoring and evaluation framework at country level to provide accurate, reliable and timely maternal, newborn and child data to monitor progress against agreed indicators and targets, measure health performance and for informed decisions and actions including making maternal deaths notifiable and institute maternal death reviews.

They also committed to annual progress monitoring, by asking the AU Commission to establish a Task Force on Maternal, Newborn and Child Health to prepare such reviews and reports.

That decision, which was aimed at stimulating accountability, complements another decision of the Summit, namely to institutionalize an annual CARMMA week for the next four years “in solidarity with the women and children of Africa.”

On the opening day, the host, President Yoweri Museveni, called on African leaders to develop the drivers of economic growth to help fund other pressing needs such as maternal and child health.

“We cannot deal with maternal and child health in isolation without dealing with key development factors like job creation, training a critical human resource base and developing infrastructure like roads, railways and generating sufficient electricity to support industrialization,” he said.

In the debate, the leaders called for more resource-mobilization in order to provide adequate funding for maternal and child health. They were unanimous that the provision of free access for women and children to health services is desirable and should become the practice in all African countries.

Calling for consistent public and private sector investment in maternal and child health, Thoraya Ahmed Obaid, UNFPA’s Executive Director, stressed that it pays to invest in women’s reproductive health and rights.

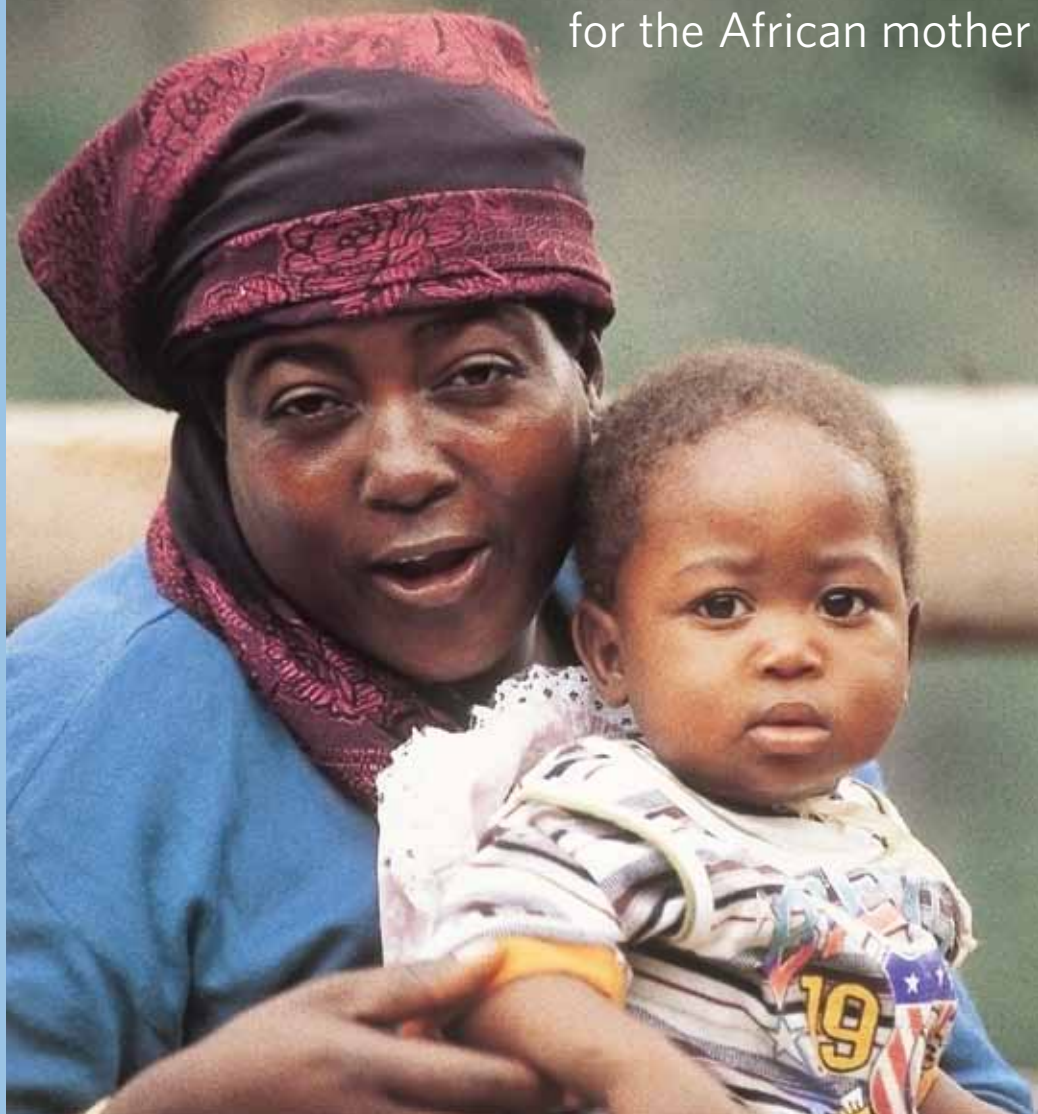
“It is not only the right thing to do, it is also smart economics,” she said. “Women deliver enormous social and economic benefits for their families, communities and nations.”

