

Guide to major initiatives and players working towards Millennium Development Goals 4 and 5



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This guide was produced in response to a request made during Women and Children First's consultation on a toolkit for UK advocates working on Millennium Development Goals (MDGs) 4 and 5¹. Participants at a meeting in April 2008 noted that there are many initiatives and UN agencies focused on these MDGs and highlighted confusion among advocates regarding what exactly each initiative or UN agency is engaged in and how they relate to each other.

This publication provides a brief guide to the key initiatives and UN agencies, using information gathered primarily from each initiative or agency's website (in April 2008). Please see these websites to gather more detailed information, keep abreast of updates and view the wide range of resources each has produced. The CD which accompanies this guide also contains links to relevant documents.

The initiatives below are described in an order which aims to introduce the reader to each one in a logical, rather than chronological, fashion.

Brief History

In the last 20 years, the issue of safe motherhood has evolved from a neglected issue to an essential and integrated element of the women's health agenda. The event that set this change in motion was a landmark worldwide movement launched in 1987 – the Safe Motherhood Initiative (SMI). Launched at the global Safe Motherhood Conference in Nairobi, Kenya, the SMI sought to address the near-silent tragedy of women dying during pregnancy and childbirth. In 1997 the SMI convened a technical conference in Colombo, Sri Lanka, to review lessons learned during its first ten years and to set the focus for future safe motherhood work. Ten action messages were produced, including one calling for alliances between governments, policy-makers, NGOs and citizens. The SMI issued an international call to action to cut maternal mortality in half by the year 2000 which led to the formation of an Inter-Agency Group (IAG) for Safe Motherhood². In 2005, the Partnership for Maternal, Newborn, & Child Health was launched as a larger, broader successor to the Safe Motherhood Inter-Agency Group.

¹ MDGs 4 and 5 call respectively for the annual reduction of child deaths by two thirds and of maternal deaths by three quarters, by 2015.

² The Inter-Agency Group for Safe Motherhood included: United Nations Children's Fund, United Nations Population Fund, World Health Organisation, World Bank, International Planned Parenthood Federation, The Population Council, International Federation of Gynaecology and Obstetrics, International Confederation of Midwives, Safe Motherhood Network of Nepal, Regional Prevention of Maternal Mortality Programme (Africa). Family Care International served as the secretariat.

The Partnership for Maternal, Newborn and Child Health (PMNCH)

Background

The Partnership was launched in September 2005 when the world's three leading maternal, newborn and child health alliances joined forces under the new name of The Partnership for Maternal, Newborn & Child Health. These alliances were: the Partnership for Safe Motherhood and Newborn Health, hosted by the World Health Organisation in Geneva; the Healthy Newborn Partnership, based at Save the Children USA; and the Child Survival Partnership, hosted by UNICEF in New York.

The PMNCH is a global health partnership which joins the maternal, newborn and child-health (MNCH) communities into an alliance of some 240 members to ensure that all women, infants and children not only remain healthy, but also thrive. Membership in the Partnership is divided into three following categories: Country members, Organisational members and Honorary members. The Partnership Secretariat is hosted and administered by the World Health Organisation (WHO) in Geneva and undertakes the day-to-day administration of the Partnership's work plan.



Key partners

There are six constituency member groups: partner countries, multilateral organisations, professional associations, donors/foundations, research & academic institutions and non-governmental organisations. Individual governments; UN agencies including WHO, UNICEF, UNFPA and the World Bank; donors including the Gates Foundation, DFID, CIDA, and USAID; academic experts and professional organisations including FIGO; and NGOs including Family Care International and Save the Children are represented on the Partnership's Board.

Overall aims

The Partnership provides a forum through which members can combine their strengths and implement solutions that no one partner could achieve alone. The Partnership supports country-led efforts towards universal coverage of essential interventions for maternal, newborn and child health by focusing on the following areas, for each of which there is a Partnership working group:

- 1. Country support** – actively promoting improved partner co-ordination in countries and supporting the creation, implementation and evaluation of a comprehensive national plan for maternal, newborn and child health.
- 2. Advocacy** – raising the profile of maternal, newborn and child health on political agendas and advocating for increased resources – financial and other.
- 3. Effective interventions** – promoting the assessment, scaling up and delivery of evidence-based, cost-effective interventions for maternal, newborn and child health, with a focus on reducing inequities in access to care.
- 4. Monitoring and evaluation** – assessing progress by regularly tracking access to maternal, newborn and child-health services and holding stakeholders at all levels accountable for meeting their financial and policy commitments.

