

# 2017 PROGRESS NARRATIVES FOR COMMITMENTS MADE TO THE *EVERY WOMAN EVERY CHILD GLOBAL STRATEGY (2016-2030)*

NARRATIVES FROM  
*EVERY WOMAN EVERY CHILD* NON-STATE COMMITMENT-MAKERS



## Adara

Since our last progress report, we have continued to work in close partnership with Kiwoko Hospital in central Uganda to provide exceptional evidence-based care to mothers and their newborns. This holistic care includes both primary and tertiary programmes. The Kiwoko Hospital neonatal intensive care unit (NICU) cared for over 1,000 babies in 2017 with an overall survival rate of 89%. In the past year, over 2,800 babies were delivered in the maternity ward, 6,000 mothers received antenatal care, and over 8,000 children received immunisations through the community based healthcare programme.

After 20 years of partnership with Kiwoko Hospital, Adara is now expanding its reach in Uganda, beginning in the Nakaseke district. In September 2017, we began providing clinical training and mentorship in newborn care at Nakaseke Hospital, a public health facility. We are providing technical assistance as the hospital develops a special care nursery to care for sick or premature newborns. Adara is offering guidance on logistics, staffing, equipment, supplies, and is providing expert training and mentorship in clinical care of newborns. We are currently working to engage other partners to expand this work throughout the country. This service delivery activity is providing important training to Ugandan clinicians. Our overarching goal of this activity is to reduce neonatal mortality and morbidity in Uganda to meet or exceed the targets set by the Sustainable Development Goals.

Adara has made progress developing its newborn care training manual, especially designed for sick and premature infants in low-resource settings, and hopes to complete this project in 2018. This manual will provide the background, theory and practical guidelines for delivering best-practice newborn care. This work, as well as our work with Nakaseke and other Ugandan partners, will help make progress in the Quality, Equity, and Dignity focus area.

Adara continued our strong partnership with PATH and the University of Washington/Seattle Children's Hospital to develop the Safe Bubble CPAP Kit, a low-cost solution for delivering this important therapy that does not require electricity and can blend air and oxygen.

In partnership with UVRI/MRC and London School of Hygiene and Tropical Medicine, we began conducting a Randomised Control Trial, called the ABAaNA study, to test an Early Intervention Programme designed to improve functioning and quality of life for babies with disabilities and their caregivers. This work is directly contributing to progress in the Early Childhood Development focus area.

We continued to share our unique business-for-purpose model through multiple platforms, with the Adara Businesses contributing 100% of their profits to Adara Development. Since inception, the Adara Businesses have contributed more than US\$10 million to fund Adara's core support and emergency project costs, allowing 100% of all other donations

received by Adara Development to go directly to project-related costs.

All areas of work have progressed in accordance with our proposed timelines.

## Advance Family Planning

“Advance Family Planning (AFP) is making significant progress against its goal to persuade policy-makers to honor their Family Planning 2020 (FP2020) commitments and, in general, seek increased political commitment and funding for family planning at the global, regional, country and local levels.

More national and subnational governments and private companies are making and increasing financial commitments to family planning information, services, and supplies. From November 2015 to October 2017, AFP and its partners achieved over 700 advocacy wins and mobilized US \$30.5 million in family planning funding.

In the last project year alone (November 2016 to October 2017), AFP advocates engaged with national and local decision-makers, producing 364 budget allocations totaling \$18.2 million for family planning across all levels. This funding consists of large national budget allocations, smaller amounts from subnational government authorities, and corporate funding. Sixty-eight percent of these 364 budget allocations represent first-time family planning budget allocations and 19% were sustained or increased allocations

We are proud members of the EWEC community and are committed towards advancing the global goals related to reproductive, maternal, newborn and child health.

from the previous year. Private companies in two countries (DRC and India) invested a total of \$165,821 in new family planning funding in 2016–2017.

In tandem with increasing resources for family planning, AFP works to improve the policy environment for improved and equitable access. From November 2015 to October 2017, 186 family planning policy wins in 10 countries and the Opportunity Fund enabled better access to contraceptive information, services, and supplies. AFP advocated for new policies and implementation of existing policies and recently incorporated a more explicit focus on youth, post-partum family planning, and quality of care. The resulting advocacy wins improved access to quality family planning services; facilitated choice of a wider range of contraceptive methods; increased the types of health workers that can provide methods; improved accountability mechanisms; and revised family planning curricula and training.

As a result of direct advocacy and expansion efforts, AFP's potential reach at subnational levels nearly quadrupled from 22.2 million women of reproductive age to 85.7 million.

AFP's presence and influence increased from 239 subnational geographies in November 2015 to 367 by October 2017.

One of AFP's best practices is use of the AFP SMART advocacy approach. AFP has strengthened the ability of local and international NGOs to apply the SMART approach to advocate effectively with policymakers. By the end of 2017, we cultivated a corps of more than 260 individuals and 26 organizations that are able to effectively develop and implement advocacy strategies using AFP SMART. More than 100 of these individuals are trained master facilitators

and are capable of further leading advocacy strategy development. We know that this expanded community of practice is key to global-scale advocacy and sustained leadership on family planning.

AFP is committed to strengthening advocacy effectiveness—locally and nationally—to ensure that momentum is not lost and that countries assume greater ownership of the family planning agenda. This ownership is essential to meet FP2020 and broader health and development goals, including the Sustainable Development Goals, and to improve the prospects of individuals, families, and communities.

## Aman Foundation

The Sukh Initiative is a five year (Nov'13-Aug'18) multi-donor funded project being implemented in peri-urban settings of Karachi, Sindh. Equally funded by The Bill and Melinda Gates Foundation; The David and Lucile Packard Foundation and The Aman Foundation. The project has successfully completed its 4th Year of implementation.

- **Vision:** Sukh Initiative empowers families to access contraception by increasing knowledge, improving quality of services and expanding the basket of choices; contributing to the goals of FP2020.
- **Goal:** To increase prevalence of modern contraceptives by 15 percentage points,

from the baseline, in selected one million, underserved peri-urban population of Karachi, Sindh.

Sukh Initiative is committed to provide FP related information, counselling, supplies, referrals and quality services to women of reproductive age residing in selected communities. Additionally, project also focuses on youth, to sensitize them on reproductive health and to be a responsible adult. The project is being implemented by a consortium of six national and international organizations and impact evaluated by a measurement partner. Program management Unit, housed at Aman Health Care Services provides the strategic leadership and is the coordinating body.

## Progress at a glance

Sukh Initiatives serves four towns of Karachi, including Korangi; Landhi; Bin Qasim; and Malir. Project sites were selected based on a criteria of lower socio-economic income neighborhoods where there are LHWs (Lady Health Workers) and area with no LHW coverage and no other FP related organization is doing any demand creation activities.

An overview of Year 4 progress during (July 01, 2016 – June 30, 2017) is mentioned below:

- As of June 2017, the Sukh Initiative reached 805,996 uncovered population through 194 CHWs.
- Over 29,286 MWRA's have been approached to provide FPRH information by LHWs, and 1,35,213 MWRAs by CHWs (Community Health Workers). 63,919 current users of modern FP methods were maintained at the closing of the year in the community inclusive of 22,230 new users by CHWs.
- A total of 5,771 Family Planning Clients were served by Aman Clinic. 4,416 FP Injectable clients were served through outreach service in Sukh catchment area. 739 Implants and 47 IUCD were inserted including some other services.
- Under service provision for public sector, a total of 82,518 MWRAs visited the 9 Sukh partner MCH centers between Jul 2016 and June 2017. Of the 8,800 deliveries conducted during this time, 75% of delivered clients counseled for PPF, while 59% accepted any modern FP method, out of which 34% were of PPIUCD and 55% for Implants.
- A total of 33,278 married women of reproductive age (MWRAs) visited 22 family planning clinics (FWC) during July 2016-June 2017. Of these MWRAs, 2,917 visited for ANC, whereas 2,536 visited for prenatal care (PNC), and the remaining 27,825 for FP services. All MWRAs who visited FP clinics counseled for family planning and 86% of them accepted one of the modern contraceptive methods. The data shows an increase trend of FP adoption, which is more than double as compared to baseline.

There were 2,669 users reported in January-March 2016 (Baseline) to 6,501 in April-June 2017.

- Extending services to private sector in Year 4, Sukh's implementing partner dkt organized 47 health camps which was visited by 660 MWRA of which 323 adopted family planning methods. The three most opted methods by the clients were condoms (52%), IUDs (21%) and injections (19%). 10 Heer Apa activities were also arranged which were attended by 123 participants.
- Since inception, ATH has reached 30,849 MWRAs and a total of 191,236 call attempts were made by ATH to inform MWRAs about side effects management and follow-ups.

- Sukh's efforts for advocacy and system strengthening has reaped positive effects. The concept of "Family Health Days" initiated by Sukh in Sindh, has been adopted for scale by PWD and currently FHDs are being conducted in 10 Costed Implementation Plan districts across Sindh.
- Sukh is the first in the province to initiate Task Shifting, with 200 LHWs and 10 LHs being trained to administer First dose of Injectable contraceptives during Year 4.
- Sukh entered a MoU with Department of Education, Sindh to include Life Skill Based Education modules in Secondary School Curriculum for Sindh. In only two years' time Sindh Textbook Board has included LSBE modules in the curriculum and in its first phase, pilot testing of integrated LSBE curricula is under way at six schools.

The schools are not from the Sukh catchment areas. 2 schools will be taken from Shaheed BanazirAbad, 2 from Hyderabad and 2 will be from Karachi. The department of Education is of the view that the schools should not be already sensitized to this curriculum so that they can observe the response from the teachers and the students with this curriculum as part of their first exposure rather than their continuation of the learnings. PMU appreciates and fully endorses this approach.

- CHW tested android application for community based data collection is being upgraded and will be adopted by the LHW Program, Sindh. Sukh is providing technical assistance to the LHW Program for customizing the existing application to LHW program needs and specifications.

## American Academy of Pediatrics

Aligned with the Every Newborn Action Plan vision of a world in which there are no deaths of newborns which could have been prevented and children and mothers survive and thrive to reach their full potential, the Helping 100,000 Babies Survive and Thrive initiative, also known as 100KB, was launched in June 2014 by the Survive and Thrive Global Development Alliance partners and the Ministries of Health and national pediatric societies of India, Ethiopia, and Nigeria. The aim of 100KB is to help save newborn lives by bringing together global technical and resource partners with national

governments and professional societies to address common goals for newborn survival. Working with in-country national societies, interventions are tailored from the Helping Babies Survive (HBS) educational program to highlight national ownership and national priorities to achieve sustainable success.

### India

The overarching plan focused on 5 districts to implement a model for India to improve immediate newborn care while enhancing

existing governmental improvement efforts and ensuring scale-up to the national level. Throughout 2015, in-country facilitators were trained using the adapted HBS educational program and planning occurred for a national Master Training of the Trainers (MTOT) which occurred in early 2016 and included 25 national trainers from the 5 pilot districts (government staff, nurse midwives and obstetricians). To date, 15 facilities in each of 5 districts have implemented trainings and received an introduction to QI, with about 90% of the facilities having formed QI teams.

## Ethiopia

Newborn corners in 180 hospitals were enhanced by utilizing an adapted HBS curriculum. In-country partners supported by the GDA and including the Federal Ministry of Health (FMOH) facilitated a MTOT in 2015 for 36 participants (pediatricians, midwives, nurses, neonatologists, health officers); 20 individuals now serve as Ethiopian Master Trainers across 7 regions and 720 providers across the 180 hospitals have been trained. Regional cascade training and supportive supervision workshops were conducted through 2017.

## Americares

Since Americares FP2020 Commitment was made and launched at the July 2017 London FP2020 Summit, we have entered into an MOU with the UNFPA to establish a long-term cooperation and partnership in the area of maternal health (within the context of the Safe

## Nigeria

The Nigeria country plan covers 8 states supported by multiple partners and utilizes a blended curriculum of the Essential Newborn Care Corps national program and HBS materials, which was crafted by the end of 2015 and used for Master Trainings for 75 providers. Throughout 2017, 180 Master Trainers were trained across six country zones, who continue to train hospital providers within their respective states.

Partnerships played a key role in implementing this project at regional, national and global levels. National pediatric associations connected with hospitals and clinics at a regional level to implement clinical trainings with a cascade approach. International partners, including the Survive and Thrive Global Development Alliance, provided technical assistance and funding support to the national pediatric associations to develop their trainings and sustainability plans.

Coordinating efforts and approvals needed from Ministries of Health were challenges in each country, but ultimately provided government buy-in for improved newborn and maternal health as a high policy priority.

Birth Even Here campaign). The cooperation may also expand to other areas, including the advancement of the sustainable development agenda, specifically in promoting sexual and reproductive health and rights (including family planning), gender, and data. As part of this,

Americares will work to:

- Strengthen the capacity of facility-based health workers to deliver quality reproductive and maternal health care, including adolescent-friendly health services, family planning, and safe childbirth care.
- Support the strengthening of the medical supply chain to ensure that family planning and other reproductive health commodities

reach last mile health facilities through the national supply chain.

- Engage agents of change within local communities, including traditional and religious leaders and trained traditional midwives, to build support for reproductive and maternal health, mobilize communities, and strengthen community to facility linkages.

## Amorepacific Group

The goal of Amorepacific's '20 by 20' Commitment to Every Woman Every Child (2017–2020) is to beautify the lives of 200,000 women by the year 2020 through contribution to women's health, well-being and economic empowerment. Our vision is to help every woman live her best life, as she desires, and contribute to A MORE Beautiful World.

We have been contributing to reducing the mortality rate of female cancer and improving the lives of female cancer patients by supporting preventative education, screening of women's cancer, cancer surgery for low-income women and post-surgery care and self-esteem restoration for female cancer patients. Through these support programs, we plan to annually support 49,000 women with a minimum budget of KRW 3.5 billion (Approx. USD 3.08 million).

Furthermore, Amorepacific has contributed to women's independence and gender equality by enhancing women's economic empowerment.

Through various support activities for women employment, economic independence and confidence restoration, we aim to annually support 1,000 women with a minimum budget of KRW 3.5 billion (Approx. USD 3.08 million).

In 2017, KRW 8.06 billion (Approx. USD 747 million) was earmarked and a total of 145,404 women were supported, which exceeds our annual target goal (KRW 7 billion). We have strengthened women's economic capacity and supported their health and well-being through a variety of projects that have been conducted in partnership with our partner organizations around the world.

In particular, Amorepacific has been holding 'MORI Run' – a Running festival for women – to raise public awareness about top two cancers affecting women in urban areas of China; breast and cervical cancer. In addition, Amorepacific has conducted two cancer screening and health education programs for women living in low-income areas in collaboration with Chinese government. In order

to select appropriate regions for cancer screening programs, Amorepacific China carried out site inspections and field research in collaboration with the China Women's Development Foundation every year for a period of three weeks. Through this strategic partnership, we seek to strengthen our expertise and impact locally.

This year, we also focused on expanding our

commitment efforts to broader regions as we planned. The "makeup your Life" campaign was held in Korea, China, Hong Kong, Taiwan, Vietnam, and Singapore, and each of Amorepacific's local branches actively operated programs to help female cancer patients to quickly return to their daily lives. We have run programs 46 times and supported 1,680 patients globally.

## Amway

Over the past year, we have scaled our work with partners extensively. We have active programs in 15 countries with expansion plans to 3 more countries. We grew program reach and child impacts exponentially over the past year. in

2017, we introduced a digital monitoring and evaluation tool and system with CARE to all our implementation partners. We are now able to conduct extensive impact reporting and launched our first impact report for 32,000 children in 2017.

## APHA

APHA identified and advocated for evidence-based issues and policies that support the health of women, children, and adolescents. Activities included:

- Leading the Friends of Health Resources and Services Administration (HRSA) as well as Centers for Disease Control and Prevention (CDC) Coalition which advocate for strong overall funding for the respective federal agencies. The coalitions also help to educate congressional offices about the importance of public health programs supported by these agencies such as immunization, Title V maternal and child health, Title X, Ryan

White, and increasing access to health care for vulnerable and underserved communities.

- Providing support for programs that provide reproductive health services through synthesizing and disseminating evidence-based information.
- Opposing efforts to limit access to reproductive health services through advocacy, letters to congress, and calls to action.
- Supporting legislative and regulatory efforts that reduce air and water pollution-related deaths and illnesses among women

and children through advocacy, letters to congress, and calls to action.

- Supporting strong national standards for child nutrition by conducting evidence reviews and advocating for proven public health approaches.
- Supporting legislation that creates a federal paid family and medical leave insurance

program through advocacy, letters to congress, and calls to action.

- Published a record of how members of Congress voted on issues of importance to women's, children's and adolescent's health. Readers were encouraged to examine the record to determine how members of Congress voted and to discuss the votes with their legislators.

## Aybh, Inc

Since September 2015, aybh piloted a total of 3000 new born kits in the market (1000 were pilot for each of the three versions of the kit). Of these three, two different versions of the new born kit have been launched commercially and are available at [www.aybh.com](http://www.aybh.com). The third version of the newborn kit, Maitri (an innovative combination of our Clean Birth Kit and Newborn Kit, is also available on the company website; however, making it widely commercially available, further prototyping and refinements are needed and underway based on user feedback in the pilot. aybh is currently raising funds to scale all our products that comprehensively target the the Reproductive, Maternal, Newborn, Child and Adolescent Health spectrum in India and East Africa, including our New Born Kits, all of which

are an essential aspect of our growth. aybh is the only for-profit company that provides an integrated suite of products that address and link critical needs across the entire reproductive health life cycle of a woman. As a "B2B" (business to business) company primarily working in the private sector, it is challenging to measure impact on a daily basis. However, since the commitment we have instituted two research studies to measure impact of cost of our core product in partnership with Duke University and another impact study underway called a "Narrative Identity". This qualitative study aims to assess pregnant women's knowledge, attitudes and practices with respect to safe delivery and cord care and their experiences. aybh is happy to share this data with the EWEC team when they are published.

## BabyWASH Coalition

The BabyWASH Coalition was able to bring together its membership and create two key documents. The first is an advocacy brief on integration that highlights the actions different actors need to take in order to achieve better integration. It also incorporated three snapshots of programs that had successful elements of integration. The second is a programme guidance document that suggests 10 key steps for making integration successful. These went through a consultative process at the UNC

water and health conference and were released for dissemination on the BabyWASH website.

In the Spring of 2018, we decided to merge with the Clean, Fed and Nurtured community of practice to combine our voices for stronger integration in the early years. We are now called the Clean, Fed and Nurtured Coalition and we are excited to move forward together under a new charter to support integration in the nurturing care framework and elsewhere.

## Banka BioLoo

Banka BioLoo has made good progress on its EWEC commitment. In 2017, the company installed 1500 bioloos in schools, positively impacting 56,250 girl students. They received

access to hygienic sanitation systems – helping in continued school attendance and reduced dropouts.

## BASF

In June 2017 BASF organized a technical training workshop in Chiredzi, Zimbabwe. The training focused on public private quality assessment and quality control for food fortification. The workshop, lasting two days, attracted 21 participants from seven different institutions including government and the local sugar producers. Areas of focus included advocacy, law and policy, best practice and practical training with test kits.

An oil fortification mission to Egypt took place from 5th-7th of December 2017. The objective of this mission was two-fold: To determine the status of the Egypt oil fortification project, and to identify a way forward through stakeholder discussion and consultation. Stakeholders from both the national and the international arena took part, and care was taken to involve the key decision-makers of each organization to improve chances of a fruitful follow-up.

Following the positive meetings, a follow-up workshop is planned for May 2018.

Resulting from a partnership between various commercial Partners and the BASF Food Fortification Initiative, the first fortified oil products have reached the market in Afghanistan. This is an important first step towards a national

fortification program, and a positive development after many years of advocacy work.

In addition to the above-described achievements, the BASF FF Initiative continues to support long-term food fortification projects through advocacy, stakeholder meetings and workshops, and technical assistance.

## Bayer

Building on Bayer's 2015 commitment to Every Woman Every Child, Bayer has revitalized its FP2020 commitment to expand its successful youth-centric health programs under the umbrella of the World Contraception Day (WCD) and the associated "It's Your Life – It's Your Future" campaign. This is why, Bayer supports the initiative "120 Under 40:

- The New Generation of Family Planning Leaders" of the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health. The Gates Institute and partner organizations will engage the entire family planning community in nominating young people for 120 Under

40. The call for nominations will be shared worldwide, targeted toward family planning advocates, faith leaders, academia; staff of various foundations and local, national and international organizations, journalists, as well as political, religious and civil society leaders. The initiative focuses on the "positive disruptions" made by young leaders in family planning—in-country and internationally—to enable others to build on their success. With the goal to increase media coverage of young leaders' achievements in policy agenda setting, resource mobilization and program work, we intend to enhance the visibility of family planning as a core contributor to the global development agenda.

## Bayer and White Ribbon Alliance (Joint Commitment)

Our joint aspirations have kept us focused on the commitment by defining and articulating maternal, newborn, child health self-care while strengthening global and national leadership and addressing

individual knowledge gaps. While the initial commitment was made in 2015, community implementation project activities launched in 2017 focused on multiple countries at a national and subnational level. Community

implementation projects were successfully launched in Bangladesh, Zimbabwe and Bolivia. Each of these projects, focused on policy development and sustainable impact. The commitment has spanned from

September 2015 until December 2017 and is valued at \$1.5 million. In Indonesia, a base line analysis and briefing paper were produced, as part of the initial steps of an implementation project to begin in 2018.

## Becton, Dickinson and Company (BD)

The implementation of the clinical evidence generation plan for the BD Odon Device, including preclinical and clinical studies, was initiated in 2016. Four preclinical studies (animal, simulation and Human Factors studies) have been completed to inform the process of product development before clinical testing. All studies achieved predefined objectives and all acceptance criteria that are required

before testing the device in humans have been met. In addition, the final version of the BD Odon Device for use in clinical trials has been finalized, a protocol for a multi-country randomized clinical trial has been developed, a research grant for trial implementation has been obtained from the BMGF and the randomized clinical trial is expected to start in the first half of 2018.

## Bill and Melinda Gates Foundation

The Bill & Melinda Gates Foundation is committed to investing in solutions that accelerate progress toward the FP2020 goal, and contribute to the 2030 vision of universal access to family planning information and services. We are doing this in the following ways:

- By supporting efforts to make the purchase and supply of contraceptives more efficient, more reliable and more cost effective. Together with partners, we've establish a financing mechanism that enables the UN and country governments to procure contraceptives more efficiently and at a better value. We have also established a "Visibility

and Analytics Network" to get better insight into global contraceptive supply chains. Additionally, we've made investments and helped to establish partnerships that have reduced the price of contraceptives and expanded the range of methods available to women and adolescents.

- By developing partnerships to scale solutions that have the potential to accelerate family planning progress. Together with DFID and Global Affairs Canada, we are investing in mechanisms that will enable sustainable domestic financing for family planning, through the Global Financing Facility.

The Gates Foundation is investing \$250 million, specifically on youth and adolescent family planning programs. We are supporting efforts to build and expand data platforms that gather age and gender disaggregated data, to learn about the needs and challenges young people face in accessing contraception, information and

services. We are also maximizing new technology to improve the quality of information and services that women—particularly adolescents—receive. Our investments improve quality counselling and accurate information—including side effects—on a full range of contraceptive options, without judgement or bias from health care providers.

## Blue Marble Microinsurance Inc.

In 2016, Blue Marble launched an agriculture venture pilot in Zimbabwe, which provided smallholder maize farmers with affordable index-based insurance protection against drought and access to quality agricultural inputs on credit. Blue Marble returned to the market in 2017 with a diversified and expanded offering. The

intention is to scale the program in Zimbabwe and other markets across Africa, covering additional crops and perils beginning in 2018. Blue Marble is also designing and implementing ventures in Latin America and Asia, advancing food security, financial inclusion and micro-entrepreneurship.

