

SEPTEMBER 2014

The H4+ partnership

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

Progress report – 2013



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WHO/RHR/14.27

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Acronyms and abbreviations

CARMMA	Campaign for the Accelerated Reduction of Maternal Mortality in Africa
CIDA	Canadian International Development Agency (no longer known by this name or abbreviation)
COIA	Commission on Information and Accountability for Women's and Children's Health
DFATD	Canadian Department of Foreign Affairs, Trade and Development
EmONC	emergency obstetric and newborn care
EWEC	Every Woman Every Child
H4+	UNAIDS, UNFPA, UNICEF, UN Women, WHO and the World Bank
iERG	independent Expert Review Group
MDGs	Millennium Development Goals
MDSR	maternal death surveillance and response
RMNCH	reproductive, maternal, newborn and child health
Sida	Swedish International Development Agency
SMAG	Safe Motherhood Action Group
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
WHO	World Health Organization

1. Introduction

1.1 Background

In 2010, with only five years left to meet the Millennium Development Goals (MDGs), United Nations Secretary-General Ban Ki-moon launched a Global Strategy for Women's and Children's Health (1), which initiated the Every Woman Every Child (EWEC)¹ movement to put the Global Strategy into action. The purpose of the Global Strategy and EWEC was to accelerate progress to meet MDGs 4 and 5.² Indeed, the Global Strategy and EWEC have given momentum to advancing reproductive, maternal, newborn, child and adolescent health, by supporting country-led efforts to implement robust national health plans and strengthen health systems. The Global Strategy emphasizes that different countries require distinct types of support, and all prescriptions need to be locally defined and implemented to effectively address the wide array of possible areas of failure within health systems, deficiencies in basic entitlements, or underlying social problems that result in discrimination, such as gender inequality.

H4+ is an initiative of collective leadership and a collaborative effort by six agencies within the United Nations system (UNAIDS, UNFPA, UNICEF, UN Women, WHO and the World Bank) to provide harmonized support to countries in their efforts to achieve MDGs 4 and 5 and to fulfil their commitments to realizing the objectives of the Global Strategy. H4+ was initially established before the Global Strategy and focused on advancing maternal and newborn health in support of MDGs 4 and 5. After the 2010 launch of the Global Strategy, the focus of H4+ was expanded to include reproductive health, child health, and the task of helping countries put into action their commitments under the Global Strategy for the integrated package of reproductive, maternal, newborn and child health (RMNCH) services.

The joint programme of H4+ works closely and effectively with governments by creating synergies in support of country health plans. The H4+ partner agencies have the necessary expertise in RMNCH health matters as well as the appropriate experience working in low-income, high-burden countries. Furthermore, H4+ capitalizes on longstanding engagements between UN agencies and Member States that can facilitate lasting reforms at the level of national policy and legislation. It also capitalizes on existing UN structures at global, regional, sub-regional and national levels, facilitating routine exchange of lessons learnt, and South-South cooperation. H4+ partner agencies have unique convening powers, that have been effectively brought to bear on the Global Strategy.

The H4+ partnership focuses on countries with a high burden of maternal and child mortality, 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.

To ensure that commitments to the Global Strategy are fulfilled, a Commission on Information and Accountability for Women's and Children's Health (COIA) was established in 2011. The Commission recommended a framework for global reporting, oversight and accountability. Through the 10 recommendations presented in its 2011 report, *Keeping promises, measuring results* (2), the Commission has proposed a mechanism for tracking whether the resources that have been committed for improving women's and children's health are made available on time; whether these resources are mobilized on time, spent wisely and transparently; and whether the desired results are achieved. H4+ is using the accountability framework and indicators proposed by the Commission. Starting in 2012 and ending in 2015, an independent Expert Review Group (iERG) is reporting regularly to the UN Secretary-General on results and resources related to the Global Strategy and on progress in implementing the Commission's recommendations.

Several other important initiatives to support progress in achieving the objectives of the Global Strategy and EWEC were established or launched in 2012. These included the High Burden Country Initiative; establishment of a United Nations Commission on Life-Saving Commodities for Women and Children; launch of Family Planning 2020; and creation of the initiative for child survival, A Promise Renewed (3). These initiatives all aim to increase the momentum for reaching MDG targets on reproductive,

¹ www.everywomaneverychild.org

² MDG 4 = reducing child mortality; MDG 5A = reducing maternal mortality; and MDG 5B = achieving universal access to reproductive health.

maternal, newborn, child and adolescent health, and they also aim to promote further improvements beyond 2015. More recently, an intensified focus on newborn health has been driven by the launch of the Every Newborn Action Plan (4), and a post-2015 vision on Ending Preventable Maternal Mortality (5) has also been put forward. The H4+ agencies have been instrumental in initiating, launching and implementing all of these recent initiatives (see Figure 1, Section 3.1), and the related activities are subsumed and integrated into the work of H4+.

The comparative advantages and complementary mandates of each of the H4+ partner agencies are helping to advance progress towards the health-related MDGs. In each of the participating countries, the H4+ country teams make effective use of the reliable structures and trusted relationships of these six agencies. These valuable resources mean that H4+ serves as a strategic technical platform for RMNCH, connecting global, regional, national and sub-national stakeholders, and it focuses on catalytic interventions addressing the root causes of poor RMNCH and strengthening country health systems.

This progress report includes an assessment of the support the H4+ partnership has provided to countries in 2013. This report was developed by WHO and UNFPA, in collaboration with UNAIDS, UNICEF, UN Women and the World Bank.

1.2 Objectives and methods of this report

Objectives

The objectives are as follows:

- To provide a results-based review of H4+ work in progress and to identify the remaining gaps in efforts to meet the H4+ objectives to support countries in achieving MDGs 4 and 5.
- To bring together information on H4+ efforts to accelerate the implementation of the Global Strategy.

Information sources

Information on the work of H4+ is collected in a variety of ways. Sources of information for this progress report include, among others: documentation on the development and implementation of individual country plans; monitoring reports on the implementation of specific grants for joint country support work; and the most recent survey of the 58 H4+ programme countries that have made commitments under the Global Strategy.

The report draws on data gathered from these sources to provide a brief description of what H4+ has contributed during 2013 to support countries as they progress towards the RMNCH goals they have set.

Survey of H4+ programme countries

To map H4+ work at the country level in 2013, H4+ undertook a survey of the 58 countries that have made specific commitments to the Global Strategy. The exercise was carried out through an Internet-based, semi-structured questionnaire. To allow for analysis of linkages across the H4+ objectives, the 34-question survey was developed with reference to the eight “areas of work” in the H4+ Results Framework, which was finalized in 2014 (see Box 1, Section 3.1). Both quantitative and qualitative questions were included, to capture country-level information covering three broad themes:

- general H4+ coordination and organization;
- implementation of the H4+ scope of work; and
- the contributions of H4+ to the mobilization of additional financial, technical and other resources.

H4+ country teams completed the questionnaires in July 2014, but countries were instructed to provide information only on activities implemented during the 2013 calendar year. Responses were captured in a database managed by the H4+ team at WHO headquarters. Data for each country were analysed by grouping responses according to the above-mentioned themes.

Forty-four out of 58 countries responded to the questionnaire: Afghanistan, Bangladesh, Benin, Burkina Faso, Cambodia, Cameroon, Chad, Comoros, the Congo, the Democratic Republic of the Congo, Côte d'Ivoire, Eritrea, Ethiopia, Gambia, Ghana, Guinea, Guinea-Bissau, Haiti, Indonesia, Kenya, the Lao People's Democratic Republic, Lesotho, Liberia, Malawi, Mali, Madagascar,

Mongolia, Myanmar, Nepal, Niger, Nigeria, Papua New Guinea, Rwanda, Senegal, Sierra Leone, South Sudan, Sri Lanka, Tajikistan, the United Republic of Tanzania, Togo, Uzbekistan, Viet Nam, Zambia and Zimbabwe.

Among these 44 countries, nine reported having no specific H4+ coordination committee focusing on RMNCH. Data provided by the 35 remaining countries were used in the analysis.

While the same 58 countries were also contacted for the survey in the previous year, significant differences in the lists of countries that responded to the two surveys, as well as changes to the survey itself, prevent a direct comparison across these two progress reports. As such, this report is intended to serve as a complement to the 2013 report, rather than an update.

Summary data from country replies, together with information from other sources, were used in developing this report.

2. The story file: accounts of H4+ local impact in three African countries

ZAMBIA: “We’ve had no maternal deaths in our villages for the past two years.”

The Safe Motherhood Action Group (SMAG) for the village of Luvuzi, which also covers several neighbouring villages, was formed in 2012 by Zambia’s Lukulu District Health Office with support from H4+.

The SMAG programme, a concept developed by UNFPA in 2002, addresses maternal and newborn health issues at the household and community levels. It does this by providing reproductive health information to communities; by linking households to health centres; by creating public demand for reproductive health supplies; and by increasing male involvement in reproductive health.

The Luvuzi SMAG serves a population of 4485. The group has 17 members who are proud to have made a difference in the lives of many families in the area – and especially in the lives of women and adolescent girls.

“Before the group was formed in 2012, a lot of women used to deliver at home. We also used to see a lot of our women dying during childbirth,” reports Beauty Muchelekwa, a member of the action group. “But now, we are proud to say we’ve had no maternal deaths in our villages for the past two years. We have indeed seen that this initiative has saved many women from dying from pregnancy complications.”

By comparison, elsewhere in the Lukulu health district, nine maternal deaths were recorded in 2012, and 13 in 2013.

The Luvuzi SMAG is the primary link between families and the Luvuzi health centre. “Since we started our group, we have noticed that families have adopted more hygienic practices with infants,” notes John Mwewa, a male member of the group. “We see more men escorting their wives to antenatal check-ups. Attendance at clinics by children under five has increased, and more women are requesting family planning commodities. We also have noticed that pregnancies among adolescent girls have declined.”