Key initiatives

The Partnership is linked to three major initiatives related to maternal, newborn and child health: Deliver Now!³, Women Deliver⁴, and Countdown to 2015: Maternal, Newborn and Child Survival⁵ (each of which is described in this guide).

Website: www.who.int/pmnch/en

3 <http://www.who.int/pmnch/activities/delivernow/en/index.html>

4 <http://www.who.int/pmnch/events/2007/womendeliver/en/index.html>

5 <http://www.countdown2015mnch.org>

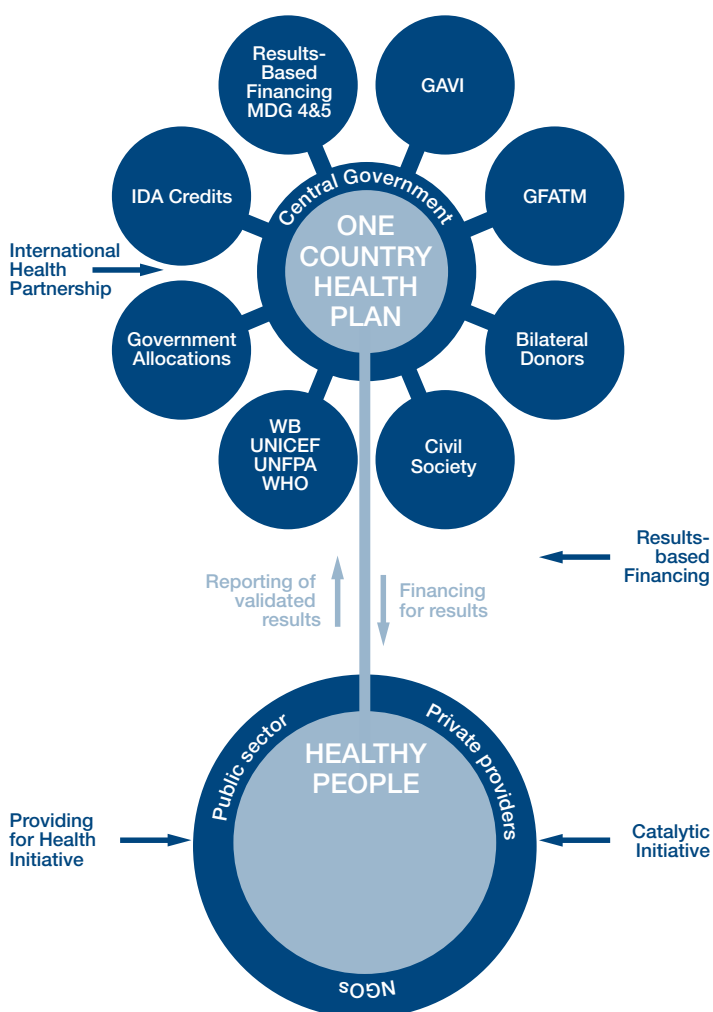
The Global Campaign for the Health MDGs

Background

To accelerate the progress in reaching the health-related MDGs, several heads of state joined forces in the autumn of 2007 to co-ordinate and align several ongoing health initiatives. The underlying idea behind the Global Campaign is to achieve results by providing flexible support which allows national and local managers to address the bottlenecks that impede the attainment of outcomes.

The Global Campaign consists of several other international initiatives, all seeking to accelerate progress towards achieving the health MDGs together with all major stakeholders and global funds.

Diagram below reproduced from the April 2008 Progress Report on the Global Campaign for the Health MDGs.



At the same time, advocacy efforts for women and children have been launched through the Network of Global Leaders and Deliver Now (sponsored by Norway and the PMNCH). (See below for further details.)

All this work complements other initiatives such as the Global Health Workforce Alliance⁶, reinforcing the push to surmount the critical barriers and overcome the bottlenecks which have impeded progress towards the health MDGs.

