

SEPTEMBER 2014

# The H4+ partnership

Joint support to  
improve women's  
and children's health

# H4+



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## Contents

Acronyms and Abbreviations	iv
<b>1. Introduction</b>	<b>1</b>
<b>2. Accelerating Progress in Women's &amp; Children's Health</b>	<b>1</b>
<b>3. H4+ Purpose &amp; Objectives</b>	<b>1</b>
<b>4. Added Value of H4+</b>	<b>3</b>
4.1. Building on the UN agencies' recognized and complementary mandates for women's and children's health	3
4.2. Capitalizing on UN structures and longstanding relationships	4
4.3. Advancing universal entitlements to health and leveraging UN agencies' technical leadership, capacities and experience	5
<b>Conclusion &amp; Way Forward</b>	<b>9</b>
<b>References</b>	<b>10</b>
<b>Bibliography</b>	<b>11</b>



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## Acronyms and abbreviations

BEmONC	Basic Emergency Obstetric and Newborn Care
CBO	Community Based Organization
CHW	Community Health Workers
COIA	Commission of Information and Accountability
EmONC	Emergency Obstetric and Newborn Care
ENAP	Every Newborn Action Plan
EWEC	Every Woman, Every Child
HIMS	Health Information Management Systems
MDG	Millennium Developmental Goal
MDSR	Maternal Death Surveillance and Response
MNCH	Maternal, Neonatal and Child Health
MNH	Maternal and Newborn Health
MoH	Ministry of Health
NGO	Non-Governmental Organization
RH	Reproductive Health
RMNCH	Reproductive, Maternal, Newborn, and Child Health
Sida	Swedish International Development Cooperation Agency
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
TA	Technical Assistance
UN	United Nations
UNAIDS	United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UN CoLSC	United Nations Commission of Life Saving Commodities
UN WOMEN	United Nations Entity for Gender Equality and the Empowerment of Women
WHO	World Health Organization

## 1. Introduction

In the countdown to 2015, there is widespread concern that global achievement of MDGs 4 and 5 will not be fulfilled. The greatest challenges lie in 75 countries where more than 95% of all global maternal and child deaths occur. Most of these countries are in South Asia and sub-Saharan Africa, home in 2010 to 83% of all deaths to children younger than 5 years, and 85% of all maternal deaths. Nearly all of these 75 “high burden” countries lack the capacity to meet the health MDGs by 2015 on their own, but require the mobilization of global support, or the continued suffering of women and children in these countries will reflect our shared failure.

Recognizing such concerns, in 2010 the United Nations Secretary General launched *Every Woman, Every Child (EWEC) – a Global Strategy for Women's and Children's Health*, to accelerate progress to meet MDGs 4 and 5. Fifty-eight of the 75 high burden countries responded to the Secretary General's call, making concrete commitments and setting targets to advance progress in their countries. These commitments were matched by an outpouring of new and deepened initiatives by bilateral donors, multilateral agencies, NGOs, professional associations, and global networks to enhance advocacy, share knowledge, and deliver evidence based interventions at scale.

This document aims to provide an overview of H4+ mandate, added value and selected achievements at global and country levels since its initiation in 2008. Additional country achievements are available in the “H4+ Progress report – 2013”, which captures the support the H4+ partnership has provided to countries in 2013.

## 2. Accelerating Progress in Women's & Children's Health

In this constellation of responses, six agencies within the United Nations (UN) system, UNAIDS, UNFPA, UNICEF, UN Women, WHO, and the World Bank, are working together as “H4+”, to intensify their collective, coordinated and harmonized support to the countries with a high burden of maternal, newborn and child mortality and morbidity, especially those that responded to the UN Secretary-General's call by making concrete commitments to the Global Strategy and setting targets to advance progress in their countries.

H4+ is the technical arm of the UN *Global Strategy for Women's and Children's Health*. Initiated in 2008 to advance reproductive, maternal and newborn health, H4+ expanded its mandate in 2010 to include child health, and support those 58 countries committed to implementing *Every Woman, Every Child*. H4+ provides technical leadership for reproductive, maternal, newborn, and child health (RMNCH), embodying complementary mandates for women's and children's health, and building on long-term trusted relationships with one another, and with national governments.

## 3. H4+ Purpose & Objectives

The mandate of H4+ is to “leverage the collective strengths and distinct advantages and capacities of each of six agencies in the UN system to address poor reproductive, maternal, newborn and child health (RMNCH) in the countries with high burden of maternal and child mortality and morbidity”.

