



H4+: Working Together for Maternal and Newborn Health

The Realities

- Limited number of countries on track to meet the MDG 5 (& 4);
 - 50% of all maternal deaths occur in Sub Saharan Africa and another 35% in South Asia.
 - Unsafe abortion accounts for 13% of maternal death but it is 30% in Sub Saharan Africa
 - Maternal mortality comes with a high cost to society; High MMR associated with high neonatal and infant deaths.
 - 35 countries (mostly in SSA) still have TFR >5 with high unmet need for family planning

Evolving context

- UN Estimates and trends (1990 – 2008)
- Muskoka Summit (G8) commitments
- London consensus
- UN SG Global strategy
- Maternal Health Thematic Fund

What is the H4+?

- H4+ is an inter-agency mechanism aimed at harmonizing and accelerating actions to improve maternal and newborn health
- The H4+ consist of **UNICEF**, **WHO**, **UNFPA**, **The World Bank** and **UNAIDS**
- H4+ is focusing on supporting countries to achieve **MDG 5** and contribute to the achievement of **MDG 4** (newborn health)

H4+ Guiding Principles

- Country led processes and national ownership
- Coordination with existing initiatives and mechanisms such as the IHP, SWaps, Catalytic Initiative, Maternal Health Thematic Fund, Result Based Financing
- Coordination with the newly announced health system strengthening mechanism

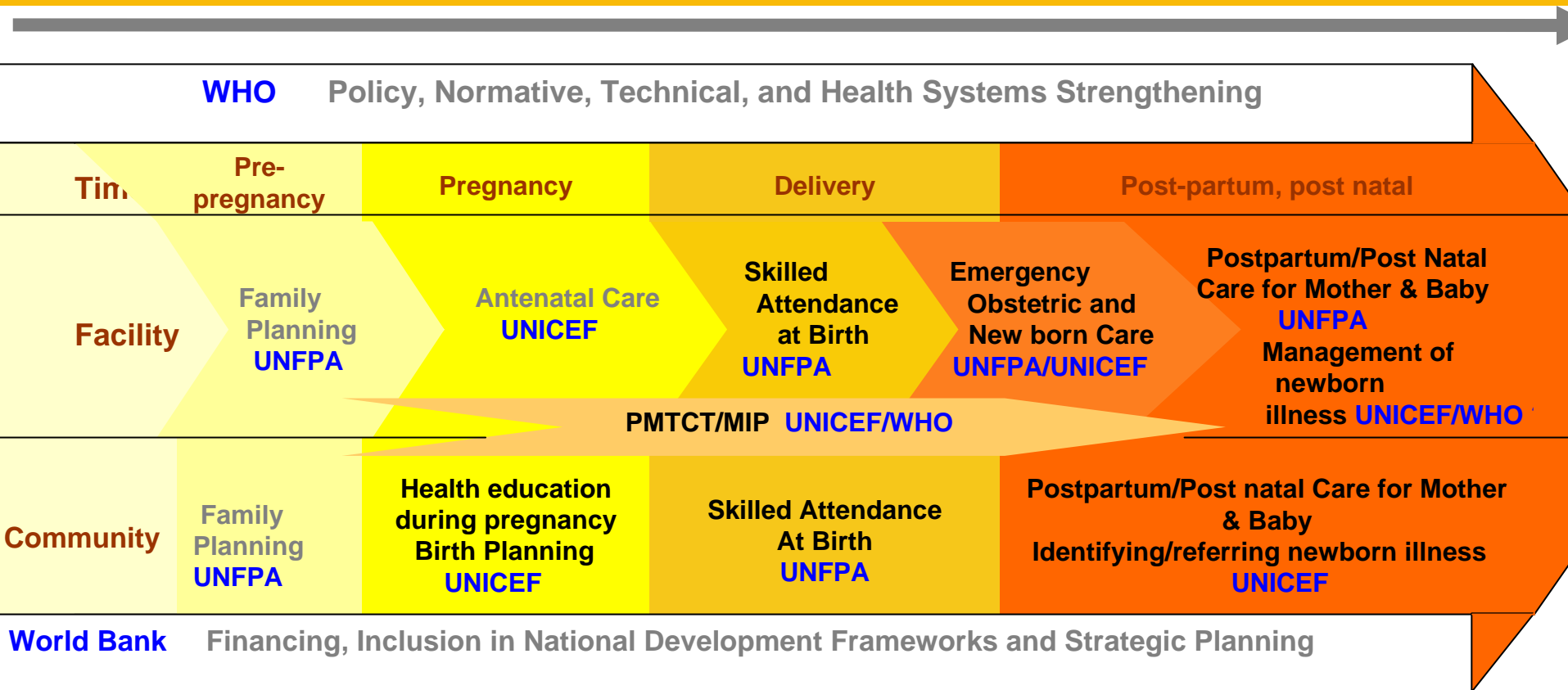
What is the added value of the H4+?

- A long standing, unique partnership with Governments, collaboration among the four agencies
- Presence in all countries at the invitation of the governments
- More health for the money: harmonization for the effective and efficient use of resources
- Mandate for setting norms and standards
- Increasingly operating within the One UN plan (UNDAF) and one UN country team
- Ability to involve and collaborate with civil society organizations

Scope of work: 7 agreed programme components

1. Support **needs assessments** to identify constraints to improving MNH/RH in countries and ensure that health plans are MDG-driven and performance-based
2. **Develop and cost national plans** and rapidly mobilize required resources
3. Scale up **quality health services** to ensure universal access to reproductive health (4 pillars)
4. Address the urgent need for **skilled health workers**, particularly midwives and other related cadre of personnel and for HR management including supervision.
5. Address **financial barriers to access**, especially for the poorest
6. Tackle the **root causes of maternal mortality and morbidity** including gender inequality, low access to education -especially for girls-, child marriage and adolescent pregnancy
7. Strengthen **monitoring and evaluation systems**

UN Agencies roles along the Maternal and Newborn Continuum of Care(draft)



SWC 2009 theme: maternal and newborn care

Not business as usual:

- ***Country led is not enough:*** H4 works together with partners at country, regional and global level – pro-actively, simultaneously and continuously
- ***Public sector is not enough:*** works beyond traditional limits of public sector providers to engage with the private sector – while reinforcing government's role in regulation and stewardship
- ***Existing funding mechanisms are not enough:*** engages with the changing global architecture (joint HSS platform etc.) to ensure optimal flow of new resources to where and how they can maximise impact

Not business as usual:

H4 will collectively:

- Work through IHP+ in compact countries and uses IHP+ processes and tools everywhere
- Revisit technical capacity at country and regional levels to optimize complementarities - using HHA and similar mechanisms
- Reallocate existing resources as necessary

Achievements

- Mapping
- Plan of work
- Missions (Ethiopia, DRC, Nigeria, Afghanistan, ...)
- Support to the UN SG Global strategy
- Partnerships

Global consensus