Key partners

Countries, agencies and global initiatives that so far have committed to one or several actions in the Global Campaign:

Countries	Donors	Global Initiatives and Agencies
Afghanistan	Canada	Global Alliance for Vaccines and Immunization (GAVI)
Benin	United States of America	Global Fund for AIDS, Tuberculosis and Malaria (GFATM)
Brazil	Netherlands	Partnership for Maternal, Newborn and Child Health (PMNCH)
Burundi	Norway	UNAIDS – Joint United Nations Programme on HIV/AIDS
Cambodia	United Kingdom	United Nations Children's Fund (UNICEF)
Chile	France	United Nations Population Fund (UNFPA)
Ethiopia	Germany	World Bank (WB)
Ghana	The Bill & Melinda Gates Foundation	World Health Organisation (WHO)
Indonesia		
Kenya		
Liberia		
Mali		
Mozambique		
Nepal		
Pakistan		
United Republic of Tanzania		
Zambia		

Overall aims

The principles of the Campaign are as follows:

- Countries set their own priorities
- Agencies give aid without adding to recipient countries' administrative burdens
- Everyone ensures that money is well spent
- Agencies help to develop a country's whole health system
- All partners work in a transparent and accountable way.

⁶ <http://www.ghwa.org>

Key initiatives

Campaign work is focusing on three areas:

- Respecting country leadership
- Doing more for mothers and their children
- Investing more resources.

Five actions are being taken by the governments, agencies and donors which support the Campaign:

1. Providing a framework for co-ordinating aid, and reducing aid-management burdens. The International Health Partnership (IHP), launched by Prime Minister Gordon Brown in September 2007, is the key element, securing commitments from those who receive aid as well as those who provide it. (See International Health Partnership section below for more detail).

2. Making sure that women and children receive priority. Key elements include:

- A network of heads of state* – this **Network of Global Leaders** includes heads of state from Norway, Brazil, Chile, Indonesia, Mozambique, Pakistan, Tanzania and the UK
- A consistent, long-term advocacy drive* – this is **Deliver Now for Women and Children**, which is co-ordinated by the PMNCH
- Delivering maternal, newborn and child-health services.*

3. Extending essential services to reach more people, with a focus on outreach at the community level. The key element is the **Catalytic Initiative to Save a Million Lives**. Launched by Canada's Prime Minister Stephen Harper in November 2007 and sponsored by UNICEF, the Catalytic Initiative is led by Canada, in partnership with Norway, UNICEF, WHO, the World Bank, the Bill and Melinda Gates Foundation and the USA. The initiative aims to save lives by identifying and scaling up health services, initiatives and projects that have proved effective. It will support and develop the capacity of a country's health system to provide demonstrably high-impact and cost-effective services. It will do this by developing a framework for monitoring and evaluating services to provide data that allows the effectiveness of one way of working to be compared with any other – no matter in which country it takes place or which health problem it tackles.

4. Finding the most effective ways of spending money. The key element here is the innovative Results-Based Financing (RBF)⁷ launched by Norway and the World Bank in November 2007. This aims to help governments



to achieve their national health goals by organising their health systems in different ways. The goal is to shift the emphasis away from distributing and using resources and move it to results. RBF is funded by the Norwegian government and managed by the World Bank, with funding linked to broader International Development Association (IDA) credits. It will support six governments in their work with partners on designing, implementing and sustaining the best RBF mechanisms for achieving objectives in their national health plans relating to MDGs 1b, 4 and 5. The experience gained in these six countries will be shared with other RBF participants.

5. Providing for Health Initiative. The aim of the French/German Providing for Health (P4H)⁸ initiative is to support the development of poor countries' health-financing systems. Its contribution is to co-ordinate donor efforts to provide technical advice on health financing to developing countries. It will do this by ensuring that money is raised and pooled in a way that ensures people have access to the health services they need. Unless healthcare systems in poor countries are reinforced, international efforts to fight contagious diseases in these countries could be in vain. P4H's work will help to ensure that people do not suffer serious financial consequences as a result of making out-of-pocket payments for their care. Protecting people from the financial risks of illness is an essential part of developing health systems that help the poor.

See the April 2008 Progress Report on the Global Campaign at www.who.int/pmnch/topics/mdgs/norad_progress_report.pdf.