## Buddhist Tzu Chi Foundation

The Buddhist Tzu Chi Foundation commits to reducing mortality rates while increasing the quality of life among women and children through the provision of direct healthcare services, education, and training; and to the monitoring and tracking of patients/clients data for greater accountability. From the period of January 2016 to December 2030, the Tzu Chi has and will continue to implement health clinics in villages and communities in Haiti, South Africa, Malaysia, Thailand, Vietnam, etc. while trained commissioners conduct home visits to identify patients and provide health and sex education and training in a culturally appropriate manner, while simultaneously providing food and cash assistance, as well as education. Since 2015

BTCF has engaged in humanitarian aid, relief, and development around the globe, from refugee camps to indigent rural and urban communities, implementing medical health clinics, static and mobile, and programs that support education and livelihood for women, children, and adolescents. In Thailand, with the support of the USG, BTCF implements health clinics that provide urban refugees and asylum-seekers with free health care and health education. In Malaysia, BTCF's UNHCR supported programs provide urban refugees and asylum-seekers with clinical health care, literacy and numeracy education, and livelihood support through cash-based assistance and vocational training. Similarly, in Turkey, BTCF implements health clinics and schools for Syrian

refugees, schools and health clinics that are led and operated by Syrian refugees themselves. Within the education sector, aside from the programs for refugees and asylum-seekers in

humanitarian settings, BTCF also implements schools in North and Central America, as well as the Caribbeans; these schools provide students with standardized formal education.

## Business for Social Responsibility (BSR)

BSR's HERproject is a collaborative initiative that strives to empower low-income women working in global supply chains. HERhealth works to increase the ability of low-income women to take charge of their health.

BSR committed to continue expansion of HERhealth, which promotes women's sexual and reproductive health and rights through workplace based programming in factories and farms. Since January 2016, HERhealth has improved the health knowledge, behavior, and access of 218,000 women workers. This work has resulted in

improving women's health in the following focus areas: SRHR and Empowerment of Women. The commitment focuses on capacity building and training directly with women in supply chains.

In addition to direct implementation with women workers, a key milestone is BSR's participation in FP2020. Through our participation, we encouraged company partners of HERproject to make commitments to accelerate access to family planning products, including a commitment from one company to improve the health of 40,000 women in their supply chain.

## CARE

CARE reaffirms the commitments we made at the London Summit 2012 and continues to deliver progress toward our commitment in support of 120 million women and girls worldwide. Since our last update in 2016, CARE has made progress on the following commitments:

CARE committed to develop approaches for addressing gender and social barriers to family planning use and validating tools to measure the impact of these approaches on health outcomes:

- Since 2016, CARE has further implemented and tested Social Analysis and Action© (SAA), one of

CARE's model for gender transformation. SAA is a community-led social change process through which individuals and communities explore and challenge social norms, beliefs and practices around gender and sexuality that shape their lives. CARE has used SAA with couples to improve communication and reproductive decision-making, with communities to build a more supportive environment for SRH, and with health providers to improve SRH service delivery to adolescents.

- In Ethiopia, CARE uses peer-based solidarity groups and community engagement

strategies to improve family planning access. Combining these strategies with the SAA model into a unique SRH program, CARE achieved significant results, including an increase in participant's use of family planning of 78%, up 27% from baseline.

- CARE is also reaching women in urban settings in the garment sector in Bangladesh and Cambodia. In Cambodia, CARE developed an innovative package of tools to support female garment workers in making informed, healthy, sexual choices and access reliable reproductive health services. Chat! Contraception consists of short, targeted activity-based sessions that provide key information on communication and consent, contraception, sexually transmitted diseases, and safe abortion; video dramas featuring characters in a fictional garment factory that engage workers' emotions as they relate to the everyday challenges of characters; and an interactive mobile app that challenges workers to prove and improve their understanding of reproductive health topics. Chat! has had some notable results including increase of modern contraceptive use among sexually active women from 24% in 2014 to 48% in 2016, and complete confidence to discuss contraception with partners has doubled.

CARE also committed to strengthening local governance mechanisms and building capacity of women and communities:

- CARE has continued to expand spaces for meaningful participation of women and girls in shaping how reproductive health services are provided in their communities

through the Community Score Card© (CSC). CARE's Community Score Card© (CSC) brings together community members, health providers, and local government officials to identify obstacles to access and delivery of health services, to generate local solutions, and to work together to implement and monitor the effectiveness of these solutions in an ongoing process. We tested the effectiveness of this approach in improving family planning and other reproductive health outcomes through a cluster-randomized control trial (RCT) in Malawi. The results were significant, including 57% greater use of modern contraception (in treatment vs. control at endline) and 20% greater increase in health worker visits (in treatment vs control from baseline to endline). Our study is one of only a few RCTs that focuses specifically on the potential benefits of a social accountability approach, like the CSC, on improving access to, and use of, family planning services. To further build knowledge in this field, CARE reviewed its own experience with the CSC, and produced reports and evaluations to describe the outcomes, successes, and challenges of our 15-year experience (Gullo et al., 2016). The reviews suggest that the CSC prompts a wide range of outcomes and merits further attention as a strategy for improving accountability. Lessons for improvement include creating environments that facilitate health worker buy-in and participation, and further exploring opportunities for vertical movement of information to states and civil society actors.

- CARE is supporting the Government of Bihar to strengthen and increase coverage

and quality of life-saving interventions for families, women, and children less than two years across the continuum of care. With funding from the Bill & Melinda Gates Foundation, CARE is testing and scaling several innovations in Bihar, India that are increasing quality of reproductive health services, strengthening the health workforce and expanding access to high quality reproductive, maternal and adolescent health services and information. One of the innovations includes a smartphone-based tool that is helping front line health workers reach, track and manage the communities they serve. Notable results from this innovation include: Women who saw a health worker that used the app were 73% more likely to visit the doctor 3 times after they gave birth. They were 14% more likely to do exclusive breastfeeding, and 32% more likely to use modern contraception. Women who worked with a health worker using the app were up to 81% more likely to get access to health information of all kinds—not just information on the mobile phone. Workers who used the phones were 23% more likely to visit women in the final trimester of pregnancy, and 20% more likely to visit them in the week following delivery. These results were so compelling, that the government of India has just announced a \$1.38 billion investment in health and nutrition over the next 3 years. That investment includes rolling out CARE's ICT tool to an additional 1.4 million health workers in the 550 most vulnerable districts of India.

CARE also committed to reaching the most vulnerable and marginalized populations to

reduce inequality and ensure women and girls' SRH needs are addressed in development, emergency, and post-conflict response activities:

- CARE prioritizes sexual and reproductive health when we respond to emergencies and we work to ensure that family planning services are available to women in the most difficult, fragile and crisis-affected settings in the world. In Syria, CARE is working with partners to provide integrated emergency obstetric care, neonatal care, and contraceptive services into 10 primary health clinics in Aleppo and Idleb governorates. CARE also operates mobile clinics to deliver SRH and gender-based violence services, reaching an estimated population of 356,400 Syrians, including 87,501 women of reproductive age.

CARE's Supporting Access to Family Planning and Post Abortion Care project (SAFPAC) supports government and partners in Chad, Democratic Republic of Congo, Mali, Syria, Afghanistan, Bangladesh, Cambodia, Cameroon, Djibouti, Myanmar, Nepal, Niger, Nigeria, South Sudan, Uganda, Ivory Coast and the Philippines to deliver comprehensive and high-quality service in hard to reach areas. The SAFAC model includes competency-based training, supportive supervision, effective supply chain management and procurement, and community engagement. Over the last five years of SAFAC, results have demonstrated a steady and dramatic increase in new contraceptive users across the countries, with 66% of the new contraceptive users choosing long-acting reversible methods. CARE is also working to reach adolescents with SRH information and services in many of these countries.

Finally, CARE also committed to building political will and mobilizing action at all levels –local to national to global – to ensure implementation of policies and programs that address the needs of communities and are rights-based, effective, and culturally appropriate. Progress on this commitment include:

- In 2016 working with government of DRC to quantify the family planning funding gap in North Kivu, and supported the Ministries of Health and Planning to lobby provincial-level lawmakers and succeeded in securing a new budget line item to fill the gap and ensure adequate funding for family planning.
- Building U.S. support for family planning through 'Learning Tours' with members of the United States Congress, policy makers, journalists, and opinion leaders to demonstrate the impact of family planning programs around the world. Through

Learning Tours, CARE is building a powerful cadre of champions who advocate for continued US government investment in international family planning programs.

- With funding from Family Planning 2020's Rapid Response Mechanism, CARE was invited in 2016 by the Ministry of Health in Djibouti to help revise the national family planning policy and guidelines, with the goal of expanding the cadres of health workers authorized to provide a full range of contraceptive methods.
- In 2016, CARE played a leadership role in the revision of the Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings, successfully advocating for the repositioning of family planning as a priority intervention within the Minimum Initial Service Package for Reproductive Health in Crisis Situations (MISP).

## Caring & Living As Neighbours / Atfaal Welfare Society / Kakamega Children's Library

### **Commitment: CLAN (Caring & Living As Neighbours)**

CLAN's commitment focused on specific efforts in partnership with NCD Child, Kakamega Children's Library in Kenya and the National Institute of Child Health (NICH) in Pakistan to share CLAN's strategic framework for action as a model for driving sustainable, scalable change for children living with NCDs in LMICs.

Achievements are presented relating to CLAN's five pillars:

1. Access to medicines and equipment – worked with NCD Child to establish the NCD Child Task Force on Essential Medicines & Equipment. CLAN's President, Dr Kate Armstrong was the Inaugural Chair of this Task Force, which was launched at the 2017 World Health Assembly in Geneva. The

EME TF will focus on collaborative, global efforts to improve access to medicines for all children living with NCDs and work with WHO to streamline processes for updating Essential Medicines Lists for Children affected by NCDs.

2. Education, Research and Advocacy – collaboration with partners in Kenya to translate and adapt CLAN's Child-Friendly Rights Flyer to support children living with Rheumatic Heart Disease in Kenya. The flyer was translated into Swahili and shared amongst the RHD Community in Kenya. CLAN's flyers were formally launched on 20 February 2017 at the WHO Seminar on NCDs and Human Rights in Geneva.
3. Optimisation of medical management (holistic approach, with a focus on primary, secondary and tertiary prevention) – worked with partners at NICH in Pakistan to complete a two year project promoting better health outcomes for children living with Congenital Adrenal Hyperplasia (CAH) in Pakistan. Key achievements included: collaboration with private sector; establishment of a national online CAH register for use by all paediatric endocrinologists in Pakistan; development of a novel mobile phone app to support health professionals, families and young people living with CAH to better manage CAH; translation of educational resources into Urdu; formal sign off by government to commence newborn screening for Congenital Hypothyroidism.
4. Encouragement of family support groups – support for conduct of CAH, Osteogenesis Imperfecta and Polio support group

meetings in Pakistan; and RHD Club meetings in Kenya. Attendance by President of Kenyan Multiple Sclerosis Club to attend WHO NCD meeting in Uruguay.

Reduce financial burdens and promote financial independence – support for strong messaging at all NCD Club meetings of importance of children attending school; advocacy for Universal Health Coverage. Key lessons learned:

- CLAN's strategic framework for action provides a useful model for collaborative action to help children:
  1. survive – action to improve access to medicines.
  2. Thrive – efforts to implement newborn screening for Congenital Hypothyroidism will end preventable disability for thousands of babies in Pakistan each year and
  3. Transform – empowering young people living with NCDs to understand their basic rights to health and life sets them on a course to drive change locally for themselves.
- partnerships across sectors are imperative.
- person and community-centred approach promotes collaboration and unity.

### **Commitment: Strengthening Childhood NCD Communities**

Since making this commitment to the Updated EWEC Global Strategy in September 2016 CLAN and our partners

at NICH (the National Institute of Child Health) are proud to have completed all commitment activities on time, with delivery of all four objectives:

1. Tokyo Declaration – preceding and during the 9th Biennial APPEES Conference in Japan in 2016, all APPEES members (more than 400 paediatric endocrinologists and specialist allied health professionals from across the Asia Pacific region) were invited to review and endorse the Tokyo Declaration, a statement outlining key challenges and recommendations relevant to the health and well-being of children living with endocrine conditions in the Asia Pacific. This document now guides ongoing work of the ACE (APPEES-CLAN Equity) Working Group, with potential to impact the lives of the largest number of children in the world living with endocrine conditions (the Asia Pacific). Pressing public health issues such as equitable access to essential medicines, childhood obesity, management of nutritional rickets and the importance of newborn screening for congenital hypothyroidism were amongst the topics addressed in the Tokyo Declaration.
2. Pakistani Polio Community and Advocacy Events – on 11 March 2017 an inaugural advocacy workshop exploring rehabilitation services for post-polio community members in Pakistan was hosted by NICH in Karachi. For the first time, paediatricians, Pakistani Polio Community members, rehabilitation specialists,

representatives of WHO, UNICEF, NCD Child and other key stakeholders came together to discuss the urgent need for quality rehabilitation services for polio survivors in Pakistan. Mr Gordon Jackman – a polio survivor and Executive member of New Zealand Polio – was a special guest speaker at the event, and continues to build sister links between New Zealand, Australia and Pakistan. The event was a unique opportunity to give polio survivors in Pakistan a voice, and advocate on issues important to them.

3. Child-friendly rights flyers – CLAN continues to work with partners from around the world to strengthen our child-friendly rights flyers, and empower and inspire children and young people living with NCDs around the world of their basic human rights to health and life. A CAH rights flyer was formally launched on 20 February 2017 (UN World Day of Social Justice), CLAN was proud to officially launch a new flyer in support of the international Congenital Adrenal Hyperplasia (CAH) Community. The CAH Flyer was shared at a Seminar on NCDs and Human Rights, which was co-hosted by the UNIATF on NCDs and the WHO GCM. The flyer has been translated into a range of languages (French, Spanish, Bahasa Indonesian, Urdu and Vietnamese) and formal evaluation is ongoing.
4. Equity scorecard – in collaboration with the Asia Pacific Pediatric Endocrinology CLAN was proud to conduct a snapshot

survey of paediatric endocrinologists in the Asia Pacific region and share results with participants at the 2016 Biennial APPEP Conference in Tokyo. Ongoing partnership between CLAN and APPEP is exploring ways

to most effectively address equity gaps in healthcare available to children living with endocrine conditions in our region. Development of an innovative mobile app is proving promising.

## Centre for International Child Health, BC Children's Hospital & Global Sepsis Alliance

Through advocacy efforts by the Global Sepsis Alliance (GSA), on Friday, May 26th, 2017, the World Health Assembly and the World Health Organization made sepsis a global health priority, by adopting a resolution to improve, prevent, diagnose, and manage sepsis. The resolution urges the 194 United Nation Member States to implement appropriate measures to reduce the human and health economic burden of sepsis. The resolution also requests the Director-General of the WHO, draw attention to the public health impact of sepsis and to 1) publish a report on sepsis and its global consequences by the end of 2018, 2) support the Member States adequately, 3) collaborate with other UN organizations, and 4) report to the 2020 WHA on the implementation of this resolution. On September 5th and 6th, the GSA hosted the 2nd World Sepsis Congress which brought free online access of over 100 speakers from 30 countries to give presentations on all aspects of sepsis.

In rural Uganda, the Centre for International Child Health (CICH) has initiated work

at four major referral hospitals starting on March 1, 2017. This project's goal is to develop a strategy for improved health care delivery following hospital discharge of newborns and children under five years old with sepsis. These sites included Mbarara Regional Referral Hospital (MRRH-Mbarara), Holy Innocents Children's Hospital (HICH), Masaka Regional Referral Hospital (MRRH-Masaka) and Jinja Regional Referral Hospital (JRRH), where children under 5 years old have started receiving post-discharge care following hospital admission from sepsis from discharge nurses. Families will be receiving discharge kits, basic education on caring for children during the vulnerable post-discharge period and will be referred to their local health centre for follow-up after their discharge from the hospital. 419 (226 boys and 191 girls) children under 5 years old have been impacted by the project between March 1st and October 31st, 2017. We expect to see over 8000 children following a hospital admission of sepsis through this work.

## Children's Investment Fund Foundation (CIFF): Every Woman Every Child commitment update

Since 2012, the Children's Investment Fund Foundation (CIFF) has committed more than \$1.1 billion to support the vision of a world where every pregnancy is wanted, every birth celebrated, and every mother and her child survives and thrives today and in the future. Another major focus of our work is to help protect and secure a healthy and sustainable future for children in a climate-safe world.

Our \$900 million commitment in direct support of the Global Strategy includes specific programmes to improve maternal and newborn survival and adolescent reproductive health, and scale up better nutrition for mothers and children and school-based deworming. In the period September 2015 to December 2017, we disbursed \$311 million towards these goals.

We continued to invest in nutrition, including through the Power of Nutrition, a partnership of investors and implementers aiming to protect 10 million children from stunting and save at least 100,000 lives. In 2017, Power of Nutrition raised \$34.2 million, far exceeding its target of \$20–25 million, and expanded its programming to Asia. As of December 2017, the partnership maintained three active programmes across Sub-Saharan Africa reaching 7 million children and 1 million women with nutrition services. It also approved three additional programmes, representing a total of \$216.4 million for nutrition programming in Madagascar, Cote d'Ivoire and Rwanda.

CIFF is committed to working with others to shape an AIDS-free generation where every adolescent can realise their sexual and reproductive rights with access to the information and services they need. In July 2017, CIFF revitalised its commitment to FP2020 with new investments totalling \$72 million. These focused on digital innovations to promote accountable adolescent sexual and reproductive health services, and amplify youth voices; accelerating availability of depot medroxyprogesterone acetate administered via subcutaneous injection (DMPA-SC); and support for self-care choices, such as contraceptive self-administration. New evidence indicates that self-injected contraception may be a game-changer in dramatically increasing continuous use, which can therefore deliver demonstrably better health outcomes for women and girls. Thanks in part to an effectiveness study CIFF supported, several countries are introducing policies to permit self-injection.

We are also championing the use of accountability tools, such as scorecards, to drive performance across key maternal and child health outcomes. With support from CIFF, WHO and UNICEF, the African Leaders Malaria Alliance (ALMA) has successfully embedded 29 country scorecards for Accountability and Action in malaria control as well as in reproductive, maternal, newborn, child and adolescent health interventions within their

own countries and beyond. Scorecard data have been used to action tangible improvements at policy and operational levels, such as resolving stock outs on key commodities and supplies, and they promote an integrated approach to maternal, child and adolescent health by combining indicators on a range of key sectors

in a single scorecard. Regionally, ALMA has successfully championed a multi-country scorecard, which is reviewed by the Heads of State and senior decision-makers and enables cross-country comparison and South-to-South sharing of practical lessons on improving key maternal, child and adolescent health.

## Council of International Neonatal Nurses

COINN is committed to improving outcomes in neonatal care. Neonates are among the most vulnerable populations; each year approximately 2.7 million babies die in the first 28 days of life (Ehret, Patterson & Bose, 2017). Furthermore, a child's risk of death in the first four weeks of life is nearly 15 times greater than any other time before his or her first birthday (The Partnership for Maternal, Newborn and Child Health (PMNCH), 2011). The three major causes of neonatal deaths worldwide are infections including sepsis, tetanus and diarrhea, preterm, and birth asphyxia. COINN is dedicated to training nurses and other personnel in effective care in Helping Babies Breathe® (HBB), S.T.A.B.L.E.®, Skin to skin care (Kangaroo Mother Care), and basic neonatal care especially regarding preventing neonatal infections. HBB aims to reduce child mortality through preventing one of the most common causes of neonatal deaths, birth asphyxia. HBB is a resuscitation training model that extends its training to health care professionals at all levels

of care. This training is lacking in low resource communities despite a stronger need for them to have low cost interventions such as this.

S.T.A.B.L.E, which stands for Sugar, Temperature, Airway, Blood pressure, Lab work, and Emotional support, is a training model that also focuses on resuscitation training but offers more comprehensive training in terms of stabilizing the infant post-resuscitation or pre-transport. COINN has focused on Rwanda, Viet Nam, and Papua New Guinea for HBB and essential newborn care the past several years. Ninety-one neonatal nurses trained in HBB in Rwanda and 124 people in Viet Nam. Sixty-two nurses have been trained in HBB in Papua New Guinea. STABLE has trained almost 200,000 students throughout the world, with 536 STABLE instructors trained. Intended outcome is to improve the health of neonates and their families and decrease neonatal mortality.

## Cycle Technologies

Cycle Technologies' commitment to provide family planning solutions to 10 million women by 2020 are on track. Our work making easy to use, effective fertility awareness methods accessible for free or low cost is reaching women worldwide and addressing women's unmet contraceptive needs.

Since the beginning of our commitment, the company has:

- Reached over 1 million women with effective, fertility awareness methods. This includes distributing free fertility apps to 563,797 women globally with a focus on low resource settings such as Nigeria, Senegal, and Jordan as well as distributing over 460,000 sets of CycleBeads to programs in low-resource settings such as the Democratic Republic of Congo, Tanzania, Nigeria, Kenya, Ivory Coast, etc.
- Worked with researchers to understand user engagement, interest, and impact of fertility apps on unmet contraceptive need. The research determined that the CycleBeads fertility app is addressing unmet contraceptive need. It brings new users to family planning and is attractive to women who have not recently used another contraceptive option despite being at risk for pregnancy.

- Worked with researchers from Georgetown University's Institute for Reproductive Health to conduct a full-scale contraceptive efficacy study on the Dot fertility app. All participants in the study have now reached the halfway point in the study (completed at least 6 cycles of the 13 cycle study) and the preliminary efficacy results for this time period indicate that the Dot app has high perfect and typical use efficacy.

Key lessons learned to date include:

- Mobile apps that help a woman meet her reproductive goal easily and effectively, are attractive to users as they don't cause side effects, allow her to plan ahead, and provide her with empowering information.
- Fertility apps can be distributed efficiently directly to users. However, partner organizations and funding are still critical to sustain the effort.
- There are many contexts where a physical product like CycleBeads is still preferable over a smartphone app although this is likely to change rapidly in the next 5 years as smartphone use expands.

## Discovery

Discovery can report the following progress:

- From 2006 to the end of the 2016/17 Financial Year, the Discovery Foundation and the Discovery Fund has invested has invested R

106,019,639 into more than 98 institutions that service mothers and children, and more than 71 Medical doctors to specialized in various medical disciplines related to Mother and Child Health since the inception of the Discovery Foundation.

- Discovery has extended its support to more organisations that cater to the needs of mothers and children including the Breast Milk Foundation.

## DKT International

In December 2016, DKT made a commitment to FP2020 and Every Woman, Every Child. In summary, DKT committed to:

- expand its programming to an additional 11 FP2020 focus countries by 2018.
- Provide an incremental 10 million couple years of protection (CYPs) above and beyond what it would otherwise have provided by the end of 2020.
- Reinvest approximately \$300 million of its own sales revenue into its social marketing programs over the next four years and spend \$20 million of its discretionary funds to achieve FP2020 goals.

Progress in 2017:

- expanded regional programming to 13 new countries, of which nine are FP2020 focus countries (Cote d'Ivoire, Mauritania, Guinea-Bissau, Benin, Guinea, Mali, Kenya, Uganda, and Bolivia).
- Generated an incremental 3.2 million CYPs over 2016, providing a total of 36.6 million couple years of protection through the sale of family planning products and services.

- Reinvested approximately \$126 million of sales revenue and \$8 million of discretionary funds to social marketing programs around the world (note: these figures are unaudited. Audited information can be provided once DKT's audit report is completed).