Dr Asha-Rose Migiro, the Deputy Secretary-General of the United Nations, who spoke at the opening ceremony, shared the same view. “Women and children are the engine that runs economies,” she said, and called upon development partners not simply to keep up, but indeed to increase their support of initiatives relating to the health of mothers and children.



A whole new world

for the African mother



How much good news is CARMMA?

On 16 December 2009, when the campaign was launched in Gobabis, the nation of Namibia was not even among the countries scheduled by the African Union Commission to launch the campaign that year.

But in Namibia, one woman died daily, before, during or after childbirth, a statistic that has worsened in the past 15 years. Namibia, therefore, would not wait. The campaign was launched by the country's Patron of Maternal Health, the First

Lady of Namibia, Madam Penehupifo Pohamba, who assured the huge launch crowd in Gobabis, in the Omaheke Region: "This campaign is close to my heart."

In her keynote address, she described CARMMA, the national theme of which is, "Namibia cares: No woman should die while giving birth," as "a commitment to the people of Namibia towards turning policies and strategies into actions that save mothers and keep families together."

In 2009, the AUC did not schedule Swaziland for the CARMMA launching, either. But determined that the battle to arrest the continuing loss of its women to pregnancy-related problems could not wait, Swaziland also took the issue into its hands and launched the campaign on 4 November. The event took place in a very symbolic location: a rural hospital.

As in Namibia, the Swaziland campaign was launched by another fervent advocate of the reduction of maternal mortality in the country, Her Royal Highness Inkhosikati Lambikiza. As another strong symbol of the importance of the maternal mortality movement throughout the continent, the First Lady of Zambia, Ms Thandiwe Banda, was the Guest Speaker at the Swaziland event.

For its part, Zambia launched CARMMA at the very highest level on 12 June 2010 in Lusaka, with President Rupiah Bwezani calling for increased interventions and more private-public partnerships in the health sector to ensure child birth was a safe activity for all women.

“Pregnancy is not a disease but a normal and healthy part of human life,” he reminded his people. “Maternal deaths could be prevented if women had access to quality family planning services (and) skilled care during pregnancy and childbirth.”

He then called on all Zambians to give every woman the information and support she needs to control her reproductive life, help her through pregnancy, and care for her, and her newborn (baby) well into a healthy childhood.

That ceremony made President Bwezani the first African Head of State to launch CARMMA nationally. In March, President Ernest Bia Koroma

of Sierra Leone offered his full support to the launch, which was led by his wife. President Koroma enthusiastically declared that the success of CARMMA in Sierra Leone would help to transform the country.

On 27 April 2010, on the nation’s independence anniversary, President Koroma launched a free health service for pregnant and breastfeeding women, as well as for children under age 5.

Throughout the 20 countries that have launched CARMMA so far, the campaign has been received with genuine relief and enthusiasm by dancing, singing and praying communities and crowds. Performers presented drama clips with remarkably similar maternal and child mortality themes.

All the launches have enjoyed the full support of United Nations agencies and bilateral partners. Similarly, the mass media has enthusiastically reported on CARMMA, a critical challenge with which every African can identify, with live radio and television broadcasts in many countries.

Throughout the continent, the commitment to saving women from dying while giving life is good news from every tongue, and in every year.



Eight months pregnant, Theocresia Nau-Gawaces, mother of two children said, “I am glad to be here at the launch. I plan to have my baby at the hospital, and I know I have to go for regular checkups.”

National launches

Launch of CARMMA in
Lesotho Parliament. ▶



▲ School children at the launch of
CARMMA in Malawi.



◀ Prof. Babatunde Osotimehin (the
then Minister of Health of Nigeria)
and Adv. Bience Gawanas (AU
commissioner for social affairs) at
the launch of CARMMA in Nigeria.

Mozambique

3 August 2009



The launch of CARMMA in Mozambique was led by the Ministry of Health, under the patronage of the First Lady, Mrs Maria da Luz Guebuza.

The event was attended by the AU Commissioner for Social Affairs, members of the UN system

present in Maputo, and key national stakeholders such as ministries, NGOs, the private sector, parliamentarians and the media. The event demonstrated the Government's commitment to improving maternal health and intensifying efforts needed in this regard.

Malawi

7 August 2009



The launch attracted about 3500 people, including ministers, parliamentarians and policymakers, and the Guest of Honour and Vice-President of Malawi, the Rt. Hon. Mrs Joyce Banda, was installed as Malawi's Goodwill Ambassador for Safe Motherhood.

In a rousing address, Mrs Banda personally called on everyone to get involved in ensuring that **"No Woman Dies While Giving Birth."** She also committed herself to advocating and mobilizing more resources for maternal health issues at national policy level, and stated she would ensure the replication of the CARMMA launch with the exemplary community involvement in all 28 Districts of Malawi.

