H4+ – Brief of activities and plans
Providing joint support to the 49 countries with the highest rates of maternal, newborn and child mortality

H4+ main achievements in 2011

- Streamlined support to develop national health plans in several countries, including Afghanistan, Bangladesh, Democratic Republic of Congo and Ethiopia.
- Fifty-six low- and middle-income countries registered commitments to the Global Strategy for Women’s and Children’s Health.
- A new system to support countries in providing ongoing monitoring of progress in meeting their commitments to the Global Strategy, so they can better identify gaps and technical support needs.
- Accelerated activities to support countries in implementing their commitments to improving women’s and children’s health in the context of three major grants provided by the Canadian International Development Agency, the French Ministry of Foreign and European Affairs, and Johnson & Johnson.
- A report on the State of the World’s Midwifery helped trigger follow-up activities, such as in-depth national assessments of midwifery in eight high-burden countries.
- Launch of a Global Plan towards the elimination of new HIV infections among children and keeping their mothers alive.
- Development of a global action plan to follow-up on the recommendations of the Commission on Information and Accountability for Women’s and Children’s Health.

The H4+ aims to provide joint support to countries with the highest rates of maternal, newborn and child mortality, in order to accelerate progress in saving the lives and improving the health of women and newborns. The H4+ comprises the UN Population Fund (UNFPA), the United Nations Children’s Fund (UNICEF), the World Health Organization (WHO) and The World Bank, members since 2008, and the Joint United Nations Programme on HIV/AIDS (UNAIDS) and UN Women, more recent members.

Building on the collective strengths and each agency’s respective country-specific advantages and capacities, this coordinated and harmonized support aims to accelerate progress towards achieving Millennium Development Goals (MDGs) 4 and 5 by 2015, in line with the United Nations Secretary-General’s Global Strategy for Women’s and Children’s Health (the Global Strategy).

The H4+ works to ensure the full involvement of countries targeted in the Strategy and in supporting them to fulfil their commitments.

H4+ Commitment to the Global Strategy:

- mobilizing political support for the Global Strategy in the 49 countries of focus of the Strategy;
- 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 (e.g. gender inequity) of morbidity and mortality;
- engaging other sectors (e.g. education, gender, nutrition, water & sanitation, culture & human rights);
- strengthening interagency collaboration;
- sustaining momentum beyond 2015.

To date, the H4+ members have jointly programmed their reproductive, maternal, newborn and child health (RMNCH) work, building on existing partnerships and sector-wide approaches, in countries such as Afghanistan, Bangladesh, Democratic Republic of Congo, Guinea, Ethiopia, Mali, Nigeria, and Togo, and have provided coordinated support to
strengthening programmes in other cases. The joint technical support of H4+ has initially been informed and guided by a detailed mapping of in-country activities that identified gaps and needs in relation to reproductive/maternal, newborn and child health, in each of the high-priority 25 countries that were the initial focus of H4+.¹

Current H4+ activities

The current work of H4+ is organized around three main work streams:

- continued work to strengthen the provision of harmonized technical support to countries for RMNCH;
- galvanizing accelerated actions in selected countries;
- strengthening activities on cross-cutting issues.

Continued work to strengthen the provision of harmonized technical support to countries

This work is based on the request from countries. Technical support has been provided to review and revise country national plans, strategies and guidelines. Streamlined support to develop national plans has been provided in several countries, including Afghanistan, Bangladesh, Democratic Republic of Congo, and Ethiopia.

Country commitments to the Global Strategy and the role of H4+

As part of strengthening and providing joint support to RMNCH in countries, H4+ has played a particular role in facilitating countries’ commitments to the Global Strategy through consultative processes at country level. A total of 56 low- and middle-income countries have made commitments.

The H4+ continues to support countries in the context of the Global Strategy, through providing ongoing monitoring of country progress in meeting their commitments to the Global Strategy. The H4+ is working with countries to identify the gaps and technical support needs required to meet the commitments, and provides technical support accordingly.

H4+ partners have also collaborated on the implementation of the global action plan for accountability for women’s and children’s health. To date, four intercountry workshops have been held in which multi-stakeholder country teams have developed national road maps to augment accountability. These roadmaps are the basis for country-level workshops in which action plans and budget allocations will be agreed.

