



Maternal Health Thematic Fund

Annual Report 2011



ACKNOWLEDGEMENTS

UNFPA wishes to acknowledge its partnerships with national governments and donors, and with other UN agencies, in advancing the UN Secretary-General's Global Strategy for Women's and Children's Health.

We also acknowledge, with gratitude, the multi-donor support generated to strengthen reproductive health. In particular, we would like to thank the governments of Austria, Canada, Finland, Iceland, Ireland, Luxembourg, the Netherlands, New Zealand, Norway, Poland, the Republic of Korea, Spain, Sweden and the United Kingdom. We would also like to thank our partners in civil society and the private sector, including Friends of UNFPA, Johnson & Johnson, Virgin Unite, Zonta International and the Women's Missionary Society-African Methodist Episcopal Church, for their generous support. A special thanks goes to our many individual donors and to our UN Trust Funds and Foundations.

We would like to extend our sincere appreciation to colleagues around the globe in the World Health Organization, UNICEF, the World Bank, UNAIDS and UNFPA, who are making a stronger and healthier partnership possible, especially through the French and Canadian grants promoting maternal, newborn and child health, known as the 'Muskoka Initiative'.

We are also grateful to development partners for their collaboration and support in championing reproductive health issues and for their technical contributions. These partners include the International Confederation of Midwives, the International Federation of Gynecology and Obstetrics, Columbia University's Averting Maternal Death and Disability Program, Johns Hopkins University, Jhpiego, the Guttmacher Institute, Health Research For Action (HERA), Aberdeen University, the Woodrow Wilson Center, Women Deliver, EngenderHealth, Family Care International, Integreare, national and regional institutions, and private sector partners, including Intel Corporation and Frontline Medic Mobil, which have helped make m-health and e-health a reality.

Finally, we would like to acknowledge the hard-working team in the UNFPA Sexual and Reproductive Health Branch, the Commodity Security Branch, other colleagues in the Technical Division, colleagues in the Resource Mobilization Branch, the Media and Communication Branch, Finance Branch, other UNFPA units and members of the Maternal Health Inter-Divisional Working Group for their commitment, solidarity and teamwork in promoting maternal and newborn health and for their contributions to this report.

We look forward to continuing this productive collaboration and to our active participation in the future.

ACRONYMS & ABBREVIATIONS

AMDD	Averting Maternal Death and Disability Program (Columbia University)
DFID	Department for International Development (United Kingdom)
EmONC	Emergency obstetric and newborn care
FIGO	International Federation of Gynecology and Obstetrics
H4+	WHO, UNICEF, UNFPA, the World Bank and UNAIDS
ICM	International Confederation of Midwives
INGO	International non-governmental organization
Jhpiego	Johns Hopkins Program for International Education in Gynecology and Obstetrics
MDG	Millennium Development Goal
MDSR	Maternal death surveillance and response
MHTF	Maternal Health Thematic Fund
NGO	Non-governmental organization
UNAIDS	Joint United Nations Programme for HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

FOREWORD

by Dr. Babatunde Osotimehin – Executive Director, UNFPA

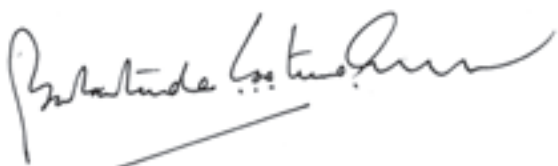
Delivering a world where every pregnancy is wanted, every birth is safe and every young person's potential is fulfilled is a mission that demands a comprehensive approach to sexual and reproductive health and reproductive rights. UNFPA, the United Nations Population Fund, is a trusted development partner working in close collaboration with governments, non-government and civil society organizations, cultural and religious leaders and other stakeholders and valued partners. UNFPA works in 155 countries, with field offices in 128 countries.

As the leader in the implementation of the Programme of Action of the International Conference on Population and Development (ICPD), UNFPA gives priority to two key targets of the Millennium Development Goals (MDGs): reducing maternal deaths and achieving universal access to reproductive health, including voluntary family planning. UNFPA launched two thematic funds to accelerate progress by catalyzing national action and scaling up interventions in critical areas.

