

# Capacity Building Workshop

1-3 April 2008

For The Global Fund  
proposal writing to  
include MNH service  
delivery area for health  
systems strengthening



World Health  
Organization





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Department of Making Pregnancy Safer

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Printed by the WHO Document Production Services, Geneva, Switzerland

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## Executive summary

The feminization of the HIV epidemic and increasing burden of Malaria in Pregnancy and its attendant complications call for an urgency in addressing these diseases in this subset of population that are not only vulnerable in terms of disease burden but also disadvantaged so far as access and coverage of essential interventions are concerned. At least two million women who are HIV infected become pregnant each year and in young children, over 90% of HIV infection is estimated to occur through mother-to-child transmission during pregnancy, childbirth or breastfeeding. On the other hand, malaria related anaemia contributes significantly to maternal mortality and causes an estimated 10,000 deaths per year.

In order to achieve the MDGs 4, 5 and 6, it is imperative that service delivery for essential interventions for maternal, newborn and child health along with prevention of HIV transmission in women, infants and young children, and malaria prevention and control during pregnancy be implemented as integral components of essential MNH services within functioning health systems. Traditionally the approach for disease control programmes including AIDS, TB and Malaria have relied on vertical approaches and often parallel systems for achieving results that have been at best, medium term. The low levels and slow rates of increasing access and coverage for HIV/AIDS and Malaria despite years of dedicated and committed funding has forced donors and recipient governments to diagnose the causes and not surprisingly it is the weak health systems that have proved to be the major bottleneck. This coupled with the slow, stagnating and at times reversing trends in maternal mortality reduction and also slow progress in neonatal mortality decline that hinge on functioning health systems has forced thinking away from vertical to a more integrated health systems strengthening approach that would address a wider programmatic agenda and a broader constituency of target population all along accruing mutual benefits for all related programmes. Recognizing the importance of health systems strengthening for achieving AIDS, TB and Malaria related goals. The Global Fund has put increasing emphasis on this area within its grants and funding mechanisms.

Maternal and newborn health services and systems are critical to addressing the key areas for PMTCT and MIP and they themselves depend on functionality of the health systems. Thus, strengthening health systems would be mutually beneficial for both the programmes. To contribute to the cause of MNH and also PMTCT and MIP and to assist member states in leveraging funds from The Global Fund, the department of Making Pregnancy Safer, in collaboration with the WHO Malaria and HIV departments, designed a workshop to help build the capacity of country and regional staff to improve access and coverage for MNH services, including that for HIV/AIDS and malaria for mothers and newborns.

The workshop provided guidance and support on how to use the MNH service delivery area to strengthen health systems so as to ensure continuum of care and universal coverage of essential MNH interventions using malaria and HIV as entry points. The MPS Department has committed to support country efforts to prepare TGF proposals for PMTCT and MIP.

### Goals

The goal of the workshop was to support countries in achieving the MDGs 4, 5 and 6 by improving maternal and newborn health and health outcomes including Prevention of Mother to Child Transmission of HIV (PMTCT) and prevention, control and treatment of malaria during pregnancy (MIP).

## Main activities

During the three-day workshop participants from eight countries (LOP Annex 3) in the African region represented by key country programme managers and WHO country office were exposed to the various aspects of The Global Fund proposals and entry points within the MNH programme area that could be used to build a case for The Global Fund proposals. The workshop was facilitated by key WHO and The Global Fund staff. Among the participants were two consultants who have been involved in assisting countries in GF proposal writing and they were additional resources for the workshop

## Key results

The participants were conversant with the underlying principles and the procedures for applying for The Global Fund grants. They were informed of the necessary skills for writing effective proposals that would include MNH service delivery area as a platform for health systems strengthening and linking the activities and interventions to the desired outcomes for one or more of the three disease, a conditionality for The Global Fund proposals to be considered. Using real country data, participants in working groups were systematically exposed to the intricacies and nuances of the process of TGF proposal writing.

