



# Collective Action to Advance the Health of Women and Newborns

## 2011 Progress Report

### Alliance for Reproductive, Maternal, and Newborn Health

The world has seen remarkable improvements in health over the past decade. Yet progress in improving reproductive health and reducing maternal and newborn mortality has lagged other health indicators and must be accelerated if we are to achieve the Millennium Development Goals (MDGs) by 2015. Today, more than 200 million women who want to delay or avoid pregnancy lack access to family planning information and services, and more than 350,000 women die each year from complications during pregnancy or childbirth. More than 2.6 million stillbirths occur annually, and nearly 3.3 million newborns die in the first month of life every year.

The Alliance for Reproductive, Maternal, and Newborn Health (the Alliance) was launched in September 2010 at the United Nations General Assembly Summit on the Millennium Development Goals. It was created to support the UN Secretary-General's Global Strategy for Women's and Children's Health to accelerate progress in achieving MDG 4—reducing child mortality—and MDG 5—improving reproductive and maternal health. The Alliance represents a unique, collaborative effort by the Australian Agency for International Development (AusAID), the UK's Department for International Development (DFID), the US Agency for International Development (USAID), and the Bill & Melinda Gates Foundation.

During its first year, the Alliance focused on forging effective partnerships and improving reproductive health and family planning programs in ten high-need countries in sub-Saharan Africa and South Asia.

### Accomplishments at the country level

The Alliance worked closely with governments and other partners to improve access to reproductive health care and family planning in the ten focus countries: Bangladesh, Ethiopia, India, Indonesia, Kenya, Nepal, Nigeria, Pakistan, Tanzania, and Uganda. Together, these countries account



for about 68 percent of unmet need for family planning worldwide, 54 percent of all maternal deaths, and 56 percent of all neonatal mortality. In tandem, the Alliance worked with partners to promote the cost-effective use of donor aid, leverage resources to fill funding gaps, reduce duplicated efforts and activities, and encourage sharing of best practices among donor partners.

Initial efforts focused on developing productive partnerships among Alliance members, government partners, and civil society organizations through joint planning, coordinated implementation and joint funding, joint problem-solving, and joint learning. As these partnerships develop, the Alliance will focus increased attention on improving programs for reproductive, maternal, and newborn health and creating a supportive policy environment and systems to deliver better health outcomes. Selected country-level accomplishments during the Alliance's first year are highlighted on the next page.

## Joint planning

- In Bangladesh, Alliance members worked with partners to help the Ministry of Health and Family Welfare develop a five-year plan for health-sector programs. They are also helping the Ministry develop an urban health strategy. These efforts included identifying funding sources and developing a framework for tracking results.
- In India, Alliance members are working in close collaboration in four states—Bihar, Madhya Pradesh, Orissa, and Uttar Pradesh—to increase access to and use of modern family planning in the private sector.

## Coordinated implementation and joint funding

- Alliance members advanced the Government of Ethiopia's Health Sector Development Plan IV, which aims to reduce maternal and child mortality through behavior change strategies and improved access to health services.
- In Nepal, Alliance partners supported training for more than 750 birth attendants, contributing to increases in deliveries by skilled health workers.
- To expand access to family planning in six Nigerian cities, USAID and the Gates Foundation will partner to develop an innovative contraceptive supply system that uses a self-replenishing, revolving fund.
- In Pakistan, Alliance members helped to increase the number of trained community midwives from 2,795 in 2010 to 7,764 in 2011. The number of health facilities providing basic emergency obstetric care subsequently rose from 278 to 498, promising to reduce maternal and newborn death rates.
- In a groundbreaking effort in Tanzania, USAID, DFID, and AusAID pooled resources and partnered with the Ministry of Health and Social Welfare to ensure a sustainable supply of contraceptives following disruptive stockouts in 2010.
- In Uganda, DFID and USAID collaborated to increase support for private-sector partners so they could extend

family planning activities and increase the availability of affordable, high-quality family planning products, especially in rural areas.

## Joint problem-solving

- In Ethiopia, more women will have access to contraceptive implants and the government will save an estimated US\$2 million per year because Alliance members and others worked with manufacturers to reduce the price of reproductive health commodities.
- Responding to evidence compiled and presented by the Alliance, Nigeria's Ministry of Health eliminated fees for contraceptives in public-sector facilities and for the first time pledged US\$4 million to procure contraceptives through the United Nations Population Fund. This change could remove a substantial barrier to contraceptive use among the poor.
- In collaboration with the Government of Indonesia, USAID, AusAID, and the Gates Foundation initiated a study of the barriers to use of long-term and permanent contraceptive methods. Study results will inform national policies and future Alliance efforts.
- In Nepal, support from Alliance partners led to strengthened supply systems and helped reduce stockouts of reproductive health supplies. Stockouts of contraceptives declined to 3 percent (from 8 percent over five years), and stockouts of maternal and child health supplies declined to 6 percent (from 23 percent).

## Joint learning

- USAID, AusAID, and other partners supported the second Bangladesh Maternal Mortality and Health Care Survey 2010. The findings are helping to identify priority areas for increased attention to achieve further reductions in maternal and newborn deaths.
- In India, AusAID and the Gates Foundation worked with the Orissa Department of Health using an investment case approach to identify the bottlenecks and

## By 2015, the Alliance aims to contribute to:

- **100 million** additional users of modern methods of family planning.
- **67 million** more women giving birth with the help of skilled attendants.
- **80 million** more infants exclusively breastfed through the age of six months.