Countries require distinct types of support for RMNCH, therefore all approaches need to be locally defined, and implemented in a manner that advances the national health plan, and strengthens national structures. These principles have been endorsed in meetings in Paris, Accra and Busan, and are based on the recognized sovereignty of all nations to define their development priorities. The need for locally-driven responses is all the more necessary to address MDGs 4 and 5, because the obstacles to their achievement may include diverse problems that extend from health system failures, to underlying problems of gender inequality,

### Box 1: Key Objectives of H4+

- (1) Mobilize political commitment and support, and maximize synergies between UN agencies, governments, and other global and national partners for women's and children's health;
- (2) Provide joint technical support for scale up of national integrated RMNCH policies and plans, with a focus on universal rights to access affordable, accessible, easily available, and quality RMNCH services;
- (3) Strengthen national health systems and further national health plans for RMNCH;
- (4) Promote evidence-based interventions to address the root causes of poor RMNCH, such as the social, economic and gender inequalities;
- (5) Strengthen mutual accountability and national capacity to monitor RMNCH interventions through sustainable improvements of country's Health Management Information Systems.

and economic and social exclusion, to varying degrees. A distinct advantage of the H4+ Partnership, in this context, is the ability of the six agencies to operate across parallel sectors, advancing progress in health, finance, legal, and social sectors simultaneously.

***Much of the work by H4+ occurs at country level***, where the H4+ agencies coordinate their support and jointly contribute to strengthening national health systems, including through the development, costing and financing of the components of national health plans that relate to RMNCH. Key H4+ achievements at the country level include work at both policy and programme levels.

At policy level, building on knowledge of national context, and experience with successful interventions in other countries, H4+ mobilizes political, technical and financial support for RMNCH; provides joint technical support to develop quality national RMNCH plans; promotes universal access to integrated essential health services and evidence-based, high impact and cost-effective interventions in RMNCH; and works closely with governments to align to national priorities the wide array of complementary national, bi-lateral and multi-lateral RMNCH initiatives underway within the country. H4+ also supports the development of strategic and policy documents, and efforts to remove financial barriers to accessing emergency obstetric and newborn care (EmONC) services.

At programme level, H4+ builds national and sub-national technical and managerial capacities to address maternal, newborn, and child health issues; and supports the implementation of national RMNCH plans in identified districts, focusing on strengthening the quality of RMNCH services and on enhancing community engagement to increase demand for and use of those services. Activities at sub-national level aim to feed into relevant policy activities for scaling up desired interventions at the national level to strengthen health systems.

***H4+ work at the global level*** enhances the efforts within countries for knowledge management by generating and sharing needed technical guidelines; building technical capacity at regional and national levels, facilitating global, regional and South-to-South collaborations in key areas; and advocating for greater global political and financial commitments to the reproductive, maternal, newborn and child health sector.

To date, funding to support H4+ activities globally and in countries has been generously provided by the Governments of **Canada** (USD 50 million for 5 countries - Burkina Faso, the Democratic Republic of the Congo, Sierra Leone, Zambia, Zimbabwe),

**Sweden** (USD 52 million for 6 countries - Cameroon, Cote d'Ivoire, Ethiopia, Guinea-Bissau, Liberia, Zimbabwe) and **France** (USD 133 million for 12 countries – Burkina Faso, Benin, the Central African Republic, Chad, Cote d'Ivoire, the Democratic Republic of the Congo, Equatorial Guinea, Haiti, Mali, Niger, Senegal, Togo), and by **Johnson & Johnson** (USD 4 million for 2 countries – Ethiopia, the United Republic of Tanzania), and new partnerships are under discussion.

### 3.1 Operating at Scale

The scale of in-country operations the H4+ supports is considerable. Thirty-five countries now have functioning H4+ coordination mechanisms, of which 20 receive specific H4+ grants. From the 44 countries responding to the H4+ country survey, in 2013, 31 were in sub-Saharan Africa, 12 were in Asia, plus Haiti.

## 4. Added Value of H4+

At a time when many donors, NGOs, national governments are engaged to advance the goals of Every Woman, Every Child (EWEC) and a number of new RMNCH initiatives are being introduced, the UN partners of H4+ play a critical role interfacing directly with governments to coordinate efforts and advance the EWEC goals. Building on the UN agencies' mandates and structures recognized and complementary mandates and structures, longstanding trusting relationships, and in-house technical leadership, capacities and experience, H4+ advocates for reproductive, maternal, newborn and child health in countries, assures that the wide range of related RMNCH interventions further the national health strategies, and accelerates interventions that will enlarge national capacities for long-term results.

