H4: Working Together to Provide Country Support for Accelerated Implementation of Reproductive, Maternal and Newborn Care

World Health Organization

UNFPA

unicef

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Apparently there are only three diseases on that planet !

What is the H4 ?

- Another new global initiative
- A new agency
- A new partnership
- A new communication campaign

What is the H4? (2)

- H4 is an inter-agency mechanism aimed at harmonizing and accelerating actions to improve maternal and newborn health
- The H4 consist of UNICEF, WHO, UNFPA and The World Bank
- H4 is focusing on supporting countries to achieve **MDG 5** and contribute to the achievement of **MDG 4** (newborn health)

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JOINT STATEMENT ON MATERNAL AND NEWBORN HEALTH

Accelerating Efforts to Save the Lives of Women and Newborns

Today, **25 September 2008,** as world leaders gather for the High-Level Event on the Millennium Development Goals (MDGs), we jointly pledge to intensify our support to countries to achieve Millennium Development Goal 5 *To Improve Maternal Health* — the MDG showing the least progress.

During the next five years, we will enhance support to the countries with the highest maternal mortality. We will support countries in strengthening their health systems to achieve the two MDG 5 targets of reducing the maternal mortality ratio by 75 per cent and achieving universal access to reproductive health by 2015. Our joint efforts will also contribute to achieving MDG 4 *To Reduce Child Mortality*.

Every minute a woman dies in pregnancy or childbirth, over 500,000 every year. And every year over one million newborns die within their first 24 hours of life for lack of quality care. Maternal mortality is the largest health inequity in the world; 99 per cent of maternal deaths occur in developing countries — half of them in Africa. A woman in Niger faces a 1 in 7 chance during her lifetime of dying of pregnancy-related causes, while a woman in Sweden has 1 chance in 17,400.

Fortunately, the vast majority of maternal and newborn deaths can be prevented with proven interventions to ensure that every pregnancy is wanted and every birth is safe.

We will work with governments and civil society to strengthen national capacity to:

- Conduct needs assessments and ensure that health plans are MDG-driven and performance-based;
- Cost national plans and rapidly mobilize required resources;
- Scale-up quality health services to ensure universal access to reproductive health, especially for family planning, skilled attendance at delivery and emergency obstetric and newborn care, ensuring linkages with HIV prevention and treatment;
- Address the urgent need for skilled health workers, particularly midwives;
- Address financial barriers to access, especially for the poorest;
- Tackle the root causes of maternal mortality and morbidity, including gender inequality, low access to education — especially for girls — child marriage and adolescent pregnancy;
- Strengthen monitoring and evaluation systems.

In the countdown to 2015, we call on Member States to accelerate efforts for achieving reproductive, maternal and newborn health. Together we can achieve Millennium Development Goals 4 and 5.

