Department of
Making Pregnancy Safer

Note for the Record

United Nations Partners Meeting on Maternal Health

New York
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UNFPA unicef World Bank World Health Organization

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CONTENTS

PURPOSE

As follow-up to the Stockholm meeting on maternal health, to improve UN agency coordination/partnership and identify areas for improvement, especially in relation to country support.

BACKGROUND

Department of Making Pregnancy Safer, WHO-MPS and Sweden jointly organized a meeting of donors and UN agencies in Stockholm on maternal and newborn health in June 2006. At the meeting, it was recommended (by donors) that the UN agencies form a common framework of understanding on their roles and responsibilities at country level to better align and harmonize support to countries. As a result, an interagency meeting was called to discuss how the agencies can best collaborate in maternal and newborn health.

SESSION ONE

Kul Gautam welcomed everyone to the meeting and thanked Joy Phumaphi for bringing together the UN agencies to discuss maternal health. It was said to be timely considering the slow progress on MDG5 and the donor partner concerns about UN coordination. Mr Gautam expressed UNICEF's commitment to MDG5 and referred to the recent development of UNICEF's Medium Term Strategic Plan (MTSP) and the new Health and Nutrition Strategy. He gave examples of joint country programmes for maternal health and emphasized the need to learn more from these experiences, while also suggesting that having some common concrete programme targets would help in holding UNICEF and others more accountable to maternal health.

Joy Phumaphi explained that collaboration at country level and concern over agency mandates is a main concern, as expressed by donors at the Stockholm meeting. Ms Phumaphi said that functions should be defined, even if shared. While the Partnership for Maternal, Newborn and Child Health (PMNCH) will help coordinate partners, the UN agencies will first need to harmonize efforts. Dr Phumaphi clarified that following these discussions there should be some report back to Member countries and partners. She reminded the group of WHO's position (as distributed before the meeting).

Kunio Waki said he was pleased to see more emphasis given to mothers and newborns and welcomed the Maternal and Newborn Health (MNH) focus. He noted the UNAIDS model as an example of interagency coordination. He also mentioned that there is a discrepancy between needs and demand at country level as well as between the need and the utilization of funds. With an improved conceptual framework that all agencies agree to work towards, the United Nations Population Fund (UNFPA) representatives could then better define their roles.

Jacques Baudouy said that in spite of the difficulty in measuring MDG5, it should be more visible. The World Bank is preparing a new HNP paper, "MDG5: Determinants, interventions and challenges". The Bank's niche is on providing access to financial instruments and requires technical support from the other agencies for country planning. It will be important to put maternal health in the context of the new commitments to harmonization and alignment. The Bank has advocated that the OECD/DAC meeting in December have a special session on health that includes maternal health and that the UN be present at the meeting. The Bank is focusing particularly on Africa and low-income groups in middle-income countries. He concluded his remarks by noting that maternal health ultimately always benefits from investments in public health.

Dr Songane explained that one purpose of the PMNCH is to avoid overlap. At country level, there will be a need to coordinate with many partners. He men-

tioned the UN reform and the UN's One Country Programme strategy. Dr Songane stated that the commitment to maternal health is still weak, even in the PMNCH.

Pascal Villeneuve briefly described UNICEF's MTSP and H&N Strategy and mentioned how many countries now want to help, as noted at the recent Addis meeting of the WHO Regional Committee. Countries are interested in support for evidence-based planning, harmonization and overcoming operational constraints.

DISCUSSION

Joy Phumaphi summarized the main messages of the Stockholm meeting as the following:

- skilled care for all
- concerns that the country capacity is very low and not improving
- agreement that there be no more pilot projects; these need to be replaced with scale up.

The discussion that followed highlighted the need to agree on policies and strategy options, which was recognized as being helpful in engaging governments. Coordination is a challenge, but could be improved by defining core functions. A handout distributed by WHO described its core functions (see attached). It was recognized that there would be overlap in some functions and agencies should not "claim territory" or push others out. It was mentioned that setting common global programme targets would be useful. Agencies should also be using the same tools, norms and standards.

The group also touched on the challenges of measuring progress in maternal health and the need to make some quick progress that should be measured in order to mobilize more commitment and support. A suggestion was made to include some middle-income countries in our efforts for this purpose. Some opportunities were seen with the new initiative for Africa that UNICEF and WHO had initiated. The World Bank also has tools such as the PRS that can be useful, although the Bank reiterated its need for state-of-the art expertise and for other partners to be more engaged in the process, including through missions. The work on TB was suggested as one good example of this collaboration.

Family planning is one area where efforts have not been maintained, especially in those countries with the highest fertility. There is still a huge unmet need for family planning. Family planning was highlighted as one aspect that needed stronger messaging and support.

Advocacy relating to all areas of maternal health needs to be more forceful. Everyone agreed there had to be clear, consistent messaging. Maternal health needs to be seen as more of a political priority, as with child survival. Countries and donors also need to see "success" stories. The PMNCH can also support this kind of effort since it involves other partners as well. Advocacy and communications are in the PMNCH workplan. A good start has been made through the WHO strategies, which are agreed by the WHA, made up of Member countries.

The World Bank raised the linkage between public financing and health outcomes. A review showed that there is a positive impact on MMR with public investment in health. One concern identified is that often when outside money is given, governments reduce their own investments in health, especially at a decentralized level.

As this group moves forward it must also consider the constraints we now face. One is that we also need to consider the failures and refrain from coordinating efforts to support the same type of failures. Country demand for assistance is also low, especially in those countries that need it most. To respond more effectively, the organizations themselves may need to change.

With these initial discussions, the agency managers and technical officers were tasked with coming up with recommendations on how to move forward. This would include ways to harmonize efforts with some clear outcomes to support country efforts. The group was also tasked to identify any grey areas where there was not yet consensus and to suggest ways to move forward.

SESSION TWO

Conceptual Framework

The potential model for collaboration was discussed and two potential paradigms were raised. The first was considered "business as usual" – where each agency agrees on the importance of MNH and then divides the pie; while the second is a paradigm shift where each agency commits to work together. Preference for the latter emerged. This requires a shift in how the organizations think about planning – beginning at identification of needed interventions and then developing plans together with a joint frame in partnership with the government. In this paradigm, each agency does not just take a piece of the pie, but instead each agency's programming is influenced by the other. Consequently, this would be a valuable process of alignment/harmonization that would bring greater strength to our programming. Nonethe-

less, clarity on roles and responsibilities is important for accountability. Flexibility to adapt, based upon the relative strength of each agency in a country-specific context, must also be considered.

The following key steps were identified to move forward on the conceptual framework and interagency collaboration:

- build consensus on conceptual framework and scope recognizing multisectorality of MNH
- identify grey areas
- agree on shorter-term targets
- ensure joint advocacy with unified messaging based on national context.

Areas of consensus and grey areas

It was decided not to focus at this stage on the specific technical interventions; however, several consensus and grey areas were discussed:

Consensus:

- Analyse together the quality of Roadmap (or the other planning tool) content and process for immediate lessons learned to move forward both with new Roadmaps and to improve those that have been finalized.
- Access to a skilled care or to emergency care is a woman's right and should not be hindered by financial constraints.

Grey areas:

- *Skilled birth attendance*: Currently, the international definition is not always followed at country level. Countries have set their own standards based on their situations. We need to be flexible and consider jointly potential alternatives to the current definition. Is there an acceptable transition process while trying to attain the internationally recommended standard? Perhaps one that is competency-based rather than definition-based? If agreed, this requires guidance in human resource development to support countries' transitions to the internationally recommended standard.