### 4.1. Building on the UN agencies' recognized and complementary mandates for women's and children's health

#### 4.1.1. Convening Ability

The mandates of the six agencies within the United Nations system confers H4+ with unique convening ability with partners and countries, which have been effectively used to advance the goals of Every Woman, Every Child.

For example, H4+ brought partners and countries together to produce the *State of the World's Midwifery Report 2014* and worked with countries and partners to develop the *Every Newborn Action Plan (ENAP)* that was endorsed by all 194 Member States of the 67th World Health Assembly. H4+ also convened EWEC informal stakeholder consultations in May 2012 and 2013, with almost 50 stakeholders to share updates on initiatives and discuss ways to accelerate implementation of the Global Strategy.

At the national level, the power of convening is critical to coordinate strategies among those working on the ground. In the Democratic Republic of Congo (DRC), a large country where regions of great need lie far from the nation's capital, H4+ has convened meetings of the MNCH Task Force at all levels of the nine targeted health zones. This has ensured that actors and interventions at the national and provincial levels are coordinated, reports on H4+ activities are widely shared, and norms, directives and tools are accessible throughout the zones.

#### 4.1.2. Shared Responsibility for Agreed Goals

Distinct areas of the global H4+ work-plan are led by one of the H4+ partners, and one H4+ partner serves as the focal point for facilitation at country level.

Among the contributions of H4+ reported by partner countries in a recent survey of H4+ countries, the most widely appreciated by governments was the improved coordination between those involved

#### Box 2: Ministry of Health official, Zambia

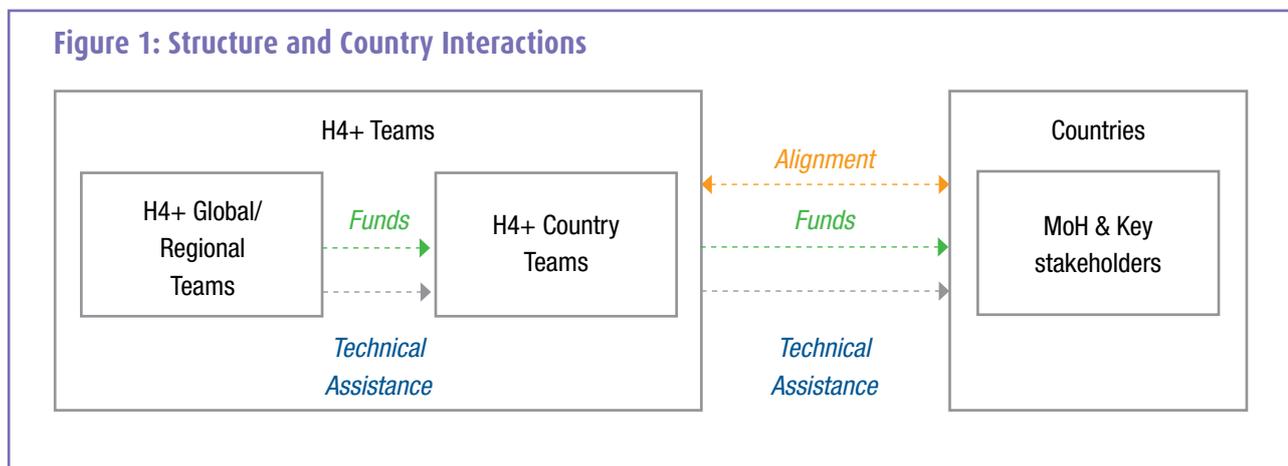
"..H4+ working together is resourceful. There are more advantages and it helps in sharing certain responsibilities. There is a nice skills mix, and working together as one agent helps to avoid duplication of activities and wastage of scarce resources"

at country level in advancing women’s and children’s health. Coordination lowers the transactional demand on governments, allowing greater efficiency, and faster impact through joint planning and implementation.