When asked how the H4+ programme has benefited the Luvuzi SMAG, members highlighted, among other things, the ambulance that has been provided to the area under H4+ funding, noting that this has enabled much faster transfers to referral facilities for women and children, especially in emergencies. Prior to the availability of the ambulance, one member said, clients “could stand for several hours by the roadside trying to hitchhike a ride to the clinic”.

Source: Information supplied by H4+ Zambia.

SIERRA LEONE: “More trained midwives where they are most needed – it’s been a very big success story for us.”

With the help of international financial and technical support, the Government has introduced free health care for all pregnant women, nursing mothers and children up to the age of five. A massive training programme is under way for local-level health professionals, supported by H4+ under the grant received from the Canadian Department of Foreign Affairs, Trade and Development.

Baratu Lee was 12 or 13 when she had her first child. She’s not sure how old she is now – she thinks she’s about 27 – and she’s had nine more since then. Three children, a pair of twins and a daughter, have died. Baratu is a member of the Fula tribe. ...

When her last baby was born, the doctors told her she would be risking her life if she had any more. And that’s where Mabinty Kamara comes in. Mabinty, a community health worker who was trained with the support of the H4+ agencies, had a word with Baratu’s husband.

He listened to what she said, he understood, and he agreed. Now Baratu has been sterilized and she says she’s so happy that she can concentrate on raising her eight surviving children, including two more sets of twins. ...

Until recently, Sierra Leone had a mere 100 qualified midwives for the whole country, serving a total population of around 6 million. Now, thanks to support delivered through H4+, a second midwifery school has opened in the northern town of Makeni.

The students are already qualified nurses, and many have had several years' experience working at the local level. H4+ agencies help sponsor 50 students every year (plus another 50 at the midwifery school in the capital, Freetown), paying all their fees and living expenses. The first group has already graduated and they are back in their local communities helping to deliver babies safely. ...

Dr Jarrie Kabba-Kebbay (of UNFPA) says: "What the extra funding from the H4+ programme has enabled us to do is fill gaps where we were short of resources. That means in particular more trained midwives where they are most needed – it's been a very big success story for us."

... The training of more health workers in basic maternal and child health care is also being funded through the UN programme – and in the newly built wing of the (Pujehun district) regional hospital, birth-related deaths in the first eight months of 2013 were down to three from eight over the same reference period in 2012.

Source: Excerpted from the article "Giving birth in Sierra Leone: not just women's stuff," by Robin Lustig in *The Huffington Post*, 31 January 2014 (available at: http://www.huffingtonpost.co.uk/robin-lustig/sierra-leone-mothers_b_4295427.html). Reproduced with permission.

DEMOCRATIC REPUBLIC OF THE CONGO: Saving mothers' and babies' lives

It's at the local level that the numbers tell the story. In 2010, 14 women died in childbirth in Mbanza Ngungu (in southwestern Democratic Republic of the Congo). Last year,³ the number was six; between January and July of 2013, the number was zero.

The regional medical officer, Dr Philippe Pululu, explains how they did it. "With the help of our international partners and the H4+ programme, we set up an obstetrics and neonatal training programme, and trained some community health workers to offer family planning advice. We also involved local journalists and community leaders so that more people would know what danger signs to look out for during pregnancy."

Dr Pululu himself has become something of a local celebrity, thanks to his regular appearances on a community radio station. "If a pregnant woman has breathing difficulties, or violent headaches, or complains that she can't see properly, that means something is wrong," he tells listeners. "That's when you must go to your local health centre."

In another part of this vast country, at Mosango district hospital, 400 kilometres east of the capital, a new antenatal unit has been equipped and funded with the help of the H4+ programme. With beds and bedding provided, it also provides medical care for women from outlying rural areas whose pregnancies require constant monitoring. Without it, at least some of them – and their babies – would die.

Earlier this year, Solange Sola Mubisambo, a 32-year-old schoolteacher, spent five weeks in the unit, under close medical supervision. ...

"I have four children, three boys and a girl. The first two were born without any problems. But my third pregnancy was very difficult and the birth was very complicated." ...

When Solange became pregnant for the fourth time, she feared that both she and her unborn child could be in serious danger. Her husband, Mafalanga, 51, had already lost his first wife in childbirth, and he was terrified that the same thing might happen again.

³ This probably refers to the year 2012.



“I went to the new antenatal unit at Mosango”, says Solange. “I was so well looked after. ... The other women in the unit all had either difficult pregnancies or had had Caesarean sections in the past. Before the unit was opened, many of them would have had to give birth by the roadside.”

... “Child mortality is also a human rights issue”, says Dr Eugene Kongnyuy (the H4+ coordinator based in Kinshasa). “If they are born, we must take care of them. ... That’s what the H4+ programme aims to help to achieve.”

Source: Excerpted from the article “Saving mothers’ and babies’ lives in DRC,” by Robin Lustig, in *The Huffington Post*, 20 November 2013; updated 25 January 2014 (available at: http://www.huffingtonpost.co.uk/robin-lustig/drc-pregnancy-and-childbirth_b_4295279.html). Reproduced with permission.

3. Driving synergies for accelerating results for women's and children's health

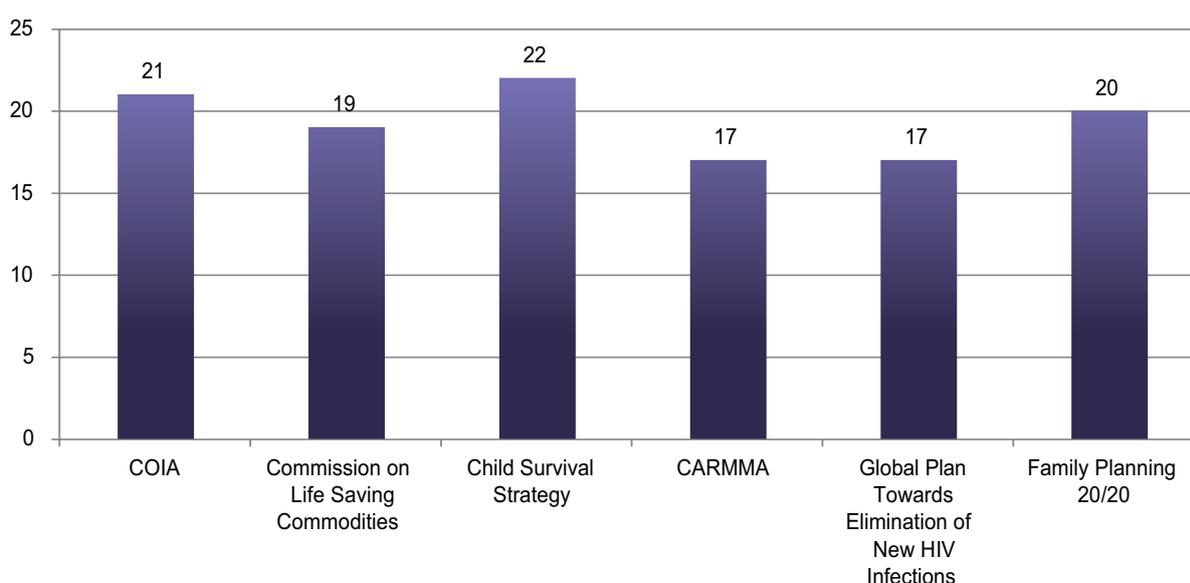
3.1. H4+ objectives and priorities

The six UN agencies that form H4+ have jointly pledged to intensify their collective, coordinated and harmonized support to countries with high burdens of maternal, newborn and child mortality and morbidity. The H4+ joint programme aims to augment the impact of reproductive, maternal, newborn and child health (RMNCH) programmes by leveraging agencies' country-specific comparative advantages, their long-term trusted relationships with local authorities, their recognized and complementary mandates for women's and children's health, and their related in-house technical leadership, capacities and experience. H4+ specifically focuses on the MDGs that are currently lagging the most. This includes interventions to achieve universal access to reproductive health (MDG 5B) and to halt and begin to reverse the spread of HIV/AIDS (MDG 6A). Although the H4+ partner agencies collaborate on these issues at all levels, they are committed to working jointly in a more formalized way through the H4+ platform. Figure 1 shows that, in 2013, many H4+ country teams were actively involved in a range of important RMNCH-related global initiatives.

Overall, H4+ aims to strengthen health systems and promote mutual accountability through country-led plans. Its commitments to the Global Strategy for Women's and Children's Health include: mobilizing political, technical and financial support in the countries the Global Strategy focuses on; building regional and country technical capacities to address maternal, newborn and child health issues; promoting universal access to integrated essential health services; and using evidence-based, high impact and cost-effective interventions in RMNCH.

The H4+ mandate: "Leveraging the collective strengths and comparative advantages and capacities of six agencies in the UN system to address poor reproductive, maternal, newborn and child health (RMNCH) in the countries with high burdens of maternal and child mortality and morbidity"

Figure 1: Number of H4+ teams engaged in 2013 with accelerating the implementation of global initiatives (2014 survey)



COIA: Commission on Information and Accountability for Women's and Children's Health; CARMMA: Campaign for the Accelerated Reduction of Maternal Mortality in Africa

Box 1: 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.

3.2. H4+ work at the global level in 2013

The global-level activities of the H4+ joint programme aim to mobilize more political, technical and financial commitment to the RMNCH sector and to promote the use of evidence-based practices at policy and programme levels in countries. This contributes towards effective planning and delivery of health services for women and children through the continuum of care, from household to health-care facility, in countries with high women's and children's morbidity and mortality.

In 2013, the H4+ programme supported the development of 20 distinct knowledge products, including reports, results frameworks, policy compendiums, tools, technical guidelines, recommendations, analyses, action plans, best practices and social media sites.

At the global level, H4+ has established a strategic joint programme to provide particular support to 20 countries that are supported by H4+ grants from four major development partners (see Section 3.2.4). In these 20 countries, H4+ specifically focuses on the most vulnerable and most isolated populations.

