

Editorial

Wahala in Kampala

Kampala, Uganda is the venue of the 2010 African Union Summit meeting (July 19th-27th). *Wahala* is a word widely used in western Africa to denote complex situations, troublesome problems, or exceedingly taxing obligations. *Wahala* captures the theme of the fifteenth Ordinary Session of the Assembly of African Heads of State entitled “Maternal, Infant and Child health and Development in Africa.” This theme represents the most intractable United Nations Millennium Development Goals (MDGs)¹. Quoting from the recommendations of the MDG Africa Steering Group²:

“Africa as a whole is off track to meeting the MDGs on reducing child mortality, improving maternal health and combating infectious disease (i.e., MDGs 4, 5 and 6). Yet, experiences from other continents, as well as recent progress in several countries in the region, prove that the Goals can be achieved across Africa.”

What are these specific goals? Target number 4 of the MDG aims to reduce by 67% (between the years 1990 and 2015) the mortality rate among children under the age of five years, according also to infant mortality and the proportion of one year olds who are immunized against measles. Target number 5 aims to reduce by 75% within the same period, the maternal mortality ratio; and to achieve by 2015, universal access to reproductive health. Here, there are some successes to report, but these successes also frame major challenges ahead. According to the World Health Organization (WHO):

“Annual deaths of children under five years of age in 2008 fell to 8.8 million, down by 30% from 1990. The pace of decline has accelerated since 2000. In the WHO African Region the rate of decline in child deaths doubled from 2000–2008, compared to the previous decade. The deaths of nearly 3 million children under five each year worldwide can be attributed to diarrhoea and pneumonia. An estimated 40% of deaths in children under five occur in the first month of life, so improving newborn care is essential for further progress. The number of infants immunized against measles increased from 94 million to 107 million from 1990 to 2008, a rise in coverage of 73% to 83%³.

Regarding WHO’s study of maternal health, the report states that:

“Maternal health remains the MDG target for which progress has been most disappointing. Recent academic estimates suggest that maternal mortality has fallen since 1990 though at a pace well short of the annual 5.5% reduction needed to achieve the MDG targets. The study reports a global annual average rate of decline over the period 1990–2008 of 1.3% compared with the 0.4% decline reported by the UN between 1990–2005. Preliminary evidence indicates modest reductions in maternal mortality and improvements in use of skilled attendant at birth in several countries. It is critical to note that all such estimates are uncertain due to different statistical assumptions and modeling approaches. There is an urgent need for better country level data and for support to building information systems able to identify and monitor all births and deaths.

From 2000 to 2008 fewer than half of all pregnant women made the WHO-recommended minimum of four antenatal visits. While the global proportion of births attended by a skilled health worker has increased, in the WHO regions of Africa and South-East Asia fewer than half of all births had skilled assistance.

Women in developing countries are increasingly able to plan their families due to contraceptive use. The proportion of women in developing countries who report using contraceptives increased from 50% in 1990 to 62% in 2005. From 2000 to 2007 there were 47 births per 1000 adolescent girls aged 15–19 globally⁴.

¹ United Nations Development Program. Millennium Development Goals. <http://www.undp.org/mdg/>. Accessed on July 19th 2010. In September 2000, all 191 member countries of the United Nations agreed to strive to achieve eight goals by 2015. The eight Millennium Development Goals represent global commitment to reduce or eliminate poverty, hunger, disease, illiteracy, environmental degradation, and discrimination against women.

² MDG Africa Steering Group. 2008. Recommendations: Achieving the Millennium Development Goals for Africa. <http://www.mdgafrica.org/>

³ World Health Organization. Millennium Development Goals: progress towards the health-related Millennium Development Goals. <http://www.who.int/mediacentre/factsheets/fs290/en/index.html>

⁴ Hogan MC, Foreman KJ, Naghavi M, Ahn SY, Wang M, Makela SM et al. Maternal mortality for 181 countries, 1980–2008: a systematic analysis of progress towards Millennium Development Goal 5. *Lancet*, 2010, 375:1609-23.

Somewhat disconcerting is the assessment of the MDG Africa Steering Committee that self-sufficiency is not the way that Africa can achieve the goals:

“Taking into account synergies across the health goals, it is estimated that external financing for the above identified needs may need to reach some US\$25–30 billion per year by 2010. Most of this financing should be provided with enough flexibility to cover the funding gaps in national plans, including those plans developed under the IHP (International Health Partnership) framework.”

This challenge of raising external funds will likely take up most of the time of the Heads of State meeting in Kampala. *Wahala* indeed.

There is no lack of pessimism. Jill Sheffield, President of *Women Deliver*⁵ began her open letter to the African Heads of State prior to the July meeting with the following statement:

“It is a simple truth: The Millennium Development Goals will not be achieved in Africa without addressing sexual and reproductive health. In 2006, recognizing that women and girls deliver enormous social and economic benefits to their families, communities, and nations, the African Union boldly adopted a short-term plan to achieve the MDGs and save women’s lives in their continent: The Maputo Plan of Action. You understood the needs and realities of your countries, you came together, and you adopted a plan that moved sexual and reproductive health higher on Africa’s political agenda. We commend you for taking the lead in addressing sexual and reproductive health, including maternal health and family planning.

Now, the Maputo Plan of Action is about to expire, and we’re calling on you to reenergize your efforts to achieve the goals that you set in 2006.”

Women Deliver estimates that it will take a commitment of US \$12 billion annually to “fulfill the unmet need for family planning and provide every woman with the recommended standard of maternal and newborn care.” The capability to manage one’s own physical and social environments is essential for empowering women to maximize the financial investments by national and international governing agencies. In reality, Africa can afford these costs and investments if the will to prioritize these goals prevail in Kampala. The world is watching....and waiting.

Oladele A. Ogunseitan, Ph.D., M.P.H.
Program in Public Health & School of Social Ecology,
University of California, Irvine,
CA 92697, USA.
Editor-in-Chief.

⁵ <http://www.womendeliver.org/>