Malawi is an exceptional case where maternal mortality rates have actually been on the decline: from 1,120/100,000 live births in year 2000 to 807/100,000 live births in 2006.

In the area of resource mobilization, the Goodwill Ambassador, whose role is duly supported by all UN partners and the development partners, subsequently embarked on resource mobilization from the private sector. A total of MK20 million (at 142 MK/1USD) was mobilized as a result of her meetings with Telecom Network (TNM), Illovo Sugar (Malawi) Limited, Standard Bank, Bottling and Brewery Group Limited, National Bank and Toyota Malawi.

Rwanda

7 October 2009



The First Lady, H.E. Mrs Jeannette Kagame, who was the Guest of Honour, expressed regret that every three hours, one mother in Rwanda loses her life from pregnancy-related complications. She expressed concern that at the current rate of progress, MDG 5 targets would not be achieved.

Mrs Kagame praised the timing of CARMMA. "I would like to express my appreciation to the African Union for planting this seed," she said. "Now it is the task of each African nation to water and nurture this seed so that all mothers and babies can have what they deserve: life."

She warned: "Failure to achieve MDG 5 is not an option."

The late African Union Goodwill Ambassador for Maternal and Child Health, Dr Manto Tshabalala-Msimang, who was also a former Minister of Health of South Africa, gave the keynote address. She expressed the confidence that CARMMA would save a significant number of lives as long as the campaign was translated into practical actions.

Nigeria

16 October 2009



The launch in Nigeria was performed on behalf of the First Lady, Turai Yar'Adua, by the wife of the Senate President, Mrs Helen Mark, as President Yar'Adua was in a hospital due to poor health.

Mrs. Yar'Adua welcomed the launch of CARMMA and the global child survival initiative, and pledged the commitment of the Nigerian government to the country's Integrated Maternal,

Newborn and Child Health (IMNCH) Strategy in her capacity as the Safe Motherhood Goodwill Ambassador.

The event enjoyed the wide support and attendance of high-level maternal health stakeholders, and a youth group presented a drama depicting the delays that are a prime cause of maternal mortality.

Swaziland

4 November 2009



In 2009, Swaziland determined that the battle to arrest the continuing loss of its women to pregnancy-related problems could not wait, and took the issue in its own hands and launched CARMMA on 4 November. The event took place in a very symbolic location: a rural hospital. The campaign was launched by Her Highness Inkhosikati Lambikiza, who is a major advocate for the reduction of maternal mortality in Swaziland. The First Lady of Zambia, Ms T Banda, was a guest speaker at the event. Other

distinguished stakeholders at the launch included the Minister of Health and the Deputy Prime Minister, community leaders (chiefs, members of parliament and traditional healers) and the UN System. UNFPA provided maternal health equipment to strengthen the nation's health system, while MTN Swaziland, the major cellular service provider in the country, provided "mama packs" and motivational packages for the pregnant women and midwives.

Ghana

25 November 2009



The launch crowd of over 2,500 included some 150 traditional Chiefs and Queen Mothers, each of them accompanied by an individual retinue of officials and followers.

The launch, in Koforidua, chosen because the region has the highest MMR in the country, was performed by Her Excellency, Mrs Naadu Mills,

the First Lady. The event blended Ghana's annual "Safe Motherhood" campaign with CARMMA.

"Ghana's MMR of 451", said Mrs Mills, "is unacceptable." She urged the government, NGOs, CSOs and all other stakeholders and individuals to increase efforts and mobilize resources to accelerate reduction in maternal mortality.

Chad

15 December 2009



The Chad event was organized under the auspices of the First Lady, Her Excellency, Madame Hinda Deby Itno.

She expressed her desire to see that CARMMA yield a new Chad where fewer women would die while giving birth.

In order to ensure a rigorous follow up of the commitments and the Action Plan which covers

a period of three years, Madame Hinda Deby Itno nominated the first Chadian midwife, Madame Achta Toné Gossingar, as Goodwill Ambassador of CARMMA.

Also speaking at the ceremony, the UNFPA's Deputy Executive Director for Programmes, Ms Purnima Mane, reaffirmed the commitment of UNFPA to support the efforts of Chad to reduce maternal mortality.

Namibia

16 December 2009



Namibia is one of the two countries that launched CARMMA in 2009 although they had not been scheduled by the AUC to launch at that time.

In recognition of the significant challenge of maternal mortality, Namibia took up the campaign under the leadership of the First Lady, Madam Penehupifo Pohamba.

Ethiopia

23 February 2010



Addis Ababa, which in 2009 witnessed the historic continental launch of CARMMA, also witnessed the national launch in February 2010 as part of the nation's Safe Motherhood Month Campaign. At the event, the Minister of Health, Hon. Tedros Adhanom, pointed out that reducing maternal mortality requires not only community-based

interventions but also strong facility-based interventions.

"While we are strong on community-based interventions, we need to establish strong health facility-based interventions," he stressed.