#### 4.1.3. Mutual Accountability

The clear division of labor between H4+ partners, and routine reporting between partners and governments, has enhanced mutual accountability, and the chance for identification and rapid improvements in weak or under-performing areas. H4+ progress meetings routinely include representatives of donors, and of national and sub-national governments, providing opportunities for candid discussion of bottlenecks and proposed solutions. And joint problem solving by teams that have not traditionally worked side-by-side has enabled the agencies to consolidate tools and expertise, and enrich one another’s work (cf. Figure 1).

In order to further improve mutual accountability, H4+ is currently supporting the enhancement of an online Programme Management Tool (called DevInfo Monitoring), which will soon be adopted in ten countries receiving specified H4+ funds, to enable better management and reporting of H4+ interventions.



## 4.2. Capitalizing on UN structures and longstanding relationships

### 4.2.1. National, Regional, and Global Systems

H4+ capitalizes on existing UN structures at global, regional, national, and sub-national levels, for both advocacy and technical exchange. Advocacy is underway at both global and national levels for the RMNCH sector, and respondents to the H4+ country survey report that H4+ is bringing women’s and children’s health issues to the forefront of national attention, and creating a “large mobilization of stakeholders”.

H4+ provides a technical platform within the global/regional UN structure to update countries on the latest knowledge products in RMNCH, and provide guidance on how to implement them most effectively at country level. Cross-national exchange is increasingly becoming easy because H4+ national focal points are coordinating all related activities in a given country, and able to represent the sector for the UN country office.

### 4.2.2. Strategic support at National and Sub-National Levels

H4+ has been able to capitalize on longstanding trusted relationships between UN agencies and national governments to facilitate reforms at the level of national policy and legislation. In Burkina Faso, with support from the H4+, a national-level Human Resources for Health Development Plan was adopted, and adolescent- and youth-friendly health care standards were disseminated. In the DRC, a workplan to reduce maternal and infant mortality was included in the National Health Development

Plan for 2011-2015 thanks to the support of H4+ engagement. H4+ advocacy also resulted in government commitments for contraceptives and medical equipment beyond programme funds, and the DRC Ministry of Higher Education established a three-year, direct-entry Midwives Education Programme. In Zimbabwe, H4+ has supported the development and launch of no fewer than 12 strategic documents and policy guidelines on effective care of RMNCH.

Longstanding presence in countries enables H4+ to also work and facilitate collaboration with both private and non-government or civil society networks on policy reform, technical needs, advocacy and communication, and implementation. For example, with the support of H4+ advocacy in Sierra Leone, civil society lobbied the government to increase financial support to reproductive, maternal, newborn and child health (RMNCH), including procurement of contraceptives and maternal death reporting, and between 2011 and 2014, government budget allocations for the Directorate of RMNCH more than doubled, from US \$2,689,956 to US \$5,757,605 per annum.

### 4.3. Advancing universal entitlements to health and leveraging UN agencies' technical leadership, capacities and experience

#### 4.3.1. Supporting the Most Vulnerable

Because UN operations are based on established agreements between Member States that include agreed commitments to human rights and universal entitlements, the H4+ Partnership has an agreed mandate to focus on the most vulnerable and populations living with the greatest insecurity and the fewest entitlements. This includes working in some of the most remote and under-resourced areas, to advance coverage to those in greatest need.

#### 4.3.2. Addressing Root Causes of Morbidity & Mortality

A hallmark of H4+ has been the recognition that a central obstacle to achieving MDGs 4 and 5, and the global strategy goal of Every Woman Every Child, is gender inequality. In many countries, women, especially marginalized women, have limited access to RMNCH services and have less access to education than men, reducing awareness of rights and capacity to make informed choices regarding their sexual and reproductive health.

A strong emphasis of the H4+ Partnership on health systems strengthening is complemented by the principles of human rights, promotion of gender equality, and reduction of gender-based violence and discrimination. Support for gender equality underlies all aspects of H4+, and is manifest in distinct programs in different countries, reflecting national priorities, and the guidance of local experts. This work ranges from advocacy at different levels, to dissemination of gender equality messages through mass media, and strategies influencing behaviour change through engagement of community groups.

For example, in Burkina Faso, gender awareness is promoted through a radio soap opera broadcast on reproductive health, which highlights issues of discrimination and harmful traditional, social norms and practices, and ways to involve communities in gender-sensitive health care management.

In Burkina Faso and Cote d'Ivoire, an innovative 'Ecole des maris' (*School of Husbands*) project engages husbands who can have a positive influence on the behaviour of their peers to promote shared decision-making in the household, as well as supporting the education of girls, and the prevention of gender based violence.



