GUIDANCE NOTE

UNDP's Role in Achieving MDG 5 – Improve Maternal Health

22 August 2011

United Nations Development Programme

This Guidance Note:

- Describes and explains UNDP's role in supporting key partners to accelerate and sustain progress on MDG 5
- Outlines three pillars of UNDP action to improve maternal and reproductive health
- Offers practical guidance for UNDP at headquarters, regional and country office levels
- Highlights initial lessons learned from UNDP efforts in this area

Overview

Reducing maternal mortality and achieving universal access to reproductive health is a global health, human rights and development challenge, requiring coordinated action both within and outside the health sector. The multidimensional importance of maternal and reproductive health[1] is reflected in its codification as one of the Millennium Development Goals (MDGs), the world's time-bound global targets for human development. More recently, maternal health has received increased attention in global health and development agendas, with the release of the UN Secretary General's *Global Strategy for Women's and Children's Health* at the MDG Summit in September 2010 and the creation of the Commission on Information and Accountability for Women's and Children's Health.[2] Accelerating progress on MDG 5 is also one of the key objectives of the UNDG-endorsed MDG Acceleration Framework (MAF).

[1] It is acknowledged that the terms 'maternal' and 'reproductive' health—as well as 'sexual health'—have nuanced meanings. Though perhaps redundant, maternal and reproductive health is used in this guidance note, as the term reflects the language embedded in MDG 5. It is also acknowledged that newborn health is closely associated with maternal health and while only explicitly referenced in a few sections of this guidance note, the important links to maternal health are implied.

[2] (a) http://www.un.org/sg/globalstrategy (b) http://www.everywomaneverychild.org/pages?pageid=14

While there has been some progress in aggregate toward MDG 5, progress has not been fast enough to reach global targets. Maternal mortality remains stubbornly high. According to the most recent global-level MDG Report, an estimated 358,000 maternal deaths occurred in 2008. This estimate masks profound disparities (Figure 1). At a global level, the disparity is perhaps most stark between developed and developing countries, as 99% of maternal deaths occur in developing countries.[3] Furthermore, recent evidence suggests that some countries, particularly those in sub-Saharan Africa and central Asia, have seen net increases in maternal mortality ratios from 1990-2008.[4] Disparities persist within countries as well – for example, along rural-urban and income dimensions.

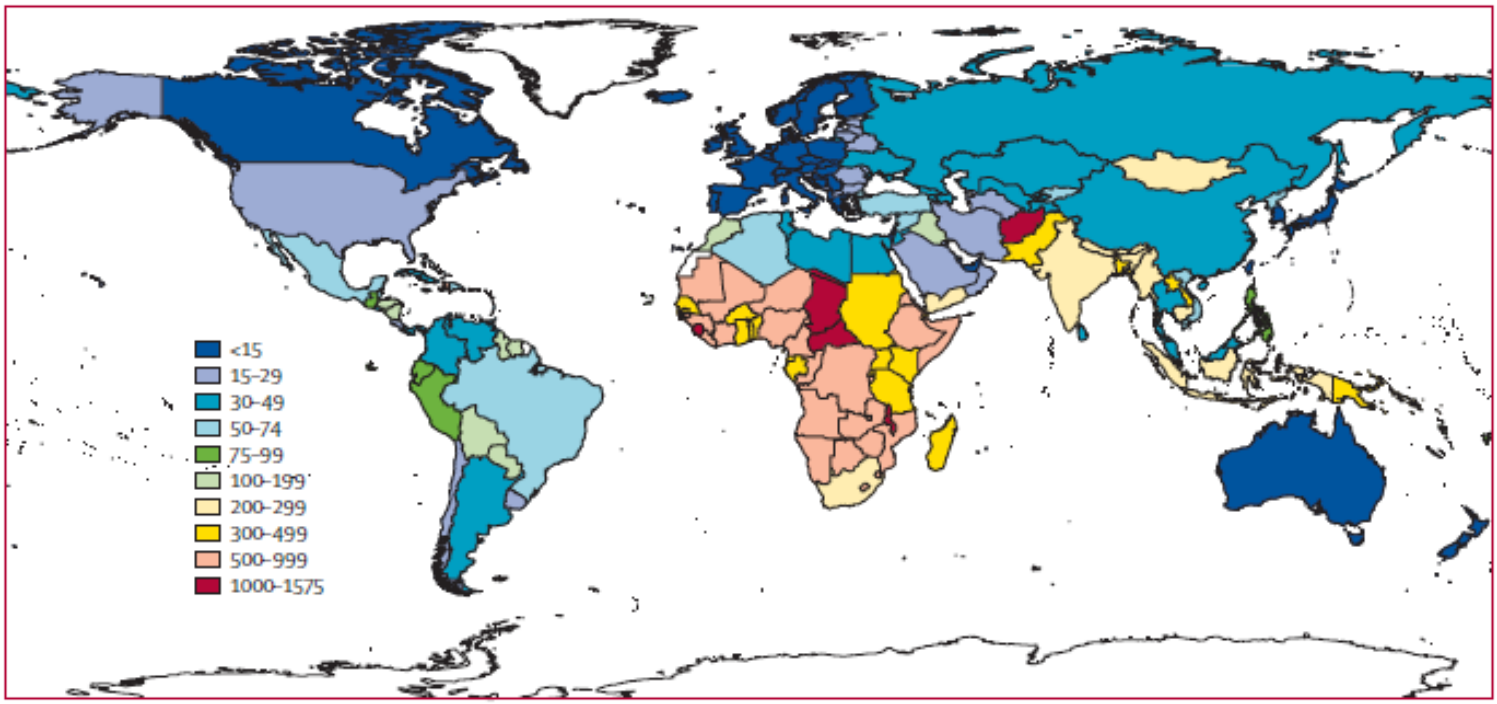

Figure 1. Maternal mortality ratio per 100,000 live births, 2008
Source: Hogan et al. 2010.

Overcoming these challenges requires coordinated action within and outside the health sector – a multisectoral call explicitly made in the UN Secretary General's *Global Strategy*. A robust health sector response is critical. The health services required to prevent unintended pregnancies and to prevent and treat health complications related to pregnancy and child-birth are well known and must be implemented at sufficient scale and quality to improve maternal and reproductive health. In many settings, however, the capacity of existing health systems to deliver such services remains weak. In addition, a range of inter-related social, cultural and economic factors often prevent women from exercising control over reproductive health choices and from receiving or seeking care before pregnancy and during pregnancy, childbirth and the postpartum period. These factors include, among others, gender inequalities and harmful cultural norms, widespread poverty, food insecurity and poor nutrition, long distances from health facilities, inadequate infrastructure and transport services, particularly in rural areas, and lack of access to energy.

Other UN partners have leadership roles in the response to MDG 5; UNDP can provide support. Most direct action on MDG 5 requires the strengthening of health systems, which in turn illustrates the important role of WHO as well as other multilateral actors such as UNFPA, UNICEF and the World Bank. UNDP, though not a specialist health agency, has an important role in supporting the work of these partners on MDG 5. UNDP already contributes to strengthening health

[3] United Nations. 2010. *The Millennium Development Goal Report, 2010*: *Addendum 2*. http://unstats.un.org/unsd/mdg/Resources/Static/Products/Progress2010/2010_Addendum_Goal5.pdf
[4] Hogan et al. 2010. Maternal mortality for 181 countries, 1980-2008: a systematic analysis of progress toward Millennium Development Goal 5. Lancet 375: 1609-23.

systems through its core work in strengthening governance, institutions and management capacity and in improving aid coordination and effectiveness. UNDP also contributes through its coordinating and convening role in bringing together multiple partners and resources at national and local levels. Moreover, UNDP is in a strong position to encourage political commitment outside the health sector, helping to place maternal health as a key government responsibility. Finally, by leveraging UNDP's core development mandate—and its expertise in democratic governance, poverty reduction, crisis prevention and recovery, energy and the environment, HIV/AIDS, capacity development, and gender equality and women's empowerment—UNDP can add critical momentum to MDG 5 progress by tackling the underlying social, cultural and economic factors that continue to present significant obstacles to improving maternal health.