Sierra Leone

27 March 2010



CARMMA was launched on 27 March 2010 by the First Lady, Her Excellency Mrs Sia Nyama Koroma, at the Princess Christian Maternity Hospital (Cottage) in Freetown. She characterized the event as the start of the journey to reduce the high deaths among pregnant women in Sierra Leone.

Mrs Koroma called on all Sierra Leoneans, especially politicians, religious and traditional leaders, musicians, and artistes, to join the campaign, stressing that the death of a child during birth should be considered by every stakeholder to be a crisis.

The First Lady described the theme of the campaign as be appropriate, stressing that it should serve as a motivation for all Sierra Leoneans to work hard to reduce the high maternal mortality numbers that have caused Sierra Leone to be classified at the bottom of the United Nations human development index.

The Deputy Minister of Health and Sanitation, Mohamed Daudis Koroma, said of the campaign, "We can no longer afford to sit and watch our women and children die of health conditions which are preventable. Now is the time for more concerted efforts and greater action."

Central African Republic

28 April 2010



CARMMA was launched in the CAR on 28 April by His Excellency, President François Bozizé, thereby demonstrating his government's commitment at the highest level to the improvement of maternal health. The launch was done with the participation of high-level Government officials and policy makers, parliamentarians, diplomats, professional associations (journalists, medical

associations), civil society (including White Ribbon Alliance) and community members. UN Secretary General Special Representative to CAR, Madame Sahle Work Zewde, spoke on behalf of the UN System.

The aim of CARMMA in CAR is to ensure that every pregnant woman delivers in a health facility.

Uganda

5 May 2010



The Uganda campaign, with the theme, “Healthy Mothers and Babies...Everyone is Responsible,” was launched with an estimated 15,000 people in attendance. They participated in many events that included a Health Services and Information exhibition, a soccer match, and music in which local artistes weaved messages of maternal and newborn health into their performances.

At the launch, free medical services were made available to the public. These included cancer

screening, long and medium term family planning services, HIV Counseling and Testing, midwifery services and blood donation.

The First Lady, Janet Museveni, delivered a keynote address in which she called for a unified and galvanized national response to the menace of maternal mortality. She commemorated the lives lost in a candle-lighting ceremony, a symbolic act through which she launched CARMMA, Uganda's CARMMA.

Cameroon

8 May 2010



CARMMA was launched in Yaounde on 8 May 2010 under the patronage of the First Lady of Cameroon, Mrs. Chantal Biya, represented by the Minister of Public Health, S.E. Andre Mama Fouda.

In her statement, The First Lady described maternal death as an injustice to women. Mrs Biya emphasized that everyone has a role to play in the reduction of maternal mortality. She stressed the importance of public-private partnerships, and invited the private sector to support maternal health as part of their corporate social responsibility.

The CARMMA launch in Cameroon, which coincided with Africa “Safe Motherhood” Day, was also attended by representatives of other UN agencies, bilateral partners and the World Bank. The Executive Director of Global Fund, Prof. Michel Kazatchkine, spoke at the event and emphasized the importance of the linkage of HIV/AIDS, tuberculosis and malaria with sexual and reproductive health, including maternal health and family planning.

Mauritania

11 May 2011



Under the high patronage of the President of the Republic, CARMMA was launched by the Minister of Health, Dr Cheikh El Moctar Ould Horma Babana at a ceremony that marked the National Week of Reproductive Health. The Minister announced that the government had decided to increase investment in the health sector to at least 15% of the national budget within the following three years.

The launch was followed by a debate on the best ways of deploying CARMMA as an advocacy strategy for the promotion of maternal and newborn health in order to achieve quick and significant results. Participants included parliamentarians, religious and community leaders, journalists, leaders of civil society organizations, as well as policy makers and technical executives in health.

Lesotho

12 May 2010



On 12 May 2010, the Lesotho Parliamentary Session was devoted to the launch of CARMMA by the Minister of Health and Social Welfare, Hon. Dr Mphu Ramatlapeng, and parliamentarians pledged their support to the Campaign. Hon. Dr Ramatlapeng, who highlighted the need for interventions for reducing maternal and newborn morbidity and mortality, appealed to members of parliament to sensitize communities on prevention of maternal and newborn morbidity and mortality and also to advocate with community councils for revival of village health committees.

The Minister pleaded with parliamentarians to advocate for sexual and reproductive health rights with men and women including mothers-in-law. "We should talk to mothers-in-law, pregnant mothers and others to encourage attendance of prenatal clinic and advocate for deliveries at health facilities." Parliamentarians should mobilize the business community to provide

support for transportation of pregnant mothers to health facilities timeously during emergencies. He urged them to promote HIV testing in their constituencies and advocate for male involvement in prevention of maternal deaths. "CARMMA hopes to bring on board communities and decision makers to ensure that no woman should die giving life," he said.

As one of many parliamentarians who were passionate in their support for CARMMA at the launch, the speaker of the National Assembly Ms Nthloi Motsamai asked, "Why should women die when giving birth? It is time we vow that no woman dies when giving birth. The situation is totally unacceptable. We have a special responsibility as parliament to allocate funds that will go towards sexual and reproductive health programmes." Another Hon. member of parliament Mr Lekhetho Rakuoane said, "this is the holiest issue to be discussed in parliament."