Community Health Workers' pools in Cameroon

In Cameroon, H4+ has supported gender balance in community health workers' pools, and in health committees and organizations in villages.

In Ethiopia, the MOH has a directorate of Gender which is supported through H4+ to conduct gender audits of existing health strategies and plans as well as mainstream gender-sensitive strategies within community health worker activities.

In Guinea-Bissau, H4+ has participated to the revision of data collection tools for maternal and children health to include gender markers for maternal and child health indicators and has supported the strengthening of NGOs and CBOs capacities to raise awareness for the reduction of gender inequalities, discriminations in access to health services and gender-based violence.

H4+ also supports countries addressing financial barriers to access RMNCH services. For example, in Burkina Faso, H4+ supported the implementation of the national strategy to subsidize the costs of childbirth and EmONC services in 7 out of 9 H4+ districts. In Sierra Leone, H4+ helps the implementation of a voucher system and in-kind packages for vulnerable pregnant girls and women in remote areas.

### 4.3.3. Strengthening Health Systems for All

The persistent fragility, limited reach, and poor quality of health systems in countries with the highest burden of maternal and children morbidity and mortality are also central bottlenecks for fulfilling MDGs 4 and 5.

#### Box 3: H4+ Results Framework – areas of work

1. Support countries in conducting needs assessments and related assessments to identify system constraints that limit efforts to improve RMNCH, and support countries in ensuring that health plans are driven by the MDGs and are performance-based.
2. Develop and/or determine the costs for the modules of national health plans relating to RMNCH, and rapidly mobilize new or additional resources for RMNCH.
3. Scale up the quality of RMNCH service delivery in line with domestic priorities, ensuring linkages with malaria and HIV/AIDS initiatives, and strengthen the management of procurements systems.
4. Address the urgent need for skilled health workers, particularly midwives, related cadres of personnel, and community health workers.
5. Support countries in addressing barriers that limit public demand for access to RMNCH services, with particular attention to marginalized and vulnerable groups.
6. Tackle the root causes of maternal, newborn and child mortality and morbidity, including gender inequality, low access to education (especially for girls), child marriage and adolescent pregnancy.
7. Strengthen national monitoring and evaluation systems to ensure the availability of credible data, in line with the recommendations of the Commission on Information and Accountability for Women's and Children's Health.
8. Strengthen documentation, evaluation and sharing of best practices of the H4+ mechanism.

From the outset, H4+ has made improvements in health systems a priority. Given the multiple dimensions of health systems, improvements often demand simultaneous initiatives, at considerable scale, operating within unique, historic institutional structures. In partnership with national governments, H4+ assesses the health system needs, identifying and responding to the most critical and catalytic gaps within each country.

H4+ is already having an impact on **advancing RMNCH policies and plans, financing, and infrastructure**. Related areas of work for H4+ (cf. Box 3) include *supporting countries in conducting needs assessments to identify constraints of health systems that limit efforts to improve RMNCH* (Area of Work 1); *developing and costing national health plans relating to RMNCH and mobilizing resources for RMNCH* (Area of Work 2); and *scaling up the quality of RMNCH service delivery and procurement systems* (Area of Work 3).

For example, H4+ has partnered closely with governments to appraise the most cost-effective interventions needed to increase coverage of quality RMNCH, a challenge that demands a country-by-country review.

In the Democratic Republic of the Congo (DRC), with the support of H4+ advocacy, a component to reduce maternal and infant mortality was included in the National Health Development Plan 2011-2015; the government allocated funds for contraceptives, medical equipment, materials and the infrastructure of 198 hospitals and 1,320 health centres, and in 2014, created a budget line for MNCH in Bandundu Province. H4+ also assisted the government of DRC to cost a national framework for the reduction of maternal and infant mortality.