These efforts averted an estimated 7.6 million unintended pregnancies, 4.6 million unsafe abortions, 14,600 maternal deaths, and 54,000 child deaths.

Through social marketing sales, educational campaigns, and outreach activities, DKT provided family planning products to young women and men in more than 40 countries, including:

- 666 million condoms.
- 96.8 million cycles of oral contraceptives.
- 7.9 million doses of emergency contraception.
- More than 28 million doses of injectable contraceptives
- and approximately 3.6 million IUDs.

## Doctors of the World (Mdm)

In 2017, we worked with national and local Civil Society Organisations (CSOs) to remove the barrier of access to effective contraceptive methods and management of unwanted pregnancies in 13 countries. We increased access to Family Planning services for more than 200,000 women and youth by improving the quality of FP services (capacity building and supportive supervision, making the contraceptive methods available, rehabilitation of FP services, supporting the local health authorities), strengthening/implementation of youth-friendly services providing comprehensive SRH consultation, empowering women and community members on SRHR and FP.

We also contributed to advocacy at national levels on the availability of modern and free of charge FP methods especially for youth and for the implementation of comprehensive sexual education activities at school. We established particularly strong linkages with the education sector in Ivory Coast, in DRC and in Sri Lanka. In these three countries we

trained teachers on SRHR and reinforced the links between schools and public health centers for referral of youth on SRHR issues. In Ivory Coast, we built a national advocacy process with international and national stakeholders that led the country to increase the financial resources allocated for contraceptives and to secure into the 2018 financial law a budget line for contraceptive purchases.

In humanitarian and fragile settings, we delivered direct primary healthcare services to 228,920 women and girls and we are making linkages with the protection sector (especially in Iraq and Nigeria). We co-hosted the annual meeting of IAWG in Athens in November 2017 on SRHR in humanitarian settings.

Finally, we reinforced the capacities of our teams and partners on SRHR and we implemented two regional trainings on unwanted pregnancy (5-day training including Family Planning module) in Ethiopia and in Sri Lanka.

## DSM

DSM with support from Sight and Life Foundation have partnered with a range of external organizations, comprising NGOs, businesses, academia, UN and government agencies, with the aim of supporting efforts in the fight against malnutrition, helping mothers and children to thrive, and nations to prosper.

In this regard Sight and Life Foundation and DSM were a key partner in the development partnership with the private sector Affordable Nutritious Foods for Women (ANF4W) from 2013–2017. The aim of the project was to increase the supply and demand for affordable nutritious foods of women of reproductive age in Ghana.

A quality seal 'OBAASIMA' was developed to increase consumer awareness, and was awarded to three fortified food products in a pilot. The launch of the OBAASIMA products took place in March 2017 and was accompanied by behavior change communication as well as unbranded and branded marketing campaigns. A new scale-up phase of the initiative, known as Seal the Deal with OBAASIMA Nutritious Foods, will run from 2018 to 2020. The aim of this phase is to create a sustainable model that increases the range, availability and consumption of nutritious food products for women that carry the OBAASIMA quality seal in Ghana.

Maternal micronutrient deficiency is a public health problem in rural Bangladesh. Young married women experiencing their first pregnancy are at high risk of multiple micronutrient deficiencies. A new study in our partnership with Johns Hopkins Bloomberg School of Public Health, will evaluate effects of a daily pre-conceptual multiple micronutrient supplement (MMS) vs. placebo, on pregnancy outcomes, including mortality, low birth weight or small for gestational age. Sight and Life Foundation and DSM support the local production of multiple micronutrient and placebo tablets for use in the JiVitA-5 adolescent supplementation trial in rural northern Bangladesh. Approximately 15,000 newlywed couples with brides under 20 years of age will be recruited over a 4-years period and be randomized to receive a MMS or placebo daily. It is expected to enroll ~7500 pregnancies. From the end of the 1st trimester all placebo control women will also receive the MMS, due to the significant health benefits (lower risks of preterm birth, low birth weight and still birth) among offspring and mothers who received a

prenatal MMS vs. iron-folic acid supplement in the JiVitA-3 trial (West et al, JAMA 2014).

Sight and Life Foundation is at the forefront of research and implementation of maternal MMS, and published a paper together with colleagues from UNICEF and DSM in the Maternal & Child Nutrition journal in December 2017.

Furthermore, Sight and Life Foundation was the initiator of the book, "The Biology of the first 1000 days", released in October 2017. This new resource, brings together in a single volume of 30 chapters contemporary knowledge about nutrition in the first 1000 days for scientists, program implementers and students.

DSM plays an active role within the Business Network of the SUN (Scaling Up Nutrition) Movement, helping to mobilize companies from all sectors to make a positive contribution to solving the world's nutrition challenges.

DSM, through its existing public-private partnerships, such as with the World Food Programme (WFP), UNICEF, Vitamin Angels and World Vision International, aims to reach 50 million beneficiaries (pregnant and breastfeeding woman and children under two) per year by 2020. DSM will also support advocacy efforts through its sphere of influence. Through DSM's WFP partnership we are expanding rice fortification and demand creation through networks such as the SUN Business Network. In 2016, WFP reached 31.1 million beneficiaries with food that was improved by the DSM-WFP partnership. The partnership has been extended, and another agreement for 2019–2021 has been made.

Looking back at the commitments made, in the first phase of the UNICEF partnership, from 2013-2015, the partnership supported micronutrient powder (MNP) programs in Madagascar and Nigeria. The partnership projects have reached some 400,000 children in Nigeria through an MNP pilot program. Now in the second phase, announced in October 2017, UNICEF, DSM and Sight and Life Foundation aim, in a renewed partnership, to deliver better nutrition to at-risk children and mothers in Nigeria. The partnership focuses on reaching mothers and children with nutrition interventions during the crucial first 1,000 days of children's lives, from conception to age two. Together, the partners will develop scalable models and drive innovation to improve the quality of food and nutrition in Nigeria, with the goal of spurring similar action in other countries where malnutrition is a critical concern. An addition to this second phase will commence in 2019, and include an India focus.

DSM is also working together with stakeholders like the Government of Rwanda in a partnership called Africa Improved Foods (AIF). In 2017, AIF opened a factory that sources maize and soy from local smallholder farmers and makes fortified porridge. In 2017, 1.7 million vulnerable infants age 6-59 months treated for moderate acute malnutrition through WFP (South Sudan, Northern Uganda,

Kenya, Rwanda). In 2017, 74,916 vulnerable infants (6-23 months of age) and 15,344 vulnerable PLW given access to nutritious complementary foods at district health centres through Rwandan Ministry of Health. Selling under the brands NootriMama™ and NootriToto™, the porridge will help people – especially mothers and children – get the nutrients they need. More than 100MT of high-quality nutritious foods for infants and PLW sold in commercial outlets across Rwanda and Uganda. With the creation of 282 jobs, it also creates steady income for thousands of people, including many women, in the region.

DSM signed an agreement in January 2017 with World Vision International and Sight and Life for 'Joining forces for last mile nutrition'. The parties have worked on improving the raw material quality and access in Rwanda for AIF and has also initiated project EGGciting, focusing on eggs as an important nutrition source.

While still in its initial scoping phase, Project MANDI (Making A Nutrition Difference to India) aims to address nutrition deficiencies amongst young women in India, an often-over-looked target group. MANDI develops nutritious products, designs nutrition counseling and supports the availability of products, to reduce anemia in women.

## FHI360

As of February 2018, FHI 360 has exceeded its US\$3 million financial pledge to FP2020. Since the 2012 London Summit, FHI 360 expended \$3,039,000 of its own resources to

support the development and introduction of new high-quality, affordable contraceptives. With these funds and funding from the Bill & Melinda Gates Foundation, our partner

Shanghai Dahua Pharmaceutical Co. Ltd. (Dahua) achieved prequalification from the World Health Organization (WHO) in 2017 for its two-rod contraceptive implant, Levoplant — also referred to as Sino-implant (II). By introducing competition into the contraceptive market, the product has already helped reduce the price of contraceptive implants overall. WHO prequalification will enable Dahua to bring the product to even more women worldwide.

FHI 360's financial and program commitments to FP2020 are also reflected in our research on and development of new contraceptive products, including biodegradable implants, longer-acting injectables, microneedle patches, and alternative copper IUD designs. FHI 360's own resources are leveraged with funding from USAID, the Gates Foundation, and the National Institute of Child Health and Human Development.

FHI 360 is leading the Learning about Expanded Access and Potential of the LNG-IUS initiative, a project to generate evidence to determine if and how expanded access to the LNG-IUS could increase contraceptive use and continuation rates in sub-Saharan Africa. This Bill & Melinda Gates Foundation-funded project builds on previous FHI 360 research and advocacy to support the introduction of the LNG-IUS into FP2020 countries.

FHI 360 continues to contribute towards its policy commitment with research, advocacy, and programming. As part of the consortium leading the Evidence for Contraceptive Options and HIV Outcomes (ECHO) Study, FHI 360 is generating crucial data as to whether the use

of DMPA increases risk of HIV relative to other contraceptives. The forthcoming evidence, expected in 2019, will support contraceptive decision-making for women at risk of HIV.

We continue to support the generation of evidence on, advocacy for, and programming of task-sharing for family planning. FHI 360 is leading the first randomized control trial of community health worker provision of injectable contraception, with the aim of strengthening the WHO recommendation for this practice. Our research and advocacy also contributed to the recent decision by the Ugandan National Drug Authority to allow private drug shops to administer injectable contraceptives.

FHI 360-led research, published in the Lancet Global Health, showed that self-injection of subcutaneous DMPA is safe, effective, and significantly increases contraceptive continuation rates. This research was supported by USAID and the Children's Investment Fund Foundation.

Support for service delivery, including the scale-up of high-impact practices, the integration of family planning into HIV and maternal and child health services, and social and behavioral change communication, is also part of FHI 360's family planning portfolio.

Finally, FHI 360 continues to support the development and implementation of national FP Costed Implementation Plans (CIPs). In the past year, we supported the development of a CIP for Zimbabwe and case studies on the CIP experience in Senegal and Tanzania, while also working with FP2020 country focal points on CIP execution.

## FIGO

- ICM supported competency-based quality midwifery education programmes and faculty development through ICM standards, guidelines and education programme certification mechanism by establishing midwifery education as a priority in our 2017-2020 Strategic Directions, as promoting the prioritisation of quality midwifery education to the World Health Organisation Executive Board in 2018. ICM has developed a Midwifery Education Accreditation Programme and has continued its programming in teaching competency-based education in Francophone Africa and Helping Mothers Survive and Helping Babies Survive programmes for the 50,000 Happy Birthdays programme.
- ICM has developed a strategic advocacy plan for for the 2017–2020 triennium that, amongst priorities such as raising the status of midwifery in support of the Global Strategy, also champions normal birth and respectful maternity care.
- ICM continues to work in partnership with a broad spectrum of development partners, particularly FIGO and ICN, in promoting Global Strategy objectives.

## Gavi the Vaccine Alliance

Gavi is committed to reaching every child with essential vaccines – by supporting roll out of new vaccines to deal with intra-country equity and improving coverage and equity (C&E) – and on ensuring the success of the sustainability model. Success is critical both for the Alliance and the broader development community. By extending routine immunisation to reach the underserved, Gavi is building a foundation for UHC. And by pioneering a systematic approach to transitioning countries out of development assistance, Gavi's sustainability model is a pathfinder for the broader community.

In 2016, coverage with three doses of diphtheria-tetanus-pertussis-containing vaccine (DTP3), including pentavalent vaccine,

in Gavi-supported countries was 80%– just 6 percentage points below the global average. This represents an increase of 21 percentage points since 2000. Coverage of measles vaccine across Gavi supported countries increased by 7 percentage points between 2015 and 2016, from 43% to 50%.

In 2016, countries immunised 62 million children – often with more than one Gavi supported vaccine – in 2016. This brings the total number of children immunised with our support since we were founded to 640 million. The Alliance remains on track to reach its 2020 target of immunising 300 million children. Gavi has supported over 380 vaccine introductions and campaigns since 2000. By the end of 2016, with Gavi support:

- 57 countries had immunised more than 109 million children against pneumococcal disease.
- 40 countries have introduced the rotavirus vaccine.
- Countries in the African meningitis belt had immunised over 268 million people against meningitis A.
- Over 1 million girls have been immunised with the HPV vaccine since 2013.

To reach the 'final fifth' missing out on a full package of basic childhood vaccines, Gavi is switching to a more country-centric approach to better understand specific country needs. Gavi is also building partnerships with private companies to find innovative ways to address obstacles to improving immunisation coverage, such as outdated supply chains and a lack of data identifying children missing out on basic vaccines. Through our market shaping efforts we influence markets for vaccines and other

products, such as cold chain equipment.

In the 2016–2020 period we are intensifying our efforts in 20 priority countries. Ten of these – Afghanistan, Chad, the Democratic Republic of the Congo, Ethiopia, India, Indonesia, Kenya, Nigeria, Pakistan and Uganda – account for over 70% of the underimmunised children in Gavi-supported countries, so improving their immunisation coverage is critical. We are also prioritising an additional 10 countries, which face severe inequities or crises: the Central African Republic, Haiti, Madagascar, Mozambique, Myanmar, Niger, Papua New Guinea, Somalia, South Sudan and Yemen.

To support in-country political will the Alliance continues to position immunisation strongly within global and regional health and development policy platforms and dialogues – such as Addis Declaration on Immunisation, WHO GPW and WHA, UHC, SDGs including the SDG immunisation and UHC indicator, Nurturing Care Framework, Refugees and Migration Compacts.

## GBC Health

GBCHealth has worked continuously over the past year to build the case for private sector investment in women and girls. We convened events, shared best practices, and developed opportunities for corporate partners to make a tangible impact on S-RMNCAH outcomes.

Last year, GBCHealth finalized a joint-project with UNFPA to build public-private partnerships with West African governments on sexual and reproductive health rights for women and girls.

# GE & GE Healthcare

## Safe Surgery 2020

Access to safe, affordable surgical and anesthetic care is a pressing issue in global health. Safe Surgery 2020 model aims to transform surgical care, reducing maternal and trauma-related mortality and strengthening health systems. Our goal is to drive major improvements in volume and quality of emergency and essential surgical procedures conducted in district-level hospitals. The initiative is set up as a partnership of funders, implementers, thought leaders and MoHs. The first country of implementation is Ethiopia. In partnership with the Federal Ministry of Health (FMoH), Regional Health Bureaus (RHBs) and other country partners, the initiative has been helping to design and implement several innovative programs in Ethiopia. The program is also being implemented in Tanzania since 2017, where we have supported to develop a National Surgical, Obstetric and Anesthesia Plan. The Initiative is made possible by GE Foundation. Lead partners of SS2020 include: Dalberg Advisors, Jhpiego, Assist International (AI), Harvard School of Medicine – PGSSC and the G4 Alliance. Under the Safe Surgery 2020 initiative, GE Foundation commits to two Oxygen solution programs in Ethiopia in addition to scaling the leadership training in partnership with FMoH and RHBs.

## CPAP

In Kenya and Rwanda, the GE Foundation launched a program to support local health provider training on Continuous Positive

Airway Pressure (CPAP) equipment for infants and children. In partnership with Columbia University, the Center for Public Health and Development (CPHD), Health Builders, and AI, providers at district hospitals became trainers who learned to recognize respiratory distress and understand the role of oxygen support. Kenya & Rwanda have adopted the Global CPAP Program as the country standard for resuscitation in children under 5 years old.

## Access to Medical Oxygen.

Oxygen is a WHO essential drug that is highly influential in reducing child mortality caused by pneumonia by up to 35%. It is also critical for providing safe anesthesia and treating obstetric emergencies.

The GE Foundation, in collaboration with CPHD, Health Builders, and Assist International, installed 2 state-of-the-art oxygen public-private partnership plants at rural district hospitals that supply the rural catchment area, one in Kenya and one in Rwanda.

## Biomedical Technician Training (BMETs)

A sustainable and scalable Biomedical Equipment Technician Training (BMET) program has been implemented in collaboration with AI and Engineering World Health. Trained BMETs are better able to keep lifesaving medical equipment working. This is critical for managing emergency births and neonatal emergencies.

## ImPACT Nurse Anesthetist Training

GE Foundation in partnership with the Kenyan MOH, Kenya Medical Training College, Vanderbilt University, Kijabe Hospital, Center for Public Health and Development (CPHD) and Assist International implemented an Anesthesia and Emergency Obstetric Care training program in Kenya to train and accredit nurse anesthetists, build provider

capacity, and reduce perioperative morbidity and mortality.

## Safe Water in Uganda

According to the WHO, 38% of health facilities in LMIC countries lack a water source protected from contamination. In partnership with Emory University and AI, the program installed water treatment systems at health facilities across Uganda.

## General Board of Global Ministries

We are excited that through our global health initiative, Abundant Health, The United Methodist Church can participate in the global effort to avert preventable deaths of women and children. Through the generous contributions of United Methodist churches, over \$5.5 million has gone to support community health programs in 17 countries. With this investment, 224,306 more children now have a chance to live past their fifth birthday and thrive into adulthood. Access to lifesaving medication, preventive measures like bed nets and immunization, and community education on when to seek care means that malaria, HIV/AIDS, pneumonia, and diarrhea are no longer death sentences. Increased access to prenatal services and skilled attendants at delivery has resulted in thousands of women surviving childbirth and raising healthy children. Many of our partner

communities around the world are now on track to achieve their goals for reduction in maternal and child morbidity and mortality with the confidence to provide basic health services for the first time.

Integrating water, sanitation, and hygiene (WASH); nutrition; food security; and livelihood support into maternal newborn and child health (MNCH) programming has been a key success factor in improving child well-being. Our commitment to reach 1 million children with lifesaving interventions by 2020 remains firm. Our focus is on increasing demand for and access to health services for the world's poorest people, ensuring greater value for money spent on health services and careful documentation of our impact. Sustainability of our work is based on community-led action and full ownership at every stage of implementation.

# Girls Not Brides

Progress made on ending child marriage in 2017 includes:

- The Girls Not Brides Partnership continues to grow, diversify and strengthen
  - By the end of 2017, Girls Not Brides had over 900 civil society member organisations in over 95 countries.
- Governments in high-prevalence countries take action:
  - Afghanistan and Ghana launched national strategies/action plans to end child marriage.
  - There were significant legal changes in El Salvador, Guatemala, Honduras, India, Lebanon, and Malawi.
- National Partnerships are supported to be effective partners to their governments:
  - The nine official Girls Not Brides National Partnerships continued to strengthen their work and drive national change.
  - New coalitions are forming in a number of countries and Indian states.
  - Girls Not Brides held its first ever workshop for Francophone civil society coalitions, bringing together over 20 representatives from five emerging national coalitions in West and Central Africa.
  - We developed a child marriage advocacy training module, and adapted and rolled it out in three country workshops.
- Regional actors demand more from governments:
  - Following Girls Not Brides' engagement and advocacy, the Organization of American States passed a resolution mandating its secretariat to address child marriage, and its Secretary General urged Member States directly to do more nationally.
  - The West and Central Africa High Level Meeting on child marriage resulted in a common call to action and country-specific next steps being agreed by governments.
- Girls Not Brides is driving the debate on the solutions to ending child marriage:
  - Girls Not Brides developed and updated resources on lessons learned from national strategies to end child marriage, child marriage in humanitarian settings, and the importance of a minimum age of marriage of 18. We also highlighted learning around innovative solutions to address child marriage, including around engaging religious leaders and using entertainment-education.
  - The World Bank and the International Center for Research on Women published their landmark study on the Economic Costs of Child Marriage. Girls Not Brides had advocated for the study, provided feedback on its thematic briefs, and participated in the launch event.

- Member organisations have increased capacity and opportunities to access funding:
  - Girls Not Brides brokered strategic fundraising partnerships for Girls Not Brides member organisations.
  - We shared new fundraising support materials with members, including via a dedicated 'fundraising month' in August, and supported National Partnerships and coalitions to build their fundraising capacity and set up new collective projects.

## Global Alliance to Prevent Prematurity and Stillbirth (GAPPS)

All of the work of GAPPS is aligned with the objectives of the Every Woman, Every Child initiative, and in particular the Every Newborn Action Plan. GAPPS leads a collaborative, global effort to increase awareness and accelerate innovative research and interventions that will improve maternal, newborn and child health outcomes around the world. GAPPS works to improve understanding of the causes and mechanisms of premature birth and stillbirth; success in these areas could ultimately impact up to 15 million preterm births and up to 3 million stillbirths each year.

As examples of our commitment, here are 4 projects currently underway:

1. The Preventing Preterm Birth Initiative, part of the Bill & Melinda Gates Foundation's Grand Challenges in Global Health seeks to discover biological mechanisms that lead to preterm birth and develop innovative strategies for prevention, with particular focus on solutions relevant to low- and middle-income countries, where 99% of the world's infant deaths occur. The initiative has recently funded 3 additional systems

biology studies to investigate mechanisms leading to preterm birth and has initiated 2 additional studies within international cohorts. The first study seeks to assess blood markers of gestational age in cord blood in Bangladesh and Zambia and the second is piloting a newborn screening program in Bangladesh.

2. The GAPPS Repository is the first standardized, widely-accessible collection of high-quality specimens linked to data from diverse populations of pregnant women. The repository supports research on normal and abnormal pregnancies, including how pregnancy affects maternal and child health after delivery, as well as fetal origins of diseases. The collection includes contributions from women representing a range of racial, ethnic, regional and socioeconomic backgrounds. Researchers can use existing specimens and data or arrange for prospective collections to meet specific project aims. The GAPPS Repository also offers technical assistance to increase harmonization across research sites to advance basic and translational research. The repository model has been expanded

to several sites in low- and middle-income countries, including Zambia and Bangladesh, to create harmonized efforts to improve research and development for upstream discovery and downstream implementation/operations research. Funding support for the Zambia cohort site has recently been expanded and the repository continues ongoing enrollment across all sites (US and LMICs). Since this commitment was initiated, the GAPPS repository has resourced 12 scientific investigations evaluating mechanisms of preterm birth. We have also begun partnering with the novel NIH ECHO study, which is evaluating the effect of environmental factors during pregnancy on childhood health outcomes. The GAPPS Repository is providing specimens including urine, plasma, and placenta samples, as well as medical record abstractions and questionnaires completed by mothers throughout pregnancy. More than 1,100 Repository participants will also be recruited for follow up visits to understand the current health of their children.

3. GAPPS, in conjunction with the Eunice Kennedy Shriver National Institute of Child Health and Human Development, March of Dimes and the Bill & Melinda Gates Foundation, has been developing a coalition of global funders of research on preterm birth to be known as the Global Coalition to Advance Preterm birth Research (G-CAPR). The mission of the G-CAPR is to identify and advance priority research through expanded networks,

communications, and collaborations among organizations to fund the research needed to reduce preterm birth. Currently, the coalition is exploring opportunities to study the economic impact of preterm birth in low, middle, and high income countries.