Baby Pack Kit launched by the First Lady of Sierra Leone to help women who give birth at home.

Zambia

12 June 2010



In Zambia, President Rupiah Bwezani Banda became the second Head of Government to launch CARMMA when he did so on 12 June 2010 at the Mulungushi Conference Centre in Lusaka. The event was accompanied by similar launches in 23 selected districts on the same day, in the presence of the District Commissioners.

President Banda called for increased interventions

and more private-public partnerships in the health sector to ensure childbirth was a safe activity for all women.

He also urged Zambians to give every woman the information and support she needs to control her reproductive life, help her through pregnancy, and care for her, and her newborn (baby) well into a healthy childhood.

Zimbabwe

30 June 2010



The CARMMA launch in Zimbabwe was undertaken by the Deputy Prime Minister, Goodwill Ambassador for Maternal and Newborn Health Programming, Hon. Ms Thokozani Khupe, at an elaborate and well-attended ceremony at Chivi District Hospital in Masvingo Province. She called for strengthened commitment from all stakeholders to step up actions to improve maternal health.

As Goodwill Ambassador, she pledged: "I will work tirelessly to ensure that there is strong political

will at the highest level to protect women and that any legislative and cultural barriers to women's well-being are removed."

At the Zimbabwe launch, free HIV testing and counseling was made available, and was a very important contribution to the campaign. The event also saw national musicians performing a powerful drama on the theme of maternal mortality, as well as testimonies provided by mothers and young people.

Guinea Bissau

15 July 2010



The campaign was launched in Bissau under the theme, “Giving Life without Dying.” The ceremony was chaired by the Minister of the Presidency of the Council of Ministers, who represented the Prime Minister. Present were parliamentarians, the Director-General of the West African Health Organization, members of government, the Representative of the First Lady, members of the diplomatic corps, the mass media, and international organizations, including UNFPA, WHO, and UNICEF.

“Maternal mortality is one of the highest priorities of the Government,” said the Minister, “and the launch of CARMMA shows once more the urgent need to mobilize resources required to overcome the challenge and sensitize communities for their greater involvement.”

She pledged that the government would do its best to improve working conditions for professionals in order to ensure reduction of maternal and neonatal mortality.



Namibia launch: Youth drama demonstrating the challenge of transporting a pregnant mother to a health facility.

Senegal

21 July 2010



Senegal launched CARMMA in Dakar on 21 July 2010. The event was chaired by the Prime Minister, Mr Souleymane Ndéné Ndiaye. He was accompanied by the Minister of State in charge of Family Affairs, the Minister of Health and Prevention, the Director of the UNFPA Sub-Regional Office in Dakar, and the Resident Representative of the WHO.

The theme of the ceremony was “Bajenu Gox Programme: Community Response to Maternal, Newborn and Child Mortality Reduction”. Initiated by President Abdoulaye Wade, “Bajenu Gox” is a community programme to promote maternal, newborn and child health by women leaders in their neighborhood. Bajenu is a Wolof

term which means father’s sister/godmother. They are a respected group which can therefore positively influence the community to encourage women to use health facilities during pregnancy, as well as during and after childbirth. The “Bajenu Gox” came from all 14 regions of Senegal to support the launch of CARMMA.

The Prime Minister described maternal and neonatal mortality as being among the core priorities of Senegal, and renewed the commitment of the government not only to consolidating its achievements, but also to increase its support for programmes aimed at reducing maternal and neonatal mortality.

Gambia

24 July 2010



The campaign was launched on 24 July 2010 by Her Excellency, Dr Isatou Njie Saidy, the Vice President of the Republic of the Gambia at a large and colorful gathering at the Kanifing Municipal Council grounds.

The ceremony was attended by senior government officials, including cabinet ministers, the Speaker of the National Assembly and National Assembly members, the Mayors of Kanifing and Banjul,

civil society organizations, and United Nations agencies.

The Vice President, who officially launched CARMMA because the President could not make it to the ceremony on account of last minute developments, renewed the government’s commitment to ensuring that no Gambian woman dies while giving life. The slogan for the launch is “Gambia cares: No Woman should die giving life.”

Angola

20 August 2010



The government of Angola launched CARMMA on 20 August. It was launched by the Vice President of Angola, Fernando da Piedade Dias dos Santos, with the participation of ministers and vice-ministers of key sectors (Health, Family and Women's Promotion, and the Interior), Provincial Vice-Governors and Representative of the African Union. The WHO Regional Director for Africa (Dr Luis Sambo) and Representatives of key UN Agencies (UNFPA, UNICEF and WHO) were also in attendance. At the launch the Government of Angola created an inter-sectoral committee

for the accelerated reduction of maternal and infant mortality, under the chairmanship of the Minister for the Promotion of Family and Women. UNFPA, UNICEF and WHO worked in partnership to support the Government in the launch and committed to support the Government in terms of follow up actions. The Vice President has regularly made reference to CARMMA, including at the Second Inter-ministerial Conference on Health and Environment in Africa, in Luanda, 23-26 November 2010, during which he called for multi-sectoral support for maternal and mortality reduction.

