

H6 Partnership Annual Report 2017

Collective drive to
improve the health of
women, children and
adolescents
everywhere



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Abbreviations and acronyms

AIDS	Acquired Immunodeficiency Syndrome
BEmONC	Basic emergency obstetric and newborn care
C4D	Communication for Development
CEmONC	Comprehensive emergency obstetric and newborn care
CHW	Community Health Worker
EID	Early Infant Diagnosis
EmONC	Emergency obstetric and newborn care
EMTCT	Elimination of mother-to-child transmission (of HIV)
EU	European Union
ENAP	Every Newborn Action Plan
EPMM	Ending Preventable Maternal Mortality
EWEC	Every Woman Every Child
FP	Family planning
GBV	Gender-based violence
GFF	Global Financing Facility
GS	Global Strategy
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HR	Human resources
HSTP	Health System Transition Plan
HW	Health worker
ICM	International Confederation of Midwives
IMCI/IMNCI	Integrated Management of (Newborn) and Childhood Illnesses
M&E	Monitoring and evaluation
MCH	Maternal and Child Health
MDG	Millennium Development Goal
MDR	Maternal Death Review
MDSR	Maternal Death Surveillance and Response
MNCH	Maternal, Neonatal and Child Health
MNCAH	Maternal, Newborn, Child and Adolescent Health
MNH	Maternal and Neonatal Health
MoH/FMoH	Ministry of Health
MWH	Maternity Waiting Home
NGO	Non-governmental organization
PMNCH	Partnership for Maternal, Neonatal and Child Health
PMTCT	Prevention of mother-to-child transmission (of HIV)
PoC	Point of care
QoC	Quality of care
RMNCAH	Reproductive, maternal, newborn, child and adolescent health
RMNCH	Reproductive, maternal, newborn and child health
Sida	Swedish International Development Cooperation Agency
SRMNCAH	Sexual, reproductive, maternal, newborn, child and adolescent health
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and reproductive rights
STI	Sexually transmitted infection
UN	United Nations
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
UNAIDS	Joint United Nations Programme on HIV/AIDS

UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
UNSG	United Nations Secretary-General
USAID	United States Agency for International Development
WHO	The World Health Organization

Acknowledgements

The H6 Partnership representing UNAIDS, UNFPA, UNICEF, UN Women, the World Health Organization and the World Bank wishes to express deep gratitude to Sweden for generous support to the H6 Joint Programme in 2017 (support from Canada concluded in 2016 as planned). The support received from the Swedish International Development Cooperation Agency (Sida) represents an important contribution and accelerates the implementation of the commitments made to the United Nations Secretary-General's Global Strategy as part of Every Woman Every Child. In 2017, the Sida grant supported the six countries of the H6 Joint Programme: Cameroon, Côte d'Ivoire, Ethiopia, Guinea-Bissau, Liberia and Zimbabwe.

We wish to acknowledge the H6 country teams and their efforts, through ownership and leadership of the Ministry of Health, to plan, monitor and implement programmes effectively. We wish to acknowledge the regional and global technical teams and the principals whose support gave shape to the H6 Partnership to become the technical arm of the Every Woman Every Child movement. Special thanks go to the national governments represented by Ministries of Health and implementing partners for their leadership, stewardship and ownership in championing the issues of sexual, reproductive, maternal, newborn, child and adolescent health. Finally, the H6 Partnership wishes to recognize the hard work carried out by health care providers, community leaders and community members, including women themselves, who made possible this impactful, transformative and catalytic programming.

Executive Summary

Demand for technical support from the H6 Partnership has increased significantly in recent years, largely in response to the demand for and proliferation of national-level initiatives in sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCAH). For example, countries that have developed investment cases for SRMNCAH (under Global Financing Facility Trust Fund support) have relied extensively on the technical support of the H6. This support was supported in part through funding from the H6 Joint Programme. The H6 has an important role to play in ensuring optimum utilization of the financial resources invested in SRMNCAH programmes to achieve results.

The H6 Partnership builds on the progress made towards the Millennium Development Goals (MDGs) and contributes to the collaboration required to support countries as they move forward to achieve the Sustainable Development Goals (SDGs). This joint partnership of six United Nations agencies, functional since 2008, started supporting the UN Secretary-General's Global Strategy for Women's and Children's Health from 2010, and subsequently the updated Global Strategy for Women's, Children's and Adolescents' Health (2016–2030), also known as Every Woman Every Child (EWEC). The H6 Partnership focuses on 75 high burden countries where more than 85 per cent of all maternal and child deaths occur, including the 49 lowest income countries.