Website: www.norad.no/default.asp?V_ITEM_ID=11720#Introduction

7 http://www.norad.no/default.asp?V_ITEM_ID=11711

8 http://www.norad.no/default.asp?V_ITEM_ID=11712

International Health Partnership

Background

The International Health Partnership (IHP), launched in September 2007, is a global “compact” for achieving the health MDGs, and is a new agreement between donor countries, developing countries and international health agencies and foundations. Its aim is to ensure that all partners work better together and that they direct their support to the priorities identified in the national health plans of poor countries, creating and improving health services for poor people and ultimately saving more lives. The IHP, which is supported by donor governments and agencies representing half of the world’s aid spending on health (\$14 billion), is not about additional funding, but ensuring that aid is used in the most effective way.

The IHP, which is part of the Global Campaign for the health MDGs, calls for all signatories to accelerate action in order to scale up coverage and use of health services, and to deliver improved outcomes against the health-related MDGs while honouring commitments to improve universal access to health.

Key partners

Eight developing countries have signed up to the IHP – Burundi, Cambodia, Ethiopia, Kenya, Mali, Mozambique, Nepal and Zambia. These countries have agreed that they would benefit from closer donor and international partner co-ordination as they work to improve their peoples’ health.

Donor countries and agencies which have signed the partnership agreement are:

United Kingdom	World Bank
Norway	UNAIDS
Germany	UNFPA
Canada	GAVI Alliance
Italy	UNICEF
Netherlands	Bill and Melinda Gates Foundation
France	
Portugal	African Development Bank
World Health Organisation	Global Fund to Fight HIV and AIDS, Tuberculosis and Malaria
European Commission	UN Development Group

Overall aims

The International Health Partnership aims to address three of the major issues that can influence the effectiveness of aid to poor countries:

- Firstly, global health assistance is over-complex, with multiple health partnerships and international organisations – there are over 40 bilateral donors and 90 global health initiatives

- Secondly, not enough focus has been put upon building strong sustainable health systems in poor countries. Impressive results have been achieved in combating HIV/AIDS, TB and Malaria (MDG 6) but other health issues, such as the health of children and women, and support for building stronger health systems – such as training doctors and nurses, building clinics or providing basic health services – receive less attention. In Zambia, only about 10 per cent of all donor support for health goes directly to government for the support of comprehensive health systems – the remaining 90 per cent goes to support disease-specific programmes
- Thirdly, poor countries sometimes find it costly and time-consuming to deal with so many partners – for example, in Cambodia there are 22 different donors providing support for health through 109 separate projects.

Key initiatives

There has been encouraging progress within the IHP countries, with all currently working on developing country compacts. These country compacts will involve all key partners in each of the countries agreeing how best to implement the IHP in their countries.

IHP partners in Burundi, for example, were able to sign a framework agreement in February 2008, signalling early agreement as to how the Burundi country compact will look. A key priority of the IHP is to work within the Ministry of Health’s own priorities and in Burundi several partners worked together to provide free bed nets to reduce malaria infection. The Ministry of Health, the Global Fund for AIDS, TB and Malaria and DFID co-ordinated the purchase and distribution of 600,000 long-lasting, treated bed nets, demonstrating partnership work in practice.

In Mozambique, IHP partners have identified tackling the shortage of nurses and doctors as one of their key priorities. In recognition of this, DFID has supported a health human-resources strategy and provided funds to help implement the plan. The intention of the strategy is to secure long-term, predictable funding over the coming years to support an ambitious increase in the number of trained health professionals in Mozambique.

Weblinks:

<http://www.internationalhealthpartnership.net>, <http://www.dfid.gov.uk/news/files/ihp/default.asp>

<http://www.dfid.gov.uk/news/files/ihp/compact.pdf>

Deliver Now for Women and Children

Background

Deliver Now is a new global campaign which will draw the world's attention to the more than ten million deaths of women and children which occur each year, mainly in developing nations. Deliver Now is co-ordinated by The Partnership for Maternal, Newborn & Child Health and responds to alerts raised by the UN that the world is lagging far behind in reaching the MDGs for reducing maternal and child deaths. Deliver Now is a key part of the Global Campaign for the Health MDGs unveiled in September 2007 by Prime Minister Jens Stoltenberg of Norway⁹.

Key partners

The Partnership (PMNCH) is a broad constituency of more than 170 members representing partner countries, UN and multilateral agencies, non-governmental organisations, health professional associations, bilateral donors and foundations, and academic and research institutions¹⁰.