Margaret Chan
Director General, WHO

Thoraya Ahmed Obaid
Executive Director, UNFPA

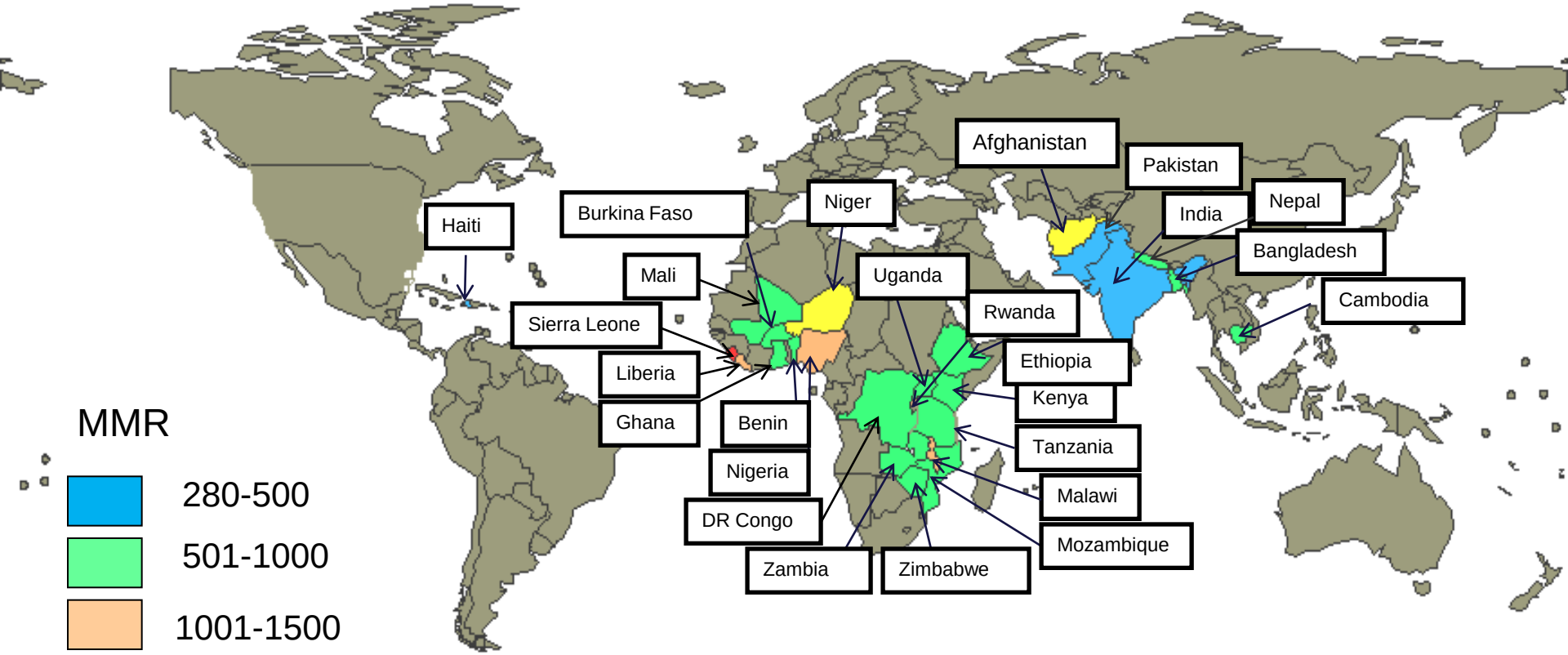
Ann M. Veneman
Executive Director, UNICEF

Joy Phumaphi
Vice President Human Development, World Bank

Country Name	Fertility rate, total (births per woman)	MMR	Adolescent fertility rate (births per 1,000 women ages 15-19) 2006	CPR	Unmet need most recent year	Antenatal Care Coverage
Afghanistan	**-------**	**1800**	**151**	**18.6**	**-------**	**16.1**
Bangladesh	**2.4**	**570**	**52**	**56**	**15**	**52**
Benin	5.4	840	114	17	29.9	88
Burkina Faso	6.0	700	131	13.8	28.8	85
Cambodia	2.5	400	52.3	60	25.1	69
DRC	**6.3**	**1100**	**124**	**31**	**24.4**	**85**
Ethiopia	**5.3**	**720**	**109**	**14.7**	**33.8**	**73.5**
Ghana	4.3	560	74	17	34	92
Haiti	4	670	68	32	37	53
India	**3.0**	**450**	**45**	**56**	**12.8**	**51**
Kenya	5.0	560	116	39	24.5	88.0
Liberia	5.2	1200	137	11	35.6	84.0
Malawi	5.6	1100	178	41.7	27.7	91.8
Mali	6.5	970	190	8.2	28.5	56.8
Mozambique	5.1	520	185	16.5	18.4	84.0
Nepal	3.0	830	106	48	24.6	43.7
Niger	7.0	1800	180	11.2	15.8	46.4
Nigeria	**5.3**	**1100**	**126**	**12.6**	**16.9**	**58.0**
Pakistan	4.0	320	20	29.6	24.9	28.4
Rwanda	5.9	1300	44	17.4	37.9	13.3
Sierra Leone	6.5	2100	98.4	5.3	-----	81
Tanzania	5.2	950	139	19.5	21.8	78.2
Uganda	6.7	550	159	23.7	34.6	92.4
Zambia	5.2	830	161	34.2	27.4	93.4
Zimbabwe	3.0	880	101	60.2	12.8	94

25 priority countries

(maternal mortality ratio)



AFRO:18, EMRO: 2, SEARO: 3, WPRO: 1, AMRO: 1

UN H4 Scope of Work builds on

- Comparative advantage, core expertise /experience and collective strength in RMNH of each agency
- Existing collaboration at the regional and country levels across agencies
- Ongoing harmonization processes such as the IHP+
- New opportunities derived from aid effectiveness frameworks such as the HHA in Africa, Asian Investment Case

H4 Guiding Principles

- Country led processes and national ownership
- Coordination with existing initiatives and mechanisms such as the IHP, SWaps, Catalytic Initiative, Maternal Health Thematic Fund, Result Based Financing
- Coordination with the newly announced health system strengthening mechanism

What is the added value of the H4?