Galvanizing accelerated actions in selected countries

This work includes joint support to countries in planning and implementation of accelerated actions with the help of dedicated funds from development partners and other agencies. Currently three grants – from the Canadian International Development Agency (CIDA), the French Ministry of Foreign and European Affairs, and with the private sector through Johnson & Johnson – are being implemented.

Accelerating progress in maternal and newborn health – collaboration with the Canadian International Development Agency

The H4+ Canadian International Development Agency initiative represents the first country-level collaboration among the H4+ in support of the implementation of the Global Strategy. Through the provision of joint support to five countries (Burkina Faso, Democratic Republic of Congo, Sierra Leone, Zambia and Zimbabwe), the H4+ intends to develop programming that is catalytic in nature, accelerating existing country level efforts by targeting identified implementation bottlenecks and gaps, and prioritizing specific interventions and innovations accordingly.

Specifically, the programme objectives are to:

- provide joint support for national scale-up of integrated, RMNCH interventions with a focus on equity, through maximizing the coordination and synergies between the agencies;
- support the strengthening of national health systems, ranging from stewardship through to the implementation and monitoring of maternal, newborn, adolescent and child health interventions, in partnership with others and guided by national health plans;
- 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.

The duration of the project is five years (March 2011–March 2016). Funding is provided to UNFPA as an administrative agent of the joint programme. Based on the approval of country-specific and global workplans, funds are disbursed by UNFPA to each agency for their components of the country-specific annual workplans and for their contribution to the global-level work.

Progress

Achievements to date include:

- development of country-level workplans with specific actions to accelerate meeting their commitments;
- development of joint H4+ plans for global level activities;
- initiation of baseline assessments of the current RMNCH status in all five countries;
- a common monitoring and evaluation framework and its application to five country workplans: in Burkina Faso, Democratic Republic of Congo, Sierra Leone, Zambia and Zimbabwe.

At the Steering Committee meeting, 28–29 February 2012, between H4+ and CIDA, all countries reported that CIDA-funded activities are well aligned with national plans and strategies, and are not stand-alone projects.

**Accelerating reduction in maternal, newborn and child mortality, and strengthening family planning programmes and gender sensitivity – collaboration with the French Ministry of Foreign and European Affairs**

The project provides assistance in accelerating the implementation of activities towards achieving MDGs 4 and 5. The initiative aims to be catalytic and to accelerate country-level efforts through identification of bottlenecks and gaps in implementation, and prioritization of innovations.

Participating agencies include UNFPA, UNICEF, WHO and UN Women. The project duration will be five years (November 2011–October 2016).

Funds are contributed directly by the Ministry to each agency according to an annual financial agreement. Although the proposals and financial agreements are agency-specific, all proposals are organized according to the six building blocks of health systems – service delivery; health workforce; health information systems; access to essential medicines; financing; and leadership/governance – plus the promotion of key family practices in the community.

Implementation of the French grant is based on complementarity and strengths of agencies, with UNFPA focusing on sexual and reproductive health and family planning; UNICEF on community approaches for maternal and child health; WHO on maternal health, community management of childhood illness, essential medicines, family planning, and human resources; and UN Women on gender issues. UNICEF also supports activities related to Harmonizing Health in Africa (HHA), and regional-level activities including operations research and overall monitoring and evaluation.

Eleven 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). Three of the countries are considered ‘flagships’ where all four agencies are active using this source of funding: Guinea, Mali and Togo.

**Progress**

A common planning and implementation framework for country level, based on national plans, was agreed among agencies and applied. In the first instance, focus has been placed on the three flagship countries (Guinea – lead agency WHO; Mali – lead agency WHO; Togo, – lead agency UNICEF). All countries with the exception of Haiti and Niger have now developed plans of action for the first year of the initiative.

Follow-up visits to facilitate implementation are planned over the coming six months. All planning activities involve the technical and financial partners group in a given country, including the Agence Française de Développement.

At the first meeting of the Technical Committee in March 2012, an overall monitoring and evaluation framework was agreed, harmonized with the framework developed for the H4+ CIDA grant. Operations research questions of regional relevance have been proposed, as well as means of strengthening and benefiting from linkages with HHA. UNICEF will ensure the coordination of country visits and technical support, and coordination with HHA.

**Accelerating progress in MDGs 4 and 5 through human resource strengthening – collaboration with Johnson & Johnson**

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

**Other H4+ activities – in cross-cutting thematic areas**

**Strengthening human resources for health**

The *State of the World’s Midwifery Report: Delivering Health, Saving Lives*, supported by 30 partners and launched in 2011 was the first report to explore the state of midwifery practices across the globe. It provides a comprehensive analysis of midwifery services and issues in countries where the needs are greatest.