The Global Programme to Enhance Reproductive Health Commodity Security (GPRHCS) has mobilized \$450 million since 2007 to ensure access to a reliable supply of contraceptives, condoms, medicines and equipment for family planning, HIV/STI prevention and maternal health. In 2011, the Global Programme provided pivotal and strategic support for the procurement of essential supplies and for capacity development to strengthen national health systems in 46 countries. In less than five years, countries began reporting impressive results: more couples are able to realize their right to family planning, more health centres are stocked with contraceptives and life-saving maternal health medicines, family planning is increasingly being prioritized at the highest levels of national policies, plans and programmes, and more governments are allocating domestic resources for contraceptives.

The Maternal Health Thematic Fund (MHTF) supports high maternal mortality countries to accelerate progress in reducing the number of women who die giving birth and in reducing associated morbidity. Its evidence-based business plan focuses on: emergency obstetric and newborn care; human resources for health, particularly through the Midwifery Programme; and the prevention and treatment of obstetric fistula, leading the Global Campaign to End Fistula. Together with GPRHCS, it also fosters HIV integration and supports synergistically specific areas of family planning in some countries. Supplementing UNFPA's core funds, the MHTF has mobilized \$100 million since its inception in 2008 and currently provides strategic support to 43 countries.

Working together, these initiatives support the UN Secretary-General's Global Strategy for Women's and Children's Health and are engaged in the UN Commission on Life-Saving Commodities for Women and Children. These and other actions are placing maternal health high on national and global agendas. The many achievements featured in this report demonstrate the importance of strong political commitment, adequate investments and enduring partnerships. I would like to take this opportunity to thank countries, donors, other partner organizations and all colleagues for their productive collaboration now and in the future.



Dr. Babatunde Osotimehin
Executive Director, UNFPA

EXECUTIVE SUMMARY

To accelerate improvements in maternal and newborn health and progress towards Millennium Development Goal 5, UNFPA (the United Nations Population Fund) launched two thematic funds to provide additional support to countries most in need. Funding from these two sources—the Global Programme to Enhance Reproductive Health Commodity Security and the Maternal Health Thematic Fund—complements UNFPA core resources and other funding mechanisms and is used to implement and scale up interventions to promote the health of women and their babies. The resulting initiatives are designed to be integrated into national health plans and achieve a strategic and catalytic response. This is accomplished by harnessing strong technical expertise, encouraging innovation, and fostering South-South cooperation.

The Maternal Health Thematic Fund, known as the MHTF, was launched in 2008 and currently includes UNFPA's flagship programme in midwifery and the Campaign to End Fistula. It is supporting activities in 43 countries. The fund's business plan, which was grounded in the latest scientific evidence and programme results, identified maternal death and disability as an entry point for programmes to advance universal access to reproductive health. Accordingly, the thematic fund focuses on four key areas of intervention: family

planning;¹ emergency obstetric and newborn care; human resources for health, particularly through the Midwifery Programme; and the prevention and treatment of obstetric fistula.

Results achieved since the fund's inception

In less than four years, and with cumulative expenditures of approximately \$60 million, the Maternal Health Thematic Fund has achieved impressive results. Perhaps most noteworthy is the fact that maternal health is now high on the global and national agendas. The thematic fund has contributed to this rise through extensive communication and advocacy efforts, joint efforts by the H4+ group,² and support to the United Nations Secretary-General's 'Every Woman Every Child' initiative.

As a direct result of the thematic fund:

- **By the end 2011, needs assessments in emergency obstetric and newborn care had been carried out or were under way in 24 countries.** These assessments help map the current level of care and provide the evidence needed for planning, advocacy and resource mobilization to scale up emergency services in every district.

¹ On family planning, the MHTF works in synergy with the Global Programme to Enhance Reproductive Health Commodity Security in the areas of policy, service delivery and demand-generation.

² The World Health Organization (WHO), United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA), the World Bank, and the Joint United Nations Programme on HIV/AIDS (UNAIDS).

