REVIEW OF PROGRESS, RESULTS AND PLANS
SEPTEMBER 2012
H4+ COLLABORATION:

REVIEW OF PROGRESS, RESULTS AND PLANS 2011 – 2012

H4+ builds on the collective strengths and comparative advantages of six United Nations and related agencies¹ to provide coordinated and harmonized support to accelerate progress towards the achievement of Millennium Development Goals (MDGs) 4 and 5. In line with the United Nations Secretary-General's Global Strategy for Women's and Children's Health (the Global Strategy) and the Every Woman Every Child movement, H4+ works in countries with the highest rates of maternal, newborn and child mortality in order to save lives and improve the health of women and children.

MAIN ACHIEVEMENTS OF H4+ TO DATE INCLUDE:

▪ Provided streamlined support to develop national reproductive, maternal, newborn and child health plans in countries, including Afghanistan, Bangladesh, Democratic Republic of Congo, Ethiopia and Zambia.

▪ Accelerated activities to support 19 countries in implementing their commitments towards improving women’s and children’s health in the context of three major grants provided by the Canadian International Development Agency (CIDA), the French Ministry of Foreign and European Affairs (MAEE) and Johnson & Johnson².

▪ Mobilized catalytic resources from the European Union MDG Initiative to address maternal, newborn, child and adolescent health gaps in Ghana and Zambia to increase coverage of, and equitable access to, effective reproductive, maternal, newborn and child health interventions, and to address key health systems bottlenecks.

▪ Initiated a mapping of country progress and gaps towards meeting country commitments to the Global Strategy.

▪ Endorsed the Global Plan towards the Elimination of New HIV Infections among Children by 2015 and Keeping Their Mothers Alive.


▪ Supported countries in implementing the recommendations from the Commission on Information and Accountability for Women’s and Children’s Health.

² Johnson & Johnson grant is implemented by UNFPA and the World Health Organization.
**TRANSLATING VISION TO COUNTRY-LEVEL ACTION**

H4+ supports the implementation of the Global Strategy for Women’s and Children’s Health by:

- mobilizing political support for the Global Strategy in the 49 focus countries;
- building regional and country technical capacity to address maternal, newborn and child issues;
- focusing on the most vulnerable;
- ensuring universal access to an integrated, essential package of health services;
- addressing root causes of morbidity and mortality, such as gender inequality;
- engaging other sectors such as education, gender, nutrition, water and sanitation, culture and human rights;
- strengthening interagency collaboration; and
- sustaining momentum for reproductive, maternal, newborn and child health beyond 2015.

**1. Country Action Contributing to the Global Strategy**

As part of supporting progress towards implementation of the Global Strategy, H4+ is conducting a mapping of country actions in a number of countries that have made commitments to improve women’s and children’s health. The mapping exercise aims to monitor actions taken and identify further gaps and technical support needs. The mapping exercise will provide an elaboration of the range of actions taken by countries with H4+ support. It will also identify further technical support needs of countries in order to accelerate progress. The results of this mapping exercise will be available during the latter part of 2012.

To date, the H4+ has jointly programmed reproductive, maternal, newborn and child health work, building on existing partnerships and sector-wide approaches. Based on requests from countries, technical support from H4+ has contributed to strengthening of national plans, strategies and guidelines in a number of countries, including Afghanistan, Bangladesh, Democratic Republic of Congo, Guinea, Ethiopia, Mali, Nigeria and Togo.

H4+ partners have agreed on a core set of tools to be promoted and used in the process of reproductive, maternal, newborn and child health strategic planning and review. Furthermore, the H4+ partners have identified the need to strengthen and harmonize the reproductive, maternal, newborn and child health cycles of planning and reviewing with those of the national health strategy and plan.
H4+ SUPPORTS THE IMPLEMENTATION OF COUNTRY COMMITMENTS: EXAMPLES FROM COUNTRIES*

**Afghanistan** has committed itself to increasing the number of midwives and contraceptive use and coverage, as well as to improving access to emergency obstetric care and coverage of childhood immunization. Highlights resulting from H4+ collaboration:

- Improved quality of family planning, strengthened post-abortion care and the midwifery programme action plan which are now included in the national Priority Programme of the Ministry of Public Health.
- Revised Reproductive Health Policy and Strategy 2011–2015, on the basis of an EmOC assessment results, and ongoing explicit actions to improve antenatal and postnatal care.
- National contraceptive list for health facilities now includes contraceptive implants. The National Standards for Family Planning updated.
- Family Health Houses, piloted in several districts, are proving cost-effective and sustainable in comparison to mobile teams. They will therefore be implemented in additional districts.
- Assessment on midwifery workforce carried out. Option and costs for future policy implementations strategies prepared.
- Prevention of mother-to-child transmission of HIV services are being implemented in five regions and antiretroviral therapy (ART) centres established in Kabul and Herat provinces; increasing access to family planning services for women living with HIV.