4. In 2014, GAPPS was awarded a five-year United States Agency for International Development (USAID) cooperative agreement designed to expand delivery of evidence-based strategies, building on existing, integrated platforms in maternal, newborn, child and adolescent health and family planning in 23 USAID priority countries in Africa and Asia, called the Every Premie – SCALE project. Every Premie is a consortium of GAPPS, Project Concern International (PCI), and the American College of Nurse-Midwives (ACNM). USAID, through its Global Health office and its country missions, as well as national Ministries of Health, are key partners, as are organizations including academic institutions, national programs, and NGOs at the country level. GAPPS leads evidence and knowledge sharing, program learning, and implementation research activities for the project and convenes a Global Technical Working Group on Implementation Challenges and Solutions to provide a multi-discipline forum for emerging evidence, research and learning relevant across the range of preterm birth and low birth weight interventions and maternal and newborn

health implementation in low-income countries. With more than 80 members worldwide, the group meets several times each year. GAPPS has also contributed to the development of five technical briefs highlighting safe and effective use of specific inpatient newborn care interventions. These documents are designed to provide stakeholders with evidence-based information regarding safe and effective inpatient care in low resource settings to avoid harm and improve health outcomes for newborns. Every Premie is also developing implementation research capacity in several LMICs by supporting implementing partners to demonstrate success in improving prenatal care and

treatment of preterm birth and low birth weight infants. The demonstration countries include: Bangladesh, Ethiopia, India, and Malawi. Demonstration projects include testing a simple method of gestational age estimation during pregnancy, evaluating the implementation of a multi-partner maternal and newborn health service delivery model from the community to the district hospital level, assessing the safe and effective use of antenatal corticosteroids (ACS) among women in imminent preterm labor, and assessing implementation of the Family-Led Care model designed to improve quality of facility-based care for early/small babies.

## Grand Challenges Canada

Grand Challenges Canada (GCC), with funding from the Government of Canada, is making a two-part commitment to Every Woman Every Child (EWEC) with an emphasis on promoting and scaling up RMNCAH-focused innovations. GCC's Innovation Platform for MNCH (\$160,000,000CAD in funding from the Government of Canada to support innovative solutions to address big global RMNCAH challenges) is aligned with the EWEC. It will do so by funding RMNCAH innovations to advance the goals of the new Global Strategy under EWEC over the next five years. Specific

programs under this commitment are: (1) Saving Lives at Birth; (2) Saving Brains; (3) Muskoka Stars; (4) Muskoka Transition to Scale. Grand Challenges Canada will also support an Innovation Marketplace will create channels for connecting innovators to partners and funds at the critical testing and transition to scale stages of the development of new products for women's, children's, and adolescents' health. In addition, GCC hosts the Innovation Marketplace Secretariat and Grand Challenges Canada's CEO Peter A. Singer is co-chairing the EWEC Innovation Working Group.

# Guttmacher Institute

In recent years, the Guttmacher Institute produced a range of publications and engaged in a number of activities that contributed to our FP2020 commitment. Major activities include:

- Updated Adding It Up estimates for 2017, highlighting the contraceptive, maternal and newborn health care needs of women in developing regions, critical gaps in service coverage, and the costs and benefits of fully meeting these needs.
- An updated Adding It Up for Adolescents report, which focuses on SRH needs of people aged 15–19.
- Global estimates of abortion incidence for 1990 through 2014 published in *The Lancet*, which show a decline in abortions in the developed world but no change in the developing world, and that abortion rates are essentially the same in countries with restrictive abortion laws and in those where abortion is available on request.
- A major study of comprehensive sex education in Kenya, Ghana, Peru and Guatemala, resulting in gap-filling evidence on sex education policies and their implementation in each country context.
- Launch of the Guttmacher-Lancet Commission on SRHR, which brings together SRHR experts from around the world to develop a visionary and actionable agenda for the field (including with respect to family planning) for the next fifteen years and beyond.

- Published studies on a range of SRHR topics in twelve countries.

Our experts and our evidence have informed a number of key publications and outcomes that advance our FP2020 commitment.

Examples include:

- Canada's Feminist International Assistance Policy, which cites Guttmacher data as evidence that control over one's sexual and reproductive choices leads to better outcomes for women and girls.
- Four of the SRHR indicators adopted by the UN to measure progress against the SDGs.
- Government statements expressing concern regarding instatement and impact of the U.S. "Protecting Life in Global Health Assistance" policy.
- Use of our data at major events for the SRHR field including Women Deliver in 2016 and the Family Planning Summit in 2017.

In addition, Guttmacher's President and CEO, Ann Starrs, has represented the Institute on PMNCH's Board and Ad Hoc Working Group on SRHR. Our partnership with PMNCH offers Guttmacher the opportunity to bring our evidence to key stakeholders and advocates, who can then apply our findings to executing programs and policies that advance SRHR worldwide and bring us closer to achieving Global Strategy targets.

## IMA World Health

Through implementation of a health system strengthening approach, IMA World Health implements maternal, newborn, and child health in Democratic Republic of Congo and the Republic of South Sudan, investing an estimated \$155 million through 2018. IMA uses a multi-pronged approach that integrates improvements for high quality maternal and child health services with health promotion and outreach, to also include delivery of health system solutions to ensure appropriate financing, human resources, leadership,

access to health information, supply chain improvements, and infrastructure to sustain delivery of MCH services. IMA continues to expand its support for maternal and child health programming. Nutrition programs addressing stunting have been an important focus in the past year, including focusing on inclusion of men in child feeding, improved nutritional status for women, both before and during pregnancy and lactation, and changing social norms to improve sanitation and hygiene practices, and early child development.

## INFANT Irish Centre for Fetal and Neonatal Translational Research

INFANT has delivered on its commitment to fund a PhD student from Zimbabwe to come to the INFANT centre for four years (Q1 2016-Q4 2019) to conduct research in the area of pre-eclampsia. This commitment represents an investment in knowledge exchange and capacity building which will, ultimately, contribute to strengthening of the health system in Zimbabwe. This represents a financial commitment of €95,000 (€23,770 per year for four years). INFANT has already committed over 2 years of funding to this commitment.

INFANT will dedicate one of its fortnightly Research Seminars each year from 2016 up to 2019, to presenting and discussing progress towards delivering on our commitments to the new Global Strategy. This will increase awareness in our research teams of the global need and the global challenges in meeting

these needs and therefore ensure that INFANT technology is produced fit for purpose in LMICs where the clinical need is greatest.

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INFANT has established a Memorandum of Understanding with the Good Samaritan Foundation in Moshi, Tanzania in 2016 with a view to cooperating on a number of research domains.

The intention is that, ultimately, the partnership will:

- Facilitate knowledge exchange for our engineers and scientists who will gain first-hand practical experience of the challenges of translating cutting edge devices and diagnostics into low fidelity clinical arenas.
- Offer mutual education and training opportunities in an array of multidisciplinary areas pertinent to maternal and neonatal health.
- Build capacity in areas where skilled human resources are scarce.

- Allow robust, well designed collaborative trials in geographical areas and patient populations where the need for intervention is greatest.

INFANT has continued to make progress towards its commitment that by 2030, we will fulfill our research commitment to the Global Strategy for Women's and Children's Health by working with our industry partners to translate our research into affordable, accessible and robust interventions that will reduce dependence on expensive technology and scarce, highly trained human resources, and thus provide affordable technology based solutions for unmet clinical needs.

## International Federation of Pharmaceutical Wholesalers Foundation

In 2017 IFPW Foundation provided scholarships for students at the Logivac Center in Benin participating in the Health Supply Chain Management Bachelors degree program and a number of short courses on a variety of technical subjects pertaining to supply chain management. Students included existing vaccine managers who are hard at work improving the vaccine supply chain in francophone countries. The EAC Center of Excellence in Kigali, Rwanda was delayed in the implementation of its Supply Chain Masters program so additional support for this center will be pushed until 2018. The commitment we made on the education of professionals in both a Masters program and short courses in East Africa has begun to impact improvement of service delivery of vaccine

products. Graduating students are beginning to employ the concepts they have learned and their impact will only be greater as the program develops further.

In addition, our GAVI relationship has led to our commitment to be the implementing partner of STEP Leadership classes in GAVI eligible countries. Having provided facilitators and mentors for 4 classes in 2016 and 2017(Rwanda, Uganda, Benin, and Pakistan) and seen the learning that has occurred and the impact that it makes from the Capstone projects undertaken by students in the certification process, IFPW has agreed to become a strategic partner in support of the program's expansion and implementation. These impacts

have positively improved vaccination rates by significantly enhancing supply chain personnel's capabilities, confidence and the techniques being employed.

Significant learnings have occurred as IFPW Foundation is focused on improving all elements

of the STEP Leadership course including the selection of attendees, pre-class engagement, on site class participation and engagement, post class engagement, and project focus. In addition more formalized measurement and evaluation metrics are being implemented to better report against impact in the future.

## International Planned Parenthood Federation (IPPF)

Between 2016 and 2020, the International Planned Parenthood Federation (IPPF) will provide: (1) 103 million (cumulative) Couple Years of Protection averting 36.2 million unwanted pregnancies and 4.1 million unsafe abortions; (2) 630 million (cumulative) sexual and reproductive health services to young people. IPPF will continue to work to promote women's empowerment, and eliminate sexual and gender-based violence, female genital mutilation and early and forced marriage. IPPF's determination to reach the under-served and most marginalized groups, as well as providing healthcare to those affected by humanitarian crises continues.

IPPF is a global leader in sexual and reproductive health and rights and has been at the vanguard of delivering comprehensive voluntary family planning services for over 60 years. We are a Federation of 164 autonomous Member Associations and collaborating partners covering over 170 countries, working through a network of more than 40,000 service delivery points located in communities, clinics and outreach services. IPPF will focus on expanding access to and quality of comprehensive sexuality education around the world. At the same time,

the Federation will build the movement through campaigns to mobilize more support sexual and reproductive health and rights. IPPF will strengthen sexual and reproductive health services in humanitarian settings by improving access before, during and after conflicts and crisis situations.

IPPF is also a committed partner to FP2020 in support of the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030). More information on their FP2020 commitment can be found [here](#).

### Commitment Progress

IPPF provided 21.1 million couple years of protection (CYP) in 2017, which helped women avert an estimated 6.6 million unintended pregnancies and 1.7 million unsafe abortions. The largest increases between 2016 and 2017 in service delivery of a choice of contraceptive methods for women, girls and men and the resulting CYP's were from injectables (an increase of 23 per cent), implants (an increase of 18 per cent) and intrauterine devices (an increase of 17 per cent). The value of CYP for condoms also increased by 13 per cent between

2016 and 2017, with 284.9 million condoms distributed in 2016. There was a slightly higher proportion of CYP from long-acting reversible methods than in previous years (56 per cent in 2017; 54 per cent in 2016; 46 per cent in 2015), continuing the annual trend of growth in CYP from injectables, intrauterine devices and implants. The proportions of CYP from short-acting and permanent methods were 36 per cent and 8 per cent respectively.

IPPF delivered 88.6 million sexual and reproductive health services to young people in 2017. This represents 42 per cent of all IPPF sexual and reproductive health services delivered and demonstrates our continued commitment to meeting the sexual and reproductive health needs of young people. The most common types of clinical services delivered to young people were contraception (35 per cent), and HIV-related services, including sexually transmitted infections (23 per cent).

## IntraHealth International

In 2017 alone, IntraHealth reached more than 400,000 health workers. IntraHealth's efforts contributed to 276,098 new users of modern contraception and more than 572,545 couple years of protection (allowing 173,357 unwanted pregnancies and 55,247 unsafe abortions to be averted).

### Policy & political updates

In June 2017, the 18th Assembly of Health Ministers of the Economic Community of West African States (ECOWAS) adopted a resolution to promote task-shifting in FP/RH programs. The resolution calls on ECOWAS member states to mainstream the principle of task-shifting into national human resources for health strategies, to integrate CHWs into national health systems, and to scale-up task-shifting to build stronger, more resilient health systems. IntraHealth, through its leadership of the Ouagadougou Partnership, played a key role in coordinating planning meetings and building country-level support for the resolution. The OP's regional commitment to

FP2020 includes a pledge to "implement and/or scale up promising strategies for task-shifting for long-term and permanent methods, injectables, introduction of contraceptive pills, etc., with a view to strengthen community-based Family Planning services delivery through a full range of modern contraceptive methods.

### Program & service delivery updates

IntraHealth continues to make significant progress in its commitment of contributing to doubling West Africa's regional (average of national) contraceptive prevalence rate by 2020, primarily through its programs throughout Francophone West Africa. In 2011, nine francophone West African countries and partners formed the Ouagadougou Partnership to change the story of family planning in the region. IntraHealth has led the Ouagadougou Partnership Coordination Unit since its establishment in 2012. An additional 1.18 million women are using modern contraceptives

today (making it one of the few regions of the world on-track to meet its FP2020 goal); the partnership seeks to reach at least 2.2 million additional family planning users by 2020.

In Senegal, IntraHealth has contributed significantly to rapid increase in CPR. In only three years, the contraceptive prevalence increased from 10% to 16%, what the World Bank called “a very rare achievement.” Thanks to IntraHealth’s informed push model for supply chain management, the stockout rates for health facilities throughout the country fell to only 2% in 2017. We have partnered with imams, journalists, and civil society members (who have since visited 14,000+ households) in Senegal to dispel myths around FP and make services more widely available. IntraHealth has made Sayana Press available to the poorest women in Senegal at low- or no-cost.

The contraceptive’s novel delivery system eliminates the need to prepare a needle and syringe, which means it can be administered by health workers or by users at home. We also have encouraged policy changes in Senegal that help more people access FP services and advocated for long-lasting financial and political support for family planning. In addition, we have strengthened family planning services in 30 private companies and service delivery points in Senegal, and helped make long-acting family planning methods—previously offered only in hospitals and health centers—available in health posts.

IntraHealth has continued to support the integration of FP services into other services.

In Mali, where IntraHealth has helped train 105 surgeons and other health workers, we continue to integrate FP services post-fistula repair. Our work in Senegal includes successes in integrating FP into immunization and other child health services.

Regionally, IntraHealth continues to support advocacy for FP on the part of civil society, including mayors and other local leaders and youth. Since 2011, IntraHealth has been working through the Hewlett Foundation and Dutch government-supported Strengthening Civil Society for Family Planning in West Africa Project to establish solid partnerships between governments and civil society groups to help promote the benefits of family planning in a region where use of FP remains low, to hold governments accountable for their public FP commitments, and to advocate for the technical support and resources the countries need to meet their family planning goals. The project works in Benin, Burkina Faso, Mali, Niger, and Senegal. Civil society organizations in West Africa have achieved successes in areas such as promoting literacy and reducing stigma surrounding HIV/AIDS, but FP has not historically been high on their agendas. By working with civil society groups and community leaders, the project aims to increase the use and accessibility of FP services for women, families, and youth, and ultimately improve maternal, newborn, adolescent and child health. The project is developing family planning advocates among religious leaders and has trained 272 youth ambassadors and 24 adult mentors, and has also oriented 55 journalists to FP coverage of FP issues. The

project has also trained coalition members in how to use social media, video production, and technology to share positive messages about FP. At an inter-country meeting more than 100 government, civil society, and key stakeholder representatives from francophone West Africa came together to share how they have engaged civil society in the repositioning of family planning and the progress their countries have made on national FP action plans.

## Ipas

Ipas continues to progress toward our original FP2020 and EWEC commitments, which roll over in support of the Updated EWEC Global Strategy (2016–2030). In partnership with diverse stakeholders, we support clinical provider training; country-level advocacy for progressive abortion law and policy; community outreach to ensure that women have the knowledge, skills, and social support to exercise their reproductive rights; and the global manufacturing and distribution of high-quality manual vacuum aspiration instruments. During Fiscal Year 2017 (July 1, 2016 – June 30, 2017), Ipas provided 689 clinical trainings and 135 clinical orientations for comprehensive abortion care. Through these clinical trainings and orientations, we reached 9,580 participants with new clinical content. Eighty-three percent (457,194) of all women who received abortion care at Ipas intervention sites received a modern contraceptive method before discharge (among women for whom we have contraceptive data). An additional 1,129,026

Through its leadership of The Challenge Initiative Francophone West Africa hub, funded by the Bill & Melinda Gates Foundation, IntraHealth has trained 100 mayors in family planning/maternal and child health. During the initial phase of grantmaking to municipalities, four cities received grants, supporting nearly 50,000 new users of modern contraception. In these cities, mayors mobilized more than \$730,000 in addition to their TCI grants.

modern contraceptive services were provided to women and men as part of Ipas-supported stand-alone contraception programs in Bangladesh, Ethiopia, Ghana, India, Kenya, Nicaragua, Nigeria, and Zambia.

In FY17, nine Ipas intervention countries expanded women's access to safe abortion by finalizing, approving, and/or disseminating abortion-related regulations and other policy documents. Ipas contributed input or guidance to 11 global or regional abortion-related statements or policies. Ipas also supported ongoing efforts to liberalize restrictive laws and to protect existing laws against regressive changes in 28 countries.

In May 2017, Ipas and DKT International launched an exclusive partnership in which the Ipas Manual Vacuum Aspiration (MVA) technology will be licensed to DKT for global distribution, furthering our joint mission of providing safe and high-quality family planning and abortion care for the estimated 56 million women worldwide who

choose to have an abortion each year. The Ipas MVA kit is used in over 100 countries, including the U.S., and is the world's most utilized, safe and effective surgical abortion technology.

In the first half of Fiscal Year 2018, Ipas has explored innovative solutions to cross-disciplinary issues that impact a woman's right to access safe abortion and/or contraception. For example,

we worked with gender-based violence experts to set up a study on postabortion contraceptive counseling in Bangladesh. Ipas has also identified and engaged with organizations working on comprehensive sexuality education (CSE) to promote integrating abortion into CSE programs. We have identified opportunities at the global, regional, and national levels to influence and advocate for CSE.

## ISGlobal

ISGlobal has continued to work closely in the context of the Global Strategy for Women's, Children's and Adolescents' Health through its Maternal, Child and Reproductive Health Initiative. In May 2017 we launched TIPTOP (Transforming IPT for Optimal Pregnancy).

TIPTOP is a 5-year project, funded by UNITAID and implemented by Jhpiego (coordinator) and ISGlobal (research partner) in collaboration with the World Health Organization (WHO) and the Medicines for Malaria Venture (MMV), aimed to increase intermittent preventive treatment in pregnancy (IPTp) for malaria with sulfadoxine-pyrimethamine (SP)—in addition to the use of insecticide-treated bed nets (ITNs) and effective case management IPTp coverage—and expand antenatal care attendance primarily through Community Health Workers in four Sub Saharan African countries: DRC, Mozambique, Madagascar and Nigeria. A learning-driven approach will be employed throughout the project to guide expansion in a two-phase process and generate sufficient evidence to

inform WHO policy recommendations and future actions in each country, in an effort to expand the intervention over the long-term. In an initial phase 10,000 pregnant women per country are expected to be reached (2 years). Then in the so-called expansion phase (3 years) 30,000 pregnant women per country will be enrolled. This project plans to engage community health workers to increase IPTp delivery and demand, catalyzing and further encouraging scale-up of IPTp in Africa. Additionally, it will expand antenatal care attendance in these four African countries. ISGlobal is the lead evaluation and research organization and is responsible for implementing a set of studies to generate evidence for global guidance on community IPTp-SP. Specifically, ISGlobal is responsible for designing and implementing the project's evaluation plan, as well as designing, analyzing and reporting the operational research studies to assess the cost and acceptability of the intervention and its impact. Total Project Funding: \$50M. Total ISGlobal Funding: \$10.4 M. Funder: UNITAID.

Additionally in March 2018 we started the MAMAH project a clinical trial to find alternative drugs with better tolerability and safety profile to prevent malaria in HIV positive pregnant women, a highly vulnerable group, and to further study the pharmacological interactions between antimalarial and antiretroviral (ARV) drugs. MAMAH will evaluate the safety and efficacy of an alternative treatment Dihydroartemisinin-piperaquine (DHA-PPQ) for Intermittent preventive treatment in pregnancy (IPTp) in HIV-infected pregnant women in Gabon and Mozambique where malaria and HIV infection are moderate to highly prevalent. The possibility of a pharmacokinetic interaction between DHA-PPQ and ARV drugs will be assessed. This 5-year project, funded by EDCTP and coordinated by ISGlobal in collaboration with the Centre de Recherches Médicales de Lambaréné (CERMEL, Gabon), the Manhiça Health Research Center/Fundação Manhiça (CISM/FM, Mozambique), the Medical University of Vienna (MedUni Wien, Austria), the Bernhard Nocht Institut für Tropenmedizin (BNITM, Germany), and the Eberhard Karls Universität Tübingen (EKUT, Germany) will provide conclusive evidence to reduce the burden of two of the most important poverty-related diseases (PRDs), in HIV-infected pregnant women exposed to malaria. Total amount funded: 2,985,000 €. This project is part of the EDCTP2 programme supported by the European Union.

In January 2017 we published the report 'Inequalities in Women's and Girls' Health Opportunities and Outcomes. A Report from

Sub-Saharan Africa, presents the results and conclusions of a study of the most recent data from 29 sub-Saharan African countries. The analysis of the data for these countries, at national and regional levels, reveals that women of child-bearing age (15 to 49 years) have very unequal access to the 15 health opportunities studied- The report produced jointly by ISGlobal and the World Bank Group, analyzes the most recent data from 29 sub-Saharan African countries using new metrics, such as the Human Opportunity Index (HOI), that measure how many opportunities are available for a specific health service or indicator and how equitably they are distributed across different groups of women; and on the other it helps us to determine the main contributing factors for the inequalities identified.

Moreover, we have continued our activities in the field of training and education aimed primarily at strengthening the knowledge and skills of health professionals and researchers, with a focus on RMNCH issues and LMICs. Furthermore, we conducted the second (June 2016) and third (June 2017) of the Save Mothers and Newborns Leadership Workshop in June 2015. Since 2015 these intensive trainings have gathered over 200 decision makers, programmers and professionals from high burden maternal and newborn mortality countries. This project funded by the BMGF is coordinated by ISGlobal in collaboration with Aga Khan University and the Maternal Health Task Force and other relevant RMNCH stakeholders.

## Jhpiego

Jhpiego remains dedicated to meeting women's and girls' desire for family planning (FP), especially at times when their need is often underestimated—during adolescence, after childbirth, or after loss of pregnancy. Since updating our commitment in 2017, Jhpiego has implemented and advocated for programs and policies that increase access to FP in many African and Asian countries. Jhpiego has delivered on its promise and internally-funded specific investments in Ghana, Uganda, and West Africa.

At the recommendation of the Ministry of Health (MOH) in Ghana, Jhpiego is implementing a FP program sensitive to adolescents' unique needs. This program includes provider capacity building for adolescent-friendly services and empowering adolescents with information on positive self-esteem, postpartum FP, and newborn care. In January 2018, Jhpiego conducted a co-creation event using human-centered design principles with pregnant adolescents, first-time mothers, health workers and influencers to better understand barriers adolescent girls face to receive FP information, services and supplies. Future programs in Ghana will integrate insights generated from this event to develop relevant and meaningful services for adolescents.

In Uganda, Jhpiego-trained adolescent mother peer guides reached 1,161 adolescents through home visits, resulting in 461 completed referrals for antenatal care, delivery, postnatal care,

and FP services. Peer guides held community meetings, reaching 1,392 adolescents, to discuss adolescent health, confront stigma associated with adolescent pregnancy, and provide information on available health services. In collaboration with the MOH, Jhpiego built the capacity of providers in adolescent-friendly services and postpartum and postabortion FP across Tororo and Bukedea districts. As of December 2017, 134 postpartum or postabortion adolescents from these facilities were counseled and initiated a FP method of their choice.

In West Africa, Jhpiego supports Ouagadougou Partnership (OP) countries to achieve their FP2020 goals through the promotion of high impact practices such as postpartum and postabortion FP. At the request of OP country governments, Jhpiego invested our resources to conduct a situational assessment in OP countries—Benin, Burkina Faso, Cote d'Ivoire, Guinea, Mali, Mauritania, Nigeria, Senegal, and Togo—to determine the extent of current implementation of postpartum and postabortion FP, identify opportunities to accelerate these practices, and explore strategies for rapid scale-up. Key findings included:

- Challenges include lack of political commitment and budget, minimal coordination of FP actors, lack of commodities, lack of trained and willing providers, lack of community-based FP distribution, and weak male engagement.

