

SEPTEMBER 2014

The H4+ partnership

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

Progress report-2013

H4+



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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.

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