Overall aims

Deliver Now is specifically dedicated to advancing MDGs 4 and 5.

Key initiatives

Deliver Now's country-specific programs include:

- **Advocacy for Maternal and Child Health in India** – 20 per cent of the world's births and maternal deaths occur in India, accompanied by a disproportionate 25 per cent of the world's child deaths. Deliver Now will work with local organisations to implement a program to build political will to ensure delivery of services and raise awareness in the Indian states of Orissa and Rajasthan.
- **Advocacy for Maternal, Newborn and Child Health in Tanzania** – Tanzania faces a critical shortage of qualified health workers to assist during childbirth, with 54 per cent of women receiving no skilled attendance. Deliver Now will work to deliver services and raise awareness in the Tanzanian districts of Geita, Monduli, Sumbawanga, Morogoro and Babati.

Website: www.delivernow.org

⁹ http://www.norad.no/default.asp?V_ITEM_ID=9263

¹⁰ <http://www.who.int/pmnch/about/members/en/index.html>

Countdown to 2015: Maternal, Newborn and Child Survival

Background

The mission of the Countdown to 2015 is to track progress made towards the achievement of MDGs 1¹¹, 4 and 5 and promote evidence-based information for better health investments and decisions by policy-makers regarding health needs at the country level.

The first Countdown to 2015 conference and report launch were held in London in December 2005 and focused on child survival. Coverage reports were available for 60 countries accounting for 95 per cent of child mortality. For 2008, the mandate of the Countdown to 2015 has expanded to include maternal mortality, and new partners have joined the effort.

The second conference was held in Cape Town, South Africa in April 2008 and **Countdown to 2015 MNCH: The 2008 Report Tracking Progress in Maternal, Newborn and Child Survival** was launched. The report contains recent evidence on progress towards achieving MDGs 4 and 5. The conference served as a platform for the PMNCH to call on G8 leaders to fulfil their previous commitments to global health and commit an additional US\$10.2 billion annually, the estimated cost of ensuring universal coverage of basic services needed to achieve MDGs 4 and 5.

The 2008 conference was strategically timed to link with the 118th meeting of the Inter-Parliamentary Union, and there was a special Countdown/Parliamentarians

¹¹ MDG 1 – Eradicate extreme poverty and hunger



joint session at which it was emphasised that political commitment by parliamentarians to MDGs 4 and 5 was the difference between success and failure.

Key partners

Partners involved in the Countdown to 2015, under the umbrella of PMNCH, are:

Aga Khan University	Save the Children
AusAid	Saving Newborn Lives Initiative
Basic Support for Institutionalizing Child Survival	The Bill & Melinda Gates Foundation
Bellagio Child Survival Group, The Lancet	The Lancet World Bank
Department for International Development, UK (DFID)	UCL Centre for International Health and Development
Family Care International	UNFPA
International Paediatric Association	UNICEF
Johns Hopkins University	Universidade Federal de Pelotas
London School of Hygiene and Tropical Medicine	University of Aberdeen, Department of Public Health
NORAD	USAID
	WHO

Overall aims

The objectives of the Countdown to 2015 are:

- To summarise, synthesise and disseminate the best and most recent information on country-level progress in achieving high, sustained and equitable health coverage with interventions effective in reducing mortality among mothers, newborns and children under five years of age

- To promote media visibility for the Countdown to 2015 report by projecting its key messages, selected country profiles and the human face behind the data and trend analysis
- To raise the awareness of key national and international decision-makers regarding the conclusions of the Countdown to 2015 report in a manner which will stimulate discussion and motivate their commitment and investment
- To provide a forum for the development of co-ordinated institutional commitments to maternal, newborn and child-survival efforts.

