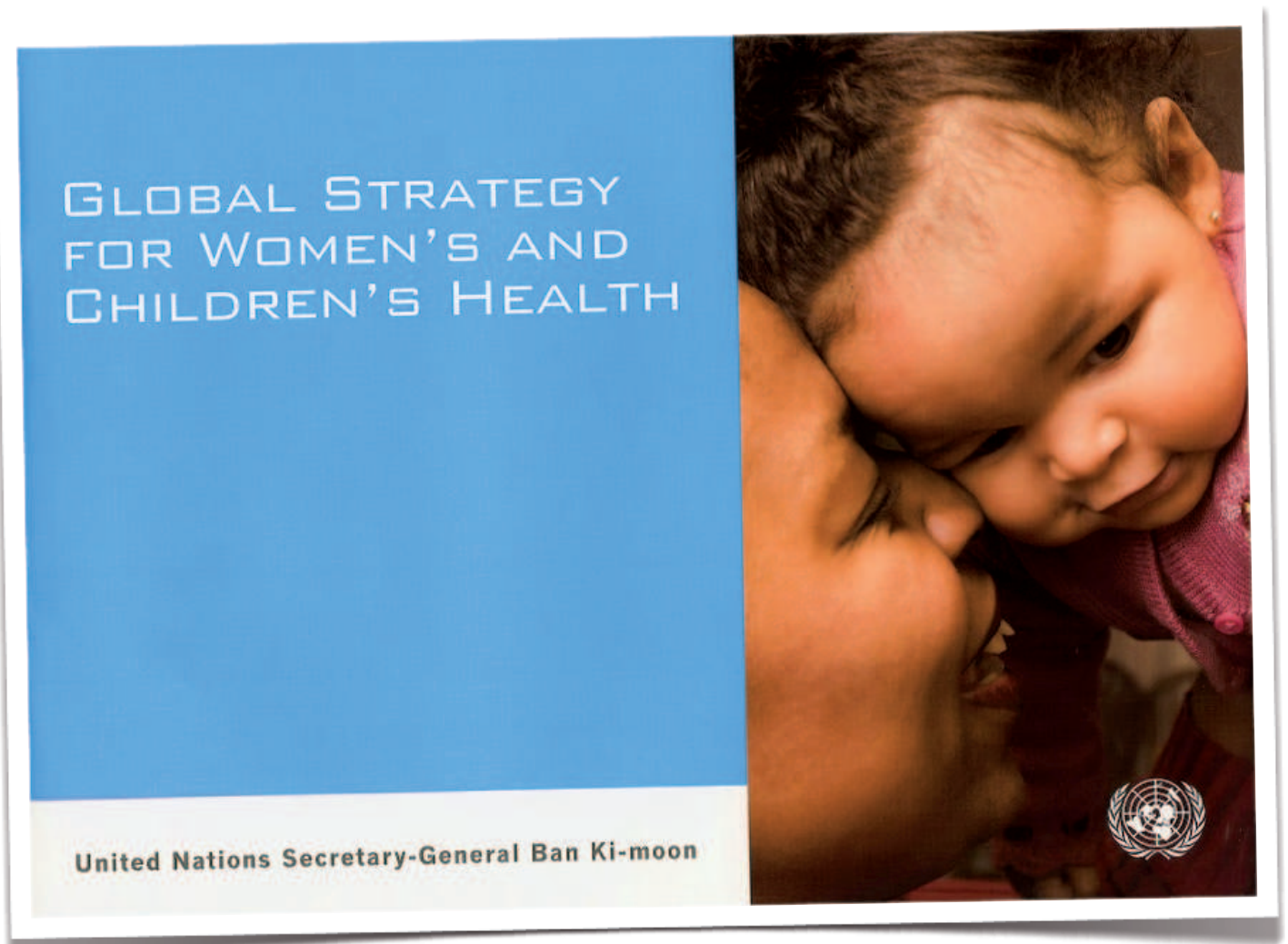


Implementing the Secretary General's Global Strategy for Women's and Children's Health:

A Collaboration Using Implementation Science to Dramatically Accelerate Progress in Meeting Country Needs for Preventing Maternal and Newborn Deaths.



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The Opportunity

With the launch of the United Nations Secretary General's Global Strategy for Women's and Children's Health in September 2010 and the related commitments to its success, we now have an unprecedented window of opportunity to dramatically reduce maternal and newborn deaths in the 49 lowest income countries in which the majority of such deaths occur. To realize this opportunity will require a concerted, well-coordinated, innovative, and highly effective workforce that uses the best available science for addressing implementation challenges in each country. The workforce will operate according to the formal agreements made in support of national sector planning processes and monitoring frameworks signed in the context of the International Health Partnership. It will also operate in conjunction with other high level coordinated efforts aimed at improving the health of women and children such as the H4+ (WHO, UNFPA, UNICEF, World Bank and UNAIDS) plan. To save the lives of the mothers and newborns at greatest risk, we need to use implementation science to rapidly accelerate progress in: 1) implementing proven, cost-effective interventions, 2) developing and using innovative technologies and processes, and 3) transforming the health systems for implementation of life-saving services. By addressing the social, economic, and political obstacles to implementation, implementation science will inform the development of sound strategies for successful and sustainable program implementation. These strategies should support a package of interventions in sexual and reproductive health, comprised of efforts that include family planning; HIV prevention and treatment, including PMTCT; and child and adolescent health, in those countries making commitments to saving the lives of more than 16 million women and children. The proposed approach can also be used to improve child health, including adolescent health in those countries making such commitments.