Eritrea

14 September 2010



The Ministry of Health of Eritrea, in collaboration with UNFPA, WHO and UNICEF, launched CARMMA on September 14, 2010 in Asmara. Over 600 people including senior government officials, NGOs, religious leaders, health professionals and community members were at the launch. During the launch, Mr. Bunmi Makinwa, the UNFPA Africa Regional Director made a statement on behalf of the UN family in Eritrea. During the event UNFPA made a significant and well-accepted merit award to Sister Yirgalem Isaac for her exemplary work in the Campaign to End Fistula in Eritrea.

Sister Yirgalem has been instrumental in the treatment and rehabilitation of over 600 fistula patients in the country. As a follow up to the launch of the CARMMA, the Government will intensify its efforts to address maternal mortality reduction and total elimination of obstetric fistula through health system strengthening, especially facilities rehabilitation, equipment/medical supplies and human resources capacity building, and HIV/AIDS prevention with greater focus on behaviour change, communication and condom programming.

Togo

14 September 2010



The Head of State of Togo, Monsieur Faure Essozimna Gnassingbé, launched the CARMMA on 14 September at the Palais des Congres in Lome. The launch was attended by ministers, representatives of diplomatic missions, traditional and religious leaders and men and women from all walks of life. Free health services such as free HIV/AIDS testing and family planning were offered. The President visited the health service stands at the launch.

During the launch, the President reiterated his personal commitment and that of his Government to reduce drastically the number of women and newborn (babies) deaths. He committed to increase the budget of the Ministry of Health to mainly to address the issue of maternal mortality.

The President stressed the importance of having the campaign in all provinces. There were similar

launches on the same day in five (5) regions by UN Heads of Agencies and Ministers.

At the launch, the Head of State promised to increase the health budget year to year; he granted \$60 000 to the National Commission on Women and Children Health which was created during the CARMMA launch. He also promised to be involved in launching CARMMA in the districts. As a follow up to CARMMA, the Government and UNFPA provided money for the treatment of 80 fistula patients. After the launch, the President made CARMMA a major theme in his 2010 end of year message. A leading private sector practitioner gave its 2010 Women Leadership Award in the name of CARMMA. To ensure follow up, the UNFPA, UNICEF, WHO and UNDP are supporting the Government of Togo to develop the CARMMA implementation Action Plan for 2011-2015.

Republic of Congo

20 October 2010



Under the leadership of the First Lady of Republic of Congo, Lady Antoinette Sassou Nguesso, CARMMA was launched in the Republic of Congo on 20 October 2010 to accelerate the reduction of maternal death and disability. In attendance were ministers, parliamentarians, and development

partners, including Regional Directors of UNFPA UNICEF. Also among the more than 200 people at the launch were ambassadors, civil society, faith-based organizations and UN representatives, the private sector and the media. Ms Nguesso agreed to champion the campaign in the country.

The Minister of Health, Prof. Georges Moyon, reaffirmed the Government's commitment to tackle maternal mortality as a top priority. "The Government has initiated a series of measures to reverse this trend," he explained. "We established a maternal health observatory and we are promoting public awareness about the importance of women and children's health. Caesarean sections are carried out free of charge in the public health system and we are committed to the campaign against obstetric fistula and the extension of the UNFPA programme on this issue."

The UNFPA Representative in the Country, Mr David Lawson affirmed UNFPA's support. "The

extension of the fistula programme to two additional treatment centers in Pointe Noire and Owando is a key part of our contribution to CARMMA in the Congo." With as many as 140 cases already identified and potentially many more likely to be found in the near future, obstetric fistula is considered a serious public health issue in the country. Since 2007, UNFPA has invested over US\$400,000 in the prevention and treatment of fistula in the country. The Ministry of Health and Population and UNFPA, in partnership with the Ministry of Social Affairs, the Gender Ministry and Rotary Congo are supporting the prevention, treatment and reintegration of fistula patients.

Kenya

9 November 2010



On 9 November 2010, Hon. Esther Mirugi, the Minister of State for Special Programmes in the Office of the President, represented the First Lady, Her Excellency Mama Lucy Kibaki, to launch CARMMA at the Kenyatta International Conference Center in Nairobi. There were free reproductive health services during the launch. The First Lady highlighted the need to "improve health services especially by putting measures in place to improve the attitude of midwives, as it has been shown that mothers are reluctant to go to the facilities due to the bad treatment they receive." She pledged to support the Ministry accessing additional resources to support maternal and child health. The First Lady also emphasized the need for male involvement. She called on everyone to get involved in ensuring that 'No woman Dies while Giving Birth'. She reiterated the commitment of the First Ladies club to improving women's health and reduction of maternal mortality.

