

CATALYZING ACTION AMIDST GLOBAL CHALLENGES

The Maternal and
Newborn Health
Thematic Fund
2022 annual report





CONTENTS

Acknowledgements	5
Abbreviations	7
Foreword	9
Executive summary	10
PART 1: Catalytic impact of the Maternal and Newborn Health Thematic Fund	

1.1 Global and national advocacy and policy support	19
1.2 Pioneering innovation	21
1.3 Technical expertise and innovative models of care	21
1.4 Fostering partnerships	24
PART 2: Key results	

2.1 Midwifery	27
2.2 Emergency obstetric and newborn care	30
2.3 Maternal and perinatal death surveillance and response	36
2.4 Obstetric fistula	38
2.5 Sexual and reproductive health and rights integration	41
PART 3: Resource management	

3.1 Funding context and allocation model	44
3.2 Partner contributions	44
3.3 Operating budget	45
3.4 Expenses	45
PART 4: Challenges, lessons learned and the way forward	

4.1 Challenges	47
4.2 Lessons learned	48
4.3 The way forward	52
ANNEXES	

ANNEX 1: The MHTF publications	54
ANNEX 2: Detailed budget allocations	55
ANNEX 3: List of countries supported by the MHTF in 2022	56



All photos are copyright UNFPA unless otherwise indicated. All icons from Flaticon.com

Page 2: © Ken/Adobe Stock
Page 10: © Ken/Adobe Stock
Page 16: © Dilett Photo/ Freepik
Page 18: © Artur Ignatov/Unsplash
Page 22: © Owuroola Adewale/Unsplash
Page 29 © Icons from Flaticon.com
Page 32: © Sergiu Valena/Unsplash
Page 33: © By-Studio/Adobe Stock
Page 35: © UN Photo/Albert Gonzalez Farran
Page 36: © Maliha Abidi/Adobe Stock
Page 40: © NMK0819/Adobe Stock
Page 43: © Freepik
Page 46: © Marina-Pro/Freepik

ACKNOWLEDGEMENTS

UNFPA, the United Nations sexual and reproductive health agency, extends its gratitude to all its partners, including governments, donors, United Nations entities, civil society organizations and private sector partners, who have generously supported and collaborated with the Maternal and Newborn Health Thematic Fund (MHTF). Through this thematic Fund, significant progress was made towards achieving the UNFPA transformative result of ending preventable maternal deaths and the Sustainable Development Goals of the 2030 Agenda.

We are deeply grateful for the extraordinary efforts made by the 32 countries with high maternal and newborn mortality and the six regions in which the MHTF operates to advance access to quality maternal and newborn health-care services. Special thanks go to the steadfast and long-term support of the Governments of Germany, Luxembourg, Poland and Sweden, and to the University of Geneva, Johnson & Johnson, Takeda, Laerdal Global Health and Friends of UNFPA for their continued partnership and valuable financial and in-kind contributions.

Despite the challenges posed by the COVID-19 pandemic, remarkable achievements were made possible by the dedication and hard work of UNFPA colleagues together with government counterparts at the local, regional and global levels. Their efforts have greatly contributed to the success of various initiatives led by the MHTF.

We also acknowledge the collaboration with our United Nations colleagues through the H6 partnership (comprising the World Health Organization (WHO), UNFPA, the United Nations Children's Fund (UNICEF), the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), the Joint United Nations Programme on HIV/AIDS (UNAIDS), and the World Bank) and initiatives such as Ending Preventable Maternal Mortality and the Every Newborn Action Plan (EPMM/ENAP), the Human Reproduction Programme¹, the Alliance to Improve Midwifery Education and the Partnership for Maternal and Newborn Child Health (PMNCH). These partnerships have positively impacted the sexual, reproductive, maternal, newborn and adolescent health of those in greatest need, and we remain committed to leaving no woman or girl behind.

