



# CARMMA and African Health Stats – Accountability Made in Africa

*Evidence for Action-MamaYe was established in 2011 with UK aid from the UK government and continues with funding from the Bill & Melinda Gates Foundation. Our goal is to save maternal and newborn lives in Africa, through better resource allocation and improved quality of care.*

*This case is an excerpt from a collection of 22 case studies based on the experiences of the E4A-MamaYe programme, which brings to light new learning about the specific ways in which evidence, advocacy and accountability reinforce each other to bring about change.*

The Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA) was launched by the African Union (AU) in 2009 to trigger concerted and increased action towards improving maternal and newborn health and survival across the continent. It was driven by (the now former) Commissioner of Social Affairs Bience Gawanas, who is passionate about women's rights and believes that "we don't have to wait for someone to come solve our problems": African member states and citizens can solve maternal and child mortality themselves if they join together.

At the start of our programme, two years after CARMMA's regional launch, the campaign mainly consisted of country-level launches, sponsored by UNFPA and the countries' First Ladies. There was little engagement with the campaign at a regional level, and it was not effectively mobilising member states around their Maputo Plan of Action and Abuja Declaration commitments.

AU staff did not feel that the campaign was led by, or embedded, in AU structures, and the commissioner was frustrated that African efforts to reduce maternal mortality were not fully recognised by donors. Furthermore, it was felt

that First Ladies had little authority and sustainability as agents of change. Heads of states were the ones who needed to be engaged effectively, through appropriate AU channels, supported by evidence. Other challenges included the lack of donor support for CARMMA, insufficient staff within the Department of Social Affairs, as well as the extensive procedures for implementing any activity which prevented them from spear-heading a fleet-of-foot campaign.

## **Description of the case**

Our international team suggested the possibility of re-activating the campaign at regional level by creating a full campaign website hosted by the AU (previously, the campaign had been hosted on a single web page). We recognised that, as an organisation of member states, the AU cannot directly lobby its members, but it can convene high-level decision-makers around priority issues and increase transparency around performance. The AU's legitimacy, as the only regional accountability mechanism in Africa, is powerful.

The new CARMMA website, launched in

November 2012, supports those efforts by enabling the comparison of member states' performance on maternal and child health. Beyond the cutting edge nature of the website's design, the true innovation is that this accountability mechanism is driven by the African Union itself, which has real legitimacy to engage its member states in peer review. As a reminder of who owns the evidence displayed on the CARMMA website, the AU logo proudly stands next to the CARMMA campaign's brand on the landing page, a clear sign of political will.

The website's functionality and design was wholly driven by the AU's priorities. The final product communicates CARMMA's objectives in an on-going way, through news stories that keep the AU members' commitments under the spotlight. The website is also a repository for data and evidence related to the goals of the campaign, enabling transparency on the performance of AU members. In particular, the website hosts country and regional scorecards that display AU member states' performance in a way that makes it easy to compare one state against another. For the first time, this data is available for all member states via one website, hosted by a regional body.

The process of building the CARMMA website was carefully engineered to ensure the AU retained full leadership, while overcoming bureaucratic hurdles and capacity constraints through the provision of "in-kind" support. We hired a staff member in the Department of Social Affairs (DSA) with commercial experience of digital technology and the trust of the former Head of Health, Nutrition and Population to support the development and management of the website from within the DSA. This was a way to inject resources while overcoming the bureaucratic hurdles involved in transferring funds to the AU, a mutually convenient solution to the DSA's scarce capacity. This staff member ended up being a committed driver of the project and succeeded in keeping both us and the DSA in close communication throughout.

We also hired African designers and communication consultants in order to ensure

that the design would specifically appeal to the target audience, AU member states. Internationally-recognised data was approved for use by the AU technical team and member states after lengthy negotiations, a noteworthy achievement in a context where much of the social and economic development data used in relation to African countries lacks legitimacy in those same countries.

A year later, AU staff approached us to expand the CARMMA scorecards to include indicators related to the Maputo Plan of Action and the Abuja Declaration. Those initial conversations resulted in a more ambitious project: a second AU-hosted and managed website called African Health Stats (AHS), launched in November 2014. Additional technical resources were provided by USAID through Management Sciences for Health and African Strategies for Health, with further support from AUSAID.