The Minister for Public Health, Hon. Beth Mugo, who hosted the launch, informed of Government's

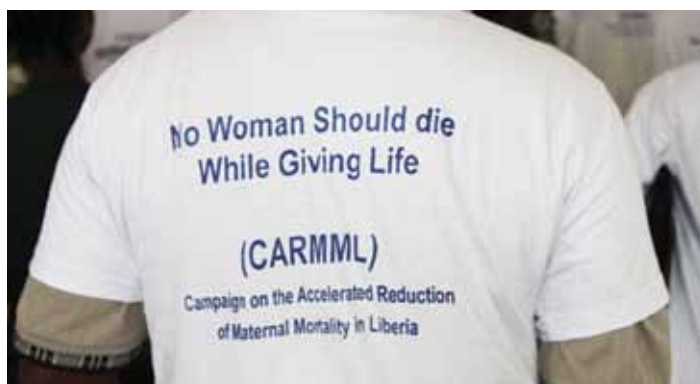
commitments to maternal health in the 2010/2011 budget, including the construction of a modal health centre in each of the 210 constituencies, recruitment of additional health human resource (15 nurses and 5 Community Health Workers) in each constituency, the procurement of 300 ambulances and the implementation of the community strategy.

Some the development partners represented include the UN agencies, DfID, GTZ and European Commission. Medical and nursing professional associations were also represented.

Maternal health testimonies at launch demonstrated the negative consequences of the delays in seeking maternal care, life before and after fistula repair and the need for mothers to deliver in health facilities. Between 1,000 and 2,000 people attended, including high-level government officials, ministers, members of parliament, provincial and district medical teams, African Union, donor community, NGO/CBO representatives and community members.

Liberia

1 December 2010



The Campaign on Accelerated Reduction of Maternal Mortality in Liberia (CARMML) was launched by the Superintendent of Grand Bassa County, Mrs Duncan Cassel, on behalf of Her Excellency, Madam Ellen Johnson Sirleaf, President of the Republic of Liberia, during the Country's 4th National Health Fair held in Buchanan City, Grand Bassa County on 1 December 2010.

The theme of the launch was "The Nation thrives when mother survives - we must strive to keep them alive." The launch focused on promoting

maternal health care, raising awareness, and the need for concerted actions by the Government, donors, communities and the beneficiaries themselves, to improve health outcomes for pregnant women.

The two day event included an address by Dr Bernice T Dahn, Deputy Minister and Chief of Medicine of the Republic of Liberia, during which she appealed to midwives to provide focused antenatal care and the media to prioritize healthcare messages.

Botswana

3 March 2011



CARMMA was launched by the Honourable Minister of Health, Dr John Seakgosong at the District Sports Stadium of Maun on 3 March 2011 with the theme "Collective responsibility and participation in the fight against maternal mortality in Botswana." Maun District was selected because it has the highest maternal mortality in the country. The launch was organized by the Ministry of Health in collaboration with the District Health Authority and Maun District Hospital.

Botswana is one of the few countries in Africa with moderately high maternal mortality. Its maternal mortality dropped from the estimated 326/100,000 live births in 1991 to 189/100,000 live births in 2009. This is despite Botswana's high antenatal care and supervised delivery coverage of above 95%, post natal care at 85% and good access to health care services with the majority of population within 10-15km from a health facility. The main causes of maternal mortality in Botswana are hemorrhage (28%); high blood pressure (16%); HIV/AIDS (14%), and abortion

(13%). Between 2006 and 2009, maternal deaths ranged from 62 to 88, resulting from both delays at home and health facilities. Botswana recorded at 6,397 abortion cases in 2009. Dr Seakgosing stressed the importance of appreciating that maternal mortality is a development issue and a measure of the quality of the health care system. Among others, he emphasized the need to address the three delays; delivery by skilled health personnel and early support during pregnancy.

Although the launch took place at a district far from the national capital, it was graced by high-level policy makers and development partners including the District Commissioner - Ms Bernadette Malala, the AU Commissioner of Social Affairs, Ms Bience Gawanas, members of parliament and representatives of UNFPA, WHO, UNICEF and UNAIDS. Organizations represented include Women Against Rape (WAR), Women's Affairs, BOFWA, University of Botswana School of Medicine and many schools, faith-based organizations/religious leaders, civil society and private sector.

Two CARMMA champions were named for Botswana at the launch: Member of Parliament, Mr. Saleshando, who will continue to advocate for high-level policy support and increased domestic resources for Maternal Health; and Radio/TV presenter, Ms Tumi Ramsden, who will use the media to create more public awareness and mobilize society, particularly individual responsibility for sexual behavior to reduce HIV infection, teenage pregnancy and unsafe abortions among young people.

Honourable Member of Parliament and Paramount Chief of Batawana, Kgosi Tawana Moremi, stressed that in Botswana there is no reason why any Botswana cannot take care of himself/herself because one can go anywhere to get free medical care. He advised community members to use health facilities and comply with medical treatments and advice to prevent premature deaths. "Once dead you can no longer take care of yourself" he said.



