



# Maternal Health Thematic Fund Annual Report 2008





# TABLE OF CONTENTS

Executive Summary .....	1
Introduction .....	4
On the Path to Results .....	7
Analyzing the Need .....	8
National Planning for Maternal and Newborn Health .....	16
Working Together to Achieve Millennium Development Goal 5 .....	18
UNFPA Coordination and Integration .....	20
Global and National Advocacy and Policy Dialogue .....	24
Resources and Financial Implementation .....	25
Going Forward: Prospects for 2009 .....	26
Conclusion .....	27
Annexes .....	28

# LIST OF ABBREVIATIONS AND ACRONYMS

AMDD	Averting Maternal Death and Disability Program – Columbia University
DHS	Demographic and Health Surveys
EmONC	Emergency obstetric and newborn care
GPRHCS	Global Programme on Reproductive Health Commodity Security
HMIS	Health management information system
ICM	International Confederation of Midwives
IHP+	International Health Partnership
IMMPACT	Initiative for Maternal Mortality Programme Assessment – University of Aberdeen
M&E	Monitoring and evaluation
MDG	Millennium Development Goal
MHTF	Maternal Health Thematic Fund
MMR	Maternal mortality ratio
MNH	Maternal and newborn health
MoH	Ministry of Health
MPoA	Maputo Plan of Action
NPC	Non-physician clinician
SRH	Sexual and reproductive health
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
UNDP	United Nations Development Programme
WHO	World Health Organization

# EXECUTIVE SUMMARY

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 from lack of quality care. Maternal death is the largest health inequity in the world; 99 per cent of deaths occur in developing countries – half of them in Africa. A woman in Niger faces a 1 in 7 risk during her lifetime of dying of pregnancy-related causes, while the risk for a woman in Sweden is 1 in 17,400, a greater than one thousand-fold difference. No other health indicator as starkly illustrates global disparities in human development.

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. In early 2008 the United Nations Population Fund (UNFPA) launched the Maternal Health Thematic Fund (MHTF) to provide enhanced support to countries in working with governments, civil society, the United Nations and other key partners to implement and scale up effective maternal and newborn health interventions as a central component of their national health plans and systems.

The work of the Maternal Health Thematic Fund is a key UNFPA contribution to the joint United Nations work on maternal and newborn health. UNFPA has teamed up with the United Nations Children's Fund (UNICEF), the World Health Organization (WHO) and the World Bank to provide accelerated support in 25 high maternal mortality countries before the end of 2009, working towards 60 high maternal mortality countries over the next five years. A Joint Statement was released on 25 September 2008 at the High-Level Event on the MDGs (See Annex 2: WHO-UNFPA-UNICEF-World Bank Joint Statement on Maternal and Newborn Health *Accelerating Efforts to Save the Lives of Women and Newborns*). A joint United Nations work plan is forthcoming.

A Business Plan was developed for the Maternal Health Thematic Fund based on an in-depth review of the scientific and programme literature to foster optimal use of resources towards achieving sustainable impact. The Business Plan calls for strategic and catalytic support to approximately 12 new countries each year, thus supporting 60 high maternal mortality countries within a five-year period.

In collaboration with UNFPA's Global Programme on Reproductive Health Commodity Security (GPRHCS), the Campaign to End Fistula, and the new Midwives Programme, the MHTF provides support to priority countries, those showing the least progress on Millennium Development Goal 5, in capacity development, technical assistance and the provision of life-saving equipment, supplies and drugs. Funding from the MHTF is intended to be very "strategic", to quickly identify and solve bottlenecks which are preventing progress in maternal health, and to be "catalytic" in stimulating donor collaboration at the national level.

Based on available and forecasted resources, a first wave of 11 countries with high maternal mortality, (maternal mortality ratio greater than or equal to 300 per 100,000 live births)<sup>[1]</sup>, was selected for support: **Bénin, Burkina Faso, Burundi, Cambodia, Djibouti, Ethiopia, Guyana, Haiti, Madagascar, Malawi and Sudan**. Maternal mortality and fertility are both very high in all of these countries, thus leading to an extremely high lifetime risk of death due to pregnancy and childbirth.

