H6 Partnership Annual Report 2016

Harnessing the collective strengths of the UN system to improve the health of women, children and adolescents everywhere















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Abbreviations

ASRH	Adolescent sexual and reproductive health
BMC	British medical journal
CAG	Community Advocacy Group
СНЖ	Community Health Worker
DRC	Democratic Republic of the Congo
DFATD	Department of Foreign Affairs, Trade and Development (Canada)
EmONC	Emergency Obstetric and Newborn Care
ЕМТСТ	Elimination of Mother-To-ChildTransmission (of HIV)
ENAP	Every Newborn Action Plan
EPMM	Ending Preventable Maternal Mortality
EWEC	Every Woman Every Child
GBV	Gender-based violence
GFF	Global Financing Facility
HMIS	Health management information system
ICM	International Confederation of Midwives
IMNCI	Integrated Management of Newborn and Childhood Illnesses
M&E	Monitoring and evaluation
MDGs	Millennium Development Goals
MDSR	Maternal Death Surveillance and Response
MNCH	Maternal, Newborn and Child Health
MNCAH	Maternal, Newborn, Child and Adolescent Health
MNDSR	Maternal and Neonatal Deaths Surveillance and Response
MoH/FMoH	Ministry of Health

PMNCH	Partnership for Maternal, Newborn and Child Health
РМТСТ	Prevention of mother-to-child transmission (of HIV)
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
RMNCH	Reproductive, Maternal, Newborn and Child Health
SBA	Skilled birth attendant
SDGs	Sustainable Development Goals
Sida	Swedish International Development Cooperation Agency
SMAG	Safe Motherhood Action Group
SRMNCAH	Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health
ТВА	Traditional birth attendant
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
USAID	United States Agency for International Development
WHO	World Health Organization

The choice of acronym may reflect its usage at a particular time. In order to maintain uniformity for the H6 Joint Programme, the report most often uses RMNCAH.

MNCH

In 2008, the H4 Partnership started working together on Maternal, Newborn and Child Health.

RMNCH

In 2010, reproductive health was added, and the acronym became RMNCH after the launch of the United Nations Secretary-General's global strategy of Every Women Every Child.

RMNCAH

Later in 2013, the adolescent health component was integrated, with an 'A' to make RMNCAH.

SRMNCAH

As of 2016, sexual health was added in the continuum of care, which is also in keeping with the 2030 Agenda. The H6 Partnership now works in SRMNCAH.

Wledgements

The six United Nations agencies of the H6 Partnership – UNAIDS, UNFPA, UNICEF, UN Women, the World Health Organization and the World Bank – wish to express their deepest gratitude to Canada and Sweden for their generous support to the H6 Joint Programme, through Global Affairs Canada (formerly DFATD) and Sida, the Swedish International Development Cooperation Agency. This support is an important contribution towards improving Sexual, Reproductive, Maternal, Newborn, Adolescent and Child Health (SRMNACH) and accelerating the implementation of the commitments made to the United Nations Secretary-General's Global Strategy as part of Every Woman Every Child, particularly in the 10 countries supported by the H6 Joint Programme: Burkina Faso, Cameroon, Côte d'Ivoire, Democratic Republic of the Congo (DRC), Ethiopia, Guinea-Bissau, Liberia, Sierra Leone, Zambia and Zimbabwe.

We wish to acknowledge the H6 country, regional and global teams for their efforts in planning, monitoring and implementing programming across the world. This includes the principals whose support gave shape to the partnership to become the technical arm of the Every Woman Every Child movement. Additionally, the H6 wishes to thank the national governments represented by their Ministries of Health as well as our implementing partners for their leadership, stewardship and ownership in championing the issues of SRMNCACH. Finally, H6 wishes to recognize the hard work accomplished by health care providers, community leaders and community members who make possible this impactful, transformative and catalytic programming.

This report is dedicated to Dr. Babatunde Osotimehin, the late Executive Director of the United Nations Population Fund. The world has lost a great leader and champion for the health and rights of women and girls worldwide. Dr. Osotimehin was a driving force in the success of the H6 Joint Programme and his belief in the positive power of collaboration remains an inspiration.

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