- A long standing, unique partnership with Governments, collaboration among the four agencies
- Presence in all countries at the invitation of the governments
- More health for the money: harmonization for the effective and efficient use of resources
- Mandate for setting norms and standards
- Increasingly operating within the One UN plan (UNDAF) and one UN country team

Scope of work:
7 agreed programme components

1. Support **needs assessments** to identify constraints to improving MNH/RH in countries and ensure that health plans are MDG-driven and performance-based
2. **Develop and cost national plans** and rapidly mobilize required resources
3. Scale up **quality health services** to ensure universal access to reproductive health (4 pillars)
4. Address the urgent need for **skilled health workers**, particularly midwives and other related cadre of personnel and for HR management including supervision.
5. Address **financial barriers to access**, especially for the poorest
6. Tackle the **root causes of maternal mortality and morbidity** including gender inequality, low access to education -especially for girls-, child marriage and adolescent pregnancy
7. Strengthen **monitoring and evaluation systems**

What to do?: short and long term

1. Commodity security

- **Short term**: distribution of contraceptives in each facility and strengthening community distribution mechanisms
- **Middle-long term**: Commodity security strategy to address purchasing and distribution mechanisms; training of providers; promotion of range of contraceptives.

2. Address the urgent need for skilled health workers

- **Short term**: efficient management of existing skilled human resources
- **Middle-long term**: development and management of comprehensive HR strategy and plans; harnessing the potential of professional associations to create pragmatic solutions, pre-service and in-service plans

What to do?: short and long term (2)

3. Increasing demand and access to quality services, including FP and Newborn care through

- **Short term**: Improving quality of existing FP, Post-abortion, ANC and EmONC services (MgSulf, MTSL) including promoting new effective technologies (Misoprostol, Uniject)
- **Middle-long term**: EmONC Needs assessments for planning and programming maternal and newborn health services; private sector involvement, demand

4. Ante-natal care

- Target first time young mothers
- Use opportunities to provide health messages and information to couples
- Screen for nutrition, anaemia, diabetes and for STI's including HIV and malaria

What to do?: short and long term (3)

5. **Addressing financial barriers through innovative financing mechanisms**
   - Removing user fees at point of use
   - Risk pooling
   - Results-based financing
6. **Monitoring and accountability**
   - Strengthen use of maternal and perinatal death reviews and programme reviews to improve access, quality and coverage.

Not business as usual:

- ***Country*:** H4 works together with partners at country, regional and global level – pro-actively, simultaneously and continuously

- ***Public sector:*** Works beyond traditional limits of public sector providers to engage with the private sector – while reinforcing government's role in regulation and stewardship

- ***Existing funding mechanisms:*** Engages with the changing global architecture (joint HSS platform etc.) to ensure optimal flow of new resources to where and how they can maximise impact

Not business as usual:

H4 will collectively:

- Work through IHP+ in compact countries and uses IHP+ processes and tools everywhere
- Revisit technical capacity at country and regional levels to optimize complementarities - using HHA and similar mechanisms
- Reallocate existing resources as necessary

Where we are (country support)

- A mapping exercise was carried out in the 25 priority countries which provides a clear picture of the country-specific situations and gaps in the area of maternal and newborn health.
- The majority of high-burden countries started process to prepare joint H4 operational plans to support national plans.
- The four agencies began to carry out targeted missions to priority countries. The first countries visited were DRC and Nigeria. A mission to Ethiopia will be carried out in December 2009.

Where we are (advocacy and information)

- A H4 meeting was organized on September 25 in NY. More than 40 agencies participated: 10 bilaterals, GAVI, Gates and Millennium Foundations, professional associations, several NGOs.
- All staff of the four agencies in the field were briefed on H4 plans

Where we are (advocacy and information)

- Joint communication strategy and communication tools are in preparation to strengthen country capacity to create national communication and advocacy plans to support the technical content of the joint effort and to document and share good practices and experiences at country level.

Where we are (global planning)

- H4 scope of work finalized
- The 4 agencies are supporting the implementation of the MNCH Global Consensus implementation identifying core intervention packages and assisting in developing the overall advocacy framework.

The Time To Act Is Now!