Major activities of H4+ at the global level are described in the four sub-sections that follow.

3.2.1 Technical reviews

In all dimensions of health systems strengthening, H4+ has generated, disseminated and promoted the most advanced technical knowledge relating to RMNCH. H4+ provides reviews by technical experts and advice to countries on request or as needed, to support the development and implementation of national health plans, programmes and activities. This work includes:

- carrying out expert reviews of country plans and programmes in collaboration with national governments and key stakeholders;

- providing support for the development and implementation of H4+ country proposals, including seeking funding support from development partners;
- engaging with global research and knowledge forums to facilitate information sharing among representatives from academia, the private sector, and other global initiatives; and
- convening regional and country workshops to help develop specific aspects of H4+'s technical agenda.

Specific achievements in 2013 included the development of:

- *A policy guide for implementing essential interventions for reproductive, maternal, newborn and child health (RMNCH): a multisectoral policy compendium for RMNCH*, to support countries in developing policies and plans (6);
- H4+ interagency list of essential medical devices for maternal and newborn health;
- the Bottleneck Analysis tool used in more than 10 countries to assess scale up of newborn care programmes and inform the development of the global Every Newborn Action Plan (4);
- the Rapid Assessment of Interventions and Commodities (RAIC) tool used in several countries in 2013;
- *The state of the world's midwifery 2014*, to help countries assess the adequacy of their midwifery workforces and develop plans to resolve any human resource shortages (7);
- RMNCH training guidelines for community health workers.

H4+ also actively participated in the dissemination of the Every Newborn Action Plan (4) within countries. In addition, H4+ was involved in the development and building of consensus on the vision and targets of Ending Preventable Maternal Mortality (5).

3.2.2 Global advocacy and communications

The strategic communications and advocacy platform within H4+ is vital for continuing to create awareness and for mobilizing support for the Global Strategy. H4+ also promotes South–South collaboration and shares best practices in improving and scaling up RMNCH activities among countries and among stakeholders at the national level. In 2013, the H4+ communications group mobilized its resources to establish H4+ as a credible joint effort, working to accelerate action on MDGs 4 and 5 by enhancing visibility and awareness of H4+ and its work with ministries of health and partner organizations in the 58 countries that have made a commitment to the Global Strategy. As part of H4+ communication efforts in 2013, cohesive and consistent messaging, media outreach and collaboration in the area of advocacy and communication led to the development and wide dissemination of informational and advocacy materials relating to the objectives and activities of H4+. Additionally, H4+ improved its global presence using traditional and social media to promote events hosted by H4+ agencies at international conferences, including the Global Maternal Health Conference, the World Health Assembly and Women Deliver.

3.2.3 Oversight, monitoring and evaluation, and implementation of H4+ annual workplans

At the global level, H4+ ensures implementation of its workplans and provides monitoring and evaluation, oversight and technical support to countries as they engage in the activities of their respective workplans. Specific focus is placed on the 20 countries supported by H4+ grants (see Section 3.2.4). Each country workplan is developed in close collaboration with the national ministry of health and supports the implementation of national health plans. Additionally, the need for H4+ teams to better manage and closely monitor the implementation of H4+ activities led to the development of a Programme Implementation Management tool for tracking and reporting H4+ implementation progress, milestones and indicators of interventions.

3.2.4 Resource mobilization.

At the global level, H4+ mobilized the political and financial engagement of several development partners. In 2013, four major grants have been awarded to H4+ by the governments of Canada, Sweden and France, and by Johnson & Johnson. These grants have been allocated to support 20 countries, as follows:

- The Canadian Department of Foreign Affairs, Trade and Development (DFATD, formerly known as CIDA) has launched a five-year (2011–2016) US\$ 50 million joint programme to support the efforts of five African countries towards fulfilling

their commitments to the Global Strategy: Burkina Faso, the Democratic Republic of the Congo, Sierra Leone, Zambia and Zimbabwe.

- The Swedish International Development Agency (Sida) granted US\$ 52 million over three years (2012–2015) to support fulfilment of commitments to the Global Strategy in six African countries: Cameroon, Côte d'Ivoire, Ethiopia, Guinea-Bissau, Liberia and Zimbabwe.
- The French Muskoka Grant of €95 million (US\$ 133 million), financed through the French Ministry of Foreign Affairs, supports strengthening of the health systems in 12 countries: Burkina Faso, Benin, the Central African Republic, Chad, Côte d'Ivoire, the Democratic Republic of the Congo, Equatorial Guinea, Haiti, Mali, Niger, Senegal and Togo.
- Johnson & Johnson, the first and only private-sector partner providing funding to H4+, committed in 2011 to a four-year, US\$ 4 million grant, for country-level human resource strengthening activities in two African countries: the United Republic of Tanzania and Ethiopia. The grant for the United Republic of Tanzania is intended for development and implementation of a two- to three-year competence-based pre-service nursing and midwifery curriculum. The Ethiopia grant focuses on scaling up human resources for health with a focus on the maternal and newborn health workforce.

3.3. H4+ work at the country level

At the country level, guided by national health plans, 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.

Specifically, at the country level, H4+:

- supports interventions aligned with or already included in national health plans, with specific attention to undertaking innovative interventions;
- coordinates and aligns with country-level or global partnerships and initiatives, including the Global Plan for Elimination of Mother-to-Child Transmission of HIV, the Every Newborn Action Plan, Family Planning 2020, and the Partnership for Maternal, Newborn & Child Health;
- builds on the work of or collaborates with relevant existing funding mechanisms and initiatives, including the Catalytic Initiative, the Maternal Health Thematic Fund, and results-based financing frameworks, among others;
- promotes the use of results-based interventions, the inclusion of technological innovations, and the strengthening of health information systems at national and sub-national levels;
- ensures involvement, ownership and accountability at sub-national levels of policies and programmes related to RMNCH; and
- supports South–South collaboration and documentation of best practices to improve maternal, newborn and child health.

The flexibility of the H4+ programme and the involvement of national-level partners – through H4+ country teams – in programme planning and implementation allow each country to focus on the areas of RMNCH where there is the most need.

In each country, an H4+ agency is identified as the lead agency based on its comparative advantage, and this agency (known as the coordinating agency) oversees and coordinates H4+ implementation. Often, H4+ and its coordinating agency are subsumed under an existing country-level coordination structure, such as a United Nations Country Team. Planning is done in collaboration with relevant national partners. Figures 2 and 3 show the establishment of H4+ country teams; teams have now been established in most countries. WHO, UNICEF and UNFPA have consistently participated in country teams, while UNAIDS, the World Bank and UN Women are active partners in some countries.

In addition to those described in Section 4 of this report, key H4+ achievements at the country level in 2013 include work at both policy and programme levels, as described here.

Policy level: In all countries, the H4+ programme is aligned with national health plans and supports the creation of an enabling policy environment to strengthen national health systems. Building on knowledge of long-term national trends, and experience with successful interventions in other countries, H4+ has helped to facilitate important RMNCH legislation in a number of countries, including advocacy and facilitation processes to enhance domestic resource allocation for RMNCH. For example, in 2013, H4+ advocacy resulted in the Government of the Democratic Republic of the Congo committing US\$ 300 000 for contraceptives and US\$ 66 million for medical equipment. In Sierra Leone between 2011 and 2014, government budget allocations for the Directorate of Sexual, Reproductive, Maternal, Newborn and Child Health more than doubled.

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.

Programme level: In the geographical areas identified within each country, the H4+ programme focuses on strengthening the quality of RMNCH services and on enhancing community engagement to increase demand for and use of those services. Activities at the sub-national level aim to feed into relevant policy activities for scaling up desired interventions at the national level to strengthen health systems. In each of the 20 countries supported by H4+ strategic joint programme grants, innovative solutions are tested to address specific RMNCH issues that have been identified as priority local or national concerns.

Figure 2: Timing of the establishment of H4+ country teams (2014 survey)