**The Democratic Republic of Congo** has committed itself to increasing emergency obstetric care and contraceptive usage, and to providing antiretroviral treatment and developing a national health policy aimed at strengthening health systems. Highlights resulting from H4+ collaboration:

- Screening for HIV integrated with maternal, newborn and child health services, as well as free syphilis screening.
- Integration of HIV and malaria interventions with reproductive, maternal, newborn, and child health services through updating policies and guidelines.
- Increased number of health clinics providing emergency obstetric and neonatal care services.
- National Adolescent Health Programme strengthened through service delivery training for providers, including in the areas of contraception and family planning.
- Health information systems revised to include key reproductive, maternal, newborn and child health indicators.

* http://www.everywomaneverychild.org/commitments
2. Strategic partnerships

Collaboration with the Canadian International Development Agency (CIDA)

Through the provision of joint support to five countries (Burkina Faso, Democratic Republic of Congo, Sierra Leone, Zambia and Zimbabwe), the H4+ is supporting countries to implement reproductive, maternal, newborn and child health programmes that are catalytic in nature, accelerating existing country efforts by identifying health system bottlenecks and gaps, and prioritizing specific interventions and innovations. Specifically, the programme aims to provide joint support to:

- national scaling-up of integrated reproductive, maternal, newborn and child health interventions with a focus on equity;
- strengthen national health systems in partnership with others, guided by national health plans;
- strengthen national and sub-national capacity for monitoring reproductive, maternal, newborn and child health interventions;
- collect and analyse data to identify, document and support innovative approaches and evidence of what works for adaptation and roll-out in other high-burden countries.

Achievements to date include:

- implementation of country-level workplans with specific actions to accelerate the realization of Global Strategy commitments;
- initiation of baseline assessments of agreed reproductive, maternal, newborn and child health interventions in all five countries;
- establishment of a common monitoring and evaluation framework and its application to five country workplans;
- alignment of activities in all five countries with national plans and strategies.

Collaboration with the French Ministry of Foreign and European Affairs (MAEE)

This initiative aims to accelerate country-level efforts to achieve MDGs 4 and 5 through activities organized according to the six building blocks of health systems (service delivery, governance, medicines and technologies, human resources for health, health financing, information) plus the promotion of key family practices in the community. Twelve countries are supported by the grant from France for 2011–2012 (Benin, Burkina Faso, Central African Republic, Chad, Côte d’Ivoire, Democratic Republic of Congo, Guinea, Haiti, Mali, Niger, Senegal, and Togo).

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3  The duration of the project is five years (March 2011–March 2016).
4  The duration of the project is five years (November 2011–October 2016).
Specific country achievements to date include:

- Benin conducted an analysis of bottlenecks and gaps and had begun to improve skills in family planning and community management of childhood illness.

- Guinea launched a Campaign for Accelerated Reduction of Maternal Mortality in Africa (CARMMA) and mobilized nongovernmental organizations (NGOs) to work on preventing gender-based violence.

- Senegal updated training materials for community health workers.

- Togo developed an advocacy package on family planning as well as prepared for an emergency obstetric care assessment.

- An overall monitoring and evaluation framework was agreed in collaboration with Harmonizing Health in Africa (HHA) and with the H4+ CIDA grant.

- Operational research questions of regional relevance have been identified and will strengthen and benefit linkages with Harmonizing Health in Africa (HHA).

Collaboration with Johnson & Johnson

Johnson & Johnson became the first private sector organization to support the work of H4+ and is now working to support UNFPA and WHO country teams in pilot training programmes in Ethiopia and the United Republic of Tanzania for health-care workers, who will provide critical prenatal and obstetric care for mothers and newborns.

Collaboration with the United Nations Innovation Working Group (IWG)

As part of the Global Strategy, the H4+ supports the Innovation Working Group in support of Every Woman Every Child to prioritize mHealth (mobile health) as a key strategic innovation approach to achieving MDGs 4 and 5. Work is underway, in collaboration with the mHealth Alliance, to support successful mHealth pilot projects to move towards scaled-up and sustainable solutions.