Furthermore, our partners have played crucial roles as champions of maternal and newborn health and have actively helped to support the implementation of our programmes. We extend our thanks to Engenderhealth, the International Confederation of Midwives, the International Federation of Gynaecology and Obstetrics, the International Society of Obstetric Fistula Surgeons, the Johns Hopkins Program for International Education in Gynecology and Obstetrics, the Liverpool School of Tropical Medicine, the Maternity Foundation, Operation Fistula, the United States Agency for International Development Momentum project, the Woodrow Wilson Center and the World Continuing Education Alliance.

Looking ahead, we are excited to continue advancing maternal and newborn health through dynamic partnerships, catalytic action and innovative collaborations. Together, we can make a lasting impact on the well-being of mothers and their newborns worldwide.

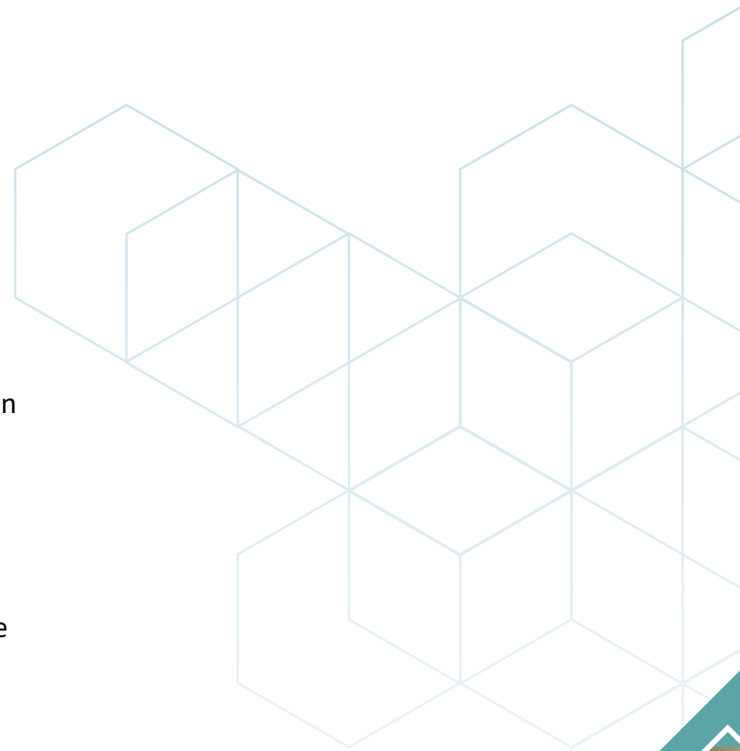


¹ The Human Reproduction Programme is the name given to the United Nations Development Programme/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction.



Abbreviations

AIME	Alliance to Improve Midwifery Education
COVID-19	coronavirus disease
DRC	The Democratic Republic of the Congo
EmONC	emergency obstetric and newborn care
ENAP	Every Newborn Action Plan
EPMM	Ending Preventable Maternal Mortality
ICM	International Confederation of Midwives
LSTM	Liverpool School of Tropical Medicine
MHTF	Maternal and Newborn Health Thematic Fund
MNH	maternal and newborn health
MPDSR	maternal and perinatal death surveillance and response
SRH	sexual and reproductive health
SRHR	sexual and reproductive health and rights
UHC	universal health coverage
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WCEA	World Continuing Education Alliance
WHO	World Health Organization



//

THE
MHTF IS A
POWERFUL
CATALYST
FOR
PROGRESS



FOREWORD

The year 2022 unfolded against a backdrop of unprecedented global challenges: the relentless COVID-19 pandemic, perilous conflicts and the escalating impact of climate change. Amidst these crises, another grave and largely silent one persisted: maternal mortality. Every day, almost 800 women lose their lives during pregnancy, childbirth or its aftermath. The vast majority of these deaths are preventable, underscoring the vast potential to save lives through timely intervention and access to high quality obstetric care. Although we have seen a reduction in maternal mortality over the past two decades, more recent trends indicate that progress has stagnated in some contexts.