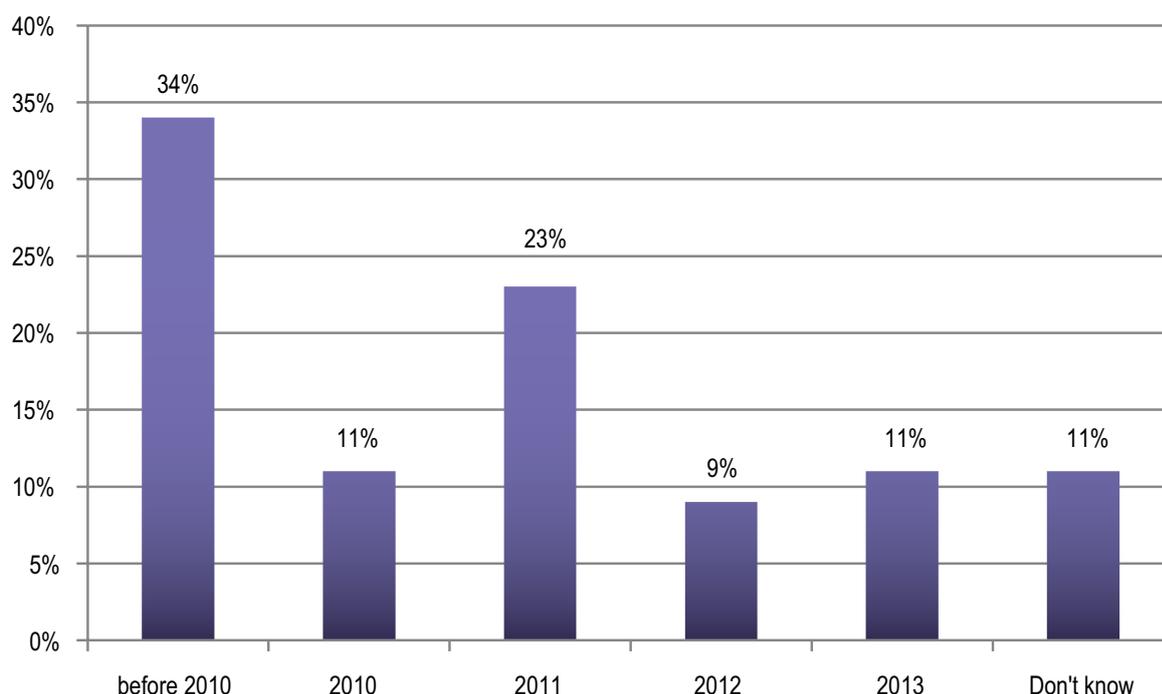
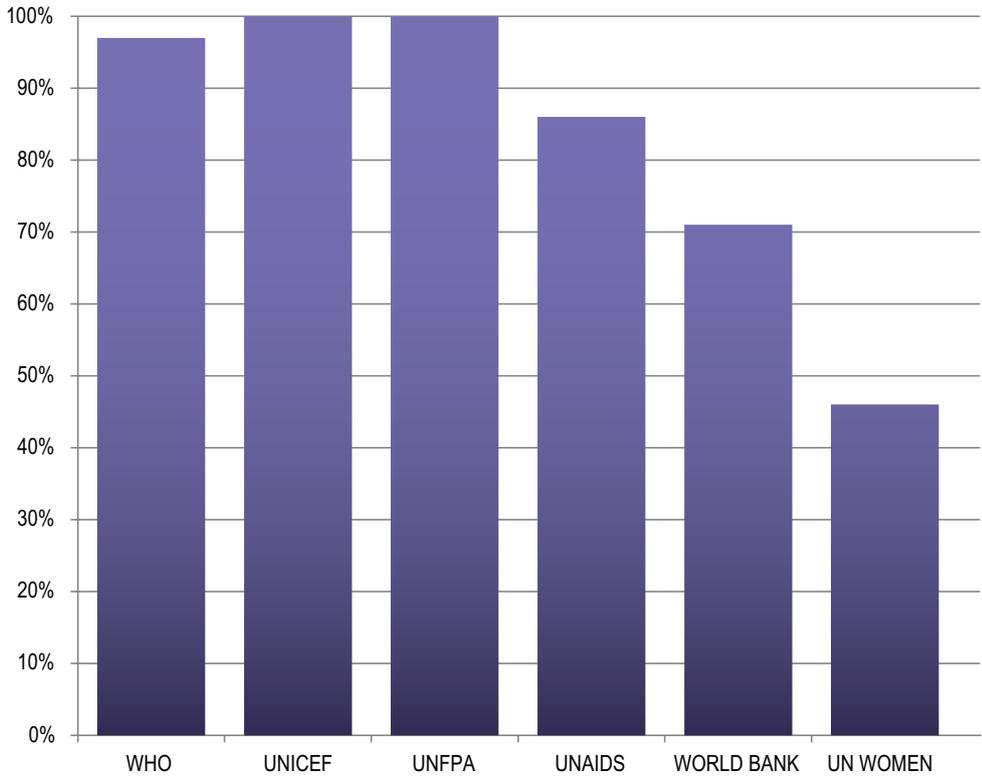




Figure 3: Percentage of agency representation in a country – H4+ teams as of 2013 (2014 survey)



4. Progress at the country level during 2013

H4+ has provided assistance towards establishing greater national focus on goals concerned with reproductive, maternal, newborn and child health (RMNCH). There is increasing alignment between efforts to strengthen health systems and concerns relating to women's and children's health. More attention has been placed on preventing mother-to-child transmission of HIV. And there has been progress in terms of moving from determining the costs of effective programmes to seeking and securing the investment necessary to put those programmes into action.

Specifically, with the support of H4+ the following gains have been noted in 2013.

- Countries are increasingly carrying out campaigns to educate the public and to encourage the use of services related to women's and children's health.
- A key aspect of H4+ support for health systems has been addressing the widespread need for skilled health workers in high-burden countries. H4+ has convened appraisals of national-level needs in this area, and has also helped to strengthen curricula for maternal and newborn care, developed and implemented training packages for community health workers, and spearheaded the initiative for standardized training of midwives globally. Under H4+ grants from the Canadian Department of Foreign Affairs, Trade and Development (DFATD) and the Swedish International Development Agency (Sida), training was provided during 2013 for around 7500 health-care providers. Despite these gains, training, motivating, retaining and funding sufficient health staff remains a major challenge for H4+ countries.
- Countries have improved procurement and supply management systems for medicines and other vital commodities for women's and children's health. For example, in Zambia, the proportion of health-care facilities reporting no stock-outs of selected essential medicines for pregnant women and mothers (during the last three months of the reporting period) increased from 30% in 2011 to 50% in 2013.
- National systems for surveillance of the status of women's and children's health, and for monitoring and evaluation, have been strengthened and are increasingly coming into alignment with international standards and indicators. For example, Burkina Faso, the Democratic Republic of the Congo and Zambia produced maternal death surveillance reports in 2013.

Funding, especially from Sida, the Canadian DFATD, and the French Muskoka Grant, has been a major force behind the acceleration of H4+ work in the 20 participating countries.

4.1 Assessing needs and identifying bottlenecks

The 2014 H4+ survey results in Figure 4 show that many countries carried out RMNCH-related needs assessments in 2013. Mongolia, for example, received technical and funding support from H4+ to assess health-sector needs in every district of the country, while Guinea-Bissau analysed the national situation in women's and children's health as a step towards preparing an H4+ proposal. Other needs assessments that were conducted related to specific areas, such as maternal health, or the requirements for provision of adequate newborn care.

Sixteen countries that responded to the survey reported that they are developing and/or revising health plans or legal frameworks based on the findings of assessments they carried out (Figure 5). Reportedly, various national, regional and district-level plans were developed as a result of these assessments. Zambia, for example, produced a district-based plan, and Myanmar adopted a regional plan based on needs assessments supported by H4+.



Figure 4: Number of H4 + countries supported to carry out needs assessments and related assessments in 2013 (2014 survey)

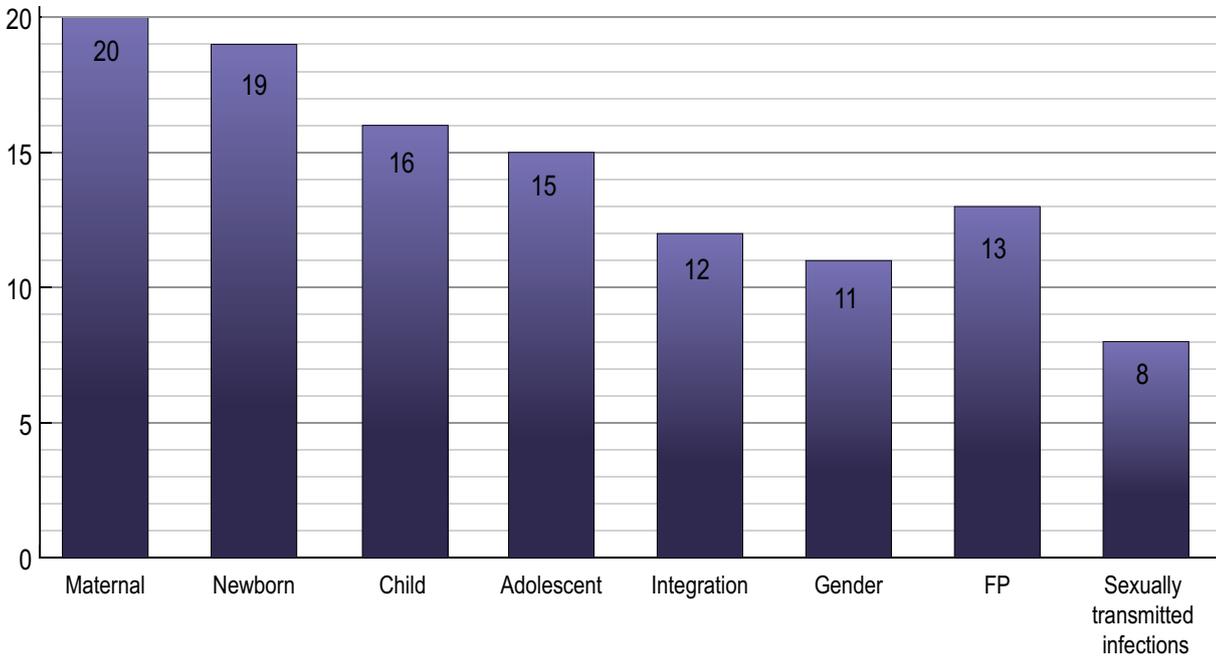
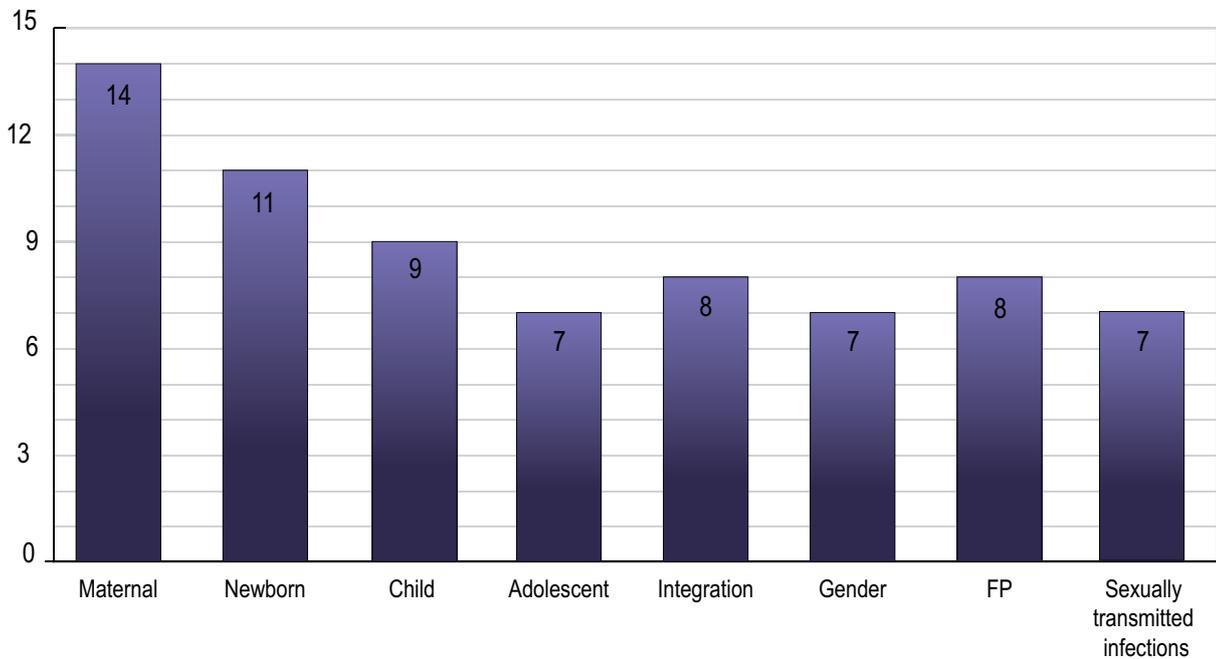