"UNDP works hard to address the cross-cutting dimensions of gender equality which influence all the MDGs, including that on maternal health. Our work includes: expanding women's economic opportunities; strengthening the legal status and rights of women; and ensuring women's voice, inclusion and meaningful participation in decision-making. By making significant progress in these areas we will witness multiplier effects across the MDGs."

- UNDP Administrator Helen Clark, Women Deliver Conference, 2010.

Even though UNDP already helps to achieve MDG 5 through its core work, the explicit links of that work to MDG 5 are not always clear and immediately apparent. As a result, UNDP may overlook opportunities to work synergistically with key partners to accelerate progress. **This guidance note addresses this challenge by systematically taking stock of how UNDP can contribute to MDG 5 and by providing concrete suggestions for action across all levels of the organization—from headquarters to regions to country offices.** The guidance note was developed through a consultative process throughout UNDP. Under the overall direction of the Director of UNDP's HIV Practice, Mr. Jeffrey O'Malley, a cross-practice team within UNDP's Bureau for Development Policy drafted the first formulation of the guidance note, which was then shared with other Bureaus, such as BCPR and RBA, as well as with a subset of country offices. In order to gather examples of existing UNDP work on MDG 5 in country, an intensive search of ROAR reports was conducted. Other documentation was utilized as needed, such as lessons from the MAF pilot countries.

The guidance note proposes action for UNDP on maternal and reproductive health in the following three pillars:

1. Promoting national leadership, sustainable financing, effective development assistance and aid coordination for maternal and reproductive health.

2. Understanding and addressing the social, cultural and economic determinants of MDG 5.

3. Identifying and responding to governance, institutional, and management capacity bottlenecks that impact on the health sector, specifically access to maternal and reproductive health services.

By supporting concerted action in these three areas, UNDP, working with other partners, can ensure that together we make a greater collective impact on MDG 5.

The Conceptual Framework

2.1 MDG 5 status and trends

MDG 5 includes targets aimed at both reducing maternal mortality and achieving sexual and reproductive health and rights (Box 1). Reproductive rights encompass a range of internationally recognized human rights, which rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. They also include the right to make decisions concerning sexual health and reproduction free of discrimination, coercion and violence.[5]

Box 1: MDG 5 Targets

Target 5A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

Indicators for Target 5A:

- Maternal mortality ratio
- Proportion of births attended by skilled health personnel

Target 5B: Achieve, by 2015, universal access to reproductive health

Indicators for Target 5B

- Contraceptive prevalence rate
- Adolescent birth rate
- Antenatal care coverage
- Unmet need for family planning

Despite some progress globally on MDG 5, achieving global MDG 5 targets remains a significant challenge. In 2008, the maternal mortality ratio in developing regions was 290 maternal deaths per 100,000 live births, representing a 34 per cent decline since 1990.[6] Despite this important progress, the average annual percentage decline in the global maternal mortality ratio was 2.3 per cent, short of the 5.5 per cent annual decline necessary to meet the MDG 5 target. Moreover, developing countries continue to bear the greatest burden of maternal deaths. In sub-Saharan Africa, a woman's risk of dying from preventable or treatable complications of pregnancy and childbirth over the course of her lifetime is 1 in 31, compared to 1 in 4300 in developed regions.[7]

What is reproductive health? What are reproductive health rights?

"Reproductive health is a state of complete physical, mental and social well- being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. In line with the above definition of reproductive health, reproductive health care is defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being through preventing and solving reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counseling and care related to reproduction and sexually transmitted diseases". (Programme of Action of the International Conference on Population and Development, paragraph 7.2.)

[5] The Convention on the Elimination of Discrimination Against Women (CEDAW) contains provisions on reproductive health and rights, particularly in articles (12 and 16), as well as in defining discrimination (article 1) and requiring action in all fields (article 3).
[6] United Nations. 2010. *The Millennium Development Goal Report, 2010*: *Addendum 2*.
http://unstats.un.org/unsd/mdg/Resources/Static/Products/Progress2010/2010_Addendum_Goal5.pdf
[7] Ibid

2.2 Proximate causes and solutions

The major proximate, or direct, causes of maternal morbidity and mortality include hemorrhage, infection, high blood pressure, unsafe abortion, and obstructed labor. These causes are largely preventable and/or treatable. Fortney and Leong describe a systematic three-step approach to reducing maternal mortality:

1. prevent unintended pregnancies;

2. prevent complications during pregnancy, delivery, and the postpartum period; and

3. prevent deaths when complications occur.[8]

For each approach, women need to be able to access well functioning health systems that can provide effective contraception that meets demand, antenatal care in pregnancy, skilled care during childbirth (and referral when needed), and care and support in the weeks after childbirth. Throughout each stage, women need proper nutrition and support to manage complicating co-morbidities, such as those due to HIV infection. It is particularly important that all births are attended by skilled health personnel, as timely management and treatment can make the difference between life and death, both for mothers and newborns.[9] Of course, the health of pregnant and post-partum women is inextricably linked to the health of newborn babies, which suggests that action to improve maternal health often has direct impacts on newborn and infant health (MDG 4).

In many settings, however, the capacity of existing health systems to deliver such interventions remains weak. Skilled health workers, which are critical for addressing maternal health complications, are often in short supply and unevenly distributed. Stock-outs of essential medicines and commodities are far too common, and referral systems are often weak or not functioning. Bottlenecks also exist on the demand-side, as a variety of factors prevent pregnant and post-partum women from getting access to the health services they need.

2.3 Root causes and social, cultural and economic drivers

Some of the challenges noted above can be addressed within the health sector itself. Others require a focus on systemic causes, such as weak public administration and management systems. These weaknesses can negatively impact financing, delivery and utilization of maternal and reproductive health services through multiple channels: insufficient attention to coordinated multi-sectoral action in planning and implementation, ineffective monitoring and evaluation systems, and ineffectual management, oversight and remuneration systems for staff, both in terms of front-line service delivery as well as in decentralized health administrative bodies. These health systems- and management-related challenges can be further exacerbated—or even driven—by a lack of political leadership and ineffective and inefficient development assistance for health, particularly for maternal and reproductive health.

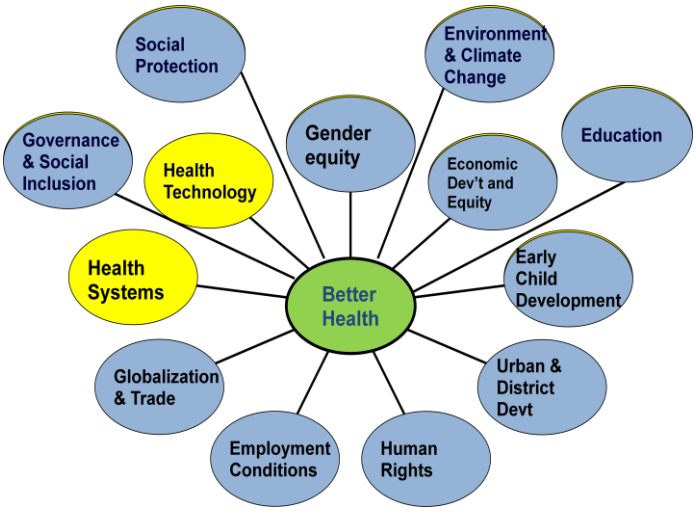

Figure 2. Contributions to health outcomes, including maternal and reproductive health, from inside the health sector (yellow) and outside (blue).

Even when health systems are functioning relatively well, a range of inter-related social, cultural and economic factors often prevent

[8] Fortney JA, Leong M. 2009. Saving Mothers Lives: programs that work. *Clin Obstet Gynecol.* 52: 224-36.
[9] WHO, Fact sheet N°348, November 2010

women from exercising their reproductive and sexual health rights, controlling their choices, and accessing related health services (Figure 2, previous page). These factors include, among others, gender inequalities and harmful cultural norms, widespread poverty, food insecurity and poor nutrition, inadequate promotion and protection of women's human rights, long distances from health facilities, inadequate infrastructure and services, particularly in rural areas, and lack of access to energy.