The ongoing COVID-19 pandemic, escalating poverty levels and mounting humanitarian crises have strained health systems, amplifying the challenges faced by women and newborns. Alarming declines in funding for maternal and newborn health have exacerbated the problem. As we strive to improve global health outcomes, it is important to acknowledge and address the glaring disparities in maternal survival rates across regions and within countries as these countries grapple with shifting

population dynamics, climate change and humanitarian crises. Access to quality health care is the inalienable right of every woman and newborn, regardless of their race, class, income or geographic location. Addressing the full spectrum of maternal and newborn health issues is vital to improving outcomes. This means ensuring access to affordable, high-quality health care for women and newborns before, during and after childbirth; providing comprehensive family planning services; and building a strong and motivated midwifery workforce. In a challenging global environment, the Maternal and Newborn Health Thematic Fund (MHTF) is a powerful catalyst for progress. This report underscores the laudable strides made in the field of maternal health thanks to the invaluable support of the MHTF. It also serves as a reminder of the transformative power of our collective efforts when we commit ourselves unequivocally to reducing maternal mortality.

I thank our government partners, implementing partners, civil society organisations and donors for their unwavering, long-standing support of the MHTF. We need each other to scale up and improve the quality of our maternal and newborn health programmes. By standing behind the MHTF, we stand together to save and transform the lives of mothers and their newborns, bringing us closer to a future where no woman dies while giving birth. Let us continue to use the MHTF as a vehicle for action, helping us to reshape the landscape of maternal and newborn health, and forge a safer and healthier future for all.

DR. NATALIA KANEM, EXECUTIVE DIRECTOR,
UNITED NATIONS POPULATION FUND



EXECUTIVE SUMMARY

IN 2022, AT LEAST 2.4 MILLION PREGNANT WOMEN RECEIVED SAFE DELIVERY CARE

The Maternal and Newborn Health Thematic Fund (MHTF) provides tailored and catalytic support with the overall goal of ensuring that every woman, adolescent girl and newborn has equitable and accountable access to quality sexual, reproductive, maternal and newborn health and rights. It does so by strengthening health systems in 32 countries with high maternal morbidity and mortality spanning five regions: the Arab States, Asia and the Pacific, East and Southern Africa, Latin America and the Caribbean, and West and Central Africa. Furthermore, the sixth UNFPA region, Eastern Europe and Central Asia, received catalytic resources for midwifery needs assessments.

Established in 2008 as the only global pooled fund on maternal health, the MHTF has four areas of intervention critical to ending preventable maternal deaths: midwifery, emergency obstetric and newborn care, maternal and perinatal death surveillance and response, and obstetric fistula and other obstetric morbidities, with a cross-cutting focus on sexual and reproductive health and rights (SRHR) integration.



Recent data published by the United Nations show that maternal deaths have either increased or plateaued across nearly all global regions since 2015.² This means that every day almost 800 women die from preventable causes related to pregnancy and childbirth. In this context, the Fund is needed more than ever and the MHTF continues to deliver results on the ground. In 2022, at least 2.4 million pregnant women received safe delivery care, adding to a cumulative total of 28 million women since the inception of the MHTF. This was achieved through bolstering midwifery services and enhancing the quality of care in referral health facilities providing emergency obstetric and newborn care services. The Fund also supported the successful management of approximately 414,000³ obstetric complications, adding to a total of at least 3.1 million cases since the inception of the MHTF.

To improve clinical and other skills, in 2022, 525 midwifery schools were also fully equipped with essential resources and accredited with international benchmarks. The MHTF also helped to launch fully updated and innovative e-learning midwifery courses focused on essential life-saving skills, and a faculty development course that together benefitted close to 70,000 midwives. In 2022, the MHTF supported the launch of a new mobile app module to improve mental health among pregnant women, mothers, and their partners in low-resource settings around the world. The service, co-developed by UNFPA and the Maternity Foundation, is available within the Safe Delivery app, which reaches over 370,000 health-care professionals.

In 2022, the MHTF supported over 84,000 midwives in their pre-service education (i.e., diploma, bachelor's or master's programmes that adhere to international standards) and in-service training

² World Health Organization (2023). Trends in Maternal Mortality 2000 to 2020: Estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. World Health Organization: Geneva.

