



THE MATERNAL HEALTH THEMATIC FUND

Keeping the momentum

Annual Report 2017
and Review of Phase II (2014-2017)





**DELIVERING A WORLD WHERE
EVERY PREGNANCY IS WANTED,
EVERY CHILDBIRTH IS SAFE, AND
EVERY YOUNG PERSON'S
POTENTIAL IS FULFILLED.**

Cover photo:

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Winner of the 2018 photo contest for the MHTF Report cover.

Submitted by Arlene Alano, South Sudan Country Office.

By deploying midwives and other health professionals to areas where they are most needed, UNFPA ensures that women will continue to have access to safe deliveries and other life-saving maternal and newborn care services to help reduce high maternal deaths in South Sudan.

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UNFPA acknowledges with gratitude the support of all of its country office staff in prioritizing maternal and newborn health (MNH) as part of a broader focus on sexual and reproductive health and rights (SRHR). UNFPA also acknowledges the diverse beneficiaries and actors in MHTF assistance, namely, governments, civil servants, civil society partners and health providers in 39 countries as well as six UNFPA regional offices.

We would also like to thank the key international supporters of the MHTF in its work from 2014 to 2017, including Austria, Germany Luxembourg, Poland, Spain and Sweden.

As always, our sincere thanks go to our United Nations colleagues around the globe, including from the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Children's Fund (UNICEF), UN Women, the World Bank Group and the World Health Organization (WHO). We are grateful for their collaboration and coordination on Sexual, Reproductive, Maternal, Newborn and Adolescent Health (SRMNAH). Together, we continue to demonstrate our leadership, commitment and strong partnership through platforms such as the H6 Joint Programme.

A special note of thanks goes to other individual donors, UN trust funds and foundations.

We also recognize the critical contributions of our civil society partners at global, regional and country levels in supporting the broader achievement of universal access to SRHR. They include the International Confederation of Midwives (ICM), the International Federation of Gynecology and Obstetrics (FIGO), the Maternal and Child Survival Program of the United States Agency for International Development (USAID), the International Society of Obstetric Fistula Surgeons (ISOFS), Operation Fistula, Columbia University's Averting Maternal Death and Disability Program, Johns Hopkins University and its Program for International Education in Gynecology and Obstetrics (Jhpiego), Women Deliver, and national and regional partners listed in Annex 3 for the Campaign to End Fistula. We value their significant roles as champions and technical experts in support of SRHR.

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Together we are working to ensure that women and girls not only survive, but thrive and transform their lives and societies as a whole.

ACRONYMS

EmONC.....	Emergency Obstetric and Newborn Care
FIGO	International Federation of Gynecology and Obstetrics
FTYM.....	First-Time Young Mothers
GIS.....	Geographic Information System
H6 (formerly H4+)	UNAIDS, UNFPA, UNICEF, UN Women, World Bank Group, WHO
ICM	International Confederation of Midwives
ICPD.....	International Conference on Population and Development
ISOFS	International Society of Obstetric Fistula Surgeons
MDG.....	Millennium Development Goal
MDSR	Maternal Death Surveillance and Response
M(P)DSR	Maternal (Perinatal) Death Surveillance and Response
MHTF	Maternal Health Thematic Fund
MNH.....	Maternal and Newborn Health
NGO.....	Non-Governmental Organization
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
SDG	Sustainable Development Goal
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
SRMNAH.....	Sexual, Reproductive, Maternal, Newborn and Adolescent Health
UN Women.....	United Nations Entity for Gender Equality and the Empowerment of Women
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFCU.....	United Nations Federal Credit Union
UNFPA.....	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization



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FOREWORD

by Dr. Natalia Kanem Executive Director, UNFPA



Every woman has the right to a healthy pregnancy and delivery and every newborn deserves a safe, healthy passage into this world. This is a basic human right. The Maternal Health Thematic Fund (MHTF) is the UNFPA flagship programme committed to upholding this right for women and newborns in some of the world's poorest communities.