Laws and policies can directly or indirectly influence health seeking behavior. For examples, laws and policies may ban safe abortion services outright or they may indirectly impede access to such services through the onerous requirements they place on women. Women's access to justice and security is important not just as a human right but also because such access could help prevent gender-based violence, which can contribute to unintended pregnancies, exacerbate other complicating factors for maternal health (e.g., HIV infection) and impede access to reproductive and sexual health services. Cultural norms can contribute to poor maternal and reproductive health, including when the delivery of quality health services does not respond to the cultures of those who would seek care, particularly amongst excluded and minority groups. Finally, low levels of social capital (including trust, norms and networks), limits the ability of communities to identify their own health priorities and demand improvements. This is an important bottleneck to improving maternal and reproductive health, as it is for many other health- and development-related challenges (Box 2).[10]

Box 2: The power of social capital to improve maternal health – a case study in Nepal

Demonstrating the powerful potential of improving social capital, a study in Nepal found that empowerment of women's groups, irrespective of health systems improvements, was able to cut maternal mortality by approximately 78% and neonatal mortality by 30% over a relatively short time frame. While such approaches cannot replace a functioning health system, they show that they can be tremendously effective and imply that health system strengthening, while critical for accelerating progress on maternal health, is unlikely to be sufficient *on its own* to achieve global MDG 5 targets.

Reference: Manandhar D.S. et al. 2004. Effect of a participatory intervention with women's groups on birth outcomes in Nepal: a cluster-randomised control trial. Lancet 364: 970-79.

2.4 Socio-economic impacts of poor maternal and reproductive health

The multiple, overlapping socio-economic factors that impede progress on MDG 5 are one reason maternal and reproductive health is a human rights and development issue in addition to being a health one. The other reason is that poor maternal and reproductive health can have profound socio-economic *impacts*. Thus, broader socio-economic conditions not only shape but are also shaped by maternal and reproductive health (Figure 3, next page). In examining the ways in which maternal and reproductive health shapes socio-economic outcomes, it is important to consider pathways that include newborn and child health, particularly nutritional status, which is often inextricably tied to maternal health. Many of these pathways are outlined in the Secretary General's *Global Strategy*. For example, improving women's and children's health can reduce poverty and spur economic growth. One study suggests that addressing under-nutrition alone in pregnant women and children leads to an increase of up to 10% in an individual's lifetime earnings and that failing to do so can reduce a country's GDP by up to 2%.[11] USAID has estimated that maternal and newborn deaths lead to global productivity losses of USD 15 billion per year.[12] Another study attributed 30-50% of Asia's economic growth from 1965-1990 to improvements in

[10] The 'AIDS and MDGs Approach': What is it, why does it matter, and how do we take it forward? UNDP, Jan 2011
[11] Horton, S. et al. 2010. "Scaling up Nutrition: What will it cost?" World Bank. Washington, DC 2010.
[12] United States Agency for International Development. 2001. USAID Congressional Budget Justification FY 2002: program, performance and prospects—the global health pillar. Washington, DC.

reproductive health and reductions in infant mortality, child mortality and fertility rates.[13] Investing in reproductive health has also been shown to be cost-effective, which can free up fiscal space for other investments in human development. In many countries, every dollar spent on family planning saves at least four dollars that would otherwise be spent on treating complications arising from unplanned pregnancies.[14]

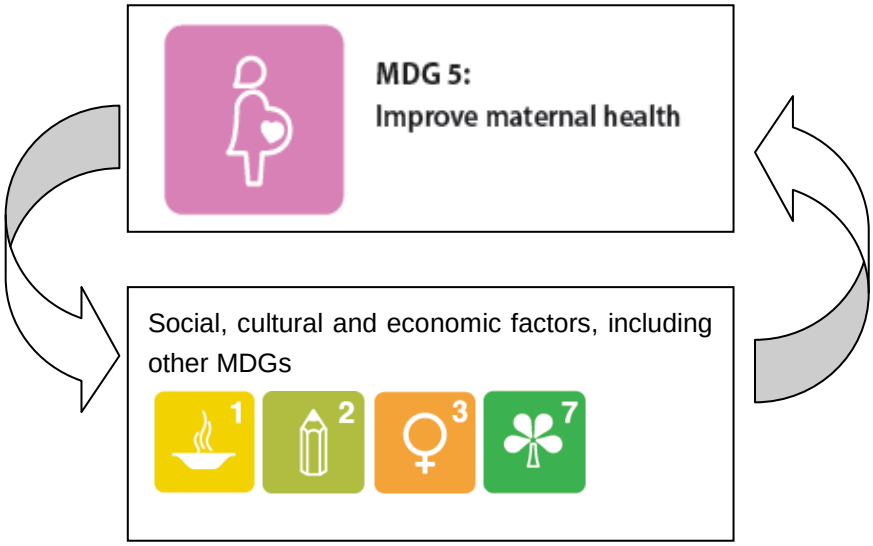

Figure 3: MDG 5 shapes and is shaped by social, cultural and economic factors

2.5 Sustaining and accelerating progress on MDG 5

During the United Nations MDG high-level plenary meeting in September 2010, UN Secretary-General Ban Ki-moon launched a *Global Strategy for Women's and Children's Health*, aimed at saving the lives of more than 16 million women and children over the next four years. Heralded as a much-needed commitment of resources and political will, the strategy provides an opportunity to stake stock of lessons learned and to galvanize coordinated multi-sectoral action to improve maternal and child health. As part of this broader effort, multiple agencies including WHO, UNFPA, UNICEF and the World Bank (collectively known as the H4+, with the addition of UNAIDS)[15] are leading efforts to strengthen health systems and ensure the provision of accessible, acceptable, affordable and quality maternal health care. Complementing the work of these agencies, UNDP is contributing to building robust health systems through its core work in strengthening governance, institutions and management capacity, as well as through its coordinating and convening role in bringing together multiple partners and resources at national and local levels. In addition, by leveraging UNDP's core development mandate, UNDP is bringing critical momentum to MDG 5 progress by tackling the underlying socio-economic factors, such as poverty, gender inequality and marginalization, that continue to present significant obstacles to improving maternal and reproductive health. By addressing such social, cultural and economic factors in its work on HIV, for example, UNDP is playing a key role in addressing one of the major causes of maternal mortality, particularly in hyper-endemic countries of southern Africa.

[13] World Health Organization and the Partnership for Maternal, Newborn and Child Health. 2009. Maternal, newborn and child health network for Asia and the Pacific. Investing in maternal, newborn and child health – the case for Asia and the Pacific. Geneva.
[14] Frost, J. et al. 2008. The impact of publicly funded family planning clinic services on unintended pregnancies and government cost savings. Journal of Health Care for the Poor and Underserved 19: 778-796.
[15] The H4+ are currently supporting maternal health programming in 26 priority countries, as part of a larger effort to improve maternal and reproductive health services worldwide . Since the MDG Summit in 2010, H4+ is stepping up efforts to fund 49 priority countries http://www.un.org/millenniumgoals/pdf/MDG_FS_5_EN_new.pdf

Taken together, UNDP at the country, regional and global levels can support strategies and interventions to accelerate and sustain progress on MDG 5 through action in **three key pillars:** (Figure 4)

1. ***Promoting national leadership, sustainable financing, effective development assistance and aid coordination for maternal and reproductive health*.** Efforts to achieve MDG 5 cannot succeed where there is inadequate attention to maternal and reproductive health in national planning instruments, insufficient human and financial resources to meet demands, or an over-reliance on external funding sources. UNDP's work on promoting national leadership, sustainable financing and aid co-ordination are significant elements in accelerating sustainable progress on maternal and reproductive health.