Key initiatives

To date, the achievements of the Countdown to 2015 include:

- Country-by-country reports on coverage levels for these interventions in 60 countries accounting for over 95 per cent of maternal, newborn and child deaths
- A series of publications in The Lancet and other peer-reviewed journals, drawing attention to the urgent need to increase investment and action to achieve MDGs 4 and 5
- Agreement on a small set of indicators which can serve as landmarks for tracking coverage of a larger set of proven MNCH interventions¹²
- Stimulation of analytical research and development in key areas associated with intervention coverage in poor countries, including financial flows, health systems and human resources, and political commitment
- Establishment of a cross-institutional programme of work to improve evaluation and monitoring of coverage for effective interventions in maternal, newborn and child health; a commitment by UNICEF to support Multiple Indicator Cluster Surveys (MICS) at three- rather than five-year intervals; and a coalescence of monitoring efforts to focus on the Countdown coverage indicators by the United Nations
- Initiation of national Countdown to 2015 activities to track progress and hold relevant stakeholders to account, such as in Senegal and Tanzania
- Increased partnership around aid harmonisation and resource flows for MNCH, including through the Global Alliance for Vaccines and Immunisation (GAVI), the IHP and Deliver Now for Women and Children.

Website: <http://www.countdown2015mnch.org>

¹² http://www.countdown2015mnch.org/documents/Indicator_Review_Meeting_summarySept2007.pdf



White Ribbon Alliance

Background

The White Ribbon Alliance for Safe Motherhood (WRA) unites individuals, organisations and communities who are working to increase public awareness about this needless loss of life and to promote safe motherhood worldwide. In some cultures, white symbolises mourning and in others it stands for hope; the White Ribbon Alliance not only works to sustain hope for all women, but also honours those who did not survive pregnancy or childbirth.

The WRA for Safe Motherhood was formed by a group of international NGOs, UN agencies, and USAID in an effort to raise awareness of the need to make pregnancy and childbirth safe for all women and newborns in developed as well as developing countries. They recognised that a large, united, and multisectoral effort was essential to stop women dying needlessly in pregnancy and childbirth. By working together with existing groups and new members, resources could be leveraged; awareness of safe motherhood increased, and political and popular will built from the grassroots level to the national and global policy-makers.

The WRA was launched in August 1999 with an initial 35 participants and by 2007 had grown to include over 1,100 individual and organisational members in 91 countries. It builds alliances, strengthens capacity, influences policies, harnesses resources and inspires action to save women's and newborns' lives worldwide.

Key partners

One of the organising structures used to establish national-level alliances is the national secretariat. Member NGOs played a significant role in building the capacity of these WRA secretariats to form new alliances and partnerships, move from awareness to action at the community, district, and country levels and develop sustainable country-driven campaigns. The functions and structure of the secretariat vary by country but, in general, secretariats provide a link to alliance members throughout the country so that members can collaborate, share resources and prevent duplication of programmes and materials. The secretariat also serves as a central hub for the collection and dissemination of information, the organisation and implementation of activities and events, and the encouragement of collaboration among partners.

Currently, WRA has 11 National Secretariats addressing the specific issues of safe motherhood in their country. These are Bangladesh, Burkina Faso, India, Indonesia, Malawi, Nepal, Pakistan, South Africa, Tanzania, Yemen and Zambia.

The WRA is in the process of registering an Alliance in the UK – see the Mapping booklet which accompanies this guide for further information and contact details.

Overall aims

The WRA is a grassroots movement for safe motherhood that builds alliances, strengthens capacity, influences policies, harnesses resources and inspires action to save women's and newborns' lives worldwide.

The WRA works to create a world where:

- It is a woman's basic human right to achieve optimal health throughout pregnancy and childbirth for herself and her newborns
- Women are empowered to demand respectful, high-quality, safe motherhood services and help other women to do the same
- Women and newborns have access to essential and life-saving safe motherhood services and information
- Women and men are active members in the safe motherhood movement, are knowledgeable, and make decisions together that promote safe motherhood within their own families and their communities
- Communities work together to address the effects of poverty, HIV/AIDS, armed conflict, violence against women and children, and gender inequities on safe motherhood
- Governments set policies in collaboration with women, their communities, and other stakeholders and implement programs in support of safe motherhood.

Key initiatives

A Promise to Mothers Lost is a global campaign, consisting of a call for increased investment targeting powerful global institutions and governments, holding world leaders to account during: the 2008 meetings of the International Monetary Fund and World Bank in Washington DC, USA, in April; the World Economic Forum in South Africa in June; the G8 Summit in Japan in July; and the UN Call to Action in New York, USA, in September. The campaign also includes **Stories of Mothers Lost** – a multimedia travelling exhibition of fabric panels and a book of stories that capture the tragedy of loved ones' lives needlessly lost.