Figure 5: Number of H4+ countries supported in 2013 to develop and/or revise health plans and/or legal frameworks based on findings of assessments (2014 survey)



4.2 Developing and costing evidence-based plans for improving women's and children's health

An Investment Framework for Women's and Children's Health was developed by a group of partners, coordinated by WHO, the Partnership for Maternal, Newborn & Child Health (PMNCH), and the University of Washington (8). The Framework was developed at the recommendation of the independent Expert Review Group (iERG) and intended to serve as one of the key pillars of the efforts to improve accountability in women's and children's health programming. The Investment Framework is a key part of the analysis launched in December 2013 by the Commission on Investing in Health to mark the 20th anniversary of the World Bank's *World development report 1993: investing in health* (9).

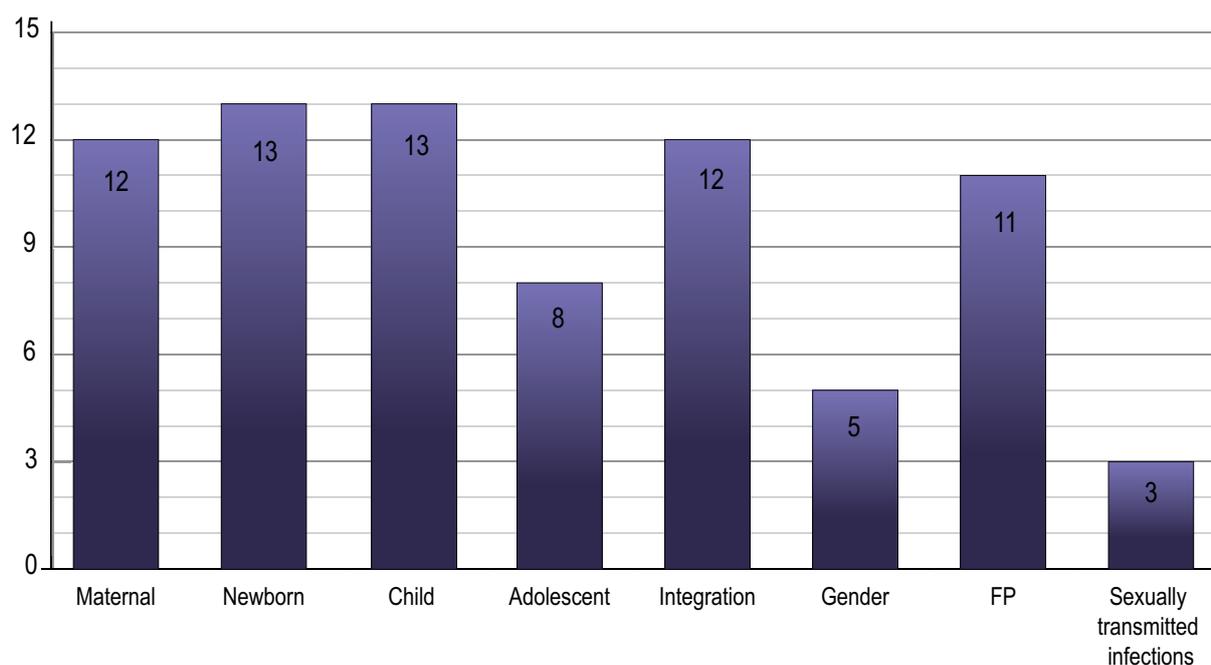
According to the analysis in the Investment Framework, increasing health expenditures by just US\$ 5 per person per year up to 2035 in 74 high-burden countries could yield up to nine times that value in economic and social benefits. The estimates in the Framework indicate that such funding could, for example, prevent 147 million child deaths, 32 million stillbirths and 5 million women's deaths by 2035. Such gains could be achieved with an additional investment of US\$ 30 billion per year in the areas of maternal, newborn and child health, family planning, HIV/AIDs and malaria prevention, and improved nutrition.

Currently, a number of H4+ countries are costing but also making a case for investment that will be necessary to cover the expenses of expanding and improving newborn health services. Figure 6 shows the number of countries that have been assisted by H4+ to develop or cost components of national health plans across the spectrum of women and children's health issues. Among these efforts, the following are particularly notable:

- The Democratic Republic of the Congo costed a national framework for the reduction of maternal and infant mortality.
- South Sudan developed a strategy for RMNCH, including assessments of the technical assistance and financial support needed.

Several other H4+ countries carried out costing plans of the resources needed for preventing mother-to-child transmission of HIV.

Figure 6: Number of H4+ countries helped in 2013 to develop and/or cost national plans for reproductive, maternal, newborn and child health (RMNCH) and related HIV component plans (2014 survey)



4.3 Improving the quality and scaling up delivery of health services

Broad guidelines were developed and disseminated to improve the quality of RMNCH in the 20 countries supported by specific joint programme grants. In Côte d'Ivoire, for example, norms, standards, directives and protocols for such care were produced and disseminated.

A number of H4+ countries prioritized improvement of the quality of maternal and newborn care by establishing guidelines, protocols and standards to be implemented in clinics, health centres and other medical institutions. For example:

- Afghanistan set up clinical guidelines on maternal health.
- Ethiopia developed technical and financial support for an obstetric protocol for health centres.
- Kenya established comprehensive guidelines and a training package for emergency obstetric and newborn care (EmONC).

Integrating the delivery of various health services for women and children was another focus.

- In Rwanda a “one-stop-centre” initiative for the prevention of gender-based violence was developed to work in coordination with other district programmes for women’s and children’s health.
- In Sierra Leone, funding was used to support integrated facility-based and community outreach activities related to women’s and children’s health in all districts.

Reflecting the importance of consistent availability of essential medicines and supplies for women’s and children’s health, 19 countries that responded to the survey said that H4+ had assisted them to establish measures to boost access to these commodities, including medicines and supplies for HIV and other sexually transmitted infections.

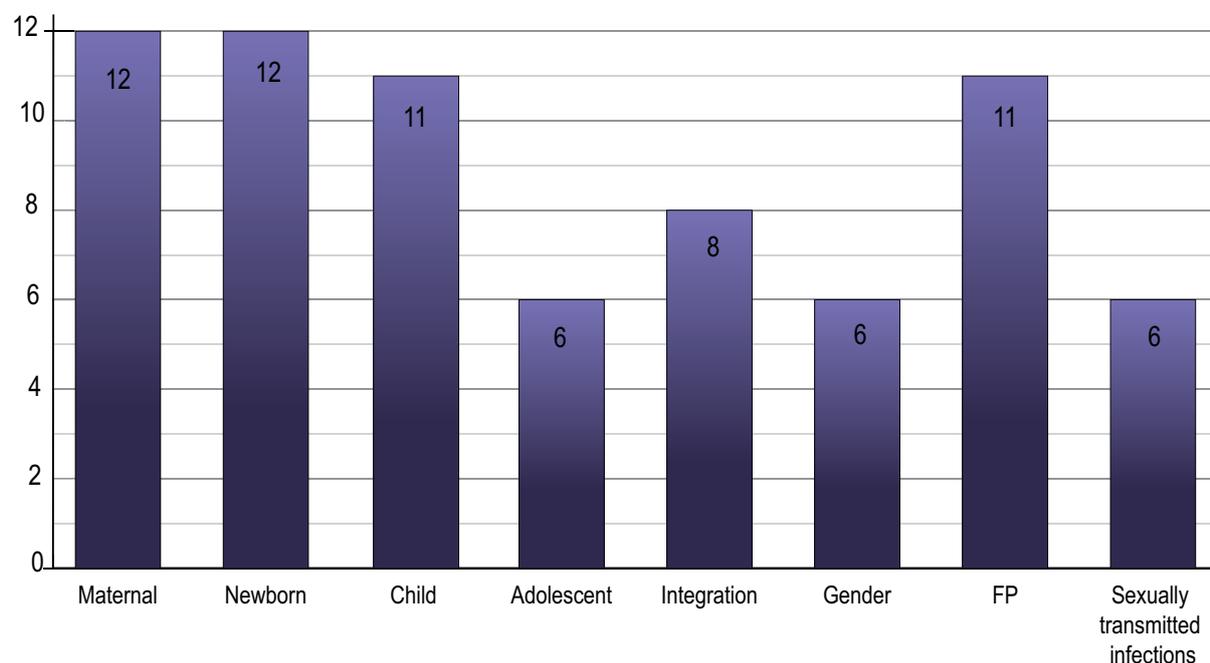
- In Afghanistan, test kits, medicines and supplies were provided to prevent mother-to-child transmission of HIV.
- Ethiopia bought and distributed medicines and other supplies for family planning, delivery care and newborn care.
- Liberia improved newborn services in three hospitals by establishing comprehensive neonatal units, and provided “helping baby breathe” kits to 15 clinics.