2. ***Understanding and addressing the social, cultural and economic determinants of maternal and reproductive health.*** Targeted interventions to address leadership gaps and health system bottlenecks need to be combined with longer-term efforts to address the social, cultural and economic determinants of maternal and reproductive health. UNDP initiatives to address gender inequality and poverty, reduce marginalization and exclusion, improve access to justice and to secure human rights, enhance communities' social capital and support governments to improve access to sustainable energy, water, roads, transportation and infrastructure are all critical to MDG 5 progress.

3. ***Identifying and responding to governance, institutional, and management capacity bottlenecks that impact on the health sector*.** A range of governance, institutional, and management constraints currently impede effective delivery of maternal and reproductive health services. These include depleted and overstretched management systems, inability to deploy skilled personnel where they are most needed, breakdown of supply chains, and challenges in reaching remote communities. Lack of attention to gender and cultural differences in health needs and services exacerbates these constraints. UNDP can play an important role in identifying and releasing such service delivery bottlenecks through attention to governance, institutional strengthening, management capacity issues and strategic deployment of new information and communication technologies.

In all three of these areas, UNDP brings to bear its multi-sectoral expertise in democratic governance, poverty reduction, crisis prevention and recovery, energy and the environment, HIV/AIDS, gender equality and women's empowerment, human rights and capacity development – to ensure that coordinated national responses and decentralized action are harnessed for greater impact on MDG 5.

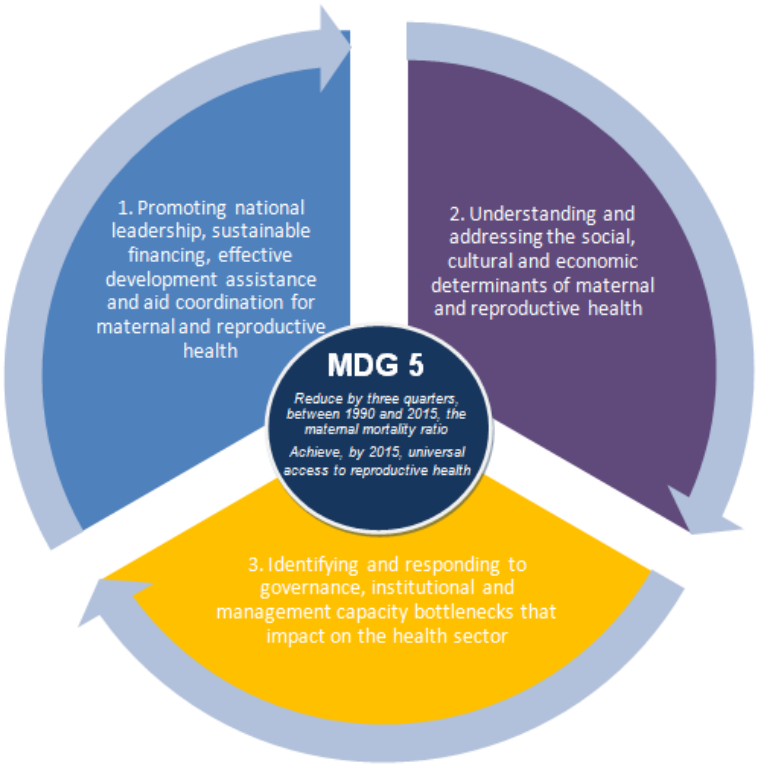

Figure 4: Three Key Pillars for UNDP action to accelerate and sustain progress on MDG 5

Practical Guidance

Building on the framework presented above, UNDP–in country offices, at regional centers and as a global network—can leverage a range of options for participating in efforts to accelerate action on MDG 5. The MDG Acceleration Framework (MAF)[16] and UNDP's Gender Equality Strategy provide important opportunities and guiding principles for action. The following section highlights examples and opportunities for country offices, working with key partners, to strengthen attention to MDG 5 through action in the three key pillars. Recommendations for complementary action and supportive leadership at regional and headquarters levels are also provided.

3.1 Country office opportunities for action

Many opportunities exist for UNDP country offices to work with partners synergistically to accelerate progress on MDG 5. These opportunities leverage core competencies of UNDP and many are activities in which country offices are already engaged. For such activities, the task is to ensure that these core activities are linked and tailored to maternal and reproductive health.

Country office opportunities for action have been identified along three key pillars:

1. Promoting national leadership, sustainable financing, effective development assistance and aid coordination for maternal and reproductive health.

2. Understanding and addressing the social, cultural and economic determinants of maternal and reproductive health.

3. Identifying and responding to governance, institutional, and management capacity bottlenecks that impact on the health sector, specifically access to maternal and reproductive health services.

Actions within these pillars are suggestions, rather than universal prescriptions, and should be adapted and implemented based on the country context and in collaboration with key partners, especially in conversation with key actors in the health system. In some cases, such as in countries with high levels of HIV, the distribution of proximal causes of maternal mortality differs. Country priorities and strategies also differ, which helps provide the context within which UNDP and other partners can develop plans to accelerate MDG 5 achievement. The constellation of partners and their priorities also varies across countries, which will help define UNDP's particular niche in a given country. The state of a country's health system is another important variable. In countries with relatively stronger health systems that are able to deliver more consistent and quality maternal and reproductive health services, there may be relatively greater need to address underlying social, cultural and economic drivers that impede access to services. The converse, however, may not necessarily be true; in countries with relatively weaker health systems, socio-economic drivers are not necessarily less important than health system constraints, as such drivers still directly affect maternal health—for example, through unintended pregnancies and increased risk of co-morbidities (e.g., HIV infection, poor nutrition). Thus, it is the types of socio-economic drivers—not socio-economic drivers per se—whose relevance may be linked to the country context.

[16] The MDG Acceleration Framework (MAF) has been endorsed by the UNDG as an approach for countries to accelerate action on the MDGs. The MAF is a facilitated dialogue with government that identifies and prioritizes solutions to the key bottlenecks to the implementation of MDG-related interventions. The primary output of the MAF is an action plan that outlines roles, responsibilities and resources required amongst all development partners to implement those solutions. In 2010, the MAF was rolled out in 10 countries across all of the MDGs. 3 countries implemented the MAF specifically for the health MDGs (Ghana – MDG 5, Uganda – MDG 5, Papua New Guinea – MDG 4, 5, 6)

Pillar 1: Promoting national leadership, sustainable financing, effective development assistance and aid coordination for maternal and reproductive health

Efforts to improve maternal and reproductive health cannot succeed where they are not nationally owned and prioritized. The lack of national leadership and ownership can manifest itself in several ways: inadequate attention to sexual and reproductive health in national planning instruments, insufficient human and financial resources to meet demands, and/or an over-reliance on external funding sources. As illustrated by examples from Tunisia (Box 3) and Ghana (Box 4), UNDP's work on promoting national leadership and sustainable financing can make an important contribution to improving maternal and reproductive health, helping governments to take ownership in such a way that fits the country context and needs.
Country offices can:

Box 3: Tunisia and MDG 5

Promoting national leadership to mobilize resources and target sub-national disparities in maternal health

Although Tunisia is on track to achieve almost all of the MDGs at the national level, reductions in maternal mortality have been to slow to achieve the MDG 5 target—this despite general improvements in living conditions and health infrastructure. In Tunisia, UNDP worked in collaboration with UNICEF and UNFPA to prepare the first MDG report with statistics at a sub-national level. The report was a critical advocacy tool which has permitted the Tunisian government and the UNCT to scale up their efforts on reducing maternal mortality.