Website: www.whiteribbonalliance.org

Women Deliver

Background

The October 2007 Women Deliver conference marked the 20th anniversary of the launch of the global Safe Motherhood Initiative. At Women Deliver, research and experience shared among the 2,000 participants demonstrated the critical connection between women's health and rights and sound economies, healthy families, and strong communities.

The Women Deliver website is constantly updated with news on maternal-health issues.

Key partners

Partners in the Core Planning Group were:

UNFPA, United Nations
Population Fund
UNICEF, the UN Children's
Fund
World Bank
WHO
UK's Department for
International Development
(DFID)
Dutch Ministry of Foreign
Affairs

Norwegian Agency for
Development Cooperation
(NORAD)
Swedish International
Development Cooperation
Agency (Sida)
Family Care International
International Planned
Parenthood Federation (IPPF)
The Partnership for Maternal,
Newborn & Child Health
Save the Children.

Overall aims

The Women Deliver conference goals were to:

- Spotlight the critical connection between women's health, rights, education and poverty reduction
- Encourage governments to integrate women's health and rights into national plans and strategies
- Kick off a campaign to raise substantial additional resources from public and private sectors.
- Convince the world community to use the health of women, mothers, and babies as a key indicator of the health of nations.

Key initiatives

Women Deliver demonstrated international consensus around the three pillars of saving the lives of women and newborns. In order to reduce maternal mortality – and to achieve MDG 5 and consequently all the interrelated MDGs – the international community must provide:

- Comprehensive reproductive healthcare
- Skilled care during and immediately after pregnancy and childbirth
- Emergency care when life-threatening complications develop.

Website: www.womendeliver.org





UN agencies and the World Bank

The United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), the World Health Organisation (WHO) and the World Bank are all participating agencies in the Partnership for Maternal, Newborn and Child Health (PMNCH), which is hosted by WHO in Geneva. Below are brief details on relevant work and initiatives within these agencies.

UNFPA

UNFPA supports safe motherhood initiatives in 89 countries. UNFPA-supported programmes emphasise capacity development in maternal care, especially human resource strengthening. UNFPA seeks to make motherhood as safe as possible during crisis situations that compound women's vulnerability. UNFPA's work to prevent fistula contributes to making pregnancy safer by calling attention to health systems which are failing to meet the needs of women during the critical time of childbirth.

UNFPA was active in Women Deliver and ongoing UNFPA collaborative initiatives include: membership of the PMNCH; the UNFPA Campaign to End Fistula; involvement in Columbia University's Averting Maternal Death and Disability; the Revised Distance Learning Course: and Reducing Maternal Deaths.

Website: www.unfpa.org

UNICEF

UNICEF is on the ground in over 150 countries and territories to help children survive and thrive, from early childhood through adolescence. The world's largest provider of vaccines for developing countries, UNICEF supports child health and nutrition, good water and sanitation, quality basic education for all boys and girls, and the protection of children from violence, exploitation, and HIV/AIDS. UNICEF is the driving force that helps build a world where the rights of every child are realised. UNICEF believes that nurturing and caring for children are the cornerstones of human progress. UNICEF advocates measures to give children the best start in life, because proper care at the youngest age forms the strongest foundation for a person's future.

At the global level, UNICEF is a key member of PMNCH, and works closely with sister UN agencies – UNFPA (Safe Motherhood) and WHO (Making Pregnancy Safer Initiative).

Website: www.unicef.org

World Health Organisation (WHO)

WHO is the directing and co-ordinating authority for health within the United Nations system. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends.

WHO responds to global health challenges using a six-point agenda:

- Promoting development
- Fostering health security
- Strengthening health systems
- Harnessing research, information and evidence
- Enhancing partnerships
- Improving performance.

Website: www.who.int

Key weblinks within WHO:

Making Pregnancy Safer: www.who.int/making_pregnancy_safer/en/index.html

Reproductive Health and Research: www.who.int/reproductive-health/index.htm

Special Programme on Research, Development and Research Training in Human Reproduction: www.who.int/reproductive-health/hrp/index.htm

Partnership on Maternal, Newborn and Child Health: www.who.int/pmnch/en

Child and Adolescent Health: www.who.int/child_adolescent_health/about/en/index.html

The World Bank

The World Bank has partners in a range of global initiatives related to MDGs 4 and 5, including the PMNCH and the WHO Special Programme of Research, Development and Research Training in Human Reproduction (HRP). It also participates in the Health Eight (H8) – leaders of the eight global international health agencies (WHO, World Bank, GAVI, UNICEF, UNFPA, UNAIDS, the Global Fund to Fight AIDS, TB and Malaria, and the Bill and Melinda Gates Foundation) which meet on an informal biannual basis to discuss challenges to scaling up health services and improving health-related MDG outcomes, particularly for the poor. This is part of the IHP.