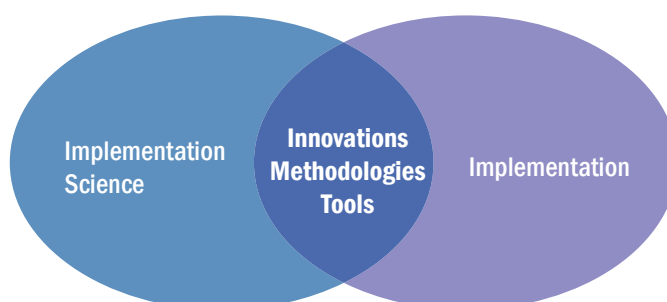
The Collaboration

A new collaboration is being created that will comprise a powerful interdependent workforce to assure that we seize this moment of unprecedented political will and commitment and translate it into a highly effective, coordinated effort for saving lives. The collaboration will produce implementation teams that will be action-oriented and problem solving-focused and will support H4+ (WHO, UNFPA, UNICEF, World Bank and UNAIDS) in rapid implementation of the Global Strategy. Strong commitments to this workforce have already been made by CDC and CARE and it is anticipated that new partners will be added soon as needed.

The Framework

The collaboration will use a conceptual framework that links implementation science to solving implementation challenges in countries. The link between implementation science and implementation will be supported by the development of innovative methodologies and tools that will be generalizable and flexible to fit the context in which they are used. Successful translation of this framework into effective action-oriented plans for meeting country needs will require Ministries of Health in each country to develop priorities for implementing of key interventions as well as strategies for generating and executing the knowledge needed to succeed. Agencies in this collaboration with lead responsibilities for implementation will work closely with those with lead responsibilities for implementation science in both the planning and execution phases of this joint effort.

Our Framework - Linking Implementation Science to Implementation



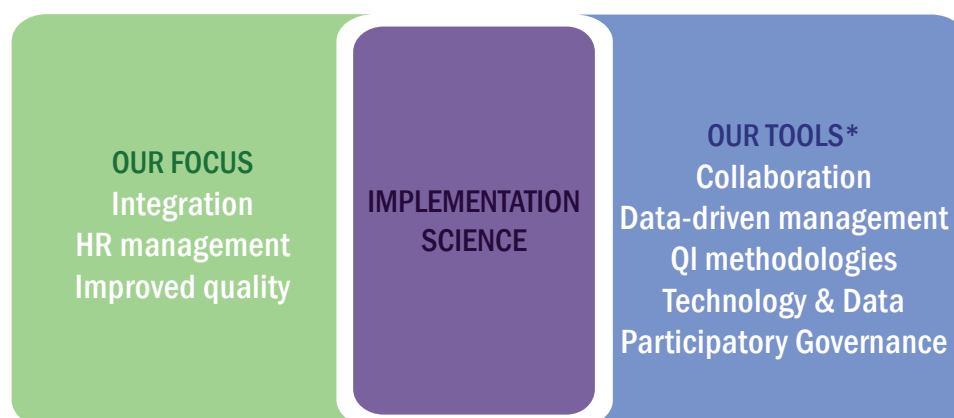
Proof of Concept

The Ministry of Health of Malawi has expressed strong interest in receiving support for its efforts in preventing maternal and newborn deaths in Malawi and its strong support for using this innovative collaborative effort as “proof of concept” for developing similar strategies in other countries, including ones that build on the infrastructure and capacity associated with HIV, TB and malaria programs. Recent gains in PMTCT in Africa highlight the importance of creating an enhanced focus on maternal health within the context of HIV/AIDS prevention and treatment efforts. This, in turn, creates a strong opportunity for building new efforts to prevent maternal and newborn deaths into existing and planned HIV/AIDS programs. Further, in Malawi and most of the countries with greatest needs in maternal and newborn health, there are many related bilateral, multilateral, and foundation-funded activities underway that are being carried out by numerous national and international NGOs. Most often, these are fragmented efforts that would likely yield much greater return if they were strategically integrated into a full package of comprehensive services that, in turn, were part of a well-orchestrated implementation roadmap to achieve health strategy goals. Our “proof of concept” in this regard will include: 1) maintaining a sharp focus on country needs during planning and execution, 2) focusing on improving quality by using data-driven decision-making, and 3) tackling complex challenges with a problem-solving mindset, drawing on all relevant approaches and disciplines. The initial collaboration that we have created to undertake this work in Malawi will be scaled up as the Secretary General’s Initiative continues to take off and realizes its full potential for preventing maternal and newborn deaths globally.

The Launch

We launched this innovative collaborative approach on 19-21 January in Atlanta during a CDC and CARE-hosted meeting of H4+ that included the Ministry of Health of Malawi. The launch followed extensive preparatory work by WHO, UNFPA, UNICEF, CDC, CARE and the Ministry of Health, including meetings with the Ministry in Lilongwe. During the launch, which included representatives not only from the Ministry of Health and H4+, CDC and CARE headquarters but also representatives from the UN, CDC and CARE in Malawi, we focused on and affirmed: 1) “Who we are as a collaboration” – and in so doing committed to the creation of an effective interdependent collaboration that will become a powerful force for good in Malawi and beyond, 2) “What we’ll do” – which includes the use of implementation science to solve implementation challenges in countries, with this link supported by the development and application of innovative methodologies and tools, and 3) “Our commitment to Malawi” – to improve maternal, newborn, and reproductive health by focusing on purposeful integration, addressing the pressing challenges in human resources, and improving the quality of care.

Our Strategy for Malawi - Reproductive-maternal-newborn health and HIV prevention



*Activities implemented in-country will apply these tools, as appropriate, based on the specific context including ongoing interventions of the government and other development partners

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