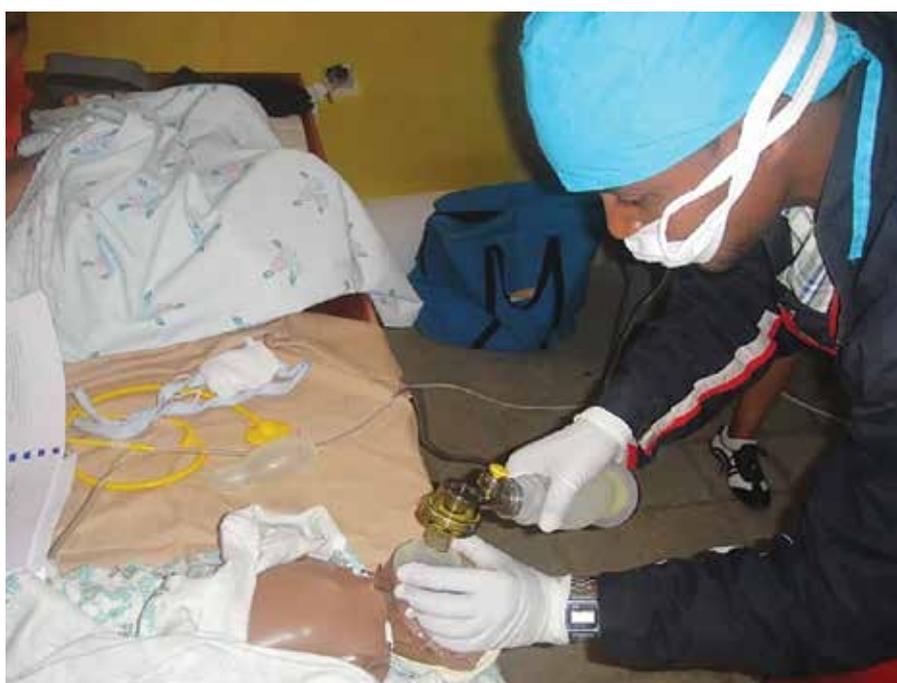
In Sierra Leone, H4+ supported the upgrade of 65 facilities to BEmONC centres and capacity building of the midwifery training institutions.

In Zambia, H4+ supported the development and launch of a national eight-year plan for family planning in response to the 2012 London Summit on Family Planning.

In Burkina Faso, H4+ continuous advocacy with government and the National Assembly has maintained a budget line for the purchase of contraceptive products.

To strengthen the delivery of essential medicines and commodities to women and children the H4+ has worked together to develop a joint list of essential medical devices for Maternal and Newborn Health to streamline and support the coordination of procurement of RMNCH supplies for countries. As well as supporting countries to strengthen their RMNCH procurement, logistics and supplies management systems.

Another key aspect of H4+ support for health systems is **human resources for health** by *addressing the urgent need for skilled health* (Area of Work 4) in high burden countries. H4+



Basic Emergency Obstetric and Neonatal Care Training in Ethiopia

has convened national appraisals of human resources for health needs, strengthened curricula for maternal and newborn care, developed and implemented training packages for Community Health Workers, and spearheaded the standardized training of midwives globally.

The *State of the World's Midwifery Report 2014* – an H4+ product – aims to provide an evidence base on the state of the World's midwifery in 2014 to support policy dialogue between governments and their partners, accelerate progress on the health MDGs, and inform negotiations for and preparations of the post-2015 development agenda. The report gives a rich analysis of the current gaps in midwifery care and the potential impact that midwives could make in saving lives of women and newborns.

In Sierra Leone, H4+ has supported the development of a strategic plan for human resources for health and an associated training plan.

The list of H4+ training products for health workers is large, reflecting the centrality of addressing this gap to fulfil the objectives of Every Woman, Every Child. The number of health workers receiving specialized skill-based training for reproductive, maternal and newborn care through H4+ initiatives is growing, including an estimated 6,500 health care providers across 5 countries of joint programme with Canada support received training in 2013 alone.

In order to reduce the “*demand-side barriers*” that may keep women and children from seeking access to and obtaining quality RMNCH services (Area of Work 5), H4+ is supporting community-based and media programmes to influence social and cultural barriers to obtaining health services, with particular attention to marginalized and vulnerable groups.

Another H4's focus for health system strengthening is on building *monitoring and evaluation capacity* (Area of Work 7), and the underlying infrastructure for the **national health management information system** (HMIS). For example, in Zimbabwe, H4+ recently supported the integration of maternal complications in reporting templates used at district levels, and in Liberia, advocated for the inclusion of RMNCH indicators within the national HMIS. In Zambia H4+ has created a national observatory for human resources for health, and is supporting the strengthening of civil registration and vital statistics. In Burkina Faso, DRC, and Zambia, H4+ has supported the development of first maternal death surveillance and response (MDSR) reports in 2013.