H4+ support also includes strengthening infrastructure and referral systems.

- In Zambia, out of 15 maternity units with maternity waiting shelters, five have been rehabilitated to improve quality and access to delivery at health-care facilities for hard-to-reach populations.
- In Sierra Leone, 65 health-care facilities were upgraded to basic EmONC centres.
- In Burkina Faso, 71 health-care facilities received support for EmONC.

Country activities to scale up quality across the spectrum of women’s and children’s health services are shown in Figure 7.

Figure 7: Number of countries supported by H4+ in 2013 to improve quality of reproductive, maternal, newborn and child health (RMNCH) services (2014 survey)



4.4 Addressing the urgent need for skilled health workers

Enhancing human resources for health is the focus of many H4+ plans and activities (see Figure 8). Increasingly, countries are now expanding health-care education and in-service training programmes, in order to bring in new skilled health workers, and upgrade the skills of existing staff.

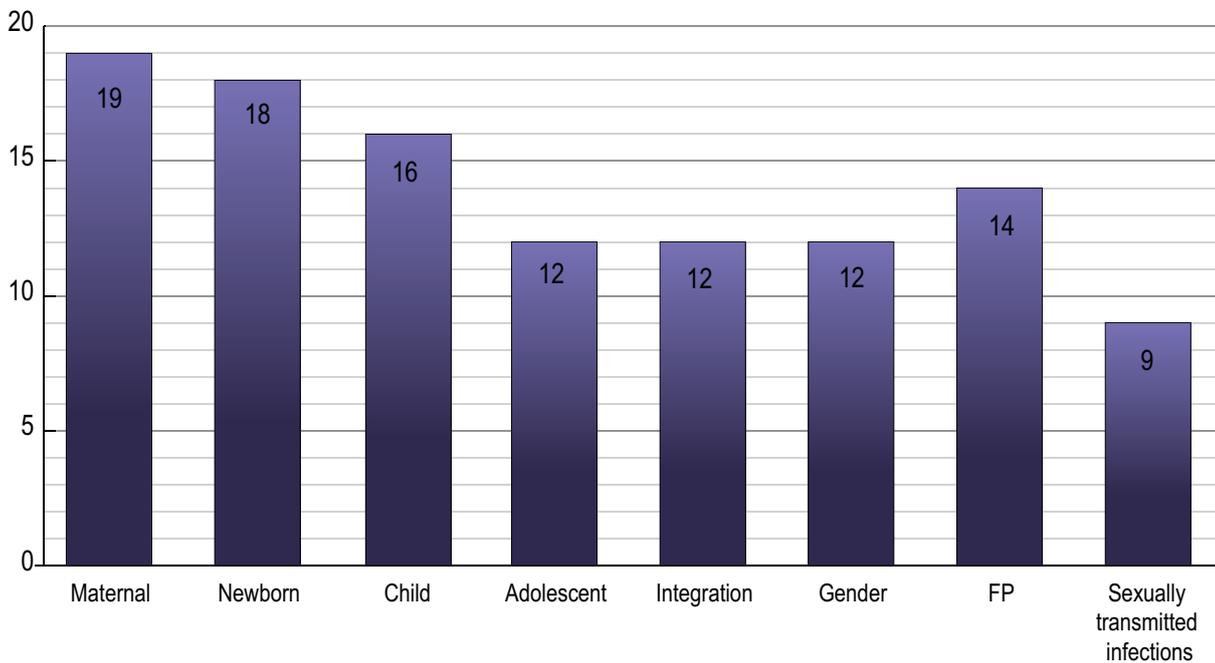
In 2013, Burkina Faso trained 1163 new community health workers. Sierra Leone increased the capacity of its maternal and child health aide school. Several countries have added more intensive women's and children's health components to the training and education of future nurses and community health workers.

The critical role played by midwives – and the need for more midwives – is reflected in H4+ country-level training activities.

- In Zambia, H4+ supported training for 31 midwives. In addition, 20 retired midwives and nurses were trained in EmONC to provide back-up for existing staff when necessary.
- In-service training of midwives was carried out in Sierra Leone.



Figure 8: Number of countries supported in 2013 to address the human resource gap in reproductive, maternal, newborn and child health (RMNCH) services (2014 survey)



In addition to supporting the training of individuals, H4+ is also strengthening training institutions:

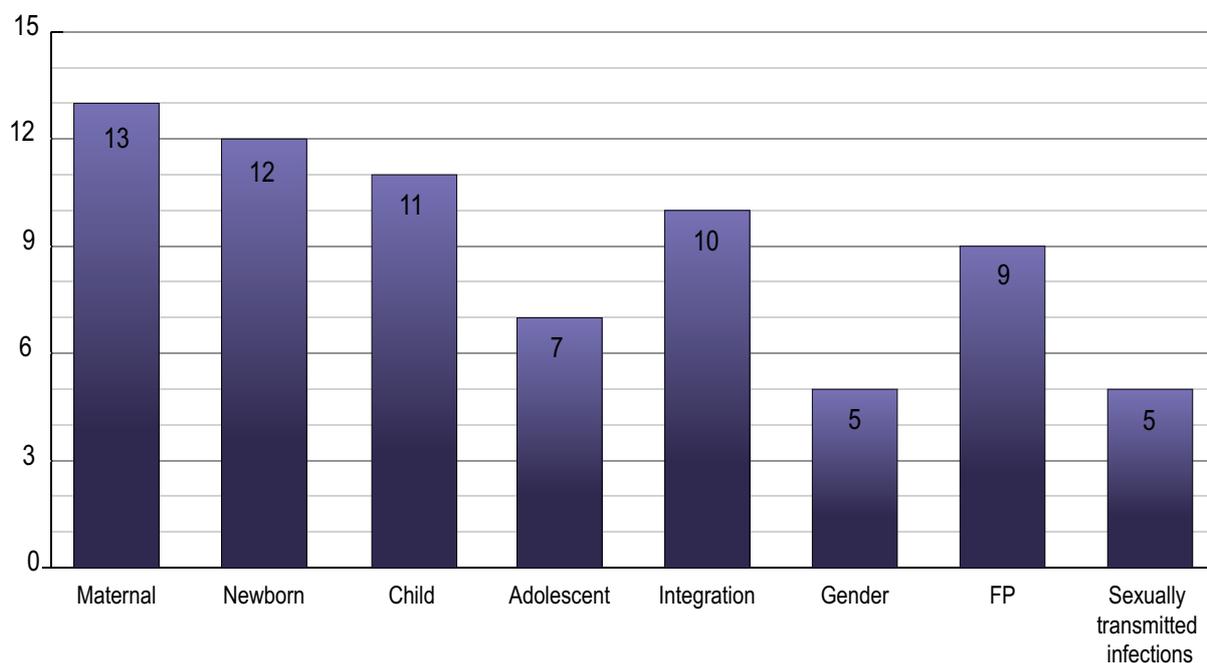
- Viet Nam developed national guidelines reflecting international standards for the training of midwives.
- In Cameroon, 38 midwifery school teachers received additional training and 10 midwifery schools received support in the form of equipment.

4.5 Addressing barriers and reaching out to all

Two major trends have emerged in H4+-supported efforts to reduce the “demand-side barriers” that may keep women and children from seeking access to and obtaining quality health services (see Figure 9).

First, in a number of countries, community health workers and community leaders have been given additional training so that they can influence social and cultural attitudes through personal contact, especially in rural areas. For example:

- Ethiopia has trained health extension workers and provided information/outreach to women’s groups and youth associations to increase public demand for women’s and children’s health services.
- Côte d’Ivoire has reinforced the capacities of its community agents and community leaders to promote demand for such health services.
- Senegal has set up a “husbands school”, community-based information programmes, and youth peer-education systems to address social barriers to obtaining health services for women and children.
- Liberia trained 160 community health volunteers on home-based maternal and newborn care and supported related activities on family planning counselling.
- Zambia trained community volunteers to serve in Safe Motherhood Action Groups.

Figure 9: Number of countries supported in 2013 to address barriers that limit access to services (2014 survey)

Second, a variety of media and communication technologies are increasingly employed to disseminate information and reduce demand-side barriers to the use of health services for women and children:

- Mobile phones are used in Kenya for a national e/mHealth (electronic/mobile health) forum incorporating public- and private-sector participants. The focus is on RMNCH.
- Lesotho has used H4+ technical and financial support to develop and implement tracking systems to contact and encourage clients who drop out of programmes aimed at preventing mother-to-child transmission of HIV.
- Several countries have run radio and television campaigns to publicize health services for women and children and to combat norms or traditions that discourage the use of such services.

4.6 Tackling root causes

Several H4+ countries carried out studies of sociocultural factors that contribute to poor maternal and child health. Côte d'Ivoire, for example, investigated socioeconomic and context-related barriers that limit the use of maternal health services. Cameroon carried out a rapid assessment study to better understand the barriers to utilization of RMNCH services, including those related to gender inequality and sociocultural norms and practices that can negatively affect women, including in health-care settings.

