

## **Addis Ababa Call to Action on Human Resources for Maternal and Newborn Survival, including Task Shifting/Sharing for Emergency Obstetric and Newborn Care, 2 July 2009**

*Every pregnancy wanted, every birth safe, every newborn healthy<sup>1</sup>*

We, Ministers of Health from 29 African countries assembled in Addis Ababa, Ethiopia, on 2 July 2009, to share experiences in human resources for maternal and newborn survival to address the human resource crisis that slows our progress in achieving MDGs 4 and 5, determined to take concrete and deliberate steps to prevent the death and disability of women and children due to complications of pregnancy, childbirth and post-partum period, and to reinvigorate our commitment to strengthen national health systems and fully implement our national plans for maternal and newborn health;

**Acknowledge** that poor access to reproductive health, including family planning, and to quality care in pregnancy, childbirth and post-partum period is responsible each year globally for more than half a million maternal deaths, around two million newborn and child deaths, and the emotional and physical suffering of millions of women left with life-long disabilities;

**Commend** the African Union for the recently launched Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA) which reinforces the leading role of the people of Africa and their governments in leading the search for solutions and demanding that global priorities align with those solutions;

**Welcome** recent global and regional resolutions and declarations that recognize avoidable death in pregnancy and childbirth as a human rights violation;<sup>2</sup> articulate the necessity of tackling health inequities through universal coverage of primary health care,<sup>3</sup> including sexual and reproductive health,<sup>4</sup> and emphasize the critical importance of scaling-up mid-level health providers in contributing to address the crisis in human resources in the health sector;<sup>5,6</sup>

**Note with concern** the slow progress towards the attainment of MDGs 4 and 5 by 2015, the global financial crisis threatens the commitments made by donor governments to increase and harmonize development assistance, and the commitments made by countries of the African continent to allocate 15% of national budgets to health, as stated in the Abuja declaration;<sup>7</sup>

**Are aware** that the countries which are coping with or emerging from conflict face substantial challenges in reducing maternal and newborn mortality and morbidity due to deterioration of health systems and infrastructure and depletion of human resources;

**Recognize** the existence of evidence-based and effective solutions to address maternal and newborn mortality, namely universal access to family planning; skilled birth attendance (as per WHO definition); and access to comprehensive Emergency Obstetric and Newborn Care (EmONC); **further recognize** that, where adopted as part of primary health care, these interventions have led to tremendous gains in maternal health in over one hundred countries, reducing maternal mortality by half in less than ten years in many of these countries;<sup>8</sup>

**Acknowledge** that skilled health workers able to deliver life-saving interventions are dramatically fewer than the number needed, with the unacceptable result that the poorest and most marginalized people have much higher maternal mortality; also **acknowledge** that community health workers are able to deliver family planning services and support other health promotion activities and important child and some newborn health interventions within the context of continuum of care; however they do not have the competencies and enabling environment to ensure safe deliveries;

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<sup>1</sup> The Global Campaign for the Health Millennium Development Goals - First Year Report 2008. Chapter 5 on new Consensus

<sup>2</sup> United Nations GA. Preventable maternal mortality and morbidity and human rights. Human Rights Council A/HRC/11/L.16/Rev.1 Res. 16 June 2009

<sup>3</sup> World Health Assembly Resolution WHA62.12, 22 May 2009

<sup>4</sup> Maputo Plan of Action for the implementation of the Continental Policy Framework on Sexual and Reproductive Health and Rights. Maputo, Mozambique, 18-22 September 2006

<sup>5</sup> Kampala Declaration and Agenda for Global Action. First Global Forum on Human Resources for Health, Kampala, Uganda, 2-7 March 2008

<sup>6</sup> Addis Ababa Declaration on Task Shifting. Addis Ababa, Ethiopia, 8-10 January 2008

<sup>7</sup> Abuja Call for accelerated action towards universal access to HIV and AIDS, tuberculosis and malaria services in Africa. Abuja, Nigeria, 2-4 May 2006

<sup>8</sup> The World Health Report 2005 - Make every mother and child count. 2005. Geneva. World Health Organization

**Support** the principle, practice and the potential of task shifting/sharing for ensuring availability of EmONC when aligned with overall health system strengthening;

We therefore **commit to**:

- Ensure that all women can have access to care by a skilled birth attendant during pregnancy, childbirth and the post-partum period by 2015
- Further enhance our commitments to repositioning family planning as a critical strategy for improving maternal and newborn survival
- Ensure that national human resource plans address the critical shortage and the specific competencies and enabling environment required for maternal and newborn survival, are fully developed and implemented, are adequately financed to address the number, quality training, distribution, motivation and retention of health workers, and are appropriately monitored
- Accelerate implementation of evidence-based and sustainable strategies to increase access to life-saving services, and continue documenting innovative and complementary approaches such as task-shifting/sharing of EmONC, fostering a team approach with midwives and other health professionals capable of carrying out EmONC, including non-physician clinicians as appropriate, to accelerate progress on maternal and newborn survival
- Ensure an enabling policy, regulatory, managerial and operational environment so that all skilled birth attendants are able and motivated to provide the needed services safely, effectively, and respectfully, and are retained in the geographic areas where they are most needed in order to ensure universal access
- Enhance efforts to further strengthen our national health systems, as we work towards achieving Millennium Development Goals 4, 5 and 6
- Encourage South-South, North-South and regional collaboration for maternal and newborn survival, including standardization and harmonization of health worker cadres and training curricula
- Take action to address the socio-economic determinants of maternal mortality and morbidity, including gender inequality, low access to education – especially for girls but also for boys – child marriage and adolescent pregnancy;

**Commend** WHO, UNFPA, UNICEF and the World Bank for generating a “new impetus” for maternal and newborn health,<sup>9</sup> and **call** on these agencies to further support national capacity building for health, and provide technical resources in recognition of the importance of maternal mortality as a litmus test for the overall functioning of health systems;

**Call** on all members of the African Union to endorse this Statement and to take the bold steps to accelerate the implementation of the Maputo Plan of Action, national maternal and newborn health roadmaps as well as other related actions to fulfil these commitments to the women and children of our countries; **transmit** this Call to Action to the Heads of State of the African Union for their highest consideration and endorsement as appropriate;

**Call** on national and international development partners, including donor governments, global health initiatives, foundations, academic institutions, professional associations, and NGOs, to support governments’ plans with capacity building and technical assistance, and predictable, long-term financing for MDG-driven and performance-based health systems strengthening, as recommended by the High Level Taskforce on Innovative International Financing for Health Systems.<sup>10</sup>

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<sup>9</sup> WHO, UNFPA, UNICEF, the World Bank: Joint statement on maternal and newborn health. Accelerating Efforts to Save the Lives of Women and Newborns; 25 September 2008

<sup>10</sup> High Level Taskforce on Innovative International Financing for Health Systems. Final Report, May 2009