The World Bank's Health Sector Strategy 2007 provides the vision of the Bank on the need to strengthen health systems. It refers to key challenges for the health, nutrition and population sector in contributing to combating the HIV/AIDS pandemic, in repositioning nutrition on the development agenda, and in renewing its commitment on population policy in line with, inter alia, the Programme of Action of the International Conference on Population and Development (Cairo, 1994). Paragraphs 154 to 164 and 170, 172 and 175 of the strategy are of particular interest in relation to maternal, newborn and child health.

Weblink:

Health, Nutrition and Population Sector Strategy: <http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTHEALTHNUTRITIONANDPOPULATION/EXTPRH/0,,contentMDK:21010634~menuPK:376874~pagePK:148956~piPK:216618~theSitePK:376855,00.html>

Action for Global Health

Background

Action for Global Health (AfGH) has been formed by 15 NGOs in the UK, Spain, Italy, France, Belgium and Germany, and is co-ordinated by ActionAid International in Brussels. It aims to form a powerful collective voice, to call on European governments, institutions and businesses to do much more to support the right to health. The consortium is pressing for action to support health systems in developing countries, as well as removing obstacles that stop poor countries acting to benefit their citizens. AfGH wants European governments to keep their promises.

Key partners

The 15 NGO partners are:

European Public Health Alliance (Brussels)	Centro di Educazione Sanitaria e Tecnologie Appropriate Sanitaire (Italy)
Marie Stopes International (Brussels)	Associazione Italiana Donne per lo Sviluppo (Italy)
Stop AIDS Alliance (Brussels)	ActionAid International
Welthungerhilfe (Germany)	Interact Worldwide (UK)
terre des homes (Germany)	International HIV/AIDS Alliance (UK)
Federación de Planificación Familiar Estatal (Spain)	TB Alert (UK).
Médicos del Mundo (Spain)	

AfGH has national web pages for each country represented in the consortium. Advocacy aimed at EU institutions is co-ordinated by the Brussels partners.

Overall aims

The overarching goal of AfGH is increased support from Europe to enable developing countries to make substantial progress towards the health MDGs by 2015.

AfGH advocates and monitors the health MDGs – 4, 5 and 6¹³. In particular, AfGH advocates on cross-cutting themes that affect health in developing countries, encapsulated in three strategic goals:

1. Increased commitment and action from European governments – primarily the EU institutions, France, Germany, Italy, UK and Spain – to support the achievement of the Health MDGs in low and middle-income countries; including higher and better-focused financial contributions to health and health-system strengthening.
2. Increased capacity, engagement and effectiveness of European NGOs' advocacy in support of the Health MDGs, with improved policy analysis and networking

with the NGO and development policy community (recognising the role of health as a key lever of development).

3. Increased support from European civil society and the private sector for the achievement of the health MDGs in low and middle-income countries, including a higher profile for global health in European media.

Key initiatives

AfGH asks European governments, individually and collectively, to prioritise health in developing countries, by:

- Ensuring that full financing is available to support health
- Prioritising strong health systems with action to integrate vertical initiatives and address the health-worker crisis with proper wages and fit-for-purpose medical facilities
- Ensuring the rights of women to health and healthcare are central to all plans and strategies
- Focusing research and development on diseases affecting poor countries, and making drugs and tools available without patents restricting access
- Lifting IMF macroeconomic restrictions so that developing countries can spend money on their public services.
- In July 2007 AfGH published **Health Warning**, a call for Europe to act now to rescue the health MDGs. It has also produced a series of briefing papers, for example on health insurance and aid effectiveness.

Website : www.actionforglobalhealth.eu/

UK website: www.actionforglobalhealth.eu/media/home/united_kingdom

¹³ MDG 6 – Halt and begin to reverse the spread of HIV/AIDS, the incidence of malaria and other major diseases





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