The partnership

Every Woman Every Child is a global movement to address the major health challenges facing women and children around the world. It was launched by UN Secretary-General Ban Ki-moon in September 2010. The governments, multilaterals, civil society and private-sector organizations that have joined the movement have committed to implement the Secretary-General’s Global Strategy for Women’s and Children’s Health, which seeks to enhance financing, strengthen policy and health systems, and improve services for the most vulnerable women and children. The Health 4+ group (known as the H4+) serves as the technical lead for advancing the Global Strategy.

The H4+ is a partnership of UN agencies concerned with maternal and child health – including the World Health Organization (WHO), the UN Population Fund (UNFPA), UNICEF, the Joint UN Programme on HIV/AIDS (UNAIDS) and UN Women – and the World Bank. The H4+ advocates for a stronger focus on maternal, newborn and child health and works with countries to strengthen health systems and provide better services for mothers and children. UNICEF will lead coordination of the H4+ partnership for one year beginning in September 2012.

The challenge

Maternal mortality has decreased by nearly half over the past two decades – from an estimated 543,000 maternal deaths in 1990 to 287,000 in 2010. Still, every year more than 250,000 women die from complications during pregnancy or childbirth, and around 8 million more suffer serious injuries or disabilities.

Child mortality has also decreased. Yet, every year, 7.9 million children under five years old die, from infectious diseases exacerbated by under-nutrition and from complications during the neonatal period, and due to a lack of quality health care. Children’s survival is closely linked to the health of their mothers.¹

A child’s risk of dying is highest during the neonatal period – the first 28 days of life – when about 40 per cent of under-five deaths occur.² Even as under-five mortality rates decline, the proportion of under-five deaths during the neonatal period is increasing in every region and nearly every country.

Maternal and neonatal mortality reflects one of the greatest health inequities in the world, with 99 per cent of deaths occurring in developing countries, mainly in sub-Saharan Africa and South Asia. Most of these deaths occur in rural and hard-to-reach areas where health care resources are scarce.\(^3\)

Millennium Development Goal (MDG) 4 is to reduce child mortality and MDG 5 is to improve maternal health. Some countries have achieved or surpassed their MDG targets, showing that much can be accomplished through political will and strategic interventions. However, the rate of progress in many countries is lagging behind.

**Background**

UNICEF, UNFPA, WHO and the World Bank formed the H4 partnership in 2008 to address the slow and uneven rate of progress towards MDGs 4 and 5. They developed a working document aimed at harmonizing the support provided by the organizations to countries to improve maternal and newborn health (MNH) services, identifying areas for collaborative action, and leveraging resources. The leaders of the four agencies launched the H4 in September 2008 with a joint statement on maternal and newborn health.\(^4\) UNAIDS and UN Women joined later and the initiative was renamed the H4+ to reflect its expanded membership.

The H4+ played a key role in developing the Secretary-General’s *Global Strategy* and facilitating country commitments through consultative processes. The H4+ has also contributed to the establishment of two UN Commissions to address critical issues within Every Woman Every Child:

- The UN Commission on Information and Accountability for Women’s and Children’s Health sets out a framework for global reporting, oversight and accountability on women’s and children’s health. The Commission made 10 recommendations for strengthening accountability and reporting mechanisms at country level, and created a system to track whether donations are made on time and resources are spent wisely, and whether desired results are achieved. The H4+ agencies are mandated to assist countries with the least capacity to implement the recommendations. This Commission was created in 2011 and is led by WHO and the International Telecommunication Union.
- The UN Commission on Life-Saving Commodities for Women and Children aims to remove the barriers to access to affordable, effective medicines and simple health supplies for the most vulnerable women and children. It has identified an initial list of 13 essential commodities to increase impact and efforts to reduce maternal, newborn and child mortality. This Commission was established in March 2012 and is co-led by UNICEF and UNFPA.