Box 4: Ghana and MDG 5

Promoting national leadership, planning, and sustainable financing for MDG 5

The Government of Ghana has recognized, that if the current trends continue, maternal mortality will decline to only 340 per 100,000 by 2015, and it will be unlikely for Ghana to meet the MDG target of 185 per 100,000 by 2015 unless steps are taken to accelerate the pace of maternal health interventions. UNDP is promoting national leadership and sustainable financing for MDG 5 in Ghana by supporting the National Development Planning Commission to strengthen and align the Growth Poverty Reduction Strategy II (GPRS II) as the medium term national strategy to reach the MDGs. UNDP is partnering with the Ghana Government to ensure that national priorities are linked with MDG 5, including initiatives such as: Safe-Motherhood Initiative, Ghana VAST Survival Programme, Prevention Maternal Mortality Programme (PMMP), Making Pregnancy Safer Initiative, Prevention and Management of Safe Abortion Programme, Intermittent Preventive Treatment (IPT), Maternal and Neonatal Health Programme and the Roll Back Malaria Programme.

- Mainstream maternal and reproductive health as a human rights and development issue
  - Ensure that MDG 5 is appropriately reflected in national, sectoral and local development plans and processes, which adequately relate to the relevant public expenditure frameworks
  - Ensure national, sectoral or local result frameworks include MDG 5 indicators
  - Ensure MDG 5 is reflected in UNDAFs and CPAPs.
  - Foster national dialogue for developing appropriate macroeconomic policy responses that can trigger sustained and well-managed increased aid flows for maternal and reproductive and the larger health system

- Encourage national leadership on maternal and reproductive health
  - Engage in advocacy activities with leaders within and outside of government (parliament, civil society organizations, religious leaders, and others)
  - Work with civil society organizations and the media to highlight the importance of maternal and reproductive health

- Strengthen effectiveness, sustainability, predictability and coordination of development assistance for health, especially for maternal and reproductive health services, associated health systems and underlying social, cultural and economic drivers
    - Support government to identify the resource needs to accelerate and sustain progress on MDG 5 (MDG needs assessment tools), including as part of the implementation of the MAF for MDG 5
    - Support government and non-state actors that are active in maternal and reproductive health service delivery to increase efficiency gains and address absorptive capacity constraints within the health sector,[17]
    - Pilot innovative and alternative sources of financing and support sector-wide approaches for external assistance to improving MDG 5 (e.g., MDG Acceleration Fund in Uganda [Box 7], community-based health insurance schemes that target expectant mothers, etc.),
    - Support the government in coordinating development partners that support maternal and reproductive health, in the framework of a MAF action plan and linked to the government's overall efforts to improve aid coordination and mutual accountability on development assistance.

- Encourage South-South collaboration and knowledge-sharing on MDG 5

Country offices can already draw from a number of existing UNDP resources. UNDP's Gender and Economic Policy Management Initiative (GEPMI), which is a comprehensive capacity development and advisory services programme, is one such resource. GEPMI is an appropriate response to the need to address MDG 5 in the design, implementation and monitoring of economic policies that respond to gender issues. GEPMI provides an opportunity to address MDG5 both in the short- and long-run.

In the short-term, GEPMI offers a Short Course on Gender Responsive Economic Policy Management (a regional three week course) that targets governments' senior- and middle-level policy makers, members of parliament (particularly members of specific commissions), NGOs, etc., to whom UNDP provides tools and methodologies to incorporate gender in each step of economic policy management—comprehensive analysis of the social, cultural and economic situation, formulation of appropriate policy responses, costing/budgeting, implementation, monitoring and evaluation. The process of shaping national economic policies from a gender lens opens up a widow of opportunities to:

1. Analyze the social, cultural and economic determinants of maternal mortality;
2. Design appropriate policy responses;
3. Allocate sufficient financial resources for an effective implementation of the policy responses
4. Assess the extent to which governments respond effectively to the maternal mortality issue towards hastening the achievement of MDG5.

The Short Course already has modules dedicated to each step of economic planning: gender and poverty, gender and economics, gender statistics and indices, policy analysis, unpaid care work, macroeconomics and public finance and budget. There is a possibility to address MDG5 in these modules. In addition, UNDP has the flexibility to include an additional Module dedicated to MDG5 in the training curriculum to ensure an in-depth focus of the latter in national economic planning and management processes. GEPMI also engages in longer-term efforts through a Masters degree in Gender Aware Economics, which trains economists in gender and economic thinking, theories and practices.

[17] World Bank. 2010. Fiscal space for health in Uganda. (http://siteresources.worldbank.org/HEALTHNUTRITIONANDPOPULATION/Resources/Peer-Reviewed-Publications/WP186FiscalSpaceforHealthinUgandapdf.pdf)

Pillar 2: Understanding and addressing the social, cultural and economic determinants of maternal and reproductive health

Targeted interventions to address leadership and coordination gaps as well as health system bottlenecks need to be combined with longer-term efforts to address the social, cultural and economic determinants of maternal and reproductive health. These factors include, among others, widespread poverty, gender inequalities and harmful cultural norms, inadequate promotion and protection of women's human rights, marginalization and exclusion, food insecurity and poor nutrition, low levels of social capital, long distances from health facilities, and inadequate infrastructure and transport services, particularly in rural areas. Laws and policies, including those that impede access to safe abortion services, can directly or indirectly drive maternal mortality and influence health seeking behavior. Multi-sectoral and human-rights based responses are essential to address these social, cultural and economic factors and inequalities. For example, reducing gender inequalities and gender-based violence—by securing safety and enabling women to access justice through formal or informal legal systems, for example, while expanding women's economic opportunities and rights—can help to improve the health of women themselves, while reducing unintended pregnancies, decreasing the risk of complications (e.g., HIV/AIDS, poor nutrition and anemia) that directly impact maternal mortality and improving access to reproductive health services. Figure 5 highlights just some of the pathways through which gender inequalities results in risk situations, such as unprotected sex, that can have a double impact on maternal and reproductive health – by increasing unintended pregnancies and by increasing risk of HIV infection.

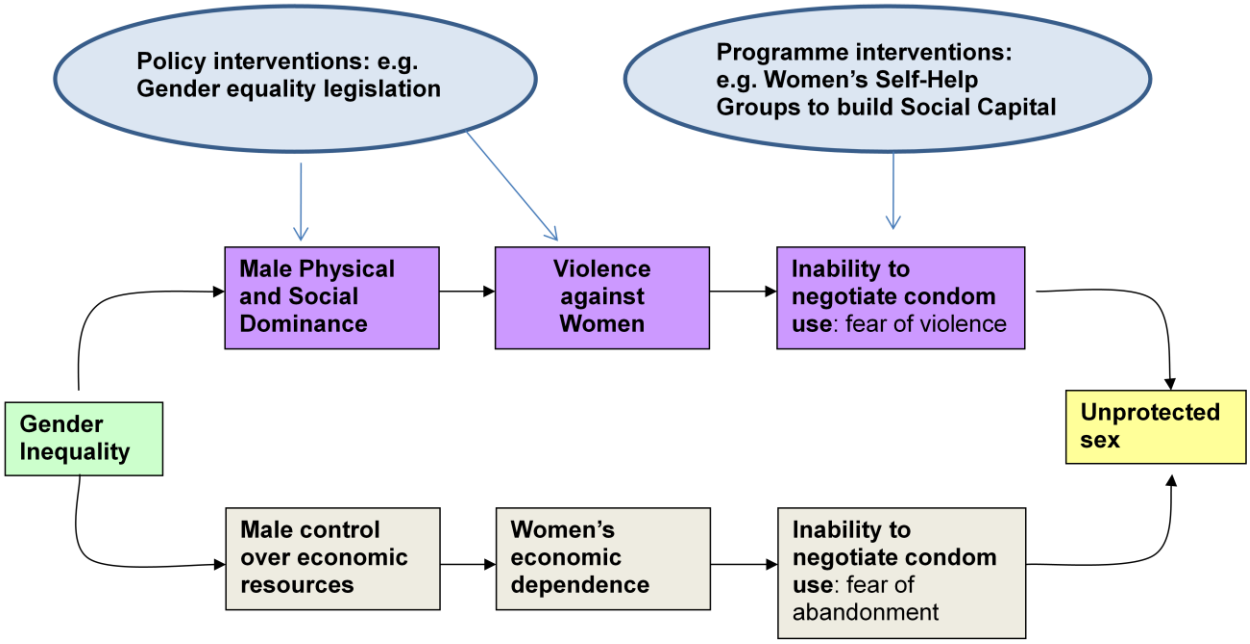

Figure 5. Causal pathways that link gender inequality to sexual behavior that puts women at risk of unintended pregnancies, poor maternal and reproductive health and HIV.