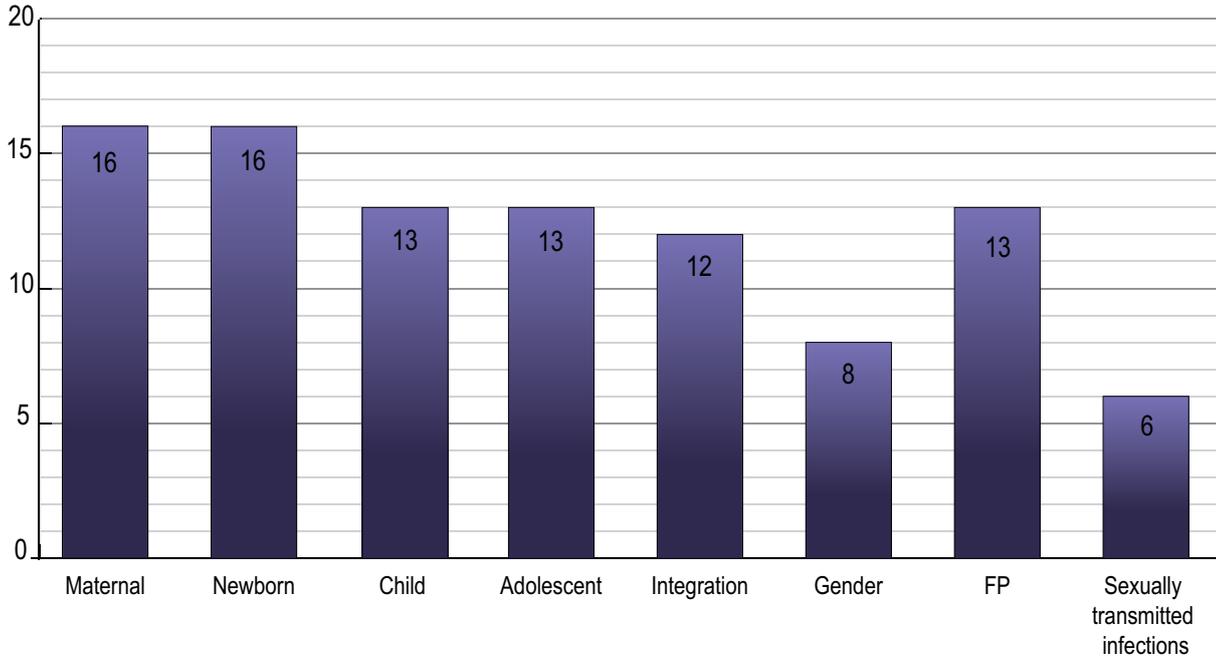
In addition, a wide range of measures was employed to reach underserved and isolated communities, as cultural or geographic isolation often account for underutilization of health services.

- Burkina Faso carried out radio broadcasts to spread information about health services and healthy practices for women and children.
- The United Republic of Tanzania offered information through radio and television soap operas, community radio programmes, and campaigns involving community leaders.
- In Zambia, district-specific campaigns to promote HIV testing were developed, including the production of appropriate information, education and communication materials. Radio broadcasts and dramas were also produced, intended to improve community sensitization about maternal, newborn and child health issues.



The spectrum of H4+-supported country activities to address root causes of maternal, newborn and child mortality and morbidity is shown in Figure 10.

Figure 10: Number of countries supported in 2013 to increase demand by addressing root causes of maternal, newborn and child mortality and morbidity through community engagement and strengthened advocacy and leadership (2014 survey)



Box 2: Intensifying the focus on comprehensive sexuality education for adolescents

H4+ countries are increasingly devoting attention and resources to support adolescents, enhancing skills and empowerment relating to sexual and reproductive health. Low access to education, especially for girls, has been shown to contribute to early and forced marriages (including child marriage), and to early and unplanned adolescent pregnancies, which can cause serious health difficulties, including deaths during childbirth and health problems for their newborns and children. Besides lack of access to education, other root causes of these problems include gender inequality, cultural norms and lack of knowledge about reproductive health. But findings also show that adolescent girls, when educated and empowered, may shift towards healthier behaviours and improve their opportunities in life.

As a result, with H4+ support, comprehensive sexuality education components have been developed for the curricula of primary and secondary schools, and out-of-school activities have also been conducted in places where adolescents commonly gather.

- Afghanistan developed curricula on sexual and reproductive health to be used to train school health teachers.
- Burkina Faso established a social marketing programme for adolescents and youth to encourage better reproductive health practices.
- Lesotho set up a sexuality education curriculum for adolescents and developed relevant teaching materials.

4.7 Strengthening monitoring and evaluation

Participating countries are improving their monitoring and evaluation systems to provide better and more comprehensive data to support improved RMNCH policies, strategies and programmes. These data are increasingly coming into line with the recommendations of the Commission on Information and Accountability for Women's and Children's Health.

- Myanmar submitted reports contributing to internationally agreed indicators on RMNCH.
- In Indonesia, the Ministry of Health and partners worked with WHO and other H4+ agencies to estimate national maternal mortality levels.
- Viet Nam updated core indicators to match international standards.
- Zimbabwe is in the process of updating its data collection form in H4+ districts (as a pilot project) to include obstetric care complications.

One area that has recently received more emphasis is strengthened monitoring of maternal and newborn health, and the linking of such data (i.e. births and deaths) to civil registration and national vital statistics registries.

- The Democratic Republic of the Congo revised national guidelines for integrated disease surveillance to include maternal deaths, and introduced data collection tools including national "scorecards" for such information.
- Rwanda implemented maternal and child death surveillance and response (including reviews and other activities).

4.8 Monitoring and documenting H4+ coordination and sharing best practices

Countries indicated that the benefits of coordination through H4+, especially as lessons have been learnt, include less duplication of effort, improved harmonization of roles, more efficient mobilization of resources, and the establishment of useful platforms for discussion.

Among countries carrying out regular planned assessments of H4+ coordination:

- The Democratic Republic of the Congo holds monthly H4+ technical meetings and bimonthly meetings of H4+ heads of agencies.
- Ghana holds regular meetings of the United Nations Development Assistance Framework team to monitor and evaluate H4+ coordination.
- In Mongolia, a functional working group of maternal and child health, chaired by UNFPA, meets every quarter to discuss emerging issues related to H4+ and to determine coordinated responses.

A number of countries responding to the 2014 H4+ survey indicated they had monitored the effects of H4+ in terms of helping countries to document and share best practices that stimulate innovation, leadership and advocacy.

- Lesotho stated that H4+ had been helpful in assessing the strengths of the efforts to prevent and manage mother-to-child transmission of HIV.
- Senegal reported that with H4+ assistance, best practices relating to women's and children's health had been documented and shared.

5. Value added by H4+, and next steps

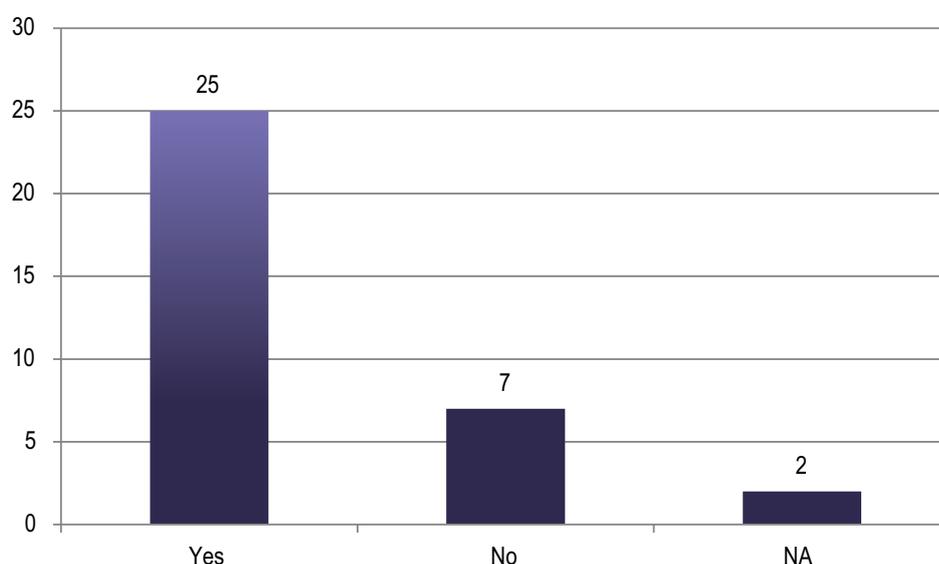
Previous sections of this report have described specific activities carried out with H4+ support. This section addresses how H4+ added value to systems and mechanisms already in place, what challenges were faced in 2013, and what's next for H4+.

5.1 What has H4+ done well?

The 2014 H4+ survey asked country participants what H4+ did well during 2013. Responses from 35 countries fell into three main groups:

- i. More effective coordination, collaboration and teamwork.** The most significant contribution of H4+ is the continuous and ever-improving coordination among those involved at the country level in advancing reproductive, maternal, newborn and child health (RMNCH). Countries stated repeatedly that H4+ has produced more effective collaboration and improved teamwork, indicating that H4+ has a valuable convening role. Due to this contribution:
 - synergies have developed between H4+ agencies, governments and other stakeholders;
 - duplication of effort has been avoided, ensuring judicious and efficient use of scarce resources;
 - there is “harmonized UN support for the health sector”, including better integration of H4+ activities into agency workplans;
 - needs assessments have improved, as have strategic plans to meet those needs;
 - there is strengthened alignment with national plans for RMNCH (reported by 25 countries, see Figure 11); for example:
 - Ethiopia formed and led the Ethiopian Inter-Agency Task Team for aligning maternal, newborn and child health activities with national RMNCH plans.
 - In Niger, alignment efforts were based on reference documents for government harmonization of interventions among partners to ensure the best circulation of information.
 - Tajikistan improved partner coordination through the Maternal and Child Health and Reproductive Health Advisory Council of the Ministry of Health.
- ii. Support of efforts to bring RMNCH issues to the forefront of national attention.** The following examples illustrate this second identified benefit of H4+.
 - As reported by the team in Mongolia, “This mechanism served as a main platform to discuss priorities and bottlenecks in the area of maternal and child health for the UN agencies in Mongolia. Based on the discussion, key activities that support this initiative were reflected in the respective annual plans of each agency.”
 - Cameroon said a major benefit of H4+ was “large mobilization of stakeholders”, including “social mobilization (administrative, community leaders, women and youth)”.
 - Within countries and internationally, H4+ activities, including surveys of the state of RMNCH, are increasingly drawing political support.
- iii. New partners and resources have been attracted to RMNCH initiatives.** A third H4+ payoff is that as a result of the higher political and social profile for women’s and children’s health issues, new partnerships and resources are coming into play, as evidenced by countries reporting additional funding and participation by actors outside of H4+.
- iv. Technical support and expertise.** Countries reported the beneficial effects of this support provided by H4+.