Finally, in all dimensions of health system strengthening, H4+ has **generated, disseminated, and promoted evidence-based interventions**. The H4+ agencies have championed and contributed to a wide range of key global publications, reports and new technical initiatives including: *the UN Commissions on Information and Accountability (CoIA) and on Life-saving Commodities (CoLSC)*; *the Maternal Death Surveillance and Response Technical Guidance*; *the State of the World's Midwifery 2014 report*; *the Promise Renewed and the Every Newborn Action Plan (ENAP)*; *two recent reports on Adolescent SRH (Motherhood in Childhood – UNFPA and Health for the World's Adolescents - WHO)*; *UN Maternal mortality estimates 2013*; *Ending Preventable Maternal Mortality post-2015 (EPMM) and the proposed global post 2015 targets*; and *the WHO updated Trends and Causes of Maternal Deaths*.

## Conclusion & Way Forward

One of the distinct advantages of the H4+ partnership is the codified and longstanding agreement among UN agencies that health, human rights and development are intrinsically inter-woven. Quality health systems are essential for the development of human welfare, but inadequate without the cumulative realization of social justice and universal human rights, including reproductive rights.

The fulfilment of *Every Woman, Every Child* demands social assurances of a healthy and secure childhood; freedom from fear and violence; opportunities for education; accurate information about sexual and reproductive matters; affordable access to health, including sexual, reproductive and child health services. This wide range of intersecting needs is the reason many development partners work together to effectively advance the health of women, adolescents and children in high burden, and under-resourced countries.

H4+ provides critical resources towards this global effort, integrating and advancing the work of UN agencies and other development partners with the goals of national health plans. By its objectives and design, the H4+ partnership acknowledges that while maternal and newborn health reflect the quality of clinical care at the time of pregnancy and delivery, outcomes are significantly shaped by a woman's pre-pregnancy health, her STI burden, her age, and her aspirations for motherhood, all reflecting her access to sexual and reproductive health services, her life opportunities, and the realization of reproductive rights in her community.

H4+ is designed to recognize and respond to these interactions, identifying good maternal health care as an *essential component* of sexual and reproductive health (SRH), and uniting the strengthening of requisite health expertise with attention to "root causes" of underlying social inequalities, including gender inequality. Itself the product of the MDGs, the H4+ Partnership invests in development across multiple sectors.

As we approach 2015, the outputs of the Open Working Group on Sustainable Development Goals have endorsed the need for parallel health and social investment for women's and children's health, including the target of ending preventable maternal, newborn and child health and also universal sexual and reproductive health within the proposed health goal, and the proposed goal on gender equality. Indeed, the obstacles facing women and their children encompass both health and social realms, and substantial progress in their well-being is unlikely without both targets.

With fewer than 500 days remaining until the end of the timeframe for the MDGs, it is imperative that the agenda of women's and children's health remains central in global health initiatives and is fully embraced as part of the new development paradigm. Looking forward, H4+ aims to continue playing a **leading technical role** in supporting countries to plan and implement integrated strategies to improve RMNCH, adapting to emerging needs and priorities. In addition of its technical role, the H4+ partnership aims to further reinforce its **convening role** at country, regional and global levels to ensure that all stakeholders are aligned with national priorities, its **advocacy role** to further mobilize political, technical and financial support for RMNCH, its **engagement and collaborations** with governments and other partners including with communities, the private sector and civil society, and its **focus on addressing the root causes** of maternal and child morbidity and mortality, including gender inequalities.

The successes of the MDGs, however imperfect and incomplete, have highlighted the importance of development goals to the policies, priorities and investments undertaken in many countries, potentially affecting millions of lives. While H4+ was designed to accelerate progress in the final years of the MDGs, it proffers an alignment of health and social goals for women and children that would be well heeded by the Post-2015 agenda. H4+ is advancing the possibility of sustainable success for the health and well-being of women and children.