## Key conclusions and recommendations

- Progress towards achieving MDG 4, 5 and 6 goals require the integration or linkages among PMTCT, MIP and MNH services.
- Collaboration across these programmatic areas is mutually beneficial and makes programmatic and economic sense
- MNH services provide an important opportunity to address bottlenecks within health systems with additive value for all other primary care programmes including those for HIV and Malaria
- While the focus of The Global Fund continues to be on AIDS, TB and Malaria, MNH interventions provide additive value in addressing and reducing the spread of these diseases.
- Addressing gender issues and community participation while developing TGF proposals is important.
- Convincing the wider constituency of stakeholders that are involved with The Global Fund on the importance of MNH service delivery area for achieving intended outcomes for the three diseases is critical. Within this, it is important that MNH programme people and advocates are part of the country coordinating mechanisms (CCM) and are equipped with the necessary knowledge and information to argue in favor of MNH service delivery area
- This workshop is complimentary to the regional capacity building and proposal writing workshops done by WHO/HTM and in no way aims to duplicate efforts
- The Global Fund provides an important opportunity for much needed financial injection in the area of MNH while at the same time MNH service delivery area can play a catalytic role in accelerating progress towards achieving The Global Fund goals

## Next steps

- Use the learning from the workshop to influence TGF proposal development at country level so that MNH service delivery area is fairly represented
- WHO MPS to provide need-based support to countries for proposal writing and follow up
- A pool of regional consultants to be developed for accelerated support to countries in need of technical assistance for TGF proposal writing
- Organize sub-regional and country level capacity building workshops.<sup>1</sup>

<sup>1</sup> The complete report and appendices of the *Capacity Building Workshop For Global Fund Proposal Writing To Include MNH Service Delivery Area For Health Systems Strengthening* can be found at [www.who.int/making\\_pregnancy\\_safer/documents/en/](http://www.who.int/making_pregnancy_safer/documents/en/)



## Section 1

### Background

HIV and malaria, especially in Africa and Asia, are increasingly impacting the already heavy burden of disease and death that women and children must endure. Over 17 million women are living with HIV, and two million of these women become pregnant each year<sup>2</sup>. HIV increases pregnancy-related complications (anaemia, haemorrhage and sepsis) as well as increasing the risk of death from other factors. In Africa, HIV accounts for 6.2% of maternal deaths<sup>3</sup>. In young children, over 90% of HIV infection is estimated to occur through mother-to-child transmission during pregnancy, childbirth or breastfeeding. HIV/AIDS accounts for 5% of all post-neonatal deaths globally, majority of these occur in Sub-Saharan Africa<sup>4</sup>.

In addition to acute disease episodes and deaths, malaria contributes significantly to anemia in children and in pregnant women, leading to adverse birth outcomes including spontaneous abortion, stillbirth, premature delivery, and low birth weight, the latter of which contribute to increasing overall child mortality. In sub-Saharan Africa, malaria is estimated to cause 400,000 cases of severe maternal anaemia and 75,000-200,000 infant deaths annually. Malaria related maternal anaemia contributes significantly to maternal mortality and causes an estimated 10,000 deaths per year.

To address the adverse impact of HIV and malaria on maternal and neonatal health (MNH), programmes within countries are trying to integrate prevention of mother-to-child transmission efforts (PMTCT) and prevention and control of malaria during pregnancy (MIP) interventions within MNH programmes, however, there is need to further strengthen these components in order to bring about the desired impact. Little progress has been made in scaling up services for PMTCT and prevention and control of malaria during pregnancy. Current achievements fall far short of achieving the targets set by the United Nations.

Globally, HIV-related services for women remain too few. In 2005, only about 11% of pregnant women living with HIV had access to HIV testing and counseling and antiretroviral prophylaxis and treatment during pregnancy. In addition, most national programmes have paid little attention to primary prevention of HIV in women of childbearing age, to preventing unintended pregnancies among women living with HIV, or to increasing access to antiretroviral therapy for women and children. In terms of malaria prevention, across Sub-Saharan Africa, only about 5% of pregnant women sleep under insecticide-treated nets.

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