<sup>[1]</sup> *Maternal Mortality in 2005: Estimates developed by WHO, UNICEF, UNFPA and The World Bank. October 2007. Geneva. WHO.*

In this first implementation year, inception missions took place in the first wave countries. As part of these missions, key stakeholders from governments and partner UN agencies gathered to complete an in-depth analysis of the maternal and reproductive health situation in order to determine priority areas for support. Following the analysis, countries submitted proposals for peer-review and funds had been allocated in nine countries at the time of this report. Funding should be provided to all 11 before the end of the second quarter of 2009. Funding from the Maternal Health Thematic Fund is not provided through a separate funding mechanism, but is integrated within the country programme and aligned with national strategies and plans for maternal and newborn health.

One of the fundamental principles underpinning the work supported by the Maternal Health Thematic Fund is country-owned and country-driven development and support to the one national health plan. Therefore, the specific outputs and activities in each country will be determined by the country. There will be, however, a set of seven essential outputs which the Maternal Health Thematic Fund will support with government and partners in every country unless otherwise fully supported (See Box 1 for these priority outputs).

Countries in the first wave have requested support from the Maternal Health Thematic Fund to implement initiatives related to a) family planning b) human resources for maternal health and in particular midwifery and c) Emergency Obstetric and Newborn Care (EmONC), three proven interventions for reducing maternal mortality and key focus areas of the Maternal Health Thematic Fund. Countries have also requested support for national advocacy efforts and community mobilization to increase the demand for reproductive health services and call national and global attention to the issues surrounding maternal and newborn health in the developing world.

National needs assessments of the accessibility and quality of EmONC have begun in Ethiopia, Haiti and Cambodia and are planned for the other countries. These assessments will provide valuable quantitative and descriptive information for advocacy and policy dialogue. They will also provide baselines against which progress can be measured. Most importantly, information collected through these assessments will contribute to solid national and district planning, allowing for a more targeted, results-focused strategy in each country. For example, the EmONC assessment in Ethiopia is providing valuable information on the current functioning of maternity services in over 800 facilities, thus forming the basis for solid district-by-district service delivery and human resource micro-planning and health system strengthening to achieve Millennium Development Goal 5.



#### **Box 1: OUTPUTS FROM THE MATERNAL HEALTH THEMATIC FUND BUSINESS PLAN**

1. An enhanced political and social environment for Maternal and Newborn Health (MNH) and Sexual and Reproductive Health (SRH)
2. Up-to-date needs assessments for the SRH package with a particular focus on family planning, human resources for MNH, and Emergency Obstetric and Newborn Care (EmONC)
3. National health plans focus on SRH, especially family planning and EmONC with strong Reproductive Health / HIV linkages to achieve the health Millenium Development Goals
4. National responses to the human resource crisis in MNH, with a focus on planning and scaling up of midwifery and other mid-level providers
5. National equity-driven scale-up of family planning and EmONC services and maternal and newborn health commodity security
6. Monitoring and results-based management of national MNH efforts
7. Leveraging of additional resources for Millennium Development Goal 5 from government and donors

In Haiti, support from the Maternal Health Thematic Fund is also contributing to a nationwide campaign to promote family planning, focusing on the availability of all methods in every health facility and the provision of family planning as part of post-partum care.

In Madagascar and Malawi, funding will support an initiative to increase demand for sexual and reproductive health services and information, particularly for adolescent girls, by working with partner organizations to create youth-friendly services and conduct community outreach. Similarly, in Guyana, funding will support a strong effort to target women, and particularly adolescents, in the isolated hinterland regions where women suffer from very high rates of maternal mortality due to lack of access to health services and information.