The report provides new information and data gathered from the 58 human resources for health “crisis” countries in all regions of the world. Its analysis confirms that the world lacks some 350 000 skilled midwives – 112 000 in the neediest 38 countries surveyed – to meet fully the needs of women around the world. The report explores a range of issues related to building up this key health workforce.

A high-level meeting hosted by the Greentree Foundation (New York, 18–19 September 2011), co-sponsored by the H4+ and the International Women’s Health Coalition, with the MDG Advocates group convened key actors who can accelerate progress on reproductive and neonatal health, two aspects of the MDGs that are the furthest behind. The meeting agreed on the need to conduct in-depth assessments of human resources for maternal and newborn health at the community level too.

As part of The High Burden Country Initiative, in-depth national assessments of midwifery in eight high-burden countries (Afghanistan, Bangladesh, Democratic Republic of Congo,
Ethiopia, India, Mozambique, Nigeria, and United Republic of Tanzania) are being conducted. The national assessments, tailored to the context and individual needs of the countries, have started in Afghanistan, Bangladesh, Ethiopia, and United Republic of Tanzania. The assessment reports will provide governments and partners with costed scenarios and policy options.

Linkages with the Global Health Workplace Alliance (GHWA). In the context of the French Grant, the GHWA is a full partner. The GHWA supports countries to ensure that coherent human resource plans for RMNCH will be in place, with an emphasis on midwifery.

Elimination of mother-to-child transmission of HIV (MTCT)

The Global Plan towards the Elimination of New HIV Infections among Children by 2015 and Keeping their Mothers Alive was launched in 2011 through a consultative process by a high-level global task team convened by UNAIDS and co-chaired by UNAIDS Executive Director and PEPFAR. A particular focus will be placed on strengthening integration of RMNCH and HIV services.

Looking ahead

Support to implementation of country commitments:
- continue to implement CIDA and French Grant workplans, with regular review and guidance with respective Steering Committees;
- continue support to all additional countries in the implementation of commitments to the Global Strategy and the national plan of action to strengthen accountability.
- mobilize additional commitments and continue to support all 75 countries (49 countries of focus to the Global Strategy and additional 26 countries with the lowest income and/or highest burden of maternal and child mortality).

Areas for support include:
- development of RMNCH plans and strategies within the national health sector plans;
- technical support for scaling up effective interventions, addressing human resources capacity;
- capacity development for strengthening accountability for results and resources in countries.

Monitoring the implementation of commitments

As a follow-up and expansion of its initial mapping exercise in 2009, the H4+ is following up progress in countries including the advancement of commitments they have made to the Global Strategy. An updated progress report is planned for September 2012.

H4+ main objectives for 2012–2013

- Support implementation of country plans in the context of the grants provided by the Canadian International Development Agency, the French Ministry of Foreign and European Affairs, and Johnson & Johnson.
- Analyse the baseline and implement the system for ongoing monitoring of progress in meeting country commitments to the Global Strategy, with a focus on identifying gaps and technical support needs.
- Support development and implementation of country priority actions to accelerate progress in meeting commitments.
- Facilitate a global research network platform that brings together existing relevant networks to support the role of the research community articulated in the Global Strategy.
- Conduct a global review of innovations for women’s and children’s health with the aim of providing guidance to countries on the identification and scaling up of effective interventions.
- Support scaling up of successful innovations and ensure their sustainability.

Support to research to facilitate the implementation of the Global Strategy

To facilitate the role of research in supporting the implementation of the Global Strategy, a commitment was made by HRP (the UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction), to establish a global research network platform in collaboration with H4+ partners and other stakeholders. The research network aims to bring together existing relevant networks to support research capacity strengthening, enhancing research/policy dialogue, and delivering a priority research agenda in line with the role of the research community articulated in the Global Strategy. The research network platform will be established by October 2012 with elements of its workplan specified.

Support to innovation

In the context of the CIDA grant, H4+ will undertake a global review of RMNCH innovations as well as reviewing conceptual frameworks for scaling up with the aim of providing guidance to countries on the identification and scaling up of effective interventions.

Additionally, H4+ partners are providing input to the United Nation’s Innovation Working Group (IWG), a part of the Global Strategy. The IWG has prioritized 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 and sustainable solutions.

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