- Women have relatively frequent contacts with the health system during pregnancy and childbirth; this may represent untapped opportunities to expand PFP services.
- Mali offers long-acting reversible contraception in the immediate postpartum period, but women in other countries have minimal access to these postpartum methods.
- Integrating FP competencies into pre-service midwifery and OB-GYN education

is a promising opportunity to scale up postpartum FP nationally.

Jhpiego presented the assessment results at the 2017 OP Annual Meeting, shared with FP2020 to support the Francophone Focal Point Meeting, and continues to engage the MOH in these countries to use these results to inform their programs and in turn, improve access to life-saving FP services for women in the region.

## John Snow

Working closely with our global and country-level partners, JSI fulfilled, and exceeded, our 2016–2020 Every Woman Every Child commitments in 2017. Since 2016, JSI has:

- Implemented reproductive, maternal, newborn, child, and adolescent health (RMNCH+A) interventions in 31 countries.
- Strengthened health information systems in 27 countries.
- Supported nutrition interventions in 17 Scaling-Up Nutrition (SUN) countries.

- Trained 247,488 individuals, health workers, and community volunteers in 31 countries.
- Built stronger routine immunization systems in 22 countries.
- Developed stronger supply chains in 27 countries.

JSI looks forward to ongoing partnerships with Ministries of Health, community and faith-based organizations, the private sector, and global stakeholders to continue to build strong, equitable health systems that deliver high-quality services to women, children, and adolescents.

## Johnson & Johnson

In 2014, Johnson & Johnson committed USD \$30 million to improve newborn health and

increase newborn survival through 2020. This commitment will support programs in at least

20 countries with high newborn mortality, including an initial focus on India, Nigeria, China, and Ethiopia.

The collaborations aim to increase the number and skills of birth attendants; reduce newborn mortality from birth asphyxia; increase the percentage of newborns at-risk for HIV who undergo early infant diagnosis; and expand the use of mobile phones to deliver health information for safe pregnancy and birth. Our partnerships also implement programs designed to improve the health-knowledge of pregnant women and mothers to care of themselves and their newborns.

As of end of 2017, Johnson & Johnson has supported programs that have reached 8 million women and 5.3 million newborns, and provided educational support to 85,000 skilled birth attendants.

Activities implemented in 2017 include:

### **Improving Newborn Survival in Urban Slums**

J&J has partnered with Save the Children on the Improving Newborn Survival project aimed at ending preventable newborn deaths at three hospitals targeting the urban poor in Dhaka, Bangladesh. This project aims to strengthen Kangaroo Mother Care (KMC) in these facilities, identified as a priority newborn intervention to reduce under-five mortality nationally. In addition, the project will focus on promoting KMC among the target population through demand creation, strengthening referral networks, and behavior change communications. Together the three

hospitals cover urban slums and their adjacent peri-urban areas with a population of about 1,733,600. This 2-year project aims to train 200 healthcare workers, and is estimated to directly impact more than 3,000 newborns.

### **MomConnect/NurseConnect**

In South Africa, 1.8 million pregnant women have used MomConnect, a National Department of Health (NDoH) service to improve maternal and child health. Mothers receive stage-based health information and access to a help desk for queries and feedback. In 2017, MomConnect added the highly popular WhatsApp platform. NurseConnect — a companion program for nurses and midwives— has grown to 20,000 nurses and provides official NDoH communications to nursing staff.

### **Proactive Community Case Management**

Prematurity is a factor of 32% of newborn deaths in Mali. Muso's Proactive Community Case Management (ProCCM) approach is designed to reach women earlier in their pregnancies and connect them with complete prenatal care. Johnson & Johnson has partnered with Muso in Mali to support Born On Time's mission to prevent preterm birth by deploying and testing ProCCM solutions that include door-to-door proactive pregnancy testing, family planning services, and pregnancy dating techniques for a population of 275,000 people. These solutions that focus on achieving high rates of perinatal coverage could then be scaled across similar newborn survival initiatives.

## Let there be light

Let There Be Light International (LTBLI) has solar-electrified 16 prioritized off-grid health clinics in Uganda, impacting the healthcare access and delivery of 209,622 people in the 16 catchment areas, exceeding our EWEC commitment target by 100%. By the end of 2018, LTBLI will enable the solar-electrification of an additional 2 health clinics. Four primary achievements affecting

the women, children, and adolescent health care should be noted: 1) Attended births have risen 200% in the clinics offering attended birth services. 2) Hours of operation have increased 100% (from an average of 12 to 24 hours). 3) 46% more children are receiving healthcare services than prior to the clinics offering 24/7 services. 4) On-time reporting and staff retention have improved.

## Management Sciences for Health

Management Sciences for Health (MSH) takes a systems approach to strengthening FP/RH care, working with local service providers and local and national government agencies to deliver consistent, sustainable, high-quality services. We support service providers to take an integrated service delivery approach, embedding FP/RH services within maternal, newborn, and child health (MNCH), adolescent health, HIV and AIDS, and nutrition services while ensuring a gender-sensitive approach. We build providers' national systems capabilities and support systems, including management of contraceptives and other reproductive health commodities, and strengthening of community-based service delivery.

MSH recognizes that leadership, management, and governance is critical to building the enabling environment needed for countries to realize their FP2020 goals. The USAID-funded ONSE Health project has developed integrated health care approaches and built capacities of health facility

and community-based health workers, public institutions, and civil society organizations. Through ONSE, 16 districts developed annual plans, using the recent Demographic and Health Surveys and ONSE's HFA data.

MSH works to introduce and scale up proven FP high impact practices, as well as promising new interventions and technologies that support the health and well-being of women and children. In Madagascar, MSH's USAID-funded Mikolo project works to increase the quality and use of community-based primary health care services and the adoption of healthy behaviors among women of reproductive age in 9 of Madagascar's 22 regions. In 2017, Mikolo reached 113,024 new users in FP and 145,899 regular users, which represents 165,409 couple years of protection. Mikolo has trained Community Health Volunteers (CHVs) to provide family planning information and/or services in Madagascar's 506 communes and provide FP services to remote communities that are often 5–30 km from a health center.

Mikolo has increased demand for contraceptives by scaling up CHVs' use of pregnancy test kits to help women assess their needs: previously, CHVs would offer contraceptives only to women who could verify they were not pregnant (i.e., actively menstruating) – effectively missing 75% of women who were neither pregnant nor currently menstruating. The Mikolo project is also expanding women's choices in meeting their FP needs by helping to introduce new contraceptive methods in Madagascar, such as Sayana Press and Implanon NXT.

MSH supports the delivery of high-quality family planning (FP) services in the public and private sectors to ensure both equitable

access to family planning information and services, and sufficient family planning coverage for women and children, including the most vulnerable populations. The DRC IHPplus project creates better conditions for, and increases the availability and use of, high-impact health services, products, and practices in 126 health zones (the original 78 of IHP, 38 President's Malaria Initiative [PMI]-focused zones, and 10 Global Fund-focused zones), within nine Divisions Provinciales de Santé (DPS, or Provincial Health Divisions). In 2017, a total of 350,915 couple years of protection (CYP) were provided to women and men. A total of 676,273 counseling visits were conducted in the health zones in 2017.

## March of Dimes

In 2016–2017, the March of Dimes continued its prematurity prevention efforts, to reduce the preterm birth rate in the United States to 8.1 percent by 2020 and decrease the toll of death and disability from premature birth and birth defects worldwide. We continued our work on eight evidence-based interventions to reduce preterm birth in the U.S., including birth spacing and pregnancy intentionality, low dose aspirin to prevent preeclampsia, smoking cessation, elimination of early elective deliveries, and group prenatal care, and pilot tested a Supportive Pregnancy Care program. We reached about 10 million people worldwide through our educational resources in English and Spanish – including our website, blogs, social media and personalized information and support. In 2017, our NICU Family Support

Program® offered information and support to over 91,000 families with babies in over 100 NICUs.

We funded \$10 million USD in research at five Prematurity Research Centers to find the unknown causes of premature birth and new ways to prevent and treat it.

We mobilized thousands globally to participate in annual World Prematurity Day events in November, including through the World Prematurity Network, comprised of consumer and parent groups that are leaders in addressing preterm birth in their countries.

In 2016–2017, we continued to highlight health equity and geographic and racial/

ethnic disparities in preterm birth through the annual U.S. Premature Birth Report Card. In collaboration over 120 global partners, March of Dimes led the efforts for World Birth Defects Day on March 3 each year. Also in 2017, March of Dimes sponsored and led the implementation of its 8th International Conference on Birth

Defects and Disabilities in the Developing World, in Colombia. This conference was attended by more than 300 participants from 33 countries and a consensus statement on Prevention of Congenital Disorders and Care of Affected Children in Latin America is expected to be published shortly.

## Marie Stopes International

At the end of 2016, there were 25.4 million people using a method of contraception provided by MSI. We also estimate that, by the end of 2016, we had contributed 5.6 million additional users in FP2020 countries since 2012. We provided 3.6 million safe abortion and post-abortion care services over the year. In line with our 2016–2020 strategy, 'Scaling Up Excellence; Universal access, one woman at a time', MSI reaffirms our commitment to:

- Double the numbers of MSI users of contraception from 20m to 40m.

- Deliver our pledge of 12m additional users (since 2012).
- Broaden access to safe abortion and post-abortion care services, doubling provision from 3m to 6m per year.
- Remove 30 policy and clinical restrictions that limit access to contraception and safe abortion services.

## Masimo and Newborn Foundation

The BORN Project is reducing newborn deaths through newly developed mobile app-based pulse oximetry technology that supports early detection of the major causes of newborn mortality – pneumonia, sepsis, neonatal infection, and asymptomatic congenital heart defects. Since inception of the EWEC commitment, Masimo and the Masimo Foundation for Ethics, Innovation, and Competition have contributed approximately USD \$125,000 in medical devices and the

Newborn Foundation has committed \$400,000 in BORN Project training, implementation, research, policy, and programmatic efforts. Masimo's engineering, technical, and design team have contributed thousands of hours in research, development, and product design to bring mobile pulse oximetry to the field.

Commitment Progress: Building on the success of the BORN Project in China, the program

expanded in September 2016 to include 72,000 births at birth facilities in all 3 island sections of the Philippines. New projects launched in February 2017 in Pakistan, India, Peru, Bolivia, Mexico, Mongolia, and Nigeria. Furthermore, this expansion includes a scalable training and implementation model to fit within a public health framework, screening and data collection on an additional 180,000 newborns. As of April 2018, the total number of babies being screened across all participating countries is over 300,000. The BORN Project has served as a catalyst in the development of an initiative funded by the Bill and Melinda Gates Foundation to improve early diagnosis and intervention of pneumonia in children under 5, including newborns. Deployment and piloting of a new Masimo-developed pediatric integrated pulse oximetry and respiratory rate technology with embedded training capability began in the fall of 2016, in Ethiopia, Nigeria and India and resulted in a market-ready device for low-resource settings, accompanied by training materials and an awareness campaign: Find PneumoniaSooner.org. This commitment is ongoing through 2018 and has a non-financial value of \$242,000 from the Newborn Foundation, and an additional \$50,000 from Masimo. The BORN Project has resulted in public health policies for universal screening in China as part of evidence-based research protocol evaluating health worker training, clinical protocols, digital and print educational resources, and field implementation for newborn screening for hypoxemia. The project includes robust data collection to drive screening quality improvement, target regional

infrastructure improvements for babies born in low resource settings, and support pulse oximetry screening as a national and global public health imperative to significantly reduce newborn mortality. Results indicate pulse oximetry screening is feasible and effective, even in remote, underserved birth settings – demonstrating earlier diagnosis of hypoxemia related to pneumonia, infection and asymptomatic CHD (addressing NCDs).

Screening resulted in timely treatment or referral, reduced mortality, and improved health outcomes for affected newborns. The first two project meetings for the Philippines occurred in Sept/Oct 2016, and a clinical leadership meeting was held in March 2017 in Manila. The BORN Project continues to provide hospital-grade equipment appropriate for measuring blood-oxygen levels in neonates (Masimo signal extraction technology (SET) for mobile and non-mobile devices), health worker training, clinical protocols, digital and print educational resources, and field implementation for newborn screening for hypoxemia. The project includes electronic data collection to drive screening quality improvement, targeted regional infrastructure improvements for babies born in low resource settings, and supporting pulse oximetry screening as a national and global public health imperative to significantly reduce newborn mortality. The project is done in coordination with local and national government (public health agencies) in each of the 9 participating countries, resulting in a 25-32% reduction of mortality associated with the target conditions.

## Maternity Foundation

The Safe Delivery App – a mobile training tool for skilled birth attendants – is currently being used in around 40 countries. It was launched in 2015 after a successful clinical trial in Ethiopia (results showing that midwives' ability to manage PPH and to resuscitate a newborn more than doubled after 6 months usage of the app). The app is free for download. The Safe Delivery App is implemented through partnerships, including with ministries of health, international organizations and NGOs.

Major milestones since the launch of the Safe Delivery App:

- the App has been downloaded more than 38,000 times.
- Maternity Foundation now has more than 20 partnerships for implementation of the App, including with the ministries of health in Ethiopia, India, Myanmar, Laos and Ghana.
- The Safe Delivery App was updated to version 2.0 in 2017 based on WHO guidelines. In addition, a Learning Platform was added to ensure an individual learning experience for users.

## Medela

Since making our commitment in September 2014 we have positively impacted the health and wellbeing of over 50,000 critical care newborns and their mothers through lactation care to provide the life giving benefits of human milk (figure represents only 1 site with data available, we have 3 sites). We have also sensitized approximately 10,000 healthcare providers on the value of mother's own milk for the most vulnerable and provided comprehensive education and training on the alternative path to at-breast feeding when mother-infant separation due to medical intervention is required.

We are in the process of supporting data collection on the number of mothers successfully establishing their lactation to allow long term exclusive breastfeeding and assessing the doses of mother's own milk being received by these critical care infants, this data will be presented to policy makers as an additional effort to highlight this important issue as well as guide practice improvement.

All materials created are intended for use in other geographies, once tested and validated, we will assess further expansion.

## Medtronic

Since inception in September 2015, The RHD Action, a global movement to end the burden RHD continue to elevate of RHD on the global agenda through global advocacy, technical, scientific and advocacy together with in country programs implementation to support RHD elimination in Uganda and Tanzania. RHD Action is a partnership between Medtronic Foundation, World Heart Federation and RhEACH. Some key achievements and milestones to date include:

At Global Level:

- RHD resolution expected to be adopted at the World Health Assembly in May 2018 following official recommendation of a draft Resolution on "Rheumatic Fever and Rheumatic Heart Disease" at 141st WHO Executive Board meeting in June 2017 in Geneva. This breakthrough has been possible due to strong advocacy efforts by RHD Action and the New Zealand Ministry of Health.
- Ongoing provision of RHD technical support and launch of a small grants programme to assist countries implementing RHD projects to increase RHD awareness and education amongst vulnerable populations including women, children and adolescents, empower patients for disease management, build capacity of healthcare providers, strengthen referral systems and integrate within existing health infrastructure.
- RHDA publication "United to End Rheumatic Heart Disease: RHD Action Prospectus 2017" outlining key areas guiding RHDA

global efforts, achievements to date and future plans was released at the 7th World Congress of Pediatric Cardiology & Cardiac Surgery (WCPCCS) in Barcelona, Spain.

Country Level Efforts:

### Uganda

- RHD program implemented in Uganda is leveraging existing HIV/AIDS infrastructure to create a comprehensive RHD treatment program and has led to the establishment of an RHD registry which had more than 1900 enrolled patients at the end of 2017.
- 15,000 children have been screened in 3 districts in Uganda (Kampala, Mbarara, and Gulu) and 26 teachers trained on RHD screening and awareness education.
- Several studies have been conducted: 1) to evaluate the taskshifting of RHD screening and diagnosis to non-specialists using handheld echocardiography screening devices 2) to investigate RHD burden in pregnant women. RHD disproportionately affects pregnant women and could be a significant contributor to indirect maternal mortality and poor fetal outcomes.
- Retention in care persists as a challenge and is severe in rural communities compared to urban ones. Manuscript on the RHD Treatment Cascade in Uganda revealed a 55% retention into care amongst 1,552 patients followed for median 2.4 years and those retained in care, >91% were adherent to BPG.

## Tanzania

- The RHD program in the Mwanza Region in Tanzania is leveraging on local and national efforts in maternal and child health and has contributed to the capacity building of 13

## Merck

### Merck for Mothers

Merck for Mothers is Merck's 10-year, \$500 million initiative to create a world where no woman dies giving life. Contributing our scientific and business expertise, as well as our financial resources, we are working to ensure that women have access to two of the most powerful means to end preventable maternal deaths: quality maternity care and modern contraception.

Working alongside more than 100 partners, Merck for Mothers has reached more than six million women in over 30 countries around the world.

We collaborate across sectors – working with governments, NGOs, patient groups, physician, nursing, and midwife associations, entrepreneurs, UN agencies, research institutions, other businesses and even other pharmaceutical companies. Likewise, we collaborate across Merck, leveraging our talent to generate fresh thinking and infuse new, business-minded approaches to help solve the longstanding challenge of maternal mortality.

We are focused on:

frontline workers who have been instrumental in screening 1,100 pregnant women and 3,020 school children. Low prevalence of RHD have been established at 0.4% and 0% in school children and in pregnant women, respectively.

- Empowering women to make informed choices about contraceptives and the quality care they need for a healthy pregnancy and safe childbirth.
- Equipping health care providers with the skills, tools and technologies they need to deliver high-quality services wherever women seek care.
- Strengthening health systems to sustain the delivery of high-quality services that benefit women and their communities.

Working alongside our global partners, our major achievements over the past year include:

- We funded the largest clinical trial ever conducted in postpartum hemorrhage in partnership with Ferring Pharmaceuticals and the World Health Organization. Over 29,000 women participated in this 10-country trial to evaluate heat-stable carbetocin, a medicine that could improve the management of severe bleeding after childbirth in countries where reliable refrigeration is challenging.

- We launched one of the first – and the largest – health development impact bonds in collaboration with UBS, USAID, the government of Rajasthan, India and others. This innovative financing mechanism taps into new sources of private capital and rewards achievement of specific health-related goals – in this case, improved quality of private maternity care.
- We joined the Global Financing Facility (hosted by the World Bank), as the first private sector partner. This multi-stakeholder partnership is leveraging private capital and expertise to support national governments' priorities in maternal and child health. As a member of this partnership, we are amplifying our impact in reducing maternal mortality by directing resources to programs that are the most effective.
- We successfully advocated with the government of Senegal to assume financial and management responsibility for an innovative model that has reduced stockouts of contraceptives significantly and helped

transform the country's public health supply chain. The initiative – originally supported by Merck for Mothers and the Bill & Melinda Gates Foundation – is expanding broadly, enabling the country to reliably distribute an additional 90 commodities, including critical medicines for pediatric illnesses, HIV/AIDS, tuberculosis and malaria.

In India, we launched Manyata, a quality improvement and quality assurance model that helps private maternity providers improve their care and certifies those who consistently deliver high quality care. We are now scaling the model across three states and working with national accreditation organizations to institutionalize quality standards.

### Merck IMPLANON

The IMPLANON Access Program has made a difference in millions of women's lives in poorest parts of the world. Since its inception, the program has brought 20M implants to women in more than 50 developing countries, providing them with highly-effective, long-acting, reversible contraception.

## mothers2mothers

mothers2mothers (m2m) continues to work towards its goal of contributing to the elimination of paediatric AIDS, improving the health and wellbeing of women, children, and families, and enhancing the quality and capacity of Africa's overburdened health systems. We do this by employing, training, and helping to empower HIV-positive

women as community health workers . These "Mentor Mothers" work in local communities and at understaffed health facilities to ensure that women, their families, and their communities get the health advice and medication they need, are linked to the right clinical services, and are supported on their treatment journey.

In 2016, m2m surpassed our EWEC goal of reaching 415,000 HIV-positive and negative pregnant women and new mothers with our services. Instead, we reached 424,722 HIV-positive and negative pregnant women and new mothers through services we delivered directly, and another 643,782 HIV-positive and negative pregnant women and new mothers through the technical assistance we provided the governments of South Africa and Kenya, which implemented our programme on provincial and national levels, respectively.

Other successes in 2016 that contributing to reaching our EWEC goal are reported in our 2016 annual programme evaluation and include: successfully supporting HIV-positive pregnant women to remain in care and adhere to their antiretroviral therapy (ART); ensuring that children not only survive, but also thrive, with early childhood development services

integrated into our core Mentor Mother programme; and working to reduce HIV infections and deaths among adolescent girls and young women through our adolescent health initiative. 2016 data for for these goals include:

- 93% of m2m HIV-positive pregnant clients who started ART remained on treatment after three months.
- 98% of m2m clients consistently take ART more than 80% of the time, which is sufficient to reduce a person's viral load to an undetectable level.
- More than 14,000 children benefitted from our ECD programmes.
- Approximately 220,000 adolescent girl and young women were reached.

## Nestlé

Driven by the Nestle purpose, enhancing quality of life and contributing to a healthier future, our 2030 ambitions align with those of the UN 2030 Agenda for Sustainable Development and support the Every Woman Every Child movement. Specifically, we contribute to this important work through: supporting breastfeeding, delivering nutrition and fostering healthy behaviors, empowering women, and increasing access to safe water and sanitation in rural communities.

We believe breast milk is the ideal nutrition for infants. That's why we promote the WHO's recommendation to exclusively breastfeed infants for the first six months of life, followed by the introduction of adequate nutritious complementary foods, along with sustained breastfeeding up to two years and beyond. On 26 June, 2015, Nestlé launched its Global Maternity Protection Policy for its employees worldwide. The policy applies to all primary caregivers of a newborn including male employees and

those who adopt children. It is based on the ILO Maternity Protection Convention. It gives employees a minimum of 14 weeks paid maternity leave, the right to extend their maternity leave up to six months, employment protection, and flexible working arrangements and guaranteed access to breastfeeding rooms during working hours in head offices and site with more than 50 female employees.

To ensure that children and women get sustained benefits from the best nutrition, in addition to fortifying products, we have launched new nutritional products for mothers-to-be, new mothers, infants and children. We also aim to foster healthy behaviours in children and families through Nestlé for Healthier Kids efforts which support parents and caregivers with our research, product formulation, education and lifestyle services.

We believe that communities cannot thrive if they cannot improve the livelihood of women. As a global company, we recognize

that agriculture is important for rural women, and we aim at strengthening women's access to resources and training and improving their safety, health and well being. For our employees, we track and monitor gender balance, achieving progress, through a rigorous succession planning process, clear development plans and awareness-raising sessions. We also have women empowerment activities Women's empowerment activities through our cocoa, Nescafé and dairy plans.

Together with the International Federation of Red Cross and Red Crescent Societies, we partner to improve rural communities' access to water, sanitation and hygiene. Over the 15 year partnership, we have reached more than 215,000 people in Cote d'Ivoire and Ghana with access to safe water, sanitation and hygiene – and several thousands more are benefitting from local partnerships across the globe. In 2017, we expanded the partnership to Ethiopia where we will provide WASH services to communities surrounding our factory there.

## Noor Community Welfare Trust

Poverty, ignorance and lack of healthcare are the root causes of most of the diseases, malnutrition, mortality and early marriages.

We at Noor Trust are addressing the root causes as long term measure, besides, addressing the symptoms for immediate relief.

In this regard, during the period January 2016 till date, following have been achieved:

- a. Health of Mothers through awareness program, better nutrition, distribution of supplements & counselling / guidance through lady health workers – about 5000 women of reproductive age.
- b. Free Medical, Gyne & Medical camps for poor women – 7000.
- c. Provision of Clean Drinking Water in rural areas – population of 10000.