Over the past nine years, the programme has increased equitable access to quality maternal and newborn health in 39 countries with the highest burden of death and disability. The programme has done this by supporting governments to build capacity and competence in the areas of midwifery, emergency obstetric and newborn care, maternal and perinatal death surveillance and response, and prevention and surgical treatment of obstetric fistula. It has also introduced targeted programmes focusing on first time young mothers to build and strengthen care-seeking behaviours among young women and improve their access to sexual and reproductive health services. Overall, the activities supported by the Maternal Health Thematic Fund have contributed to averting an estimated 119,127 maternal deaths since 2008.

This report highlights the important results the programme has achieved for women, girls and newborns in the countries it supports. It also illustrates UNFPA's commitment to end preventable maternal deaths and help realize Sustainable Development Goal 3 and Universal Health Coverage, so that every woman, girl and newborn can obtain the needed health services.

I have seen firsthand how investments in the programme are being utilized in evolving and difficult circumstances. The life-saving, women-centered care that midwives, trained with the support of the MHTF, are providing to Rohingya women and girls in the refugee camps in Bangladesh is just one example of the significant impact the programme has on some of the most disadvantaged communities in some of the most difficult settings.

To date, 85,000 midwives have been trained and are now providing invaluable health promotion and quality maternal and newborn health care services in countries most in need. In its second phase (2014-2017), the MHTF programme also introduced new interventions and innovations for improving access to quality care and accountability in key areas, which are outlined in this report.

Despite impressive results, however, huge challenges remain. Ensuring that no woman or newborn dies from preventable causes during pregnancy or childbirth requires enhanced and dedicated investments, partnerships, and scaled-up efforts. We at UNFPA remain committed to accelerating global efforts to reduce preventable maternal and newborn deaths and ensure that even marginalized, disadvantaged and underserved populations get access to quality maternal and newborn health services.

I take this opportunity to thank all our partners, including civil society organizations, multilateral actors, academic institutions, development partners and the donors that have played a critical role in achieving these results. Together, we can make a difference and ensure that every woman and newborn everywhere gets the care they deserve.

A handwritten signature in white ink, reading 'N Kanem', on a dark blue background.

EXECUTIVE SUMMARY

The MHTF was established in 2008 to further enhance UNFPA's contribution to achieving the fifth Millennium Development Goal (MDG) on improving maternal health. Between 2008 and 2017, the MHTF contributed to averting 119,127 maternal deaths.

Through 2013, Phase I of the MHTF covered 40 countries with high maternal mortality and low resources. It offered three main programmes: The Emergency Obstetric and Newborn Care (EmONC) initiative in collaboration with Columbia University's Averting Maternal Death and Disability Program, the midwifery programme in collaboration with the International Confederation of Midwives (ICM), and the Campaign to End Fistula, which drew together several partners. Phase II started in 2014 with two new work areas on Maternal Death Surveillance and Response (MDSR) and First-Time Young Mothers (FTYM).

This report reviews the last year of Phase II, 2017, and provides an overview of Phase II as a whole. It concludes with lessons learned and a look forward to Phase III, which started in 2018, guided by a business plan with four outcomes.

All six "building blocks" of health system¹ strengthening were addressed during Phase II; it also furthered three core principles – equality in access to care, quality of care and accountability. Phase II highlighted the catalytic effect of the MHTF. Policy informed by the fund has included the United Nations General Assembly's passage of a bold resolution to end fistula within a generation. Midwifery was also mainstreamed in the United Nations Secretary-General's Global Strategy for Women, Children and Adolescent Health.

The MHTF leveraged external resources to support the development of different work areas, notably midwifery. Over \$85 million was raised from Canada and Sweden for South Sudan alone to scale up midwifery services nationwide. The second *State of the World's Midwifery* report in 2014 helped promote global evidence-informed advocacy, which resulted in the rapid scale-up of national commitments for midwifery.

On midwifery, the focus in Phase II was to improve the competency of midwives through alignment of curricula to global ICM standards, and to strengthen associations and regulatory mechanisms. Almost all 39 countries that have been supported over the years by the MHTF (87 per cent) now implement ICM education standards.

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