## References

1. United Nations Secretary-General Ban Ki-moon. Global Strategy for Women's and Children's Health. New York (NY): United Nations; 2010 ([http://www.everywomaneverychild.org/images/content/files/global\\_strategy/full/20100914\\_gswch\\_en.pdf](http://www.everywomaneverychild.org/images/content/files/global_strategy/full/20100914_gswch_en.pdf)).
2. Commission on Information and Accountability for Women's and Children's Health. Keeping promises, measuring results. Geneva: World Health Organization; 2011 ([http://www.everywomaneverychild.org/images/content/files/accountability\\_commission/final\\_report/Final\\_EN\\_Web.pdf](http://www.everywomaneverychild.org/images/content/files/accountability_commission/final_report/Final_EN_Web.pdf)).
3. Committing to child survival: a promise renewed. New York (NY): United Nations Children's Fund; 2012 ([http://www.unicef.org/videoaudio/PDFs/APR\\_Progress\\_Report\\_2012\\_final.pdf](http://www.unicef.org/videoaudio/PDFs/APR_Progress_Report_2012_final.pdf)).
4. Every newborn: an action plan to end preventable deaths. Geneva: World Health Organization; 2014 (<http://www.everynewborn.org/Documents/Full-action-plan-EN.pdf>).
5. Targets and strategies for ending preventable maternal mortality: consensus statement. Geneva: World Health Organization; 2014 ([http://who.int/reproductivehealth/publications/maternal\\_perinatal\\_health/consensus-statement.pdf](http://who.int/reproductivehealth/publications/maternal_perinatal_health/consensus-statement.pdf)).
6. Partnership for Maternal, Newborn & Child Health and World Health Organization (WHO). A policy guide for implementing essential interventions for reproductive, maternal, newborn and child health (RMNCH): a multisectoral policy compendium for RMNCH. Geneva: WHO; 2014 [http://www.who.int/pmnch/knowledge/publications/policy\\_compendium.pdf](http://www.who.int/pmnch/knowledge/publications/policy_compendium.pdf).
7. United Nations Population Fund (UNFPA), World Health Organization, International Confederation of Midwives. The state of the world's midwifery 2014: a universal pathway: a woman's right to health. New York (NY): UNFPA; 2014 ([http://unfpa.org/webdav/site/global/shared/documents/publications/2014/EN\\_SoWMy2014\\_complete.pdf](http://unfpa.org/webdav/site/global/shared/documents/publications/2014/EN_SoWMy2014_complete.pdf)).
8. Stenberg K, Axelson H, Sheehan P, Anderson I, Gülmezoglu AM, Temmerman M, et al., on behalf of the Study Group for the Global Investment Framework for Women's Children's Health. Advancing social and economic development by investing in women's and children's health: a new Global Investment Framework. *Lancet*. 2013;383(9925):1333–54. doi:10.1016/S0140-6736(13)62231-X.
9. World Bank. World Development Report 1993: Investing in Health. New York (NY): Oxford University Press; 1993. (<https://openknowledge.worldbank.org/handle/10986/5976>).

## Bibliography

Canadian International Development Agency (CIDA). Steering Committee terms of reference (unpublished/internal working document). 2010.

Canadian International Development Agency (CIDA). CIDA grant report 2012 (unpublished/internal working document). 2012.

Canadian International Development Agency (CIDA) and the French Government. Monitoring and evaluation reference group terms of references (unpublished/internal working document). 2010.

De Brouwere V, Hussein J. Mid-term review of H4+ Canada-supported activities in Burkina Faso, DRC, Sierra Leone, Zambia, Zimbabwe. Institute of Tropical Medicine Antwerp, AfricSanté and Ipact; 2014.

De Brouwere V, Hussein J. Zambia and Zimbabwe: mid-term review – inception report. Institute of Tropical Medicine Antwerp, AfricSanté and Ipact; 2013.

H4+ Partnership. H4+ results framework (unpublished/internal working document). 2014.

H4+ Partnership. The H4+ partnership: joint country support to improve women's and children's health: progress report. Geneva: WHO; 2013.

H4+ Partnership. The H4+ partnership: joint support to improve women's and children's health: progress report 2013. Geneva: WHO; 2014.

H4+ Canada. Annual narrative progress report 2013 (reporting period January 2013–December 2013). H4+ Partnership; 2014.

H4+ Swedish International Development Agency (Sida) Intermediary report (reporting period January 2013–May 2014). H4+ Partnership; 2014.

Republique Française – Ministère des Affaires Etrangères, World Health Organization, United Nations Population Fund, United Nations Children's Fund (UNICEF), UN Women. Le Fonds Français Muskoka: réduire la mortalité maternelle, néonatale et infantile. New York (NY): UNICEF; 2013.

Swedish International Development Agency (Sida). Monitoring and evaluation framework of Sida grant (unpublished/internal working document). 2013.

Swedish International Development Agency (Sida). Monitoring and evaluation reference group terms of references (unpublished/internal working document). 2013.

Swedish International Development Agency (Sida). Steering Committee terms of reference (unpublished/internal working document). 2013.



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