Many countries have developed national plans (road maps) for the reduction of maternal death and disability. A recent assessment of these plans, supported by the Maternal Health Thematic Fund, has found that many have not been finalized, costed or implemented, thus further reinforcing the need for enhanced national health plans and stronger health systems.

Three of the countries included in the first wave, Cambodia, Ethiopia, and Madagascar, are active members of the International Health Partnership (IHP+). The other eight countries are each at different stages of strengthening their national health systems. By providing funding through the UNFPA country programme based on nationally identified priorities, the MHTF attempts to optimize results, ensure efficient implementation and reduce transaction costs for countries.

Within UNFPA, the Global Programme for Reproductive Health Commodity Security, the Campaign to End Fistula and the Midwives Programme are working together to provide integrated technical assistance, commodities and financial support to the countries on the full spectrum of reproductive health care.

There is unprecedented international commitment to achieve Millennium Development Goal 5. As part of translating this commitment to action, the Maternal Health Thematic Fund is operational and is beginning to achieve results in priority countries. It is said that maternal mortality is a litmus test for the functioning of a health system. The challenge now is to consolidate the work in the first wave of countries and to secure the required resources to expand the work to all 60 high maternal mortality countries over the next five years.

In 2008, UNFPA raised \$25 million in pledges from the following donors: Austria, Finland, Ireland, Luxembourg, The Netherlands and Spain; included is a contribution from Sweden for the Midwives Programme.

Based on a solid review of the scientific evidence and the results of programmes in countries which have tackled maternal mortality, we believe that much progress can be accomplished between now and 2015, with a community outreach and health systems approach of scaling up family planning, skilled attendance at delivery and emergency obstetric care, so that every pregnancy is wanted and every birth is safe. We could then envisage a world where maternal mortality has been eliminated as a public health problem and where the burden of suffering from maternal disabilities has been reduced considerably.

# INTRODUCTION

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 from lack of quality care. Maternal mortality is the largest health inequity in the world; 99 per cent of deaths occur in developing countries – half of them in Africa. A woman in Niger faces a 1 in 7 risk during her lifetime of dying of pregnancy-related causes<sup>[2]</sup>, while a woman in Sweden has a risk of 1 in 17,400, a greater than one thousand-fold difference between the two countries. No other health indicator as starkly illustrates global disparities in human development.

Though maternal death and disability continue to be a major health problem in many parts of the world, notable progress has been achieved in over 100 countries. Unfortunately, this progress has been slow and unequal. During the 15-year period between 1990 and 2005, Asia experienced a 20 per cent reduction in maternal mortality ratio (MMR). During the same time period, MMR in sub-Saharan Africa decreased a mere 2 per cent.

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.

Progress in many countries has led to a growing consensus in the maternal health field that reducing maternal and newborn deaths and disability can be achieved by ensuring 1) access to family planning, 2) a skilled health professional present at every delivery and 3) access to emergency obstetric and newborn care (EmONC), when needed. Mobilizing communities and governments to understand a woman's right to these resources combined with efforts to eliminate financial, geographic and socio-cultural barriers will allow universal access to reproductive health, in turn leading to a dramatic reduction in the number of maternal deaths.

Following the announcement by the Executive Director of the United Nations Population Fund (UNFPA) at its Executive Board meeting September 2007, UNFPA launched a Maternal Health Thematic Fund (MHTF) in early 2008. This Thematic Fund represents a focused effort in some of the poorest countries in the world with the greatest maternal health needs. The MHTF focuses on Outcome 2.2 of the UNFPA Strategic Plan (2008-2011) - Access and utilization of quality maternal health services increased in order to reduce maternal mortality and morbidity while also contributing to Outcome 2.1 Universal access to Sexual and Reproductive Health Services.

预览已结束，完整报告链接和二维码如下：

[https://www.yunbaogao.cn/report/index/report?reportId=5\\_20450](https://www.yunbaogao.cn/report/index/report?reportId=5_20450)