- d. Vocational Training for adolescent school drop-out girls – 200 girls.
- e. Counselling of adolescent girls & their mothers against early marriages – managed to convince about 200 girls / parents against early marriages.
- f. Interest-free micro-finance for poor skilled women – 300 families.
- g. Distribution of food items among poor families – 500 families.

## Novo Nordisk

The Hoshangabad project, which aimed to field test and develop operational guidelines for the new national Indian gestational diabetes (GDM) diagnosis and management guidelines in Madhya Pradesh, came to an end by the end of 2017. The project, which was implemented by Jhpiego, integrated GDM testing and management into the antenatal care programme in 175 health facilities and in 975 villages (through community outreach services).

By 31 December 2017 the project had achieved the following:

- Facilitator's guide, reference manuals and job aids developed for capacity building of community health workers (ASHAs), Auxiliary Nurse Midwives (ANMs), Staff Nurses and Medical Officers.
- Availability of essential supplies to measure blood sugar in pregnant women ensured throughout the maternal health structures.
- GDM capacity building of a range of health service providers: 52 Medical Officers, 98 Staff nurses, 216 ANMs and supervisors, 30

lab technicians, 10 nutrition counsellors, and 1,168 community health workers.

- 24,052 women tested for GDM of which 2,178 women (9%) were diagnosed with GDM.

Key learnings from the project include:

- A single contact service delivery approach is key.
- Effective counselling of the women requires training of health staff at all levels, including outreach and community health workers.
- Extensive counselling is needed if the women is to succeed with the nutrition therapy.
- It is difficult to make the woman wait the required two hours for the result of her Oral Glucose Tolerance Test (OGTT) – using the time for counselling has shown useful.
- Maternal health and the NCD department coordination is critical for supplies and logistics support.

In March 2017, the learnings from the project were presented on two occasions: first at the 9th International Symposium on Diabetes, Hypertension, Metabolic Syndrome and Pregnancy (DIP2017) 8–12 March in Barcelona, and later as a part of a side-event to the 61st session of the Commission on the Status of Women (CSW61) at the UN HQ titled 'Healthy Women, Healthy Livelihoods: Delivering an integrated NCD response for all'. The event was co-hosted by the Government of Denmark, NCD Alliance, Women Deliver, MSH and Novo Nordisk.

In July 2017 the project was showcased as a best-practice at the '4th National Summit on Good and Replicable Practices and Innovations in Public Healthcare Systems in India' hosted by the Ministry of Health and Family Welfare (MoHFW) of India.

The Ministry of Health and Family Welfare has updated its national GDM guidelines based on learnings from the Hoshangabad project. In February 2018, the Ministry showcased the project and the revised guidelines on a national orientation workshop for maternal health officers from all states, with a means to roll-out universal GDM screening and management in all states of India. Paying attention to the blood sugar of pregnant women is now seen as a way of improving maternal and newborn health, as well as a means of preventing non-communicable diseases (NCDs).

In 2017, Novo Nordisk furthermore expanded its support to FIGO's work in the field of Hyperglycaemia in Pregnancy (HIP) with an additional grant to support the work of the newly created FIGO NCD Committee.

## NST Global Corporation

Based on our commitment to FP2020 to increase the use of modern family planning methods from 54% in 2015, it increased to 72% in 2016 and 84% in 2017. With this remarkable turnout, we have prevented unplanned pregnancies to up to 99%

of the total number of member-workers who have no plans of having kids in 2016 and 2017. Also, with the goal to reach 90% of pregnant and lactating mothers with post-partum family planning counselling sessions, we have reached 92%.

## Nutriset

### Objective 1: Invest in research projects and partnerships RESN

- Nutriset has participated in various research projects to strengthen the existing global

knowledge about SQ-LNS. To this day Nutriset continues to remain an active stakeholder in SQ-LNS research programs and supports such programs implementation.

## Objective 2: Increase accessibility to a range of prevention products

- The production of our Enov' products' portfolio has increased steadily over the period, enabling us to supply more and more home fortification programs. 2017 and 2018 have been following the same trend so far.
- During that period of time we have kicked off partnerships with new partners in order to market our Growell Mum and Growell 6–24 months products' in English speaking countries (for instance in South Africa) and to reach new beneficiaries.
- We have also worked on the formulation of our different products, developing new recipes with adapted raw material sources to better meet local habits and taste.
- In most of our developments we have involved our PlumpyField partners', enabling them to produce on their own territory the prevention products required by their local authorities (for instance in Madagascar).

## Objective 3: Facilitate multi-sectorial integrated approach interventions with adapted products

- WASH Benefit Studies publications (Bangladesh and Kenya) and SHINE Zimbabwe preliminary results on the synergistic effects between WASH interventions (water quality, sanitation, and handwashing) and nutritional supplementation (SQ-LNS) on growth and morbidity in young children.
- Ties with key INGO to enhance operational researches on the impact of WASH activities on the management of Severe Acute Malnutrition.
- Integration of Nutriset into WASH'Nutrition Platform (SWA) and key event (SIWI) and formalization of a proper strategy to get involved in this sector.
- Identification and qualification of expert partners to create alliances.

## Office of the High Commissioner for Human Rights

1. In order to advance a rights-based approach to the health of women, children and adolescents, including maternal health, OHCHR organized multi-stakeholder processes in multiple countries. After a regional workshop, human rights assessments were undertaken and multi-stakeholder dialogues convened to discuss assessments in Uganda, Malawi, Zambia and United Republic of Tanzania.
2. OHCHR has also organized capacity building workshops and follow-up activities for civil society at regional and local level in Eastern Africa (2017) and Southern Africa (2018), particularly on sexual and reproductive health and rights.
3. The Office also developed guidance at the international level to enhance understanding

of rights-based approach to the health of women, children and adolescents. This work has resulted in reflections guides available at OHCHR website. <http://www.ohchr.org/EN/Issues/Women/WRGS/Pages/MaternalAndChildHealth.aspx>

OHCHR also worked with UN human rights mechanisms to ensure that attention is devoted to concerns about health of women, children and adolescents.

UN human rights treaty bodies have integrated the technical guidance as a tool of review and analysis. The Committee on Economic, Social and Cultural Rights (CESCR) adopted its General Comment No. 22 (2016 – UN Doc. E/CN.12/GC/22) on the right to sexual and reproductive health, which draws on the technical guidance, in particular in relation to ensuring the availability of medical and professional personnel and skilled providers trained to perform the full range of sexual and reproductive health-care services. Different treaty bodies, such as CESCR, CEDAW and CRC have incorporated the technical guidance into their concluding observations of state parties' periodic reports.

The UN Working Group on discrimination against women in law and in practice also dedicated its 2016 report (A/HRC/32/44) to health and safety, particularly regarding the instrumentalization of women's bodies which lies at the heart of discrimination against women and obstructs the achievement of their highest attainable standard of health.

In October 2016, OHCHR presented amicus curiae in regards to the Zika virus in Latin

America, when denial of abortion reached the threshold of torture and inhuman or degrading treatment. In 2017, OHCHR also submitted an amicus curiae to the Interamerican Commission on Human Rights in regards to the laws on abortion in El Salvador.

For more information regarding all of the above, please consider the Follow-up reports on the application of the technical guidance on the application of a human rights-based approach to the implementation of policies and programmes to reduce preventable maternal mortality and morbidity (A/HRC/27/20 from 2014; A/HRC/33/24 from 2016 and upcoming 2018 report).

Key achievements and milestones:

- Right to health, including SRHR, is now a specific result in OHCHR's Office Management Plan.
- OHCHR has worked closely with other United Nations agencies to integrate the technical guidance in wider United Nations processes, notably the Secretary-General's Strategy on Women's, Children's and Adolescents' Health, including through the convening of the High-Level Working Group on Health and Human Rights of Women, Children and Adolescents established by World Health Organisation (WHO) and OHCHR. OHCHR and WHO have concluded a Framework of Cooperation and are elaborating a joint programme of work to support further implementation of the recommendations, which will include efforts to promote the technical guidance.

## Olpharm Nigeria

"Olpharm Nigeria limited is totally committed to ensuring that NIGERIA as a country achieves the SUSTAINABLE DEVELOPMENT GOALS of 2016–2030, as they relate to saving the lives of children's under five and to working towards the Global Strategy for Women's, Children's and Adolescents' Health for the 2016–2030." Pharm. Johnson Olusetire.

Every year, approximately 100,000 children in Nigeria die needlessly from diarrhea, the 2nd leading cause of child deaths globally, which can be easily prevented with a simple treatment: zinc and oral rehydration salts (ORS). Olpharm Nigeria Ltd. is an importer and marketer of quality pharmaceuticals in Nigeria. Olpharm Nigeria Ltd. is committing, through its partnership with WHO-GMP external manufacturer, Medicamen Pharma, India, with NAFDAC registered products, to import OLPHARM BABY ZINC and OLPHARM ORS-LO individual packs and DIARRHOEA KIT CO-PACKED products in Nigeria for a total annual investment of \$7,320,000.

To increase the volume of ZINC and ORS in the Nigeria market, Olpharm Nigeria Ltd. also commits to importing the following products to Nigeria on a monthly basis, in order to supply Nigeria's private sector market from 2016–2018:

- ZINC – 100,000.
- ORS-LO – 600,000.
- CO-PACK – 100,000 KITS.

This historic commitments is part of the Coalition for Childhood Essential Medicines in Nigeria launched in October 2012, which has potential to save the lives of over 200,000 children in Nigeria by 2015. The coalition supports the Government of Nigeria's Saving One Million Lives Initiative and the Every Woman Every Child movement.

## Organization of Africa Youth Kenya

The commitment made by the organization of Africa Youth Kenya commenced in October 2017, and has seen much progress since. To begin with, the organization, through the multi-sectoral partnership conducted desktop research situation analysis in Kenya to determine the major issues affecting the adolescent girls and young women, analyzed the existing policies touching on their health and well being including the Kenya

national youth policy, in order to come up with evidence based advocacy themes. This revealed that the most pressing issue among adolescents was teenage pregnancy owing to several factors among them lack of information among adolescents and young women concerning their sexual and reproductive health and rights. This has resulted in three meetings with the Ministry of Health officials to formulate IEC materials to use in

educating the adolescents and young women on their sexuality and general reproductive rights.

The major achievements are listed below:

- Formation of IEC materials to use in education of the adolescents and young people on their sexual and reproductive health and rights.
- Completion of the Adolescents and Youth Friendly Services training manual that is used by the Ministry of Health to train its service providers on provision of Adolescents and Youth Friendly Services.
- 2 mobilization forums with young people in Kisumu county.

## PATH

PATH Commitment to EWEC:

- PATH has committed US\$1 billion over five years to improve the affordability, accessibility, and effectiveness of health interventions and mobilize diverse partners to bring lifesaving innovations to scale. We have continued to advance our work on nearly 100 promising health technologies and 80 system and service innovation projects, working in more than 70 countries around the globe.

During the 2017 calendar year, PATH advanced the field of innovation for global health by identifying, evaluating, and improving access to a number of high-impact technologies. For instance, PATH was successful in securing an expanded indication for oxygen on the 20th

Several linkages have also resulted, as organizations have stepped in to offer mainly technical support during the implementation.

The best practice identified was one on one advocacy calls; both with the young people and government officials. This is because then you can read the physical reactions, and probe to get both the information and support that you need. It also makes accountability easier. The major lesson learnt is the need to plan advocacy meetings with high ranking government officials early enough, because getting them to create the time amidst their busy schedules can be quite a challenge.

WHO Model List of Essential Medicines (EML), setting the stage for national policy change to promote expanded access to oxygen, and increasing prioritization of oxygen as a critical treatment for hypoxemia in global and national discussions. PATH also welcomed the World Health Organization's (WHO) prequalification of a new bivalent oral polio vaccine (bOPV) developed by Chinese vaccine manufacturer Beijing Bio-Institute Biological Products (BBIBP). The vaccine will help meet heightened demand for bOPV during this current critical phase of polio eradication in polio-endemic countries and other countries at high risk for resurgence.

In addition, PATH engaged in a newly launched collaboration that is bringing together stakeholders from around the world

to improve infant health and survival through maternal immunization, particularly in low- and middle-income countries (LMICs). The newly assembled Advancing Maternal Immunization (AMI) collaboration is meeting an urgent need for pregnant mothers in LMICs to be able to protect their babies from infectious diseases by getting vaccinated themselves—an option not used to its full potential in many parts of the world, especially in resource-limited settings where it is not widely available beyond maternal and neonatal tetanus.

In 2017, PATH celebrated the opening of the first human milk bank in Vietnam at the Danang Hospital for Women and Children. This facility is supported by the Vietnam Ministry of Health and the Danang Provincial Department of Health, and is the first human milk bank in Vietnam to be operated within the public health system and to international standards. PATH, along with FHI 360 (through the Alive & Thrive Initiative) has provided extensive technical support and capacity building for the establishment of this flagship facility, and was present at the official opening ceremony on Friday.

PATH has proven itself to be a committed partner not only in developing, delivering, and bringing innovative solutions for global health problems to scale—PATH is also a skilled participant in the policy sphere, delivering impact that improves equal and dignified access to health services for women and children. For instance, PATH launched a first-of-its-kind on the sidelines

of the 2017 UN global coalition dedicated to increasing access to essential medicines and health products to prevent and treat noncommunicable diseases (NCDs) and conditions, including diabetes, hypertension, and cardiovascular disease. The new Coalition for Access to NCD Medicines & Products brings together governments, the private sector, philanthropic and academic institutions, and nongovernmental organizations to tackle barriers countries face in procuring, supplying, and distributing essential medicines and technologies and ensuring they are used effectively.

On the county level, PATH advocates in partnership with a number of organizations facilitated the signing of the Kakamega County Maternal Child Health and Family Planning Bill 2017 into law, guaranteeing pregnant women living on less than one US dollar a day additional support to access essential antenatal and postnatal care for themselves and their babies. PATH Kenya advocates, UNICEF, and other partners played a key role in guiding the overarching strategy for the bill, drafting core language, and securing critical buy-in from high-level leaders and civil society members.

PATH has continued in 2017 to partner with countries to identify and advance high-impact technologies and approaches to prevent and treat the greatest causes of morbidity and mortality among women, newborns, adolescents, and children, to reach more than 500 million people.

## Pathfinder

Pathfinder International has continued to deliver technical assistance to governments to promote service delivery for SRHR services in 18 countries around the world. We celebrated our 60th year since inception in 2017, and have continued to forge new paths towards universal access to SRHR. Pathfinder's programs in FY17 were estimated to have prevented over 495,000 unsafe abortion,

and prevented over 4,200 maternal deaths. We recorded 4.3 million visits to facilities for contraceptive services, and calculated that 1.9 million unintended pregnancies were averted. More than 605,600 deliveries were supported by facility staff. 11.6 million visits were made by young people to receive youth-friendly services at health facilities supported by Pathfinder's programs.

## Philips

In 2014, Philips pledged to support the United Nation's Every Woman Every Child initiative, committing to improve the lives of at least 100 million women and children in Africa and South East Asia by 2025. At the United Nations General Assembly week in September 2017, Philips made an extended commitment to improve the lives of 300 million people in underserved healthcare communities by 2025. Philips thereby recognized the often critical needs of women and children in many communities, but also the added burden arising from the increase in non-communicable diseases (NCDs) in communities already struggling without adequate access to healthcare. To monitor our progress on the extended commitment, we use the same Lives Improved methodology and in 2017 we improved the lives of 153 million people in underserved markets (an increase of 16 million compared to 2016).

They will achieve this by:

1. Access to quality primary care; Philips continues to invest in its Community Life Center (CLC) and related portfolio of medical devices for low resources settings to strengthen primary care as the most effective way to achieve Universal Health Coverage. The CLC platform bundles technology with an integrated service package, community empowerment interventions, and a referral to higher levels of care. Relevant devices include the automated respiration monitors that supports the diagnosis of pneumonia in children under 5, ultrasound, and patient monitoring. In addition, they will provide services and solutions that help identify high risk pregnancies, support breastfeeding, and improve early detection and prevention of NCDs. They will support

country-led primary care transformations through partnerships such as the Kenya SDG platform, the WEF Primary Care Coalition, and the EWEC architecture. Women and children represent approximately 70% of the demand for primary care services.

2. Digital transformation of healthcare; Philips continues to invest in connected care, data analytics and population health management across all levels of care. They will build on the partnership with GAVI to develop Health IT solutions to digitize the last mile of immunization for women and children. Furthermore, they will continue to work on digital health solutions for low

resource settings such as Mobile Obstetric Monitoring, Electronic Medical Record systems, and healthy living Apps such as uGrow.

3. Large scale health system strengthening; Philips will continue to deliver large scale hospital revitalization programs through innovative financing solutions such as Managed Equipment Services, building on experience in Kenya, India, Indonesia, etc. These programs benefit all people and improve access to quality of care that respond to all current and future healthcare needs, with an emphasis on addressing the rising NCD burden.

## Piramal Foundation

Araku mandal, located about 100 kms from Visakhapatnam, is a hilly area with a vast majority of population living there belonging to various tribes. The region itself comes under the administrative jurisdiction of Integrated Tribal Development Agency (ITDA). Piramal Swasthya under the aegis of Piramal Foundation initiated the 'ASARA' project across 181 tribal habitations of the mandal, covering a population of about 40,000 people. The project comprises of a telemedicine center (connected to a telemedicine specialist center located in Hyderabad), a group of Auxiliary Nurse Midwives (ANM) along with a driver conducting outreach activities and transportation support for pregnant women at the time of delivery. The project has been ongoing since 2010–2011. In the year 2017, we have expanded this project across 540 habitations with a population of over 1.50 lakhs.

Period from 1st Jan 2016 until 31st March 2018 : During this period, we have registered a total of 1492 Antenatal Women. On an average, each of these women have had 4.7 antenatal care visits (64.8% through our field workers visiting their homes and 35.2% through them visiting our telemedicine centers). Of these, 1192 women have delivered, 11 women have had safe abortions (spontaneous and induced, both included). Of the 1192 women who have delivered, 740 (62.1%) women delivered in an institution while the remaining have delivered at home (37.9%). There have been no maternal deaths in this population in this period. Of the 1192 women who delivered, 1164 women had live births, 28 had stillbirths (2.3%). Of the 1164 live births, 20 neonatal deaths were reported (17.18/1000 live births).

The same model is now being replicated across 1179 hard-to-reach habitations, by setting up 5 more telemedicine centers covering the entire tribal region of the same district. This gives

us an ability to reach an even larger numbers of women and children and thereby make a difference in their lives.

## Planned Parenthood Federation of America (PPFA)

PPFA has expanded its commitment to young people, in the U.S. and around the world, over the course of this commitment. We have sustained and expanded our youth leadership programs, including annually sponsoring global youth advocacy fellows in the United States to attend United Nations and other international meetings and design global health campaigns in their home communities; and global youth ambassadors to travel to and work with Planned Parenthood Global's country programs. We regularly reach Planned Parenthood supporters across the United

States with up to date and actionable information on U.S. global health policy. In addition, we have achieved our goal of expanding our Youth Peer Provider model, trained over 1,500 young Americans with advocacy and communications skills, and have trained colleague organizations in our models. All of this work is against the backdrop of serving over 1 million clients annually through Planned Parenthood Global's program, the majority of which are under the age of 25; and growing Planned Parenthood's supporter base in the U.S. by over 2 million supporters since 2016.

## Population Council

Population Council projects aim to improve the lives of women and children, from the antenatal period to adolescence, by identifying and developing sustainable methods for increasing their access and use of necessary healthcare services, in addition to developing new technologies for reproductive health.

Through the Ending Eclampsia project, we are expanding proven interventions for pre-eclampsia and eclampsia (PE/E) in partnership with national Ob/Gyn and midwifery societies, while developing an international network to share lessons and inform strategies to prevent,

detect and manage PE/E with routine maternal healthcare. Findings will advocate for this issue globally. Through the Fistula Care Plus project, we strengthen fistula repair services, enhance communities' understanding of preventative practices, improve both treatment and access, with a strengthened evidence base and expanded use of standard monitoring and evaluation tools and indicators.

In India the Council, in partnership with the Ministry of Health and UNICEF, is conducting the country's largest-ever Comprehensive National Nutrition Survey of infants, children

and adolescents, interviewing over 120,000 participants in more than 2,000 primary sampling units in all 30 states, to determine childhood nutritional status for improved state and national policies and programs to reduce malnutrition, stunting and developmental issues.

The Council's Supporting Operational AIDS Research (SOAR) program is conducting operations research on practical solutions for HIV prevention, care and treatment, while strengthening local research institutions' and individuals' skills for high quality research to improve programs and policies, and ensuring more efficient and effective critical services. Through the DREAMS initiative, the Council is studying how to reach girls and young women, and their sexual partners, at high risk of HIV, and link them and their partners with essential resources, for developing the most effective evidence-based policies and programs to improve their lives and supportive environments.

Our Ending FGM/C program is examining, in a consortium of researchers and institutions throughout Africa, FGM/C factors and current status , for a comprehensive understanding of its practices and variations, to develop holistic and comprehensive solutions for its elimination. The Council has examined sexual and gender-based violence (SGBV) in refugee settings in Africa, in addition to developing and supporting a network in sub-Saharan Africa that both implements programs and advocates for policies to aid SGBV survivors, including PrEP.

We continue to test the impacts of innovative financing (vouchers, client subsidies) on healthcare service demand and use, measuring impacts and increasing awareness of their benefits and challenges, and developing standard performance measures. The Council is also focusing on quality of healthcare, working with multiple entities for its inclusion in rights-based FP approaches globally, including FP2020.

The Council continues to expand contraceptive markets through both the Reproductive Health Supplies Coalition and country-led implementation research including the EVIDENCE project, to expand the sources of FP services (workplace, pharmacies, community health workers). EVIDENCE has contributed to tools and resources and provided technical support to many FP2020 focal point teams to operationalize a rights-based approach in FP programming, including FP costed implementation plans. Council efforts have resulted in a number of publications on task shifting/sharing, self-injection for DPMA, and further expansion of method choice.

The Population Council continues to both develop and expand access to contraceptive vaginal rings in Africa and Asia; a newly developed ring is now under FDA review. These efforts to bring new products to market will expand method choice and lead to improvements in women's and adolescents' health.

## PSI

In support of Family Planning 2020 and the Global Strategy on Women's Children's and Adolescents' Health, PSI has pledged to reach 10 million people under the age of 25 with a modern contraceptive method by 2020. With young women accounting for half of global unsafe abortion-related deaths, we remain firm in our commitment to arm young people with the knowledge, tools and contraceptive access to make their own decisions about their sexual and reproductive health (SRH). Our FP2020 commitment has informed our organization's global strategy, staffing updates and programmatic shifts, ensuring all projects, and among all departments, we keep youth at the core of PSI programming.

PSI recognizes that our consumer is younger than ever. Adolescents, therefore, are a key demographic in re-imagining healthcare. This summer, PSI will unveil its Global Strategic Plan—of which engaging adolescents is one of PSI's four commitment areas. With the Global Strategy as a blueprint, we have launched an internal Youth Collab and publish ongoing external content—convening our community of practice to explore, together, how all projects can meaningfully engage youth as equal partners in the design, delivery, measurement and evaluation of SRH services. This includes how projects can apply principles of Positive Youth Development (<http://bit.ly/2qSLOgK>) to work with youth as cyber-health educators (<http://bit.ly/2HbgVxT>) and project co-designers (<http://bit.ly/2K9YvLW>).

Supporting our global strategy requires unlocking new avenues of funding. PSI is working with young philanthropists fully dedicated to expanding contraceptive access to young people, reducing adolescent pregnancy and gaining new insights into young people's lived experiences to better meet their health needs. We continue to secure new funding from government donors, including a recent \$7 million award from the Swedish International Development Cooperation Agency to, in part, expand how adolescents access SRH services in PSI Zimbabwe.