The DRC is one of three African countries and six countries worldwide that contributes to 50% of the world's maternal mortality rate. As such it was expected that the DRC would be among the early adopters of the CARMMA programme.

Following the visit of Thoraya and Michel Sidibé (ED of UNAIDS) to the DRC in May 2010, Head of State, Joseph Kabila Kabangué, committed to launching an initiative towards an AIDS free generation and combating maternal mortality.

With the assistance of the Minister of Health, the high profile CARMMA launch event was held on 4 April 2011 and presided over by First Lady,

Mrs Marie Olive Lemba Kabila. At the same time, a new pneumococcal conjugate vaccine was introduced as part of the routine immunization programme.

In her supportive address, the First Lady appealed to spouses to assist their partners before, during and after pregnancy and called on Government to increase the budget for the Health sector; Parliament to enact laws to promote family planning; and Local/provincial governments to mobilize resources for maternal and child health and launch CARMMA in their provinces. The ceremony was broadcast live on national TV.

Full speed ahead:

post-launch developments

Following the formal launch of the campaign, the national champions of CARMMA and the national authorities have committed to follow-up activities to intensify reduction of maternal mortality in their countries. Activities include the following:

- Malawi, Chad, Zambia, Rwanda and Nigeria: Decided to launch CARMMA in all districts or states.
- Malawi: Adopted District Hospitals for health system strengthening in partnership with the private sector.
- Chad: Decided to use the launch of CARMMA to coincide with the Campaign to End Violence Against Women, and also to raise funding for Maternal Mortality Reduction through pledges.
- Sierra Leone: Agreed to provide free medical services for pregnant mothers and infants; district by district launches are planned by UNFPA; 'Baby packs' will be distributed to pregnant women.
- Swaziland: Instituted Maternal Mortality monitoring indicators; launched CARMMA with traditional healers held; national training of religious leaders was successfully held; sensitization of nurse managers on CARMMA was carried out as a strategy for strengthening supervision of health care workers in the execution of their duties for promoting maternal health; an advocacy officer was recruited to facilitate the implementation of Her Royal Highness' continued development advocacy around CARMMA.
- Zambia: CARMMA has been launched in more than 23 districts in the country. CARMMA also launched to 50 parliamentarians providing orientation on maternal health issues and lobbying them to allocate at least 15 per cent of the national budget for health financing. The parliamentarians agreed to table a motion in Parliament for the establishment of an HIV/AIDS Fund because of the link between HIV and maternal deaths.
- Rwanda: With support from UNFPA the Ministry of Health launched CARMMA in seven districts in June 2010.
- Central Africa Republic: To ensure everyone is involved in the maternal mortality reduction, CAR organized follow-up meetings with various stakeholder groups (journalists, women leaders and others) to develop action plans for accelerated responses.
- WHO, UNICEF and UNFPA have developed a Monitoring Framework to follow up country level maternal health activities to meet the objectives of CARMMA launches.



◀ Midwives at the launch of CARMMA.

Partners/Associates



Male nurses communicating the importance of health providers in the prevention of maternal deaths.

Many development partners (including the UN System, Bilateral Donors and International and National NGOs) have been involved and represented at the launches of CARMMA. The United Nations agencies involved and represented included, UNFPA, UNICEF, WHO, UNAIDS, FAO, WFP, and the World Bank. The United States of America Embassy and USAID in Malawi were also in attendance. The USAID, through the Reproductive Health Unit of MOH in Malawi, is one of the development partners supporting the Mchinji District Hospital for provision of Integrated Comprehensive Sexual and Reproductive Health for Maternal Mortality Reduction, including Emergency Obstetric Care and HIV Prevention, Care and Treatment. The

Mchinji District Hospital (where the launch took place) provides very good integrated comprehensive SRH, including HIV prevention care and treatment.

Professional Associations involved in national launches included: National Association of Nurses and Midwives, National Midwives Association, National Medical Councils, Association of Community Health Workers and, Nutritionists. International and national NGOs involved included IPPF, Access, Family Planning Associations, Banja La Mtsogolo (BLM) and other NGOs. Healthcare Provider Training Institutions such as Colleges of Health Sciences and Schools of Nursing were also involved.



◀ Music concert marking the launch of CARMMA in Uganda.

Uganda youths perform for CARMMA launch. ▶

Cultural group perform at the CARMMA launch.



▲ Women celebrating the launch of CARMMA.

◀ Michinji's traditional chief, medical officer and women celebrate their award for preventing maternal deaths.



▶ Heads of governments at the July 2010 AU Summit on maternal, infant, and child health in Kampala, Uganda.

Women performing at the CARMMA launch in Mozambique.

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▼ CARMMA launch in Namibia.



Women performing at the CARMMA launch in Liberia.

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▲ Fistula survivor at the launch of CARMMA in Cameroon.



◀ Launch of CARMMA in Nigeria.



UNFPA, the United Nations Population Fund, is an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. UNFPA supports countries in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV/AIDS, and every girl and woman is treated with dignity and respect.

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