



2012 Progress Report

Alliance for Reproductive, Maternal and Newborn Health

Collective Action to Advance the Health of Women and Newborns

The Alliance for Reproductive, Maternal and Newborn Health represents a new and unique approach to international assistance. Four core partners—the US Agency for International Development (USAID), the UK's Department for International Development (DFID), the Australian Agency for International Development (AusAID) and the Bill & Melinda Gates Foundation—are helping governments and other partners to accelerate progress toward Millennium Development Goals 4 and 5 in ten priority countries.

Alliance partners are working together to ensure the most effective and efficient use of existing resources to avert unintended pregnancies and reduce maternal and neonatal mortality. This approach is producing results. In the Alliance's second year, collaboration has helped strengthen programs and policies at the country level and created cost savings and efficiencies across the globe.

- Alliance partners contributed to two groundbreaking global events – the Child Survival Call to Action and the London Family Planning Summit. These high-profile events catalyzed global commitment and action around a set of ambitious, yet achievable new goals to end preventable child deaths and improve access to family planning in the world's poorest countries. The Family Planning Summit raised the resources to deliver contraceptives to an additional 120 million women, estimated to cost \$4.3 billion. More than 20 developing countries made commitments to address the policy, financing and delivery barriers to women accessing contraceptive information, services and supplies. Donors made financial commitments to support these plans amounting to \$2.6 billion. Alliance efforts in the coming years will focus on supporting the implementation and accountability of these commitments.
- In collaboration with the Reproductive Health Supplies Coalition, Alliance partners negotiated price reductions for two types of contraceptive implants, saving as much as US\$22 million and potentially serving an additional 1.3 million women.
- Leaders from the four Alliance partners co-authored a commentary in the *Lancet*, which reaffirmed their strong support of family planning as a “highly cost-effective development intervention to promote healthy families, increase opportunities for economic development, and enable strong and vibrant nations.”
- At the country level, partners in Tanzania and Uganda developed innovative new joint-financing agreements, allowing for coordinated support to family planning, reproductive and maternal health programs. A similar co-financing agreement in Ethiopia allows for joint technical support to the African Union Commission. These efforts have significantly reduced transaction costs for the donors and recipients involved and have created a framework for further multi-donor collaboration.
- In Indonesia and Nepal, partners are informing national policy through collaborative research efforts. In Indonesia, partners are piloting a demonstration project on long-acting and permanent family planning methods; and in Nepal, a joint evaluation of a community-based newborn care package is guiding national scale-up strategies.
- Partners in Nigeria successfully advocated for the elimination of national contraceptive user fees and for the government's subsequent release of US\$3 million to purchase contraceptive commodities. Government shipments of contraceptives to the states have tripled in the past year.

Table 1. Current progress toward national goals.

	% of women using modern methods of contraception		% of births attended by a skilled provider		% of infants <6 months exclusively breastfed	
	Current progress ^a	2015 goal ^b	Current progress ^a	2015 goal ^b	Current progress ^a	2015 goal ^b
Bangladesh ^c	52%	72% ^d	32%	50%	64%	50%
Ethiopia	27%	66%	10%	62%	52%	70%
India	49%	n/a	76% ^e	n/a	46%	n/a
Indonesia ^f	57%	65%	73%	90%	32%	100%
Kenya	39%	56% ^d	44%	90%	32%	60%
Nepal	43%	55%	36%	60%	70%	60%
Nigeria	10%	36% ^g	39%	85%	13%	50%
Pakistan	22%	37%	39%	60%	37%	45%
Tanzania	27%	60%	51%	80%	50%	80%
Uganda	26%	35%	59%	60%	62%	80%

^aData on current progress for all indicators is drawn from the country's most recent national survey: Bangladesh 2011 DHS; Ethiopia 2011 DHS; India 2006 DHS; Indonesia 2007 DHS; Kenya 2008-09 DHS; Nepal 2011 DHS; Nigeria 2008 DHS; Pakistan 2006-07 DHS; Tanzania 2010 DHS; Uganda 2011 DHS. ^bThe goals included in this table have been established by national governments as part of their development planning efforts; "n/a" indicates that the government has not set a national goal for this indicator. ^cAll Bangladesh national goals are for 2016. ^dGoal includes all modern and traditional methods of contraception. ^eUnited Nations Children's Fund (UNICEF). Coverage Evaluation Survey (CES) All India Report 2009. New Delhi, India: UNICEF; 2010. ^fAll Indonesian national goals are for 2014. ^gNigeria's CPR goal is for 2018.