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\(^4\) *Accelerating efforts to save the lives of women and newborns*, Joint statement on behalf of UNICEF, UNFPA, the World Bank and WHO, 25 September 2008.
Activities

The H4+ actively generates knowledge and advocates for the advancement of Every Woman Every Child. In 2009, it carried out a baseline mapping of country-specific activities\(^5\) to identify additional needs and gaps in 25 priority countries and helped define necessary actions and opportunities for joint programming by H4+ partners.

At country level, the H4+ helps countries scale up cost-effective interventions and strengthen national health systems. The H4+ agencies work with countries to identify gaps and design plans to implement and monitor their commitments in the following areas:

- Developing and costing reproductive, maternal, newborn and child health
- Scaling up quality RMNCH services
- Removing financial barriers to health care, especially for the poorest
- Tackling the root causes of maternal and neonatal mortality and morbidity
- Strengthening monitoring and evaluation systems.

Ethiopia, which has one of the highest maternal mortality rates in Africa, provides an illustration of H4+ assistance. In late 2009, H4+ partners supported the government and health officials to develop a comprehensive three-year programme that would increase the demand, access and use of MNH services; improve the quality of MNH services; strengthen monitoring and evaluation of services; and improve institutional capacity, advocacy and partnerships in order to increase political and financial commitments.

Development partners provide dedicated funds to the H4+ to advance Every Woman Every Child. The Canadian International Development Agency (CIDA), the French Ministry of Foreign and European Affairs, and the health and pharmaceuticals company Johnson & Johnson have each provided grants for activities in specific countries. For example, the CIDA grant focuses on Burkina Faso, Democratic Republic of the Congo, Sierra Leone, Zambia and Zimbabwe. The H4+ partners have developed country-level work plans in line with agreed priorities, conducted baseline assessments in all five countries and agreed on common monitoring and evaluation framework. The French government grant is similarly implemented in 11 countries, and the Johnson & Johnson grant in 3 countries.

Results

Efforts by the H4+ have helped to generate momentum for Every Woman Every Child and commitments from 56 low- and middle-income countries to date. The partnership has helped to generate essential evidence for planning and implementation of the Global Strategy for Women’s and Children’s Health at global, regional and country levels. It has also proved an effective platform in facilitating collaboration among the partner agencies.

Through the H4+, UN agencies developed a global action plan to follow up on the recommendations of the UN Commission on Information and Accountability for Women’s and Children’s Health. H4+ partners are also undertaking a global review of MNH innovations and developing conceptual frameworks to identify and accelerate effective interventions, which will be used in guidance at the country level. UNICEF is the lead agency in the global review.

Lessons learned and way forward

The H4+ continues to build on the collective strengths and core expertise of the partner agencies and to improve coordination structures at global, regional and country levels. Collaboration involves joint efforts at multiple levels to ensure coherence, harmonized approaches and joint programming.

UNICEF has played an active role in the partnership, taking the lead in many initiatives where it has comparative advantage. For example, UNICEF will develop a scorecard to help monitor the progress on reducing bottlenecks to improving maternal, newborn and child health in priority countries.

With UNICEF leading coordination beginning in September 2012, the H4+ will:

- Strengthen H4+ collaboration in countries – particularly those with the highest rates of maternal, newborn and child mortality – and at regional level
- Accelerate the scale-up of reproductive, maternal, newborn and child health (RMNCH) innovations, particularly in countries that are not on track to meet MDGs 4 and 5
- Galvanize country actions to scale up interventions with newborns, focusing on the predominant causes of neonatal deaths in the country
- Support countries in tracking progress towards equity of access and addressing challenges in improving RMNCH in selected countries of each region.

In June 2012, UNICEF collaborated with the Governments of Ethiopia, India and the United States to convene the Child Survival Call to Action Forum. Committing to Child Survival: A Promise Renewed, the plan and coalition resulting from that forum, aims to unite partners around a clear and compelling goal: ending preventable child deaths. To date, nearly 100 governments have pledged to redouble efforts to reduce under-five mortality in their countries to 20 or fewer deaths per 1,000 live births by 2035. These activities reinforce the H4+ contribution towards accelerating the achievement of MDGs 4 and 5, and thus towards the child health component of Every Woman Every Child.