

UN agencies strengthen their collaboration in support of maternal and newborn health

At the High Level Event on the Millennium Development Goals held in September 2008 at the UN General Assembly, the four major health agencies – the World Health Organization, UNICEF, United Nations Population Fund and the World Bank – made a joint declaration of their intent to intensify and harmonize their efforts towards Millennium Development Goal 5, the goal that has made the least progress. The main objective of this renewed commitment to collaborative action is to coordinate efforts at the country level and jointly raise the required resources.

The four agencies pledged to strengthen support to countries with the highest levels of maternal mortality – especially the 25 countries with the most elevated maternal mortality ratios or numbers of maternal deaths. Based on their comparative advantage, core specialties and experience, and collective strengths, the agencies plan to jointly contribute to capacity building, health systems development and costing and financing of maternal, newborn and child health plans.

Strengthening national capacity

The agencies will work with governments and civil society to enhance national capacity in the following ways:

- Conduct needs assessment and ensure that health plans are MDG-driven and performance-based;
- Cost national plans and rapidly mobilize required resources;
- Scale up quality health services to ensure universal access to reproductive health, especially for family planning, skilled attendance at delivery and emergency obstetric and newborn care, ensuring linkages with HIV prevention and treatment;
- Address the urgent need for skilled health workers, particularly midwives;
- Address financial barriers to access, especially for the poorest;
- Tackle the root causes of maternal mortality and morbidity, including gender inequality, girls' low access to education – particularly at the secondary level, child marriage and adolescent pregnancy;
- Strengthen monitoring and evaluation systems.

Core agency functions and responsibilities in the continuum of maternal and newborn care

In an earlier document on joint country support for accelerated implementation of maternal and newborn continuum of care published in July 2008, the four agencies also pledged to work with governments to strengthen the continuum of maternal and newborn care. Based on their comparative advantages and expertise, the core functions to be undertaken by each agency were also specified:

World Health Organization: policy, normative, research, monitoring & evaluation.

United Nations Population Fund: reproductive health commodity security, support to implementation, human resources for sexual and reproductive health including maternal and newborn health, and technical assistance on building monitoring and evaluation capacity.

UNICEF: financing, support to implementation, logistics & supplies, and monitoring & evaluation.

World Bank: health financing, inclusion of maternal, newborn and child health in national development frameworks, strategic planning, investment in inputs for health systems, including fiduciary systems and governance, and taking successful programs to scale.

In addition, focal agencies, or shared focal agencies, were identified for each component of the maternal and newborn continuum of care to ensure optimal support, accountability and enhanced coordination. The identification of agency responsibilities, outlined in *Figure 5.5*, does not preclude the involvement of other agencies in each area, but rather implies that the focal agency or agencies will coordinate the UN response to support the national health plan in that area. Furthermore, the work of each agency will continue to be guided by the prevailing situation in each country, the existing strengths and experience of each agency within the country, and other contextual factors such as sector-wide approaches (SWAps) and other national health plans or compacts. In each case, the government will continue to lead and coordinate the process.

See References, page 112.

Figure 5.5

Focal and partner agencies for each component of the continuum of maternal and newborn care and related functions

Area	Focal agencies	Partners
Continuum of maternal and newborn care		
Family planning	UNFPA, WHO	UNICEF, World Bank
Antenatal care	UNICEF, WHO	UNFPA, World Bank
Skilled attendance at birth	WHO, UNFPA	UNICEF, World Bank
Basic emergency obstetric and newborn care	UNFPA, UNICEF	WHO, World Bank
Comprehensive emergency obstetric and newborn care (C EmONC)	WHO, UNFPA	UNICEF, World Bank
Post-partum care	WHO, UNFPA	UNICEF, World Bank
Newborn care	WHO, UNICEF	UNFPA, World Bank
Maternal and neonatal nutrition	UNICEF, WHO, WB (for maternal nutrition)	UNFPA
Additional areas of maternal and newborn health work		
Girls' education	UNICEF	UNFPA, World Bank
Gender/culture/male involvement	UNFPA, UNICEF	WHO, World Bank
Gender-based violence	UNFPA, UNICEF	WHO
Adolescent sexual reproductive health – young people	UNFPA, UNICEF, WHO	World Bank
Communication for development	UNFPA, UNICEF	WHO, World Bank
Obstetric fistula	UNFPA	WHO
Prevention of unsafe abortion/post abortion care	WHO	UNFPA
Female genital mutilation	UNFPA, UNICEF, WHO	World Bank
Maternal and newborn health in humanitarian situations	UNFPA, UNICEF, WHO	World Bank
Sexually transmitted infections	WHO	UNFPA, UNICEF
HIV/AIDS and integration with family planning	As per UNAIDS <i>Technical Support Division of Labor</i>	
Pre-and-in-service training of human resources for MNH	WHO, UNFPA	UNICEF, World Bank
Regulations/legislation for human resources for health	WHO	UNFPA, UNICEF, World Bank
Essential drug list	WHO	UNFPA, UNICEF
Road maps' development and implementation	WHO, UNFPA, WB	UNICEF

Source: WHO-UNFPA-UNICEF-World Bank Joint Country Support for Accelerated Implementation of Maternal and Newborn Continuum of Care, 22 July 2008.