UNDP already has experience at country level in addressing the underlying social, cultural and economic drivers of maternal

and reproductive health (Boxes 5 and 6). The task is to leverage these experiences and UNDP's comparative advantages to work with partners to accelerate progress on MDG 5.

Box 5: India and MDG 5

Encouraging public-private partnerships to overcome economic obstacles to maternal health care

Women in India often face devastating risks during pregnancy due to unsafe home births and inadequate access to quality healthcare. Unfortunately, in much of India, quality healthcare is associated with costs that place them out of reach for many of the country's poorer women. In this context, UNDP is supporting a creative public-private partnership to scale up LifeSpring Hospitals — a chain of small hospitals providing low-income women in India with access to maternal and child health services. Through this initiative, LifeSpring Hospital has committed to provide an estimated 82,000 Indian women and their families with access to quality healthcare – as part of a larger initiative called the **Business Call to Action** —a global leadership platform for companies to leverage their core business expertise to meet the MDGs.

Box 6: Kenya and MDG 5

Addressing sexual violence to reduce unwanted pregnancies and improve reproductive health

UNDP has been leading an inter-agency HIV initiative entitled "Universal Access for Women and Girls Now!" The UA Now initiative in Kenya has been implemented by a Kenyan NGO, *Liverpool VCT* (LVCT) that has been working with the government to scale up comprehensive post rape care services in health facilities. Interventions to support survivors of sexual violence with heath and legal services can improve sexual and reproductive health by reducing unwanted pregnancies and risk of HIV and other sexually transmitted infections. The LVCT post rape care programme has trained 450 clinicians and nurses and 120 counselors who have provided clinical evaluation and legal documentation, HIV post exposure prophylaxis (PEP) and pregnancy and STI prevention and counseling to 9,500 rape survivors in 19 sites in Kenya. **UNDP is currently supporting LVCT to share this good practice and to influence national policy and strategy in Kenya, including the development of the** Kenya National HIV Strategic Plan III and its 1st National Plan of Operations **to include strategies for** supporting rights of women living with HIV – that will contribute to women's health and to reducing maternal mortality and morbidity through preventing unwanted pregnancies through access to information and services (SRH, condoms), reducing transmission of HIV during pregnancy, and ongoing services to mother, child and family.

Country offices can:

- Strengthen the conceptual and analytical links between social, cultural and economic factors and MDG 5 within a given country context, integrating a human rights-based approach
    - Ensure the application of the MAF includes sufficient attention to social, cultural and economic drivers of MDG 5, both in the analysis and development of action plans
    - Identify and disseminate interventions that work to address social, cultural and economic drivers of lagging progress on MDG 5
    - Promote adequate attention to multiple and often-reinforcing dimensions of inequalities

- Strengthen human rights, empower women and reduce gender inequalities that impede progress on MDG 5, as such inequalities can contribute to unintended pregnancies, complicating factors for maternal death (e.g., HIV/AIDS, poor nutrition and anemia) and reduced uptake for maternal and reproductive health services
    - Support efforts to reduce inequalities, including gender inequalities, through legal and economic empowerment strategies

- Support policies and programs that contribute to reducing and redistributing women's unpaid care work, as the work burden negatively impacts women's and children's health and prevents women from economic, educational and political participation[18]
- Improve women's standing in households by supporting women's property and inheritance rights
- Build capacities to highlight the direct linkages between women's economic empowerment and improvements in health issues
- Encourage greater participation of women in maternal and reproductive health planning at all levels and in designing and monitoring service delivery

- Promote an enabling legal, policy and cultural environment for access to MDG 5-related services
  - Support legal analysis of impeding or facilitating factors for MDG 5/women's health/ reproductive and sexual health and rights. The factors could affect both the supply of and demand for critical maternal and reproductive health services
  - Highlight the links between safe abortion services and maternal mortality, as well as the key direct and indirect obstacles to uptake of safe abortion services
  - Identify cultural barriers to the provision of maternal and reproductive health care, particularly for excluded, marginalized and minority groups, and work with partners to address them. Participatory approaches with such groups will be key in identifying barriers, developing solutions and monitoring for accountability.

- Strengthen women's access to justice and security services, as such access may help deter gender-based violence, which could reduce unwanted pregnancies and help ensure that women have greater say in accessing relevant health services without fear of violence
  - Strengthen justice systems and access to justice, especially as they apply to gender-based violence and sexual assault. This could include ensuring that women are aware of the legal avenues available to them, ensuring legal aid and counsel can be utilized and building up the knowledge and specialist skills of lawyers, judges, paralegals and prosecutors in dealing with cases of gender-based violence. Data collection is another important area. There is often very limited resources and capacity to record, for example, complaints made by women and referral of these complaints to the appropriate bodies. Building up evidence on the prevalence of gender-based violence is often one of the most effective ways to convince senior decision-makers that more should be done to tackle this often hidden issue.
  - Strengthen the delivery of security services to women. The security forces, including the police, the armed forces, the intelligence services and corrections personnel, can exacerbate women's insecurity rather than responding to women's needs, especially in tackling gender-based violence. Ensuring that security forces have the knowledge, skills and systems to respond appropriately, effectively and accountably is important. This can be part of wider programming aimed at improving the civil oversight of the sector and should look at how to build security personnel's awareness of the issue and ability to respond. In some contexts women are imprisoned unjustly because of taboos surrounding domestic violence and pregnancy. These women are particularly vulnerable. Ensuring corrections officers are appropriately trained to safeguard the rights of women and that correctional facilities conform to human rights standards is essential.
  - Engage customary laws. In many situations informal system of justice and security will be employed to handle gender-based violence, especially when violence has occurred in the domestic sphere. Customary laws and mechanisms should be engaged with to encourage adherence to international standards of human rights.

- Support relevant social protection programs, as many (e.g., conditional cash transfer programs) can directly impact maternal and child health and can provide a basic level of income and safety net to ensure that women can reliably access quality health services
  - Understand how existing health insurance schemes could be adapted to ensure improvements in maternal and reproductive health;

[18] UNDP Policy Brief: Unpaid Care Work (content.undp.org/go/cms-service/stream/asset/?asset_id=2560955)

- Support universal social protection and complementary programs, such as public work programs or conditional cash transfers, and bring an analysis of MDG 5 to these initiatives;
- Support access to savings for women enabling them to afford better health care.
- Strengthen food security and nutrition safety nets that effectively reach pregnant women and those who have recently given birth. These could be linked to the health system.

- Support effective and coordinated development assistance for social, cultural and economic drivers of maternal and reproductive health;
  - Persuade donors to provide the resources to scale-up effective programs to impact on social, cultural and economic factors underlying maternal mortality
  - Help donors understand how their development budgets can be maximized to address the social, cultural and economic drivers of maternal and reproductive health

- Strengthen food security and proper nutrition as applied to maternal health
  - Help communities understand nutritional needs among pregnant women and those who have recently given birth and map them against patterns of local production to develop food security and nutritional strategies

Pillar 3: Identifying and responding to governance, institutional and management capacity bottlenecks that impact on the health sector

Poor maternal and reproductive health outcomes are often driven by weak health systems, which, in turn, often have root causes in weak management systems, poor incentive structures, corruption and lack of attention to differences in needs of women and men, girls and boys, in health systems.[19] As a result, health care providers may be overworked and unmotivated, and resource leakages may diminish what constrained medical supplies are available. Moreover, many countries are experiencing a lack of appropriate balance of service providers (e.g., doctors/nurses/skilled birth attendants). Indeed, health systems in many countries are vastly understaffed and there are wide disparities between regions and between urban and rural settings. At the same time, commodities may be inadequate or unreliable and supply chain management may be weak. In many cases, no mechanisms exist to even assess governance in the health sector and understand where the related bottlenecks are. All of this exacerbates inefficiencies in the system and tensions in vertical and horizontal programming/broader systems approaches.