For the first time, AHS makes it possible to compare and contrast how AU member states are performing in relation to their Maputo Plan of Action and Abuja Declaration commitments. The site is designed for both technical and non-technical audiences, allowing anyone to access high quality data in a user friendly-way and interactive way. The site's cutting-edge interface allows you to choose the combination of indicators you are interested in and how to visualise the information. AHS, like the CARMMA website, is bilingual in French and English.

## Results

While we had not planned or budgeted the production of the AHS website, we saw the AU's direct request as an indication of their appetite to increase access to comparable data for better accountability across the region. This enthusiasm for evidence-based accountability has grown to a level that would have seemed unthinkable when we first negotiated the comparative aspect of the CARMMA scorecards.

Over the period August 2014 to August 2015, the CARMMA site had nearly 29,000 users and over 61,000 page views. Since its launch in

November 2014, the AHS site has had over 6,000 users and over 22,700 page views.

The AU has used the websites to raise the status of CARMMA among member states. For example, the CARMMA website was featured at a high level lunch event on CARMMA which was held on the margins of the January 2013 Summit of AU Heads of State and Government.

This event, sponsored by UNFPA, was attended by 29 African heads of state and resulted in a show of support by these leaders in advancing CARMMA and other MNCH initiatives in their countries and across the continent.

The CARMMA website has also played an instrumental role as an advocacy platform for many other AU events, such as:

- ◆ The 6th Conference of African Ministers of Health, April 2013 - Addis Ababa, Ethiopia
- ◆ The Extraordinary Summit of AU Heads of State and Government on HIV/AIDS, TB and Malaria (Abuja +12), July 2013 - Addis Ababa, Ethiopia
- ◆ The First International Conference on Maternal, Newborn and Child Health in Africa, August 2013 - Johannesburg, South Africa.
- ◆ The launch of the Mama Afrika Award, August 2013 - Johannesburg, South Africa.
- ◆ CARMMA Week Commemorations, November 2012, 2013 and 2014 - Addis Ababa, Ethiopia
- ◆ The African International Conference on Population and Development, September, October 2013 - Addis Ababa, Ethiopia

The data on the websites has been used to inform review processes for expiring health instruments of the AU such as the Maputo Plan of Action; the Abuja Call on HIV/AIDS, TB and Malaria; the African Nutrition Strategy and the African Health Strategy. The CARMMA scorecards were also used in the development of the 2013 CARMMA Magazine and the Annual Status Report on MNCH in Africa in 2012 and 2013.

## Challenges and lessons learned

The sustainability of the CARMMA campaign and of the websites in enabling accountability for CARMMA-related commitments is uncertain. Frequent staff turnover within the AU, combined with lengthy procedures for staff replacement, have resulted in a leadership vacuum that has impeded progress on the campaign. The AU's scarce human resource and financial capacity has also meant that most activities were scaled down in the aftermath of the Ebola crisis, which monopolised the department's resources. The lack of donor or AU funds specifically targeted at the AU's role in supporting CARMMA has put the campaign's continued relevance in jeopardy.

When the AU first asked us to develop a platform enabling comparison of their member states' performance on their Maputo and Abuja commitments, we reached out to partners in order to pool technical, human and financial resources to respond to this request. We acknowledged that there was no longer term resource base, but believed that this opportunity was too important for strengthening accountability at the regional level. Now that the AHS website is fully developed, we are working with the AU, Partnership for Maternal, Newborn and Child Health and others on generating interest and attracting further resources to support a more sustainable product. For example, our international team facilitated training workshops for African youth activists and journalists during the Johannesburg Global Strategy consultation in March 2015, coaching them to use the evidence on the AHS website to support their advocacy.

*This case study was informed by interviews with Ann Pettifor, Programme Advocacy Lead, Louise Hulton, Programme Director, Eleanor Hukin, Programme Evidence Lead, personal communications with Kenneth Oliko, staff member at the Department for Social Affairs of*

*the African Union, and Google Analytics reports for the CARMMA and AHS websites.*

*To read the collection of E4A-MamaYe case studies visit: [www.mamaye.org/en/evidence/mamaye-evidence-action-stories-change-selected-case-studies](http://www.mamaye.org/en/evidence/mamaye-evidence-action-stories-change-selected-case-studies)*



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