The Alliance is already working toward these targets in ten focus countries:

Bangladesh, Ethiopia, India, Indonesia, Kenya, Nepal, Nigeria, Pakistan, Tanzania, and Uganda.



best buys for achieving MDGs 4 and 5. In addition, these Alliance partners have undertaken the joint analysis of levels and trends of mortality and intervention coverage in several states to inform government planning and policy development.

- In Kenya, the Gates Foundation funded a study of the contraceptive supply chain in the public and private sectors, while DFID launched a review of maternal health and family planning priorities. The results will help the Alliance identify how best to harmonize support to improve contraceptive access and maternal health.
- In Nepal, AusAID and the Gates Foundation funded development of an investment case for scaling up maternal and newborn health interventions. This work will now be extended to ten districts to produce evidence-based plans with detailed cost projections to ensure value for money in the use of district-level resources.

### Progress at the headquarters level

Harnessing the complementary strengths of four large, complex organizations with different structures and operational approaches presented challenges that were overcome by a strong, shared commitment to Alliance objectives. A critical accomplishment during the first year was establishing productive partnerships among these organizations that did not duplicate efforts or require significant new resources, focusing instead on better coordination and communication to promote the efficient use of existing financial and technical resources.

At the headquarters level, Alliance partners worked together to create the overarching goals, implementation

approach, structure, and metrics for the partnership. They also collaborated on a number of international events and opportunities to improve reproductive, maternal, and newborn health. Examples include:

- Helping to meet women's needs for long-acting, reversible contraceptive implants by collaborating with pharmaceutical companies to increase access and reduce costs for these methods, under the auspices of the Reproductive Health Supplies Coalition. Discussions with Merck/MSD have led to a partnership initiative that aims to give more women access to this contraceptive method through price reductions and innovative financing and procurement. Potential savings of up to US\$10 million per year could enable access for 14.5 million women between now and 2015, preventing thousands of unintended pregnancies and saving the lives of mothers and babies.
- Expanding access to high-quality, low-priced generic contraceptives by ensuring procurement of products that are prequalified by WHO or approved by stringent regulatory authorities.
- Conceptualizing and planning a high-level policy side event at the World Bank–International Monetary Fund annual meeting entitled “Realizing the Demographic Dividend: Challenges and Opportunities for Ministers of Finance and Development.” This September 2011 event, planned jointly with the World Bank, will focus on well-designed economic and social policies that promote as well as capitalize on age-structure changes so that the demographic dividend can serve as an engine for economic development.
- Preparing a joint *Lancet* commentary on the links among population, development, and reproductive health, to be published in late 2011 or early 2012.

### Looking ahead

Over the next 12 months, the Alliance will extend its groundbreaking approach to new countries and welcome additional partners at both the headquarters and country levels. At the headquarters level, Alliance partners will identify and collaborate on a selected number of strategic activities that will enhance progress in reproductive, maternal, and newborn health. Improving access to quality care during labor for mothers and babies and improving maternal and newborn health and nutrition, including through the promotion of exclusive breastfeeding, will receive increased attention. The reproductive and maternal health needs of adolescent girls will be a particular focus. Finally, we will continue our coordinated efforts to improve access to quality, affordable reproductive and maternal health supplies.



Review of progress will be a key activity for the coming year, not just in relation to outcomes, but particularly in terms of the added value of the Alliance. The results framework developed by the Alliance includes metrics to assess progress toward specific goals for reproductive, maternal, and newborn health, as well as assessments of resource allocations. These indicators will be tracked

annually across Alliance countries using information from existing data collection systems, thereby ensuring maximum benefit from available resources.

### For more information

Please contact: [info@rmnh-alliance.org](mailto:info@rmnh-alliance.org)

## A novel approach to assistance

The Alliance for Reproductive, Maternal, and Newborn Health represents an entirely new model designed to enhance assistance. It intentionally builds on resources, coordination structures, and reporting mechanisms that already exist in countries instead of creating new systems, and focuses on using existing resources more effectively and efficiently rather than only on securing additional financial support. It features enhanced communication among and within partner organizations, as well as recognition that participation needs to be as simple and easy as possible. Alliance work is defined as any effort that involves at least two members working together at the country or headquarters level on behalf of the Alliance.



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In alignment with Millennium Development Goals (MDGs) 4 and 5, as well as the UN Secretary-General's Global Strategy for Women's and Children's Health, the Alliance seeks to accelerate progress that averts unintended pregnancies and reduces maternal and neonatal mortality. Manifesting the Paris Declaration's emphasis on donor harmonization and country ownership of development, the Alliance coordinates partners' efforts to support country-owned strategies for scaling up proven, high-impact interventions and exploring and adapting innovations that can improve health outcomes. In accord with the Accra Agenda for Action, the Alliance fosters inclusive partnerships that deliver results and build capacity.

The Alliance has set ambitious targets to improve reproductive, maternal, and newborn health by 2015. These targets include contributing to:

- 100 million additional users of modern methods of family planning to reduce unmet need.
- 67 million more women giving birth with the help of skilled attendants to reduce the maternal mortality ratio.
- 80 million more infants exclusively breastfed through the first six months of life to reduce newborn mortality.

Alliance activities emphasize three areas:

- Improving programs for reproductive, maternal, and newborn health, including the scale-up of proven interventions that focus on the poor.
- Developing productive partnerships, including joint planning and learning and coordinated implementation.
- Creating a supportive policy environment and systems, including support for country plans and advocacy for higher resource allocations.

The work of the Alliance reflects a fundamental belief that achieving critical targets for MDGs 4 and 5 requires coordinated international action to overcome long-standing challenges in reproductive, maternal, and newborn health in developing countries, especially in sub-Saharan Africa and South Asia.