In a number of countries, such as Uganda, UNDP is helping governments and other partners to locate and then target specific bottlenecks, including more structural bottlenecks, where progress on MDG 5 is being held back (Box 7, next page). Thus, UNDP can convene a platform for MDG 5 stakeholders to support broader participation and multi-sectoral responses to improving maternal and reproductive health. Working with partners, UNDP can help to develop incentive structures as well as public sector or public administration reform, using a menu of capacity development strategies, such as institutionalizing public administration reform. This can include support to gather strategic information and to fill data collection gaps. In addition, building on models and experience from UNDP's Global Fund to Fight AIDS, Tuberculosis and Malaria portfolio, UNDP can help build management capacity in procurement, oversight and management relations in order to address weaknesses in supply chain management.

Country offices can:

- Co-ordinate multiple partners for action on MDG 5
  - Apply the MAF, promoting attention to MDG 5 and assisting national partners to work together to find sustainable solutions
  - Establish collaboration among various UN agencies, government, civil society and others to identify and address governance, capacity and management bottlenecks;

[19] In other words, women and men use health services differently, and have different disease patterns. Often, health systems do not take these differences into account, resulting in inefficiencies and a mismatch between service supply and demand.

- Bring appropriate Ministries together to collectively respond to MDG 5, particularly Ministries that are not currently engaged in MDG 5 efforts (e.g., Ministries of Finance, Economy, Planning, Transportation, Public Works)
- Support vertical and horizontal coordination among different institutions that impact the access of women to maternal and reproductive healthcare services;

Box 7: Uganda and MDG 5

Using the MAF to target bottlenecks and strengthen coordination of the MDG 5 response

Progress on MDG 5 is off track in Uganda. The maternal mortality ratio was stagnant at about 500 from 1995 to 2001, at which point it began to decline, but not quickly enough to achieve the 2015 target.[1] There is also considerable variation in key services, such as skilled birth attendance, within the country, both regionally and by income quintile.

Uganda already had a multisectoral *Roadmap for reducing maternal mortality from 2007-2015* but was struggling with coordination and implementation. In this context, UNDP worked with multiple partners, including UNFPA and the Ministries of Finance and Health, to implement the MDG Acceleration Framework (MAF), focusing on MDG 5.

Based on this multi-stakeholder process, several promising actions have been proposed to help implement Uganda's *Roadmap*, including: increasing quantity of health staff through recruitment efficiencies and task-shifting among already deployed health workers; outreach and health worker sensitization to reduce demand side barriers to utilization; providing incentives to village health teams to facilitate referrals; creation of an MDG acceleration fund (a ring-fenced financing arrangement that sectors can tap to finance additional activities toward the MDGs, including MDG 5); modifying the budgeting process to benefit priority sectors; ensuring commitments are linked to the performance contracts held by accounting officers; and strengthening linkages to the national M&E system. Through these upstream efforts, UNDP's engagement with multiple stakeholders is generating new momentum behind a multi-sectoral response to MDG 5 and seeking to improve the coordination and management of that response.

- Strengthen capacities at local and community levels
  - Strengthen the capacity of local development/local government to work with communities to identify and deliver localized approaches to improving maternal and reproductive health and monitor and evaluate results
  - Empower local communities and civil society organizations to understand maternal and reproductive health challenges, identify local needs and gaps and develop customized solutions, participate in decision-making processes that enhance service delivery and promote accountability
  - Ensure that empowering local communities is mainstreamed into local planning processes

- Strengthen ministerial capacities, particularly in public sector management
  - Provide implementation support and capacity development to the Ministry of Health and other relevant Ministries, including accountability and feedback to communities
  - Improve public sector management, especially as applied to management of maternal and reproductive health financing and human resources for health, including financial and non-financial incentives for both management and front-line service delivery
  - Work to address corruption and corresponding resource leakages that impact the delivery of maternal and reproductive health services
  - Support the development and strengthening of mechanisms to monitor and evaluate governance in the health sector, incorporating community participation

- Explore innovative policies and technologies
  - Explore options, including various incentives schemes, to ensure equitable distribution of skilled health staff to deliver maternal and reproductive health services.
  - Support deployment of ICT solutions to enhance service delivery (especially referral systems) and improve management capacities of national and local governments and integrate services and operations and scale-up service provision in remote-marginalized areas. Ensure that ICT solutions have the supporting hardware,

connectivity, required training and ongoing service contracts in order to be used sustainably.
    - Use mobile technologies to help link rural and marginalized communities with planning, implementation and monitoring processes

- Support legal and policy reforms
    - Encourage parliamentarians and law-makers to address implementation gaps through law and policy development and/or reform.

3.2 Headquarters and regional opportunities for action

For country offices to take full advantage of their opportunities for action, they will need effective and timely support from regional teams and headquarters. The support will need to extend beyond policy and program backstopping. UNDP at regional and headquarters level will need to actively engage other partners at regional and global levels to ensure that global health and development agendas create an enabling environment for action at country level.

Specific opportunities for action at headquarters and regional levels include:

- Ensuring support for UNDP's critical and complementary role in maternal and reproductive health at the highest levels of UNDP and in key partner organizations;

- Mobilizing global resources to support country offices on MDG 5-related activities;

- Providing ongoing guidance on UNDP's role in MDG 5 and broader health agendas;

- Providing policy advisory services and technical support to countries as they develop and implement MDG 5-related programs;

- Synthesizing and sharing lessons from country office experiences on MDG 5.

Lessons Learned

Drawing from the examples and country experience above, as well UNDP's experience in leveraging its core competencies for the achievement of other MDGs, a number of lessons can be drawn that can help guide UNDP in intensifying support to MDG 5 action. Most of these are common to UNDP's programming as a learning organization but can be specifically adapted to the context of maternal and reproductive health.

- **Look for synergies and complementarities to maximize efforts.** Many actors, both within and outside the UN system, already have considerable expertise in MDG 5 and well defined roles. UNDP is not positioning itself to encroach on those roles or provide similar expertise. Instead, UNDP should seek to leverage its core competencies and role among development partners to provide complementary, synergistic support to and with partners in achieving MDG 5. This has been UNDP's approach, for example, in its contributions to HIV. As a UNAIDS co-sponsor, UNDP has a formal mandate on HIV and considerable experience in working with other specialist health agencies in a productive way. These relationships and experiences should be leveraged for fruitful collaboration on MDG 5.

- **Remember one size does not fit all—flexibility and adaptability are critical.** While respective roles amongst partners are generally well understood, there is likely to be some flexibility at country level. UNDP should recognize that in some contexts it might play more of a direct role in supporting MDG 5 achievement while in others, other partners will take the lead. UNDP should be nimble enough to respond to the constellation of actors at country level.

- **Initiate and maintain dialogue.** Given the multiplicity of actors within MDG 5, and UNDP's growing recognition of the complementary role it can play, it will be imperative that UNDP initiate and maintain dialogue with established actors in MDG 5. This should help pave the way for UNDP involvement and ensure that synergies are maximized.

- **High-level leadership is paramount.** UNDP will best be able to contribute to MDG 5 when MDG 5 is seen as a priority within the government and the UN country team and when the Resident Coordinator recognizes and supports UNDP's appropriate contributions to MDG 5.

- **Leverage the MDG Acceleration Framework (MAF).** The MAF's explicit focus on cross-cutting, structural bottlenecks to progress on the MDGs, including MDG 5, dovetails with UNDP's contributions to the acceleration of MDG 5 (see Box 7). UNDP can help ensure that MAF processes identify those opportunities for UNDP involvement so that the resulting action plans create space for UNDP. Furthermore, linking the MAFs to UNDAFs will further create space for UNDP contributions within the UN system.

