



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

### Objective

To harmonize approaches by UN agencies towards improving maternal and newborn health (MNH) at country level and jointly raise the necessary resources.

### Background

The year 2007 represented the mid-point for the Millennium Development Goals (MDGs). While there has been some progress in the health-related MDGs, MDG 5 is the one with the least progress.<sup>1,2</sup> It represents the greatest inequality in health and one that affects women, with a life-time risk of maternal death of one thousand times greater in parts of sub-Saharan Africa and Asia (as high as 1 in 7) than in some industrialized countries. Complications of pregnancy and childbirth leave 10-20 million women with physical and mental disabilities every year.

Maternal mortality has root causes in gender inequality, low access to education, especially for girls, early marriage, adolescent pregnancy, low access to sexual and reproductive health, including for adolescents, and other social determinants.

**Maternal mortality can be effectively reduced by addressing the above determinants and by ensuring universal access to a) family planning, b) skilled attendance at birth and c) basic and comprehensive emergency obstetric care.**

Maternal and newborn health is also intrinsically related to health programmes such as HIV and AIDS, in particular primary prevention and prevention of mother-to-child transmission, malaria prevention and treatment, nutrition and immunization.

Taking into consideration the comparative advantage, core expertise/experience, and collective strengths in MNH, WHO, UNFPA, UNICEF and The World Bank undertake to accelerate our joint support to countries to improve maternal and newborn survival by strengthening the continuum of care. The agencies will coordinate their support at country level guided by the national health plan and according to each agency's respective country-specific strengths and capacities. Support to these activities will be embedded within the strengthening of national health systems. The agencies will jointly contribute to **national capacity strengthening, building of sustainable national health systems and costing and financing of MNH national plans** whilst ensuring **national and global advocacy**.

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<sup>1</sup> Maternal Mortality in 2005: Estimates developed by WHO, UNICEF, UNFPA and The World Bank. October 2007. Geneva. WHO. Africa and the Millennium Development Goals. United Nations. 2007 Update.

<http://www.un.org/millenniumgoals/docs/MDGafrika07.pdf>

<sup>2</sup> The Millennium Development Goals Report. United Nations. 2007.

[http://millenniumindicators.un.org/unsd/mdg/Resources/Static/Products/Progress2007/UNSD\\_MDG\\_Report\\_2007e.pdf](http://millenniumindicators.un.org/unsd/mdg/Resources/Static/Products/Progress2007/UNSD_MDG_Report_2007e.pdf)

## Core functions of the UN agencies based on their comparative advantage:

- **WHO:** policy, normative, research, monitoring & evaluation
- **UNFPA:** reproductive health commodity security, support to implementation, human resources for sexual and reproductive health including MNH, technical assistance on building M&E capacity
- **UNICEF:** financing, support to implementation, logistics & supplies, monitoring & evaluation
- **The World Bank:** health financing, inclusion of MNCH in national development frameworks, strategic planning, investment in inputs for health systems, including fiduciary systems and governance, taking successful programmes to scale

## Focal agencies

*Focal agencies – (or shared focal agencies) – have been identified for each component of the MNH continuum of care and related functions to ensure and facilitate coordinated, optimal support to countries and clear accountability (Table 1). While these provide global guidance, the work of each agency at country level will be determined by existing situations in countries where agency strengths and experience differ as well as by arrangements such as sector-wide approaches (SWAps), or other sector plans, within the context of support to the national health plan/compacts.*

Being a focal agency would imply accountability at global and national level for facilitating and ensuring coordinated optimal support to countries for scale-up of the agreed programme components including:

- ensuring knowledge of the situation, inventory (mapping) of existing activities and resources, including human resources;
- ensuring support for the inclusion of MNH continuum of care concept in the development of detailed national plans/compacts and district plans;
- ensuring availability of technical support (tools and people);
- identifying relevant partners and supporting government coordination;
- supporting resource mobilization; and
- ensuring that a strong monitoring and evaluation system and the required skills are in place and used.

Being a focal agency does not mean that other agencies are not involved; on the contrary, the focal agency should help coordinate a strong UN response in support of the national health plan and national leadership, and foster the involvement of other key partners. The government should always lead and coordinate the process.

**Table 1 Proposed focal agency per building blocks, i.e. core areas within the continuum of care**

Area	Focal agency	Partners
<b>Family Planning</b>	UNFPA, WHO	UNICEF, WB
<b>Antenatal Care</b>	UNICEF, WHO	UNFPA, WB
<b>Skilled Attendance at Birth</b>	WHO, UNFPA	UNICEF, WB
<b>B-EmONC<sup>3</sup></b>	UNFPA, UNICEF	WHO, WB
<b>C-EmONC<sup>4</sup></b>	WHO, UNFPA	UNICEF, WB
<b>Post-partum</b>	WHO, UNFPA	UNICEF, WB
<b>Newborn care</b>	WHO, UNICEF	UNFPA, WB
<b>Maternal and Neonatal Nutrition</b>	UNICEF, WHO, WB ( for maternal nutrition)	UNFPA

<sup>3</sup> B-EmONC Basic Emergency Obstetric and Newborn Care

<sup>4</sup> C-EmONC Comprehensive Emergency Obstetric and Newborn Care

Table 2 lists additional issues and functions to be considered for maternal and newborn health programming.

**Table 2: Focal and partner UN agencies in additional areas of MNH work**

Area	Focal Agency	Partners
Girls education	UNICEF	UNFPA, WB
Gender/culture/male involvement	UNFPA, UNICEF	WHO, WB
Gender-based violence	UNFPA, UNICEF	WHO
Adolescent sexual reproductive health - young people	UNFPA, UNICEF, WHO	WB
Communication for development	UNFPA, UNICEF	WHO, WB
Obstetric fistula	UNFPA	WHO
Prevention of unsafe abortion/ post-abortion care	WHO	UNFPA
Female genital mutilation	UNFPA, UNICEF, WHO	WB
MNH in humanitarian situations	UNFPA, UNICEF, WHO	WB
Sexually transmitted infections	WHO	UNFPA, UNICEF
HIV/AIDS and integration with family planning	As per <i>UNAIDS Technical Support Division of Labour</i>	
Pre- and in-service training of human resources for MNH	WHO, UNFPA	UNICEF, WB
Regulation/legislation for human resources for health	WHO	UNFPA, UNICEF, WB
Essential drug list	WHO	UNFPA, UNICEF
Road maps' development and implementation	WHO, UNFPA, WB	UNICEF