The H6 Joint Programme, the operational programme implemented by the H6 Partnership, has received support from Canada and the Swedish International Development Cooperation Agency (Sida) for a total of \$99.76 million. The aim is to provide catalytic and strategic support to national health systems to address the root causes of poor maternal and child health outcomes in 10 countries: Burkina Faso, Cameroon, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Guinea-Bissau, Liberia, Sierra Leone, Zambia and Zimbabwe, along with global-level activities. Collaboration with Canada started in 2012 and ended in 2016, whereas collaboration with Sida covers 2013 to 2018. Therefore, this report reviews progress for 2017 for Sida support only.

H6 Joint Programme country level progress 2017

During the reporting period, H6 Joint Programme countries completed planned activities. Four countries (Cameroon, Ethiopia, Guinea-Bissau and Liberia) received no-cost extensions for 2017 to complete planned activities, whereas Côte d'Ivoire and Zimbabwe completed activities in the pipeline at the end of 2016. The programme design followed a health systems building blocks strengthening approach. In 2017, activities at country level were confined to evidence-informed upstream work to strengthen national strategies and plans. This improved the service environment of intervention facilities and enhanced skills for 1,227 individuals, to strengthen human resources for health.

Looking at Sida's support from 2013 through 2017, the vast majority of expenditures were made at the country level (87 per cent) compared with the global level (10 per cent), and some 3 per

cent was spent on programme management, monitoring and evaluation. Four outputs account for 81 per cent of country level expenditures: health technologies and commodities, human resources for health, information systems and service delivery. The output receiving the lowest level of investment was health financing, with just 1 per cent of all expenditures.

The partnership's global-level progress

In 2017, the H6 continued to mobilize political support for the Every Woman Every Child movement and for the health targets of the Sustainable Development Goals. Advocacy continued among national governments across the H6 Partnership's 75 focus countries. The end line evaluation findings were effectively disseminated, reaching a variety of stakeholders including development partners and the donor community at the global level, as well as national-level partners in the ministries of health, academia, NGOs and implementing partners, among others. The resource mobilization efforts and discussions were initiated with potential donors for future collaboration.

The H6 Partnership contributed to the implementation of several new global efforts. These included global strategies like the Global Strategy for Women's, Children's and Adolescents' Health; Global Financing Facility (GFF); Every Newborn Action Plan (ENAP) and Ending Preventable Maternal Mortality (EPMM). H6 further received a five-year extension of collaborative funding from the French Muskoka Initiative for countries of West and Central Africa. Ten million Euros have been allocated for the first year, with budgets for the following years to be decided on an annual basis.

Looking back and moving forward

At country level, the H6 Partnership continued to help advance the goals of Every Woman Every Child, as the constituency with the most extensive reach in countries with a high burden of maternal and child mortality and morbidity. The EWEC Global Strategy is a detailed roadmap for countries to begin implementing the Sustainable Development Goals, reducing inequities, strengthening fragile health systems and fostering multi-sector approaches to end all preventable deaths of women, children and adolescents and ensure their health and well-being. The H6 is the technical arm of the Global Strategy.

The H6 Partnership's strategic interventions for the coming years are underpinned by principles of human rights and gender equality and aligned with the milestones and strategic interventions of the EWEC Result Framework 2020. This aims to harmonize actions across the EWEC ecosystem, which includes the H6, Global Financing Facility and the Partnership for Maternal, Neonatal and Child Health (PMNCH). This will work across sectors and partners engaged in implementing the EWEC Global Strategy, helping to maintain country focus, joint programming and complementarity of existing efforts to magnify results.

Section 1. Progress of the H6 Joint Programme

One of the first and most ambitious operational programmes implemented by the partnership was the H4+ Joint Programme Canada and Sweden, subsequently renamed the H6 Joint Programme. The H6 collaboration with Canada and Sweden mobilized a combined grant of \$99.76 million to accelerate progress towards MDG 4 to reduce child mortality and MDG 5 to improve maternal health in 10 countries in sub-Saharan Africa. The grant also enabled H6 partners at the country, regional and global levels to generate and disseminate knowledge and strengthen capacity for achievement of the Millennium Development Goals related to reproductive, maternal, newborn, child and adolescent health (RMNCAH).¹

In 2016, the H6 collaboration with Canada concluded, as planned. The H6 collaboration with Sida received a no-cost extension for 2017 to complete approved activities at country level and in 2018 to undertake actions on the management responses to the end line evaluation. The programme interventions were divided into two categories of global and country-level activities.

Table 1: Sweden's grant funding for H6 Joint Programme in six countries

Supporting grant funding	Eligible countries
Sweden (Sida)	Cameroon, Côte d'Ivoire, Ethiopia, Guinea-Bissau, Liberia, Zimbabwe

At the global level, activities generally fall into three types:

- Development and dissemination of global knowledge products, including lessons learned;
- Capacity development initiatives of country teams and key stakeholders from 75 high burden countries in order to strengthen national capacity around the design, implementation and monitoring of RMNCAH strategies;
- Advocacy initiatives for greater action and investment for RMNCAH.

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