- **Utilize UNDP's convening power.** Given the multiplicity of actors in MDG 5 and the complexity of the challenge, UN system leadership and coordination can play an important role in accelerating action. UNDP is well placed to provide this overall leadership and coordination. At the same time, it will help create space for UNDP's policy and programmatic contributions to MDG 5. UNDP's relatively closer relationships with Ministries of Financing and Planning are a unique and much-needed contribution.

- **Make the case over and over again.** UNDP can play a key role in advocating for MDG 5 as a human rights and development issue in addition to being a health one. Without this perspective firmly embedded in partners' minds, justification for UNDP contributions will be more difficult to make. At the same time, UNDP should continually document the links between its core activities, its competencies and MDG 5.

UN Agencies and other Development Partners

Partnerships are particularly important for UNDP's work and for achieving the MDGs. UNDP's partners include governments, other UN agencies, international financial institutions, bilateral agencies, the private sector and civil society. Across countries and regions, UNDP as the UN's global development network, uses its global presence to bring together partners from many different backgrounds to share expertise, launch joint ventures and develop long-term solutions.

Specialized UN agencies and others have taken the lead in maternal and reproductive health. The H4+ group including UNICEF, WHO, UNFPA, the World Bank, and UNAIDS currently supports maternal health programming in 26 priority countries. These countries are burdened by some of the worst maternal mortality rates, yet they are making progressive strides forward. Since the MDG summit 2010, H4+ plans to fund 49 priority countries. UNDP's capacity development niche and its focus on gender mainstreaming can help ensure sustainable and predictable remuneration mechanisms for skilled birth attendants, that the medical centers in which they work are resourced and functional, that parliaments support legislation to protect women and their newborns and that governments protect social spending on healthcare.

The Global Fund for AIDS, Tuberculosis and Malaria is channeling grants to countries to fight those diseases. Its board encourages countries to include efforts to improve maternal and child Health in the proposals, which can happen through grants that strengthen health systems. UNDP plays an important role as Principal Recipient in 26 of those countries, most of them in difficult circumstances, such as post-conflict conditions or political unrest. UNDP is working with partners such as WHO, UNICEF, UNFPA, UNHCR and the UNAIDS Secretariat to ensure that governments and civil society partners have access to the necessary technical support and policy guidance for effective program implementation.

The SG's Strategy on Maternal and Child Health and the Commission on Information and Accountability for Women's and Children's Health addresses underlying structural factors that contribute to devaluing of the health of women. UNDP's work, which includes advocacy about the interrelationship between human rights, health and development, is directly complementary.

UNAIDS is a key partner in addressing the relationship between HIV and maternal health. After all, HIV is one of the leading causes of death and disease among women of reproductive age worldwide. In sub-Saharan Africa, 60 % of the people living with HIV are female while women make up 50% of the global epidemic. Experiencing violence increases the risk of HIV infection by a factor of three making violence a key driver of the epidemic. Women are likely to face barriers in accessing HIV prevention, treatment and care services due to limited decision-making power, lack of control over financial resources, restricted mobility and child-care responsibilities.

As a cosponsor of UNAIDS and under the UNAIDS Division of Labor, UNDP leads the implementation of HIV programs that address development planning, governance, human rights, gender and sexual diversity. UNDP works with countries to understand and respond to the development dimensions of HIV and health, complementing the work of other UN partners. It helps countries put HIV at the centre of national development and poverty reduction strategies; build national capacity to mobilize all levels of government and civil society for a coordinated and effective response to the epidemic; and protect the rights of people living with AIDS, women, and vulnerable populations.

UN Women supports inter-governmental bodies, such as the Commission on the Status of Women, in their formulation of policies, global standards and norms, to help Member States to implement these standards, standing ready to provide suitable technical and financial support to those countries that request it, and to forge effective partnerships with civil society. UN Women will hold the UN system accountable for its own commitments on gender equality, including regular monitoring of system-wide progress. UN co-ordination on gender equality and women's empowerment is undertaken by Gender Thematic Groups, under the overall authority of the Resident Coordinator. UNDP's International Assessment on what it will take to achieve the MDGs emphasized the importance of investing in opportunities for women and girls as a breakthrough strategy. The MDG Acceleration Framework is a tool designed to accelerate progress. UNDP anticipates a

fruitful and close collaboration with with UN Women to apply the framework in ways that ensure that MDG achievement is inclusive of women.[20]

The UNDP/UNFPA/WHO/WORLD BANK Special program of research, development and research training in human reproduction (HRP) includes policy-makers, scientists, health-care providers, clinicians, consumers and community representatives to identify priorities in sexual and reproductive health and to find sustainable solutions. HRP supports and coordinates research on a global scale in partnership with countries to provide the high-quality information needed to achieve universal access to effective services and to enable people to protect and promote their own health. UNDP contributes as a founder and co-sponsor of the special program specifically to analyze sexual and reproductive health laws and policies worldwide.

[20] *Remarks by Helen Clark, UNDP Administrator*
Mainstreaming Gender through the Work of the Agencies and Envisaged Collaboration with UN Women
Joint Meeting of the Executive Boards
New York, 4 February, 3-6 pm

Resources and Further Reading

Helen Clark's Speech at the "Women Deliver" Conference's Ministerial Forum Washington D.C. 11 Am, 7 June 2010 http://content.undp.org/go/newsroom/2010/june/helen-clarks-speech-at-the-women-deliver-conference-.en?categoryID=593043&lang=en

Unlocking progress: MDG acceleration on the road to 2015 http://www.undp.org/mdg/reports.shtml

What will it take to achieve the MDGs? : An international assessment http://www.undp.org/mdg/reports.shtml

The path to achieving the MDGs: A synthesis of evidence from around the World http://content.undp.org/go/cms-service/download/asset?asset_id=2677427

Beyond the mid-point: Achieving the MDGs http://content.undp.org/go/cms-service/stream/asset/?asset_id=2223855

MDG Breakthrough Strategy http://content.undp.org/go/cms-service/stream/asset/?asset_id=2578287

Millennium Campaign http://www.endpoverty2015.org/en/goals/maternal-health

MDGs: progress towards the health-related MDGs http://www.who.int/mediacentre/factsheets/fs290/en/index.html

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UN Millennium Project 2005. Who's Got the Power? Transforming Health Systems for Women and Children. http://www.unfpa.org/webdav/site/global/shared/safemotherhood/docs/maternalchild.pdf

Letter from United Nations Secretary-General Ban Ki-moon Introducing the Global Strategy for Women's and Children's Health September 2010 http://www.who.int/pmnch/topics/maternal/201009_globalstrategy_wch/en/index.html

Essential MNCH Knowledge: A portal to MNCH resources, The Partnership for Maternal, Newborn and Child Health http://portal.pmnch.org/

Acronyms and Abbreviations

ADB	Asian Development Bank
AIDS	Acquired Immunodeficiency Syndrome
APN+	Asia Pacific Network of People Living with HIV
ARV	Antiretroviral
BDP	Bureau for Development Policy
CO	Country Office
CoP	Community of Practice
ESCAP	(UNESCAP) United Nations Economic and Social Commission for Asia
GBV	Gender Based Violence
GFATM	The Global Fund to Fight AIDS, Tuberculosis and Malaria
H4+	H4+ group including UNICEF, WHO, UNFPA, the World Bank, and UNAIDS currently supports maternal health programming in 26 priority countries
HIV	Human Immunodeficiency Virus
HRP	UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction
IHP+	International Health Partnership
IPT	Intermittent preventive treatment
MAF	MDG Acceleration Framework
MDG	Millennium Development Goals
PMTCT	Prevention of mother-to-child transmission (of HIV)
PMMP	Prevention Maternal Mortality Programme
ROAR	Results Oriented Annual Report
STI	Sexually Transmitted Infections
SG	Secretary General
TB	Tuberculosis
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCT	United Nations Country Team
UNDG	United Nations Development Group
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session

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