We've injected our FP2020 goals into how we track and share progress across current and new PSI programming. We launched in 2016 Adolescents 360, an AYSRH effort to increase the demand for, uptake of and perception surrounding voluntary, modern contraceptives among adolescent girls 15–19-years-old across the developing world. The project works in equal partnership with girls, sourcing from their insights to design, deliver and implement country-tailored solutions. Our A360 Hub ([a360learninghub.org](http://a360learninghub.org)) allows us share our learnings, with the goal of inspiring the global community to replicate A360's approach and solutions. PSI is not only on track to meeting its FP2020 pledge. We're committed to working as a community to, together, abolish adolescent's unmet need for contraception across the developing world.

## Rad Impact

In January 2017, midwives from each of 12 clinics and 8 other general practitioners traveled to Kampala to receive Advanced Life Support in Obstetrics (ALSO) and Helping Babies Survive (HBS) training led by a team of U.S. physicians and nurses. Furthermore, course participants were trained in the use of ultra low cost uterine balloon tamponade packages to stop

post-partum life threatening hemorrhage. Rad Impact, in collaboration with the Ernest Cook Ultrasound Research and Education Institute (ECUREI) in Uganda (Rad impact partner) the Uganda Protestant Medical Bureau (UPMB) is going to host the same ALSO and HBS set of courses in June 2018 to a new set of course participants.

## Reliance foundation

Reliance Foundation is committed to health system strengthening by enhancing quality of services in public health facilities for improved Maternal and New born outcomes. As a part of this initiative, Reliance Foundation is committing up to USD 3 million.

The overall objective of the initiative is to reduce maternal and neonatal mortality through the adoption of technology to improve capacity of healthcare providers to deliver quality services during intra-partum and early postpartum.

As a part of this initiative, innovative solutions are being developed – technological, product and process innovations that enable translation of provider training to improved provider performance.

So far, Reliance Foundation has liaised with state governments and started the implementation across various primary healthcare centres and district hospitals. The first phase of clinical and behavioural skill training has been completed in identified facilities. Regular supervision visits are being conducted for hand-holding support further to training.

These efforts would help in improving adherence of effective clinical practices during intra-partum and immediate post-partum care in identified high priority districts, through technology driven competency building and standardisation interventions. This will build on the existing Government of India's initiatives for improving the intra-partum and immediate postpartum care.

## Restless Development

Of a 60 million GBP commitment we have invested around half of this on the past 2

years – This commitment is part of Restless Development's bigger five year commitment

and strategy to put youth at the heart of the new Global Goals. We have also engaged and/or supported 879 civil society groups/organizations and 570 government institutions, multi/bi-lateral

agencies, and private sector partners working on youth issues including SRHR and family planning - building this ecosystem for youth leadership is part of our overall commitment.

## Sanofi

The Sanofi Espoir Foundation renews its commitment to fighting against maternal and neonatal mortality with a unique initiative named "Midwives for life". With its partners, the Foundation is supporting programs based on an holistic approach to improve midwives' training conditions; retain them in their jobs; reinforce networks between midwives and local authorities, non-governmental institutions, and key health players; and integrate ICT, such as e-learning, e-health, and mobile phones into programs. In 2015, 11 long term programs were underway.

The Sanofi Espoir Foundation is also promoting a worldwide sharing of experiences and ideas through its innovative platform Connecting Midwives. In addition to being a platform for sharing ideas and practices, the platform also highlights the commitment of midwives and the initiatives they carry out in their villages and communities through the Midwives for Life Awards. Each year, the Foundation will reward up to ten laureates with financial support on their project.

## Save the Children

Save the Children is pleased to report that its health and nutrition expenditures in 2017 exceeded its Every Woman Every Child commitment. While Save the Children committed to investing \$325 million in its global health and nutrition portfolio in 2017, in fact the organization spent \$388 million, exceeding the 7% growth that was foreseen between 2016 and 2017. These investments allowed Save the Children to directly reach 33,314,759 children (0–18 years), including newborns, children under-5 and adolescents with health and nutrition services; 1,298,016 adolescents (10–18 years) with sexual and

reproductive health services; and 18,185,869 women with maternal & reproductive health, HIV, Water, Sanitation and Hygiene (WASH) and nutrition services. Combining the expenditures from 2016 and 2017, Save the Children has already invested \$726,019,353 out of its 2 billion commitment for the 5-year period comprised between 2016 and 2020.

Targeting the poorest and most marginalised children and their communities, these interventions include a focus on community-based service provision and achieving universal coverage of skilled attendance at birth by

ensuring midwives have the competencies and equipment required for saving both mother and newborn; empowering frontline health workers and others to deliver life-saving vaccines and to prevent, diagnose and treat major childhood killers.

Save the Children supported Integrated community case management (iCCM) efforts in 19 countries. iCCM is a broadly endorsed global strategy to reduce child mortality, in which a health system trains, supplies and supervises community health workers (CHWs) to manage sick children who have limited access to facility-based health services. Through iCCM, CHWs can deliver appropriate, lifesaving treatments closer to where children live. By combining preventive and curative measures, each complementing the other, iCCM achieves better results for children. Our nutrition programmes focus on the delivery of evidence-based interventions in the first years by ensuring adequate food and nutrient intake in pregnant and lactating women and young children, as well as effective infant and child feeding and care practices,

and protection against infectious diseases. We continue to foster collaboration across sectors, such as through integrating early childhood development activities within our maternal, child and newborn health, nutrition and early learning interventions. We are also investing in growing our capability to deliver direct clinical services in large-scale crisis settings, focusing on the delivery of primary health care services, surgical services, mental health and psychosocial services, and the management of disease outbreaks.

Save the Children's programmes are supported by advocacy activities and campaigns towards strengthening health systems to enable universal coverage of free, high-quality, essential services. Our advocacy work focuses on promoting policy, budgetary, and normative changes in health and nutrition that accelerate progress on ending preventable, newborn, child and adolescent deaths, including stillbirths. In terms of Save the Children's overall work, health and nutrition continue to be the theme with highest numbers of children directly reached.

## Spark Minda and Pathfinder International

SPARK MINDA foundation by the year 2020 will reach out to 3000 women belonging to lower socio economic strata and rural areas from the Indian states of Uttar Pradesh, Maharashtra, Tamil Nadu and Uttarakhand in the field of Family Planning, Reproductive Health and Menstrual Hygiene.

As committed, the Spark Minda foundation has completed eight sensitization workshops, where the participants were informed about family planning method choices, their effectiveness, and the myths and misconceptions related to each method.

Spark Minda Foundation covered workshops engaged 654 people (447 women and 207 men) from the communities surrounding the manufacturing units of the Factories of Spark Minda, Ashok Minda Group and also around the vocational training centers in the states of Maharashtra, Tamil Nadu, Uttarakhand, and Uttar Pradesh, where the CSR projects of the said Group is going on.

Participants were linked to the nearest public health facilities offering family planning services. The sensitization workshops was conducted by Pathfinder International India through funding from Spark Minda Foundation.

Spark Minda Foundation also organized 4 awareness programs for women and adolescent

girls of same locations on Menstrual Hygiene. The program trained community on hygiene, biological process, myths, taboos, disposal process etc. which has to be followed during menstruation. Community will also be taught how to make their own biodegradable sanitary pads in second phase of the program to self sustain themselves. The technical and training partner for this Program was Jatan Sansthan and Survey Partner was GlobalHunt Foundation. 526 women and adolescent girls were covered under this program in the year 2017-18 Indian Financial Year.

The programs were also attended by Government representatives like Asha, Aaganwadi workers, Health Inspectors, representatives from district Hospitals etc.

## Stars Foundation

Through internal and external research, Stars has identified a need to localise development support directly to organisations tackling challenges communities face in their country.

Civil society organisations do not always have access to flexible funding to allow them to lead development responses in their country. Often funding is restricted to particular projects and programmes which at times can lock them into delivery contracts driven by donor needs. In addition, this funding often focuses heavily on programmes without adequate attention to overall organisation-wide strengthening. This can create a dynamic where civil society organisations become

delivery agents, not leaders of development. Stars' Impact Awards follow a comprehensive selection process to identify and assess strong civil society organisations – this involves networks of external partners to find and refer organisations, panels of experts to assess applications and in-country assessment by Stars' team.

This process aims to find organisations that are responsive to the needs of the communities they serve, can demonstrate the impact of their work, and have solid institutional practices and procedures in place. Once selected as an Impact Award winner, organisations are directly provided with USD\$50,000 in flexible funding, are given

capacity building opportunities with their peers, and are given opportunities to raise their profile.

Through the support provided by the Impact Awards, Stars seeks to achieve the following aims:

- To recognise and highlight the examples of strong civil society organisations, both in-country and to an international audience.
- To provide award-winners with flexible funding so they can direct it to where need is greatest; and
- To introduce award-winners to regional and global peer organisations, in addition to other stakeholders who may support their work.

## Sumitomo Chemical

Sumitomo Chemical Co., in its third year of partnership with the United Nations Foundation's Nothing But Nets campaign, is continuing its commitment to protect women, children, refugees and vulnerable, marginalized populations from malaria. Since 2015, this partnership has enabled Nothing But Nets to increase its reach and impact, providing 1.7M bed nets and other life-saving tools to ensure the most vulnerable people are not left behind. In 2018, Sumitomo Chemical has committed an additional 320,000 nets, which when doubled by Nothing But Nets grassroots supporters will be nearly 640,000 nets. As in previous years, these nets will protect beneficiaries in areas of greatest need throughout Africa through the United Nations Foundation's UN agency partners. In a new expansion in scope, in 2018 the partnership will also provide bednets to protect indigenous people and marginalized populations in Haiti, the Dominican Republic, and other areas throughout the Americas.

A child dies every two minutes from malaria. Today there are 12.5 million internally displaced

people (IDPs) living in sub-Saharan Africa, nearly all of which are at risk for malaria. 75% of refugees worldwide are women and children, and the UN Refugee Agency (UNHCR) reports a critical need for millions of life-saving nets to protect these families. IDP populations are vulnerable to a wide range of public health threats. During the initial stages of humanitarian emergencies, the number of malaria cases can rapidly increase due to:

- the weakening of the health systems.
- Displacement of populations without any immunity to high transmission areas and populations carrying the malaria parasite to areas with low transmission.
- Changes in environmental and living conditions that are conducive to mosquito breeding and biting. Refugee and IDP populations in protracted emergencies continue to be affected by the disease.

According to PAHO/WHO, malaria has also been rapidly re-emerging in the region of the

Americas in recent years, affecting countries that had moved forward in their fight against malaria. Since 2015, several countries reported increases in malaria cases including Haiti, Dominican Republic and some countries in Mesoamerica. This increasing trend continued in early 2016 for malaria cases reported in Colombia, Ecuador and the Bolivarian Republic

of Venezuela. As countries progress in their malaria control efforts, ensuring that clusters of vulnerable populations, like women, children, indigenous people, marginalized mobile populations, refugees and IDPs, are covered will become even more essential to maintaining the gains that have been achieved and pushing towards elimination.

## Sustainable Health Enterprises

During 2017, we continued to make progress towards the long-term success of SHE28. As of the end of 2017, SHE28 has expanded access to affordable menstrual pads to 22,347 women and girls in Rwanda. Last year we fully on-boarded the third co-op of farmers, meaning 820 farmers now earn a greater income through the sale of banana fiber.

We have trained 165 teachers to teach their students in-depth lessons about menstrual and reproductive health and educated 6,850 people on the importance of menstrual health and hygiene. We are planning to implement further mechanical changes in 2018 to improve our production rate, and have begun to scale our sales team in preparation.

## The Hospital for Sick Kids

The Centre for Global Child Health at The Hospital for Sick Children (SickKids) in Toronto advocates for improved global child health through strategic partnerships, collaborative policy, and setting the research agenda at institutional, regional, national and international levels. Through the above and its knowledge synthesis, translation and implementation research initiatives, the SickKids Centre for Global Child Health directly and indirectly provides the following, aligning with the Global Strategy for Women's, Children's and Adolescents' Health: Country-Led Health Plans: e.g. Micronutrient Powder (MNP) scale-up;

Integrated Care: SickKids Centre for Global Child Health programs consider multidisciplinary function and interaction from physicians to midwives to community health workers.

Health Systems Strengthening, Health workforce capacity building: Education and training, combined with the provision of equipment: e.g. Saving Newborn Lives/Brains toolkits study, SickKids-Ghana Paediatric Nursing Education Partnership to expand paediatric nursing across Ghana, SickKids-Caribbean Initiative (SCI) to enhance capacity

for care in paediatric cancer and blood disorders, the SickKids Public Health Nutrition Courses (on-line and blended workshops), Helping Babies Breathe & Survive courses.

Coordinated Research and Evaluation: Extensive portfolio of multi-institutional global research projects with partners such as Amref Health Africa in Canada; Plan Canada; WaterAid

Canada; Care Canada; Aga Khan University; The University of the West Indies, The Ghana College of Nurses and Midwives, among others, to ensure reciprocal learning.

Global Evidence Synthesis and Translation to inform guidance on implementing effective interventions and reducing inequities in the context of sustainable development goals.

## Together for Girls

In 2017, the Together for Girls (TfG) partnership delivered significant results, both at the global and national levels. The results reflect the considerable work and outstanding capacity and commitment of individual partner organizations. From the leadership of national governments to spotlight the issue, to the extraordinary technical expertise and mobilization of partner's in-country teams and resources, and the ongoing support of donor partners, the accomplishments reported here, are a tribute to both our individual partners as well as reflection of what a true partnership can accomplish.

### DATA

- Increased Data Availability: In 2017, under national government leadership – with technical assistance from CDC and support from UNICEF, PEPFAR and USAID – field work for Violence Against Children Surveys (VACS) were completed in El Salvador, Honduras and Zimbabwe. VACS reports for Botswana, Lao PDR, Rwanda, Uganda and Zambia were also in process and will be released in 2018.

Planning is well under way in several more countries which will begin data collection in 2018, including Colombia, Cote d'Ivoire, Guatemala, Kenya, Lesotho, Moldova, Mozambique and Namibia.

- Secondary VACS Analysis: TfG has begun exploring deepening analyses of the VACS, with a focus on nuanced understanding of gender and age relationships to violence and outcomes in adolescence. TfG is also further exploring associations between violence, mental health outcomes and well-being.

### ACTION

- Regional Coordination: In February 2017, TfG, our partners, and the Pan-American Health Organization (PAHO) hosted a Latin America Regional Meeting in Tegucigalpa, Honduras to address prevention and response of violence against girls, boys, and adolescents. The goal of this meeting was to discuss existing evidence and programs, share lessons and experiences, and begin charting a way forward both at country and regional

level. The meeting brought together more than 200 participants from 11 countries, including representatives from national governments, advocates, and academia.

- **Global Learning and Knowledge:** Several TfG partners worked together and independently to advance global learning and knowledge in the field of violence prevention and response with new frameworks, guidelines and reports. For example, under WHO's leadership, the Global Partnership to End Violence Against Children, TfG and several partners (including UNICEF, CDC, USAID, PEPFAR and PAHO) launched INSPIRE: Seven Strategies for Ending Violence Against Children in 2016. It is a group of strategies distilled from the best available evidence and with the greatest potential to reduce violence against children. It will help further scale up evidence-based programming on the ground. In 2017, TfG contributed to the development of an accompanying monitoring framework for INSPIRE, as well as implementation handbooks for each of the seven strategies.

## ADVOCACY

- **Data Visualizations:** TfG created several new infographics and an interactive map to visually showcase VACS data on how girls and boys experience violence, how this violence impacts their lives, and how few survivors receive the services that they need. These graphics are easily shareable and are being disseminated through TfG's growing social media platforms, as well TfG partners' social media platforms. Followers

on TfG's Twitter account increased by about 33 percent in the past year.

- **Every Hour Matters Youth Engagement Toolkit:** TfG worked with partners and a group of 10 Every Hour Matters (EHM) youth champions from Kenya and Uganda to create a unique new resource for our EHM campaign, the EHM Youth Engagement Toolkit. Created by youth for youth, the toolkit helps young leaders working on SRHR and violence facilitate educational workshops on post-rape care in their communities with the youth populations they serve. The toolkit, which is supported by PEPFAR, BD and Cummins&Partners, was piloted successfully with youth organizations in Kampala, Uganda (Uganda Youth Development Link, Youth Equality Center and Uganda Youth and Adolescents Health Forum) in 2017 and is now being adapted for Kenya.
- **Advocacy Events:** For International Day of the Girl on October 11, TfG partnered with the Government of Canada, Know Violence in Childhood and many other TfG and EHM partners to host a high-level event at the Canadian Embassy in Washington, D.C for more than 220 attendees. Madame Sophie Grégoire Trudeau keynoted the event, and two panels followed with leading researchers, policymakers, and youth advocates discussing the latest in violence prevention and response for adolescent girls. The Government of Canada, USAID, UN Women, UNICEF, CDC, UNAIDS, PAHO/WHO, and the UN Foundation were

represented by high-level leaders and six members of the U.S. Congress spoke about their commitment to this issue. Throughout 2017, TfG also was included at other high-

level events, including the UN Commission on the Status of Women, the Social Good Summit and the Sexual Violence Research Institute Forum.

## Touch Foundation

Touch Foundation and our partners are scaling the Mobilizing Maternal Health (MMH) program to an entire region of Tanzania in order to expand access to emergency transportation services (EmTS) for pregnant women and newborns, and to strengthen the health system through healthcare worker training, infrastructure development and other interventions. The EmTS uses digital technology to arrange for transport of a patient facing an emergency

to a health facility with either a community driver or an ambulance. Between October and December 2017, our emergency transportation system served 396 women with pregnancy-related emergencies and 83 newborns in three districts. Encouragingly, we have made significant progress in securing local government buy-in from the additional districts, a main goal for the success and sustainability of our program.

## Unilever

As part of the Unilever Sustainable Living Plan (USLP), we are working towards helping more than a billion people to improve their health and hygiene, which will help reduce the incidence of life-threatening diseases such as diarrhoea, pneumonia and extreme tooth decay.

By the end of 2017, we reached around 601 million people – including women, children and adolescents – through our programmes on handwashing, sanitation, safe drinking water, nutrition, self-esteem and oral health.

Key achievements include:

- Over 2010–2017, our Lifebuoy soap brand improved the hygiene behaviour of 426 million people across Asia, Africa and Latin America by promoting the benefits of handwashing with soap at key times.
- Over 2012–2016, Domestos' partnership with UNICEF helped over 10 million people gain improved access to a toilet in South Asia and Africa.
- By the end of 2017, Pureit had provided over 96 billion litres of safe drinking water in 12 countries across Latin America, Africa, South Asia, and South-East Asia.

- Over 2014–2017, Knorr has donated 3 million nutritious school meals via the World Food Programme's Home-Grown School Meals programme, providing meals to many thousands of children in schools across Africa, South Asia and South-East Asia.
- Over 2005–2017, the Dove Self-Esteem Project helped 29 million young people in building-up positive body confidence, raising their self-esteem and realising their full potential.
- By the end of 2017, through Signal, we improved the oral health nearly 78 million children and parents.

Unilever believes that, by working with partners who share our commitment to driving transformational change at scale, we can reach millions of individuals – including women, children, and adolescents – across the world. Together, we aim to provide life-saving nutrition, sanitation and hygiene interventions, as well as interventions aimed to promote self-esteem, thereby contributing towards the Sustainable Development Goals and the ambition outlined by the EWEC Global Strategy.

## United Nations Development Programme

UNDP supports governments in strengthening enabling legal and policy environments that promote and protect the sexual reproductive health and rights of women and girls. Support from UNDP and its partners resulted in 40 countries that have shown progress in addressing at least one law or policy that presents a barrier to delivery of HIV services. The Report of the Global Commission on HIV and the law continues to provide an important framework for ongoing work to promote a rights-based response to the HIV epidemic and to compel countries to reform punitive laws and policies that impede the AIDS response and promote gender equality, empowerment of women and girls, as well as advance access to services for children and young people.

Since the release of the Commission's report, UNDP, in collaboration with UNAIDS

cosponsors, the Secretariat, UN Member States and civil society has worked in 88 countries to support implementation of the Commission's recommendations to remove human rights and legal barriers to HIV and health services and increase rights-based programming. This work included supporting legal environment assessments (LEAs) and legal reviews in 52 countries. LEAs and legal reviews have resulted in concrete changes to law and policy that have improved the lives of women around the world, reducing their vulnerability to HIV infection and promoting utilization of life-saving HIV and SRHR services. In Mozambique, a legal review and engagement with parliamentarians led to the removal of a Penal Code provision that allowed rapists to avoid criminal proceedings if they married their victims. In Thailand, UNDP is supporting the implementation of the Gender Equality Act 2015 and supporting the

development of mechanisms to monitor its implementation and access redress. Through the support of UNDP and partners, the Southern African Development Community Parliamentary Forum (SADC-PF) adopted the Model Law on Eradicating Child Marriage and Protecting Children Already in Marriage. SADC Member States will be required to adapt their national laws to the Model Law.

UNDP has continued to support initiatives aimed at improving access to justice for human rights violations such as gender-based violence (GBV) and discrimination in various contexts, including in health care settings. Since the commitment in 2015, 1,785,035 women have benefited from access to legal aid services in 38 countries through the support of UNDP and partners. UNDP support in 12 countries

also contributed cumulatively to 41,702 new GBV cases receiving judgement, including through support to Saturday courts to clear the backlog of GBV cases in Sierra Leone. Assessment of sexual violence against minors conducted in Afghanistan in 2017 led to the development of a training curriculum with subsequent training of stakeholders conducted in various provinces across Afghanistan. UNDP together with civil society partners engaged Member States and other stakeholders on 'Masculinities and Violence in Crisis Settings,' and partnerships for programming on gender, peace and security. UNDP has completed a research paper, Masculinities and Violence in Fragile and Crisis Settings. A Framework for Policy and Programming. Recommendations from the research are informing the UNDP recovery policy and GBV prevention work.

## United Nations Foundation

The United Nations Foundation (UNF) progressed considerably towards its commitments in 2017. The Foundation granted \$164,814 to the Global Fund to Fight AIDS, TB and Malaria for programmatic work and \$1,794,541 to Friends of the Global Fund partners to support their Global Fund advocacy. This advocacy work contributed to the \$12.9 billion dollars pledged to the Global Fund, predicted to save nearly 8 million lives.

As founding partners of the Measles & Rubella Initiative (MRI), UNF worked with MRI partners to garner political support measles and rubella immunization in all six WHO

regions. UNF's common pool of funds helped finance campaign operational costs and the procurement of measles/measles-rubella containing vaccines. Through our work with MRI, the Global Polio Eradication Initiative, Gavi, UNICEF, the World Health Organization and other child health partners, UNF helped partners reach an estimated 17,593,323 children with lifesaving vaccines (measles, rubella, polio, pneumococcal disease and rotavirus), including targeted support to DRC, Malawi and Sudan. In addition to direct funding support, UNF continued to advocate for full funding of vital immunization programs for children around the world.