Figure 11: Countries reporting effective H4+ coordination of partners during 2013 to strengthen alignment with national reproductive, maternal, newborn and child health (RMNCH) plans 2014 survey)



5.2 Challenges faced in 2013

A number of factors hindered optimal H4+ performance in 2013. Shifting and competing government priorities continue to limit the effective implementation of some H4+ workplans. Respondents cited cases, for example, where the global recession had led to broad budget cuts. A continuing challenge in many countries is also a shortage of well-trained health staff.

Additional stressors to the health system in some H4+ countries included internal conflicts, post-conflict situations, political transitions and natural disasters, which occupied government attention and hindered the provision of health services to vulnerable and isolated groups.

As for the H4+ mechanism itself, countries cited the need for continued strengthening of coordination between H4+ agencies with regard to joint programme planning. Some countries identified, for example, a need for regular meetings for joint planning and implementation management. Bottlenecks in funding disbursements for planned joint programming also delayed the implementation of H4+ activities. Finally, some countries highlighted a lack of coordination between funding cycles.

5.3 The road ahead

With fewer than 500 days remaining until the end of the timeframe for the MDGs, accelerated efforts are required to advance MDGs 4 and 5 in that time, along with development of a new set of commitments by the global community for further concerted efforts to improve health and well-being beyond 2015 (i.e. as part of the Sustainable Development Goals [SDGs]). 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. The findings of this report show that coordinated support provided to countries by H4+ has contributed to improved actions for strengthening health systems and improving women's and children's health.

The challenges highlighted in the survey responses provide insights that will strengthen the support and facilitation H4+ can provide. More specifically, in the coming months and beyond, H4+ aims to further reinforce:

- 
-
- its **technical leadership role** through joint technical support for scale-up of national integrated RMNCH policies and plans, with a focus on access to affordable, accessible, easily available, and quality RMNCH services that are firmly based on human rights principles;
 - its **convening role** at country, regional and global levels, ensuring that all stakeholders (including non-traditional partners) are aligned with national priorities and that they have worked to coordinate interventions aimed at improving national health capacities and systems;
 - its **advocacy role** to further mobilize political, technical and financial support for RMNCH;
 - its **engagement and collaborations** with governments and other partners at the national and sub-national levels, as well as with communities, the private sector and civil society;
 - its **focus on addressing the root causes** of maternal and child morbidity and mortality, including gender inequalities.

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Annex: Country case studies

Burkina Faso

Coordination and planning of the H4+ programme is supported in Burkina Faso by the Canadian Department of Foreign Affairs, Trade and Development

WHO is the H4+ coordinating agency in Burkina Faso

Examples of H4+-supported activities in 2013:

- Training was provided to 1981 health workers.
- Training materials were developed for preventing mother-to-child transmission of HIV; for improving emergency obstetric and newborn care (EmONC); for integrated management of childhood illness; for raising the quality of essential obstetric and newborn care; and for improving newborn care at home.
- The number of districts implementing a cost-sharing system rose from five to seven, representing progress towards total coverage of the country's nine districts.
- Regional technical services and the referral and counter-referral systems were strengthened. These improvements applied to such matters as district ambulances, motorcycle ambulances, medical equipment and commodities, training.
- Provision of services was strengthened, particularly for long-acting contraceptives delivered through outreach programmes; for community-based services for family planning; and for community-based care for malaria, diarrhoea and pneumonia.
- Radio programmes were developed and "schools" for husbands were established to increase demand for women's and children's health services.
- A three-year plan for improving staffing for maternal, newborn and child health services was put into operation.
- A programme for the management and treatment of diarrhoea with oral rehydration solution and zinc was scaled up, adopted and implemented in all health districts.
- An orientation workshop was held in Koudougou for 60 participating teachers, as well as those in the licence, master's degree, and doctoral programmes, covering the teaching of EmONC, prevention of mother-to-child transmission of HIV, and integrated management of childhood illness.

Issues and challenges:

- High staff turnover poses a challenge for the continuity of effective health services and for the implementation of field activities, including H4+ activities.
- There is a heavy workload that makes it difficult for staff to run activities according to schedule.
- The slow disbursement of H4+ funds presents challenges. For example, there were difficulties in sustaining a regular schedule of meetings between the different H4+ actors, because the H4+ budget arrived late at the relevant agencies (funds were transferred in June 2014) – if the activities are delayed then the related meetings are also delayed.
- There were challenges in the coordination of reproductive health interventions due to the large number of stakeholders.

Sierra Leone

Coordination and planning of the H4+ programme is supported in Sierra Leone by the Canadian Department of Foreign Affairs, Trade and Development

UNFPA is the H4+ coordinating agency in Sierra Leone

Examples of H4+-supported activities in 2013:

- A new approach to the maternal and newborn health continuum of care was designed and rolled out, and health staff were given relevant on-the-job training for its implementation.
- Civil society successfully lobbied the Government of Sierra Leone to increase financial support for women's and children's health. Between 2011 and 2014, government budget allocations for the Directorate of Reproductive Maternal, Newborn and Child Health more than doubled.
- Consultants assisted in establishing a voucher system and in developing in-kind packages of necessary medical supplies for vulnerable pregnant girls and women in hard-to-reach areas. A proposal was finalized for an mHealth (mobile health) initiative for real-time monitoring of maternal and perinatal deaths and stock-outs of contraceptives and life-saving medicines.
- An integrated, community-based outreach project was established to improve access to health interventions among hard-to-reach populations.
- Male peer educator resource centres became fully functional in two pilot districts. The centres effectively involve men in sexual and reproductive health and in interventions to prevent gender-based violence. The male peer educators also engage with traditional and religious leaders, especially on issues around female genital mutilation/cutting and early marriage.
- Three hundred and fifty community advocacy group members and 280 male peer educators were trained to advocate for key reproductive, maternal, newborn and child health (RMNCH) issues.
- Allowances were paid to 150 maternal and child health aide trainees, and augmented payments were made to 168 tutors and coordinators working to sensitize communities on women's and children's health issues.
- A total of 802 health-care providers were trained in RMNCH. In addition, 100 health workers were trained in basic emergency obstetric and newborn care (BEmONC).

Issues and challenges:

- Data collection continues to be a challenge, with reported problems in digitizing data. This makes it difficult to assess the impact of H4+ activities.
- Staff deployment and retention is a challenge, especially in areas of greatest need.
- There are challenges related to poor infrastructure, a weak referral system, and occasional stock-outs of medical commodities and supplies.

Viet Nam

UNFPA is the H4+ coordinating agency in Viet Nam

Examples of H4+-supported activities:

- The Maternal and Child Health Department of the Ministry of Health is striving to increase access to health care for poor women and for women who are members of ethnic minorities living in remote areas. A new policy helps eligible women to receive care free of charge.
- National guidelines are being updated on standards of care, including technical guidelines for the national maternity mortality audit and guidelines for sexual and reproductive health services.
- All suspected maternal deaths captured in the 2011–2012 Population Change Survey (an annual survey) were reviewed. In addition, H4+ helped the Government of Viet Nam to formulate and put into effect a Population and Reproductive Health Strategy for 2011–2020; a National Action Plan for Maternal Health 2011–2015; and a National Strategic Plan for Child Survival 2011–2020.
- Sexual and reproductive health issues and HIV prevention were included in the national vocational training programme for adolescents and young learners.
- Local-level communication programmes on reproductive, maternal, newborn and child health (RMNCH) were carried out to reach women in mountainous and remote provinces.

Issues and challenges:

- The Government cites as a strength of H4+ the collaborative working mechanism it has established and the effective information sharing that has resulted between H4+ agencies and government entities.
- RMNCH needs to be better integrated into national poverty reduction programmes.
- Budgetary resources are lacking for the implementation of the national RMNCH plan. Similarly, once donor support ends for specific projects, there are sometimes difficulties in continuing them due to a lack of government resources.
- There are difficulties in putting some nationally approved policies into effect because of financial and cultural barriers.
- The Government cites a need for the inclusion of clear budget contributions and expected outputs in the H4+ joint workplan.

Zambia

Coordination and planning of the H4+ programme is supported in Zambia by the Canadian Department of Foreign Affairs, Trade and Development

UNICEF is the H4+ coordinating agency in Zambia

An external review of H4+ activities in Zambia found that some 85% of activities planned for 2012–2013 were under way or had already been implemented. The programme operated in four provinces (Western, Central, Muchinga and Eastern Zambia), and five districts, covering a total population of 643 000 (5% of the national population).

Examples of H4+-supported activities:

- A national strategy was developed for health-care financing.
- The capacities of 16 health-care providers were strengthened, with emphasis on their ability to carry out results-based financing.
- Strategic guidance was provided to the national forecasting, quantification, and decentralized supply-chain management process for all essential medicines.
- Tools were developed for strengthening Zambia's national systems for civil registration and vital statistics.
- The national family planning campaign launched by the First Lady of Zambia was supported.
- All five districts received H4+ support to conduct integrated community-based efforts to improve access to health care in hard-to-reach areas.
- Training was provided for 160 community volunteers in maternal, newborn and child health and in family planning. Traditional leaders were enlisted to campaign for improved adolescent health and for a reduction in adolescent pregnancies and early marriages.
- Five Safe Motherhood Action Groups were established (one in each H4+ district) and 20 self-help outreach shelters for maternal, newborn and child health services were constructed (four in each H4+ district). Twenty retired midwives were hired to fill staff vacancies at health-care facilities.
- Thirty-one nurses received scholarships in midwifery and an additional 20 health-care providers were equipped with emergency obstetric and newborn care (EmONC) skills.

Issues and challenges:

- There have been challenges in coordinating the disbursement of funds from the agency headquarters to the country offices.
- There are shortages of appropriately trained staff, and challenges remain in providing H4+ access in some areas of the provinces where the programme operates.
- An information system is needed that can capture, address and monitor the specific needs of the health system in a timely manner.

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