- **Work is under way in 30 countries to strengthen and scale up the midwifery workforce**, a critical element in filling the human resource gap in maternal health. The first-ever *State of the World's Midwifery* report was launched in 2011, providing data on the status of midwifery in 58 countries.
- **Improvements in maternal and newborn health services are ongoing in 30 priority countries.**³ These efforts are already contributing to increased coverage of lifesaving care, and early reports suggest a decreasing number of maternal deaths in some of the health facilities receiving support.
- **Systems for real-time surveillance of maternal death and response are being promoted and instituted**, with the goal of fostering greater technical and political accountability towards the elimination of maternal mortality.
- **More than 27,000 women have received surgical fistula repairs since 2003.** This is a direct result of UNFPA's work as a leader and major contributing partner to the Campaign to End Fistula. The campaign is now in high gear in more than 50 countries, with the participation of 64 agencies and organizations at the global level and hundreds of other organizations partnering with UNFPA fistula programmes in countries around the world.
- In September 2011, a high-level consultation resulted in soon-to-be-completed national assessments of the midwifery workforce in eight countries representing over 60 per cent of the world's maternal deaths (Afghanistan, Bangladesh, Ethiopia, Democratic Republic of the Congo, India, Mozambique, Nigeria and the United Republic of Tanzania).
- Support to the United Nations' Commission on the Status of Women resulted in the adoption of a resolution on "eliminating maternal mortality and morbidity through the empowerment of women" at its 56th session.
- Continued support to the African Union's Campaign to Accelerate Maternal Mortality Reduction in Africa resulted in renewed financial and political commitments to maternal health in 10 African countries in 2011. Over 35 countries have signed on to date.
- Maternal health—and UNFPA's role in supporting it—was front and centre in global development discussions as a result of aggressive media and communications work throughout the year, which reached more than 500 million people. UNFPA's communications team worked closely with a growing number of partners in generating wide media coverage for events including the launch of the *State of the World's Midwifery* report, the one-year anniversary of the 'Every Woman Every Child' initiative, and the '7 Billion Actions' campaign. The team also worked with artists and musicians from around the world to make motherhood safer.
- Reproductive health coordination teams are now active in 30 countries, up from 26 countries in 2010. Twenty-two countries have developed a communication and advocacy strategy for reproductive health.

Highlights of 2011

The Maternal Health Thematic Fund completed its third full year of operations in 2011. Below are highlights of accomplishments during that year in selected areas of maternal health:

Fostering a policy and political environment conducive to maternal health

- In collaboration with WHO, UNICEF and the World Bank, UNFPA supported governments of priority countries in making over 27 new commitments to implement the UN Secretary-General's Global Strategy for Women's and Children's Health. UNFPA continues to provide direct support to the Office of the Secretary-General on various aspects of the strategy.

Increasing access to emergency obstetric and newborn care

- Ten countries⁴ carried out national assessments of emergency obstetric and newborn care (EmONC) in 2011, bringing the total to 24 since the inception of the MHTE. The assessments, carried out in collaboration with UNICEF and Columbia

³ The term 'priority countries' refers to countries with high maternal mortality ratios and a high unmet need for contraceptives.

⁴ Benin, Burkina Faso, Burundi, Chad, Ghana, Guyana, Lao People's Democratic Republic, Liberia, Malawi and Niger.



UNFPA Executive Director, Dr. Babatunde Osotimehin, visits with fistula patients in the Dhaka Medical College Hospital in Bangladesh.

Photo by Anwar Majumder

- University's Averting Maternal Death and Disability Program, provide reliable baselines and data that can be used for scaling up services and mobilizing funds. They have also helped to identify key issues in improving the quality of care, including the use of inexpensive lifesaving drugs. EmONC assessments are in the planning stages in another 10 countries, bringing the total to date to 34.
- Based on the assessments described above, many countries are strengthening their EmONC services, district by district. Cambodia, for example, has instituted routine monitoring of the upgrading of EmONC services, and Madagascar is building the capacity of EmONC health workers. Continued strengthening of EmONC services in Guyana has led to a drop in maternal deaths.
 - Global standards for midwifery education and regulation, developed by the ICM, have been finalized and distributed worldwide. Countries are being supported in aligning their programmes with these new standards.
 - Thirteen countries identified gaps in their midwifery capacities and policies. This brings the number of gap analyses and needs assessments completed to date to 27.
 - Some 150 midwifery schools were equipped with textbooks, clinical training models, equipment and supplies. In most priority countries, the skills of midwifery tutors have been upgraded, ensuring that they can better help others save lives, provide advice in the area of family planning, and prevent mother-to-child transmission of HIV.

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