Additionally, UNF provided 700,000 long-lasting insecticidal nets through UNICEF/UNHCR to 1,621,225 refugees, internally displaced people, and people living in conflict settings in 16 sub-Saharan African countries. Through our advocacy efforts, UNF contributed to strong FY17 funding from the US government for various global health accounts. UNF's Universal Access Project (UAP) awarded \$1.1 million in sub-grants and technical support to maintain \$575 million for U.S. international assistance for bilateral family planning, helping to prevent permanent codification of the Mexico City Policy and the defunding of UNFPA. UNF's Data2X and its partners finalized 13 new pieces of foundational research contributing to a EWEC goal to enhance global-level gender data to advance women's empowerment. Additionally, UNF advanced a holistic and sustainable health facility electrification project in Ghana and Uganda and expanded the project to Tanzania. By facilitating partnership across the health and energy sectors, UNF electrified 52 healthcare facilities and supported the government of Tanzania in deploying 149 solar suitcases in priority health facilities. UNF's Girl Up campaign supported projects with UN and local partners, reaching more than 40,000 girls with sexual and reproductive health

information, education, safe spaces, peer mentors, and social and economic assets.

Several best practices and key lessons learned were also documented in 2017. UAP has demonstrated that support for consistent, coordinated efforts by seasoned advocates can advance tactical IRH/FP wins, even in the context of intense political opposition. South-South collaboration is also a vital element, and regional workshops provided an essential forum for countries to engage with and learn from each other. UNF along with its partners contributed to several important FP2020 outcomes by ensuring their approach remains aligned with country goals and supports rights-based programs, founded on evidence-based practices, underpinned by a robust measurement agenda, and accountable to stakeholders helped. The FP2020 and other UNF platforms also encourage collaboration across sectors and across institutions, providing space to connect and share expertise, align investments, and take joint action on critical issues. FP2020 has pioneered an innovative partnership that will reach 120 million more women by 2020 in which countries are setting the pace of progress, leading the way with detailed, targeted, actionable, and measurable commitments.

## United4Oxygen Alliance

The United4Oxygen Alliance, formed as a Clinton Global Initiative Commitment to Action in 2016 and registered as an EWEC commitment in September 2017, continues to

mobilize partners to support the Government of Ethiopia's National Medical Oxygen and Pulse Oximetry Scale-Up Roadmap 2016–2021 and promote its public-private partnership model

among other African nations by expanding its work to Nigeria in 2018, in support of the Government of Nigeria's National Policy on Medical Oxygen in Health Facilities and National Strategy for the Scale-Up of Medical Oxygen in Health Facilities 2017–2020.

Since September 2017, the United4Oxygen partners—a coalition of more than 15 companies, nonprofit organizations, foundations, UN and government agencies including Assist International, the Bill & Melinda Gates Foundation, GE Foundation, Masimo, PATH, the Pneumonia Innovations Network, Save the Children, UNICEF, USAID, and more—have been working in Ethiopia to: (a) increase the availability of pulse oximetry screening and oxygen therapy in health facilities serving women and children; (b) train local staff in the use of new technologies; (c) establish sustainable financing solutions for the procurement, installation, and maintenance of new equipment; (d) prioritize pulse oximetry and oxygen access in the policies and guidelines of the Ethiopian government, and (e) raise the profile of oxygen access among major international health and development agencies.

Ten key achievements in Ethiopia to date include:

1. Construction underway of two oxygen plants in the Amhara region serving the Felege Hiwot and Dessie Referral Hospitals based on PPP model where all profits will be put back into the plants to ensure their continued viability (Assist International/GE Foundation/Grand Challenges Canada).

2. Plans for a third oxygen plant are underway serving the Nejo Hospital in the western Oromia region (Rotary International, Assist International/GE Foundation).
3. Oxygen added to the WHO Essential Medicines List for children (PATH, Gadian Health Systems, WFSA).
4. Ethiopian Government health care worker clinical training manuals for pulse oximetry and oxygen completed (Adara Development, StC).
5. Field testing of new pulse oximetry and oxygen devices completed (UNICEF, Malaria Consortium, PATH).
6. Video outlining the Ethiopian effort launched on World Pneumonia Day – November 12th, 2017 (Masimo).
7. Website and advocacy materials —“Finding Pneumonia Sooner” — launched (Newborn Foundation).
8. Investment Case for Child Pneumonia released (USAID/Dalberg).
9. Procurement support to Ethiopian Government for oxygen concentrators (BMGF, PATH)
10. Promotion of Ethiopian oxygen plan at international fora (e.g. Dubai, PATH).

In November 2017, the expansion of United4Oxygen into Nigeria was announced

at UNICEF. Five key achievements in Nigeria to date include:

1. Welcome from the Federal Minister for Health for United4Oxygen partners to work with the FmOH to implement the Roadmap (FMoH).
2. Plans for a May convening in Nigeria to kickoff the partnership (CHAI).
3. Addition of Oxygen4Life, a Nigerian non-profit dedicated to expanding access to oxygen across several states in Nigeria (Royal Children's Hospital, Melbourne Australia).
4. Clinical training manuals for pulse oximetry and oxygen approved by FMoH (CHAI).

5. University of Alberta received a \$CA1 million grant to expand its solar-powered oxygen model into Nigeria (University of Alberta/GCC).

By supporting the Ethiopian and Nigerian government oxygen access roadmaps, United4Oxygen is contributing to reductions in the hundreds of thousands of maternal, newborn, and child deaths that continue to occur every year in the two countries, especially the estimated 160,000 child deaths from pneumonia, which is the leading cause of under 5 deaths in both Ethiopia and Nigeria (UNICEF, 2015).

## WaterAid

WaterAid continues to operate in 35 countries globally, working to expand access to clean water, sanitation and hygiene services for the poorest and most marginalised populations. Between 2015 and 2017, WaterAid programmes reached a total of 3.5 million people with safe water, 5.4 million people with sanitation and 7.9 million people with hygiene promotion. We focus on delivering inclusive and equitable services, and work with governments to ensure these services are sustained over time by a strong water, sanitation and hygiene (WASH) sector.

Alongside service delivery, WaterAid's global advocacy priority 'Healthy Start' which launched in February 2015 and will extend to 2020, aims to improve the health and

nutrition of newborns and children under five by advocating for WASH to be integrated into health policy and delivery locally, nationally and internationally. At the mid-term evaluation, progress in a number of countries was highlighted, including:

- In 12 countries, political decision-makers have made specific commitments to improve WASH in Healthcare Facilities or WASH-Nutrition integration.
- In 16 countries, WaterAid teams are now actively involved with government in policy development or revision related to WASH in Healthcare Facilities or WASH-Nutrition integration.

At the global level, WaterAid has maintained an active role in supporting multi-sectoral and multi-stakeholder platforms and initiatives to strengthen the integration of WASH in health to drive progress towards the Global Strategy for Women's, Children's and Adolescent's Health. In particular:

- Playing a central role in the WHO and UNICEF-led Global Action Plan on WASH in Healthcare Facilities, including co-organising a Global Learning Event in 2017 and driving the global advocacy agenda.
- Supporting the establishment of a global partnership on WASH-Nutrition between

the Scaling Up Nutrition (SUN) Movement and the Sanitation and Water for All (SWA) Partnership, and co-leading a session on WASH and nutrition at the SUN Global Gathering in 2017.

- Co-hosting a high level meeting on cholera in partnership with the Global Taskforce on Cholera Control (GTFCC) where a new roadmap to end cholera by 2030 was launched. WaterAid has been working with Governments in Tanzania, Mozambique and Zambia to strengthen WASH components within national policies and plans on cholera control.

## White Ribbon Alliance

From the launch of the Global Strategy, in September 2015 to December 2017, WRA, while working closely with organized citizen groups, academia, CSOs, media houses and several state-actors, has contributed to the following changes:

1. Mobilization and empowerment of more than 400,000 people in eight (8) countries to effectively demand for quality Reproductive, Maternal and Newborn (RMN) healthcare.
2. Increased MNCH funding for the 2017–18 fiscal year by 26 and 53 percent in Sindh Province, Pakistan and Tanzania, respectively.
3. Combined recruitment of upwards of 30,000 health workers in Malawi, Sindh Province, Pakistan and Tanzania.
4. Procurement of essential medical equipment and supplies and restoration of electricity in 14 facilities, benefiting a service population of nearly 500,000 people in Niger state, Nigeria.
5. Upgrading of 150 health facilities to offer comprehensive emergency obstetric and newborn care (CEmONC) and establishment of seven new blood banks in Tanzania.
6. New policy and funding to support strengthened RMNCAH accountability mechanisms, such as Ward Health Development Committees (WHDC) in Niger State and Health Center Committees (HCC) in Kwe Kwe District, Zimbabwe.

7. Embedding of Quality, Equity and Dignity (QED) in health services as one of six priority pillars of Every Woman Every Child's (EWEC) Global Strategy for Women's, Children's and Adolescent's Health.
8. Inclusion of recommendations on citizen-led accountability for reproductive, maternal, newborn, child and adolescent health (RMNCAH) in the Independent Accountability Panel's (IAP), the High-level Working Group on Health and Human Rights (HLWGHHR) and the EWEC Global Strategy reports.
9. Development of a civil society engagement strategy for the Global Financing Facility (GFF).
10. Commitments to accountability, QED and RMNCAH from high-level politicians in India, Malawi, Pakistan, Tanzania, and Uganda as well as by the Acting President of Nigeria; and

We also worked cross-sector with the Ministry of Education and Medical Training institutions to incorporate QED, respectful maternity care and maternal nutrition into education and training curricula in Malawi and Pakistan respectively.

## Women Deliver

Women Deliver is a global advocacy organization focused on gender equality and the health, rights and wellbeing of women and girls. We commit to capacity building, sharing solutions, forging partnerships, creating/strengthening coalitions, and sparking action that drives political commitment and investment in girls and women.

We have made notable progress to advance our commitments in support of the Updated EWEC Global Strategy:

Women Deliver is planning our 2019 Conference, which will engage a record number of leaders, advocates, policy makers, young people, donors, and the private sector to facilitate knowledge exchange, partnerships, and action for the implementation the Global Strategy and SDGs in support of girls and women. To inform planning,

we conducted a listening tour consulting stakeholders in more than 20 countries: 1,357 individuals through an online survey; interviews with 17 government institutions, 28 NGOs, 11 UN Agencies, 5 corporations, 6 foundations, 2 public-private partnerships, 6 organizations, 150+ individuals including young people representing youth-serving and youth-led organizations.

Our Young Leaders Program continues to grow and deepen its impact cultivating champions for women and girls. Our 2018 class of 300 Young Leaders is the largest, most diverse to date. Almost 3,000 young people applied, and the acceptance rate was 1/10, highlighting the impact and recognition of the program. Throughout 2017 over 150 Young Leaders were involved directly in policy and strategy consultations, nearly 350 engaged with influencers and policymakers, and 150 had

high-level speaking engagements. Women Deliver is also cultivating our 400 alumni to develop platforms for continued engagement.

The Deliver for Good campaign is growing in momentum, size, and scope, engaging over 400 organizations from more than 50 countries: 13 Advisory partners, 42 allies, and 351 organizational supporters. The Campaign announced its first three focus countries – Kenya, Senegal, and India – for intensified country-level advocacy and is beginning to roll-out activities. Early stages of coalition building is beginning in Kenya and Senegal, and efforts in India will begin in late-2018. The Deliver for Good policy briefs continue to serve as a resource for evidence-based advocacy among advocates and policy makers – they are now being used to guide high-level negotiations at the G7. Stakeholders have also used a unified voice during several global moments including HLPF, CSW, UNGA and the GPE Financing Conference.

Women Deliver's global advocacy also made significant inroads to promote the goals of the Global Strategy. Through strong engagement on more than 20 task forces, advisory groups, and Boards of Directors, we are working to advance women's, children's, and adolescent health in major policy and programming decisions. In the past year Women Deliver has been invited to serve on high-level commissions that will further our reach and impact: Canadian Prime Minister Trudeau's 2018 G7 Gender Equality Advisory Council; Replenishment Leadership Group for the Global Financing Facility; WHO-CSO Task Team with Director General Tedros; SheDecides Torchebears' Champion network; Chair Equal Measures 2030 Partnership Council. Women Deliver also created a new advocacy work stream focused on the health, rights, and wellbeing of women and girls in conflict and humanitarian settings.

## Women's Health and Education Center (WHEC)

There are three leading purposes of the health-related uses of information and communication technologies (ICT) in low- and middle-income countries: to extend geographic access to health care; to improve data management; and to facilitate communication between patients and physicians outside the physician's office.

Experience has shown that data used workshops have strengthened the health management information systems by improving the quality of public health data and evidence of improved disease surveillance capacity

despite resource constraints owing to an innovative sentinel system based on a short message service. The factors promoting or inhibiting the implementation of e-Health systems shows a growing research emphasis on "workability", or the work that health professionals must undertake to make e-Health systems function well in practice.

Please visit the UN Document E/CN.9/2018/NGO/2, Published by Commission on Population and Development: <http://www.womenshealthsection.com/content/documents/N1800296.pdf>

## World Bank

The World Bank's commitment to improving reproductive, maternal, newborn, child and adolescent health (RMNCAH) outcomes is evident in its support to the issue at global, regional, and country levels. Since the 1970s when the Bank issued its first loan for family planning to Jamaica, to endorsing ICPD 1994, and to more recent commitments made toward the UNSG's Global Strategy, and launch of the Global Financing Facility, this commitment has remained strong.

The Bank continues to work across regions with countries to support the provision of quality RMNCAH services, including immunizations, nutrition, family planning, skilled-birth attendants, and emergency obstetrics and neonatal care. Between FY14 and FY16 (July 1, 2013 to June 30, 2016) the Bank committed more than US\$ 7 billion for health, nutrition and population. Of this total, US\$ 2 billion was for RMNCAH. This included about US\$ 1.2 billion for child and newborn health, and US\$743 million for reproductive, maternal, and adolescent health. This includes both analytical work and operational grants and lending across the Bank.

This includes cross-cutting programs such as the regional initiative in the 'Sahel' focused on women and girls in collaboration with the United Nations, European Union, African Union and the African Development Bank.

The Bank is investing US\$ 200 million through IDA in Burkina Faso, Chad, Mali, Mauritania, Niger, and Senegal to improve the availability and affordability of reproductive health commodities, strengthen specialized training centers for rural based midwifery/nursing services, and to pilot and share knowledge on adolescent girls' initiatives.

Additionally, between FY17 and middle of FY18, the World Bank has invested another US\$ 2.8 billion in Health, Nutrition, and Population with US\$ 1 billion in RMNCAH of which over US\$ 650 million has been committed to reproductive, maternal, and adolescent health.

The Bank continues to support countries directly through IDA/IBRD, as well as through leveraged financing through the Global Financing Facility. Investing in people is a critical step for boosting economic growth and ending extreme poverty. Established in 2015, the GFF is an innovative financing mechanism to help close the annual financing gap of US\$33 billion that must be closed to eliminate preventable maternal and child deaths worldwide. The GFF process helps governments and their partners prioritize, focus on results, and tackle the main system bottlenecks to achieve impact at scale, which in turn is critical to achieving universal health coverage.

## World Health Organization

1. EWEC Global movement and related partnerships: the H6 chair is on the High-level

Steering Group, WHO's engagement with the H6 is through the H6 Deputies' group,

Technical Working Group and other working groups such as on M&E and Adolescent Health. WHO is on the Investors Group of the GFF, hosts PMNCH and is on its Board as well as several partner working groups.

Financing: WHO led the development of the global investment case for women's and children's health. WHO is on the Investors Group of the GFF, and was an active contributor and collaborator in developing the GFF business plan and supports the development and implementation and monitoring of the country investment cases. Countries also benefit from WHO's core financing work with financing strategies, national health accounts and other financing workstreams.

2. WHO is the lead agency for reporting on Health and the Sustainable Development Goals (SDGs). To fulfil this mandate, as reported in WHA A70/37, WHO with the H6 and other partners developed a data portal to track country progress across the 60 indicators. This portal was launched in May 2017 on WHO's Global Health Observatory (GHO): <http://apps.who.int/gho/data/node.gswca>. These data will inform the WHO Secretariat's reports to the Health Assembly and support Member States in reviewing progress. In addition, this portal will contribute to the overall EWEC progress reporting coordinated by the Partnership for Maternal, Newborn and Child Health under the auspices of Every Woman Every Child in collaboration.

Following the WHA resolution 69.2 requesting the DG to report regularly on progress towards

women's, children's and adolescents' health, there have been annual reports to the EB and WHA. In 2018, WHO and H6 agencies will lead reporting on the Global Strategy indicators component for EWEC and as an input to the WHA.

Specifically to monitor the uptake of the normative guidance, WHO's Department of Maternal, Newborn, Child and Adolescent Health (MCA) and the Department of Reproductive Health and Research (RHR) are establishing a global platform to track the adoption MNCAH policies in all countries: [http://www.who.int/maternal\\_child\\_adolescent/epidemiology/policy-monitoring-action/en/](http://www.who.int/maternal_child_adolescent/epidemiology/policy-monitoring-action/en/)

3. Country implementation support: WHO continues to provide Member States with support across its core functions. In addition, with H6 partners there is alignment on multilateral support to countries with an H6 focal point now in over 45 countries.

WHO with H6 partners developed a toolkit to support the implementation of the Global Strategy for Women's, Children's and Adolescents' Health with the aim of bringing together a core set of evidence-based and well documented planning and implementation tools, to facilitate users' and developers' access to these tools: <http://www.everywomaneverychild.org/h6-toolkit/>

4. WHO coordinated research and evidence syntheses that informed the development of the EWEC GS. To guide implementation, WHO develops a range of core normative products including norms, standards, guidelines and recommendations to

guide the implementation. For instance, maternal, newborn, child and adolescent health guidelines are available from: [http://www.who.int/maternal\\_child\\_adolescent/guidelines/en/](http://www.who.int/maternal_child_adolescent/guidelines/en/). Sexual and reproductive health guidelines are available from: <http://www.who.int/reproductivehealth/publications/en/>

5. Sociopolitical and multistakeholder accountability are key dimensions of the EWEC Global Strategy monitoring with EWEC Commitment Tracking, Citizen's hearings and parliamentary engagement augment the accountability processes as set out in the EWEC GS 2017 report(24). An Independent Accountability Panel also is central to the EWEC accountability framework(28).

Alignment, advocacy and accountability. WHO engages with partner alignment, advocacy and accountability through EWEC and PMNCH, including as lead co-convenor of the PMNCH Accountability Strategic Objective (SO), on the Country engagement SO, and in the EWEC partner alignment framework and advocacy efforts.

FP2020 commitment: Key achievements and important milestones completed: In 2016 WHO developed new and updated recommendations on the provision and use of contraception for the third edition of WHO's Selected practice recommendations for contraceptive use (SPR). The SPR provides guidance for policy- and decision-makers and the scientific community on how contraceptive methods can be used

safely and effectively. Using guidance from both the MEC and the SPR, HRP supported more than 40 countries through the training of national decision makers, to strengthen their national health systems so as to improve the safe and effective provision and use of contraception. WHO commissioned five systematic reviews on financing mechanisms for contraceptive programmes. The most striking finding from all the reviews was the lack of strong evidence on contraceptive financing; and after analysis it was not possible to make any strong recommendations on which financing mechanisms were more impactful.

In early 2017, WHO updated its guidance statement on Hormonal contraceptive eligibility for women at high risk of HIV, confirming that women at high risk of acquiring HIV can use progestogen-only injectable contraceptives but should be advised about (i) concerns that these methods may increase risk of HIV acquisition, (ii) the uncertainty over whether there is a causal relationship, and (iii) how to minimize their risk of acquiring HIV. WHO published a series of evidence briefs jointly between WHO, UK Aid, STEP UP, and Population Council, on the occasion of the 2017 Family Planning Summit held in London. These evidence briefs take stock of the progress that has been made, and also share crucial data on what works to improve contraceptive services and uptake. WHO supported 20 countries to update their national family planning policies, strategies and guidelines based on WHO recommendations. Forty-seven countries began to use the WHO medical eligibility criteria wheel for contraceptive use.

Multisectoral linkages established: Through providing the secretariat of the Implementing Best Practices (IBP) initiative, WHO hosted a series of 15 webinars on WHO guidelines and high-impact practices in English, French and Spanish, reaching over 1000 participants from 45 countries around the world. These were achieved in partnership with Family Planning 2020, the Reproductive Health Supplies Coalition and the High Impact Practices collaboration.

Best practices identified and key lessons learned: Based on latest evidence review 2015 MEC recommended that BF women who are less than 6 weeks postpartum can generally use progestogen-only pills (POPs) and levonorgestrel (LNG) and etonogestrel (ETG) implants (MEC 2), greatly expanding options for immediate post partum family planning.

## World Health Partners

In Kenya since June 2015, WHP initially established a franchisee network of women entrepreneurs (Sky Centre) in Homa Bay County, who use a simple but sophisticated technological platform to connect with city-based medical personnel to facilitate medical consultations that treat minor illnesses with medications. Beginning August 2016, WHP has set up its own chain of nurse-based tele-linked medical centers (Maisha Clinics) for providing gynecological, reproductive and child health services. Nurses provide services on their own and, for more complex cases, use an electronic system to facilitate consultations from city based doctors. The system helps the remote doctors obtain vital parameters to help improve quality of consultations. The devices include blood pressure instrument, cardiogram, pulse oximeter, glucometer, haemoglobin meter, foetal Doppler and electronic stethoscope. There are options to add more diagnostic tools. Government-trained Community

Health Volunteers (CHVs), five on an average are attached to each Maisha Clinic, provide community linkage for registration and referral.

WHP currently has 12 Sky Centres and three Maisha clinics, the latter supported by 15 CHVs and have served more than 10,000 clients. About 80% of the clients are women and children who are WHP's mandated focus. An internal study to understand the equity of services has indicated that about 90% of clients seen at Maisha Clinic live below national poverty line. An exit survey is also done to assess the satisfaction level of the clients post clinic visit. When clients were asked how they rated their overall satisfaction with the services at the clinic, 97% reported complete satisfaction. 99% felt that they were served promptly, 99% agreed that they would recommend our services to a family member or friend. Overall, 79% liked the clinic services mostly on account of affordability, cleanliness and counselling support to explain the condition or procedure.

## YouAct

Key achievements of YouAct:

1. Youth advocates from YouAct, CHOICE for Youth & Sexuality and ASTRA Youth met with MEPs and policy-makers in January 2017 to demand a stronger European parliamentary response to increasingly regressive legislation in Poland and throughout Europe as a response to developments in Poland have served to highlight the precarious state of women's health and rights in Europe with rising political support for increased restrictions to women's reproductive health such as access to contraceptives and abortion services.
2. YouAct participated in the Webinar on Youth Led Advocacy for Abortion Rights in Poland.
3. Participation in "Step it up for Gender Equality – Youth for Gender Equality Forum", an interactive and inspiring initiative to promote dialogue, exchange, learning and networking for people engaged in promoting gender equality in their daily lives. The event was organised by the Group of the Progressive Alliance of Socialists and Democrats in the European Parliament, in collaboration with the Foundation for European Progressive Studies, PES Women, Young European Socialists, Rainbow Rose and the Global Progressive Forum and took place in Brussels.
4. YouAct participated in SheDecides Campaign.
5. Training course "Human Rights Mechanisms and Youth-led Advocacy" took place in Geneva.
6. YouAct has been engaged with the UN ECE Regional Forum on Sustainable Development and the Joint Youth Statement, and will continue to be part of the work.
7. YouAct has further been represented in conferences in Berlin, Kosovo, Bulgaria throughout 2017.

## Youth Coalition for Sexual and Reproductive Rights

In 2017, Youth Coalition for Sexual and Reproductive Rights developed our commitment with comprehensive sexuality education and youth friendly services advocacy by organizing a project called Embracing Controversy: CSE advocacy in conservative Europe, this project included two webinars and an in-person consultation in Poland with young advocates. Besides

this project our organization has taken part of the expert out-of-school CSE consultation and High Level Preparatory Meeting on Summit to Advance CSE in Oslo, Norway. Youth Coalition has taken part in advocacy at the international level to push for sexual and reproductive health and rights issues for young people, especially those from underserved populations.