Accomplishments at the country level

Country leadership is at the core of the Alliance's approach, and partners are working intensively in ten high-need countries—Bangladesh, Ethiopia, India, Indonesia, Kenya, Nepal, Nigeria, Pakistan, Tanzania and Uganda—to help governments achieve the ambitious goals they have set for themselves. As the table above indicates, extensive efforts are required in most countries to reach their goals for 2015—which is less than three years away. Selected accomplishments in meeting this challenge are highlighted on the following pages.

Joint planning

- In Kenya, Alliance partners DFID and USAID—in collaboration with the German Agency for International Cooperation (GIZ), the German Development Bank (KfW), Danida, the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA) and the World Health Organization (WHO)—conducted a Joint Assessment on "Harmonizing Support to Reproductive Health" which helped donors and the government collectively identify programmatic gaps and comparative advantages and also informed the design of several new donor country programs.

- In Bangladesh, members of the country's donor consortium, which includes USAID, DFID and AusAID, provided coordinated technical assistance to the government in designing a new five-year, US\$3.6 billion national health program that focuses on rural, poor women and children.
- In Pakistan, USAID, DFID and AusAID are assisting in the development of provincial health sector strategic frameworks to support recent government decentralization efforts. The frameworks focus on improving the health and nutrition status of regional populations, including vulnerable women and children, and draw on data from the jointly-funded National Nutrition Survey.

Joint financing and implementation

- AusAID and USAID are co-financing efforts to build the African Union Commission's capacity in maternal, newborn and child health advocacy and accountability. Transaction costs have been reduced by working through a single financing mechanism under which AusAID funding is passed through USAID and an AusAID technical advisor serves as both organizations' donor-liaison on maternal, newborn and child health issues to the Commission.

- In Tanzania, USAID and DFID have entered into a second joint-financing agreement, which will reduce contraceptive shortages through coordinated purchasing and forecasting of family planning commodities, ensuring a continuous pipeline of supplies through 2015.
- A joint funding and implementation agreement between USAID and DFID has also been established in Uganda. It provides coordinated support to reproductive health and family planning programs in both the public and private sectors, ensuring the availability of a full range of family planning methods at a national scale, and will reduce contraceptive shortages through coordinated forecasting and purchasing of family planning commodities.

Joint learning

- In Nepal, AusAID, USAID and DFID have completed an evaluation of the community-based newborn care package, which will inform the national scale-up strategy. They have also commissioned further analyses of the 2011 Nepal Demographic and Health Survey and other national population-based survey data to explain current trends in reproductive, maternal, newborn and child health.
- Alliance partners AusAID, USAID, DFID and the Gates Foundation are strengthening maternal and newborn health services in Ethiopia by mapping existing activities and data to identify areas for collective action. The review includes cause-of-child-death studies, maternal death reviews, other metrics and best practices.
- In Indonesia, AusAID, USAID and the Gates Foundation are jointly conducting a pilot study that demonstrates the acceptability of long-acting and permanent family planning methods.

Joint advocacy and policy alignment

- In Nigeria, following the Federal Ministry of Health's landmark decision to eliminate public-sector contraceptive user fees in 2011, Alliance partners successfully advocated for the release of US\$3 million to purchase contraceptive commodities. Contraceptive shipments to the states have now tripled as a result of further efforts undertaken by the government of Nigeria, UNFPA, the Canadian International Development Agency, DFID and USAID.
- In India, Alliance partners USAID, DFID and AusAID have coordinated advocacy efforts to promote the introduction of injectable contraceptives into the national family planning program and collectively advocated for more focus on postpartum family planning, infant and child nutrition and repositioning family planning as a maternal and child health intervention.

Progress at the headquarters level

Achievements at the country-level are supported by active and strong collaboration among headquarters-level partners. Together, these partners have been able to rally the global community around child survival and family planning efforts that extend well beyond the Alliance's ten focus countries.

Improving access to reproductive health commodities

- In early 2012, Bayer HealthCare reduced by 14 percent the price of its five-year contraceptive implant, Jadelle[®], following discussions with Alliance partners under the auspices of the Reproductive Health Supplies Coalition. This has created a cost-savings of approximately US\$7 million, which if reinvested in new orders of Jadelle[®], will meet the needs of as many as 400,000 women.
- Similar price reductions were negotiated with Merck/MSD as part of the Implanon[®] Access Initiative. The price of this three-year contraceptive implant will fall by 18 percent once a minimum threshold of 4.5 million units are ordered, which is expected to occur in late 2012. Such a price drop will yield retroactive savings of greater than US\$15 million, and if reinvested in new orders of Implanon[®], could serve an additional 954,000 women.