3. Human resources for health

In support of the Global Strategy, the H4+ works with focus countries to assess their human resources for maternal and newborn health, through the High Burden Countries Initiative (HBCI). H4+ is supporting eight countries (Afghanistan, Bangladesh, Democratic Republic of Congo, Ethiopia, India, Mozambique, Nigeria, and the United Republic of Tanzania) representing nearly 60% of the global maternal and newborn deaths. An assessment tool for Ministries of Health and national partners was developed to support governments to plan, to cost their plans and mobilise the necessary domestic and international financial resources to develop and manage the midwifery workforce they need. Afghanistan, Bangladesh, Ethiopia and Tanzania have finalized their assessments and are working on costed alternatives for planning; the Democratic Republic of Congo, India, Nigeria and Mozambique are initiating their assessments.
The Global Plan towards the Elimination of New HIV Infections among Children by 2015 and Keeping Their Mothers Alive includes strengthening human resources for health, with an emphasis on maternal and child health. To accelerate momentum, the H4+, together with the IATT on the Prevention of HIV among Pregnant Women, Mothers and Children, held a consultation with representatives from a number of the priority countries on strengthening health workforces and efficiency of health systems. Approaches have been identified to achieve this and a working group is reviewing the human resources situation in the 22 high-burden countries in order to address obstacles and improve their human resources for health.

LINKING MDGS 4, 5 AND 6 – ELIMINATION OF MOTHER-TO-CHILD TRANSMISSION OF HIV AND IMPROVING MATERNAL HEALTH

The Global Plan Towards the Elimination of New HIV Infections among Children by 2015 and Keeping Their Mothers Alive was launched in June 2011 by the UN Secretary-General Ban Ki-moon. This initiative, coordinated by UNAIDS and the President’s Emergency Plan for AIDS Relief (PEPFAR) has two ambitious goals:

- Reduce the number of newly-acquired HIV infections among children by 90%.
- Reduce the number of women living with HIV dying of pregnancy-related causes by 50%.

Twenty-two countries (21 in sub-Saharan Africa) account for nearly 90% of mother-to-child transmission of HIV. Governments are translating the Global Plan’s targets into the expansion of HIV prevention, treatment, care and support services for women and children. In the countries receiving H4+ CIDA funds services to prevent vertical transmission are being strengthened and access to maternal treatment accelerated. A UNAIDS progress assessment showed that there has been a 25% decrease in the number of children newly infected with HIV in the 22 high-burden countries, from 360,000 [320,000–420,000] in 2009 to 270,000 [230,000–320,000] in 2011. Seven countries had a reduction of 30% or more in new infections among children. Another seven had a reduction of between 20%–30%. The number of pregnancy-related deaths among mothers living with HIV in the 22 high-priority countries decreased by 25%, from 41,500 (21,000–84,000) in 2005 to 33,000 (16,000–68,000) in 2010. With the support of H4+ the Global Plan will continue to strengthen links between HIV, maternal and newborn health programming, increasing efficiency and impact for women and children.

LOOKING AHEAD

The added value of H4+ is its streamlined and coordinated technical support to countries. H4+ will continue to strengthen service delivery for implementing and scaling up effective interventions across the continuum of care through continued collaboration between countries and development partners.
In 2012, three new initiatives emerged in support of the Global Strategy on Women’s and Children’s Health and its Every Woman Every Child implementation efforts. The established H4+ mechanisms in countries provide opportunities to realize the goals of those three initiatives.

The Child Survival Call to Action, organized collaboratively by the governments of Ethiopia, India and the USA, with UNICEF, sets a path towards ending preventable childhood deaths by 2035.

The Family Planning Summit, under the leadership of the United Kingdom Department for International Development (DFID) and the Bill and Melinda Gates Foundation, aims to raise the political and financial commitments to address the unmet need for family planning of 120 million additional women in the world’s poorest countries, including through additional donor commitments of at least $2.3 billion.

The UN Commission on Life-Saving Commodities for Women and Children, chaired by the President of Nigeria and the Prime Minister of Norway, and co-chaired by UNICEF and UNFPA, presented recommendations for improving the supply of 13 life-saving commodities for reproductive, maternal, neonatal and child health in the areas of market shaping, regulation, user supply and demand.

Additionally, as countries develop national Country Accountability Frameworks to achieve the recommendations made by the Commission on Information and Accountability to Implement the Global Strategy, H4+ will provide joint support to countries as requested.