Raising the global profile of reproductive, maternal and newborn health

- Alliance partners DFID and the Gates Foundation co-hosted the Family Planning Summit in close collaboration with USAID and UNFPA in London on July 11, World Population Day. This groundbreaking event brought together heads of state and ministers of health from around the world to launch a global movement aimed at dramatically expanding access to family planning information, services and supplies for women in the world's poorest countries.
- USAID and the governments of India and Ethiopia, with the support of UNICEF and Alliance partners DFID and AusAID, convened the Child Survival Call to Action in June 2012. In this two-day meeting, more than 700 public and private representatives gathered to identify smart investments dedicated to one ambitious goal: to end preventable child deaths.
- Leaders from the four Alliance partners—Bob Carr (AusAID), Melinda Gates (Gates Foundation), Andrew Mitchell (DFID), and Rajiv Shah (USAID)—co-authored the commentary “Giving Women the Power to Plan their Families” in a special issue of the *Lancet*.^b

^bCarr B, Gates MF, Mitchell A, Shah R. Giving women the power to plan their families. *The Lancet*, 2012; 380(9837):80-82.

Supporting Global Commitments

Alliance partners are actively supporting implementation and accountability of commitments made during 2012's two watershed events—the Child Survival Call to Action and the London Family Planning Summit.

- The Call to Action challenged the world to reduce child mortality to 20 or fewer child deaths per 1,000 live births in every country by 2035. Reaching this historic target will save an additional 45 million children's lives by 2035. The Call to Action also launched the "Promise Renewed" campaign, which includes a series of activities to monitor progress in child survival efforts and ensure mutual accountability. Alliance partners will actively participate in regional and global forums convened by this campaign to assess progress, celebrate successes and refine strategies for accelerating progress toward this goal.
- The London Family Planning Summit raised the resources needed to achieve the goal of expanding family planning services to 120 million additional women by the year 2020, which is estimated to cost \$4.3 billion. The Gates Foundation and the Australian and United Kingdom governments all pledged additional funds for family planning, and the United States will continue in its role as the largest single donor in the field. The governments of nine Alliance focus countries—Bangladesh, Ethiopia, India, Indonesia, Kenya, Nigeria, Pakistan, Tanzania and Uganda—also committed to make family planning a health and development priority, promote needed policy changes and increase financial and political support for family planning.

Encouraging policy coherence

- Alliance partners USAID and the Gates Foundation, along with the World Bank, convened a meeting of developing country officials at the 2011 International Family Planning Conference to review the potentially significant impacts of the "demographic dividend" and the critical role of well-designed policies in promoting such changes.
- USAID, AusAID and the Gates Foundation, in conjunction with many other international organizations, endorsed the Postpartum Family Planning Call to Action, encouraging all programs that reach postpartum women during the first year following a birth to integrate family planning counselling and services into their programs.

Looking forward

In the year ahead, Alliance partners will continue to leverage and expand upon current accomplishments. At both the global and country levels, activities will focus on assisting governments in realizing their goals for improving reproductive, maternal and newborn health and implementing the commitments made at the high-level family planning and child survival summits. Work is already under way on several activities that will be accomplished in the coming year:

- Alliance partners are collaborating with the Partnership for Maternal, Newborn and Child Health to promote the implementation of the new global guidance "Essential Interventions, Commodities and Guidelines for Reproductive, Maternal, Newborn and Child Health." This work will commence with a policy and program mapping exercise intended to identify bottlenecks and potential catalysts for implementation in Alliance focus countries in Asia.

- WHO is joining Alliance partners USAID, DFID, AusAID and the Gates Foundation in a multi-donor effort to identify global priorities in family planning research. In December 2012, partners will host a meeting that will provide an opportunity for a wide range of donors to share information about their support of family planning research and to explore opportunities for joint learning, coordination and collaboration.
- Alliance partners will encourage greater dissemination and utilization of proven and promising practices by collectively endorsing and adopting key global consensus statements, encouraging countries to scale up these practices and offering more coordinated technical assistance to the Alliance focus countries.
- In support of the commitments made at the London Family Planning Summit, partners are continuing efforts to improve contraceptive market dynamics, strengthen supply chains and ensure the greatest possible value for each dollar spent in all family planning investments.

Working together, we have shown that coordinated investments and collective action can maximize the impact of individual partner's contributions. As we move forward, we will continue to demonstrate that such collaboration is an effective strategy for improving the health and lives of women and girls across the globe.

For more information

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