³ At least 1 million pregnant women received safe delivery care based on the assumption that half of the 16,500 midwives educated and trained (not including through e-learning) by MHTF in 2022 perform at least 10 deliveries per month and are deployed in well-equipped health facilities. The obstetric complication rate is based on an assumption of 15%. In addition, the MHTF provided direct support to health facilities, providing comprehensive maternal and neonatal health (including emergency obstetric and newborn care) in eight countries and improving the care provided during childbirth to 1.4 million pregnant women, including the management of 263,674 obstetric complications.

Maternal and newborn health is a critical component of universal health coverage (UHC), which envisions that all individuals and communities have access to the essential health services they need without financial hardship. As part of this commitment, in 2022, the MHTF helped launch a Learning by Sharing portal with the World Health Organization (WHO)

In 2022, the MHTF supported nearly 10,000 fistula repairs

and the Human Reproduction Programme (the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction) to support countries on advancing access to quality and comprehensive sexual and reproductive health and rights as an integral component of wider universal health coverage strategies and processes.

Nested within the MHTF is the Global Campaign to End Fistula. Through this campaign, health, dignity, hope and a sense of self-worth and agency has been restored to the affected women and girls. Over 1,800 survivors are benefiting from subsequent social reintegration and rehabilitation services. Today, 22 of the 32 MHTF-supported countries have a national strategy to eradicate fistula.

To ensure coordinated global action, UNFPA, through the MHTF, co-chairs the Ending Preventable Maternal Mortality and Every Newborn Action Plan together with WHO and the United Nations Children's Fund (UNICEF). UNFPA also contributes critical expertise and evidence from MHTF countries to the Quality of

Care Network for Maternal, Newborn, and Child Health, hosted by WHO and the Prevention of Unsafe Abortion Partners Group. To catalyse global efforts, in 2022 the Fund established the Alliance to Improve Midwifery Education to provide midwifery educators with state-of-the-art research insights and transformative learning experiences. The MHTF also hosted several pivotal policy dialogues with the Woodrow Wilson Center to tackle emerging issues impacting the global maternal health agenda, including how global maternal health intersects with climate change. The MHTF contributed to the global evidence base through eight peer-reviewed publications; and harnessed cutting-edge technology to drive innovation.

A critical milestone for Phase III of the MHTF occurred in 2022, namely the completion of the mid-term evaluation. The evaluation bears testimony to the excellent results achieved by the Fund. Importantly, the evaluation found that the MHTF delivers value for money globally and for individual countries. The findings and recommendations of the mid-term evaluation will shape Phase IV of the MHTF. Going forward, together with evaluation recommendations, the MHTF will leverage its successes and the lessons learned to respond to megatrends that are impacting maternal and newborn health. It will further adopt a robust gender-transformative approach, prioritize proven strategies, deepen the integration of midwifery into health systems; and expand comprehensive maternal and newborn health care to encompass mental health, community engagement, respectful maternity care and well-being.



In 2022, the overall operating budget of the MHTF was US\$25 million. US\$15 million was allocated for operations to 32 country offices, five regional offices, and headquarter units. This was agreed with partners to secure a US\$10 million reserve for a “bridging year” in 2023. Country and regional expenditures on maternal health amounted to US\$11.4 million, achieving a financial implementation rate of 76 per cent against the allocated US\$15 million budget. Just under a quarter (24 per cent) of the expenditure was global activities, mainly utilized for technical assistance to country and regional offices, global implementing partners supporting country offices, and global advocacy efforts. The highest maternal health expenditures occurred in West and Central Africa

(35 per cent), followed by East and Southern Africa (26 per cent), Asia and the Pacific (7 per cent), the Arab States (5 per cent) and Latin America and the Caribbean (3 per cent).

Through the MHTF, UNFPA remains committed to delivering integrated sexual, reproductive, maternal and newborn health services. As a pooled fund and partnership platform, the MHTF nurtures global collaboration and drives innovation to tackle the critical challenges facing maternal and newborn health and well-being. Against stagnating progress on maternal mortality, the MHTF is needed now more than ever to support countries to take proven interventions to scale-up critical interventions to end preventable maternal deaths.



2022 HIGHLIGHTS

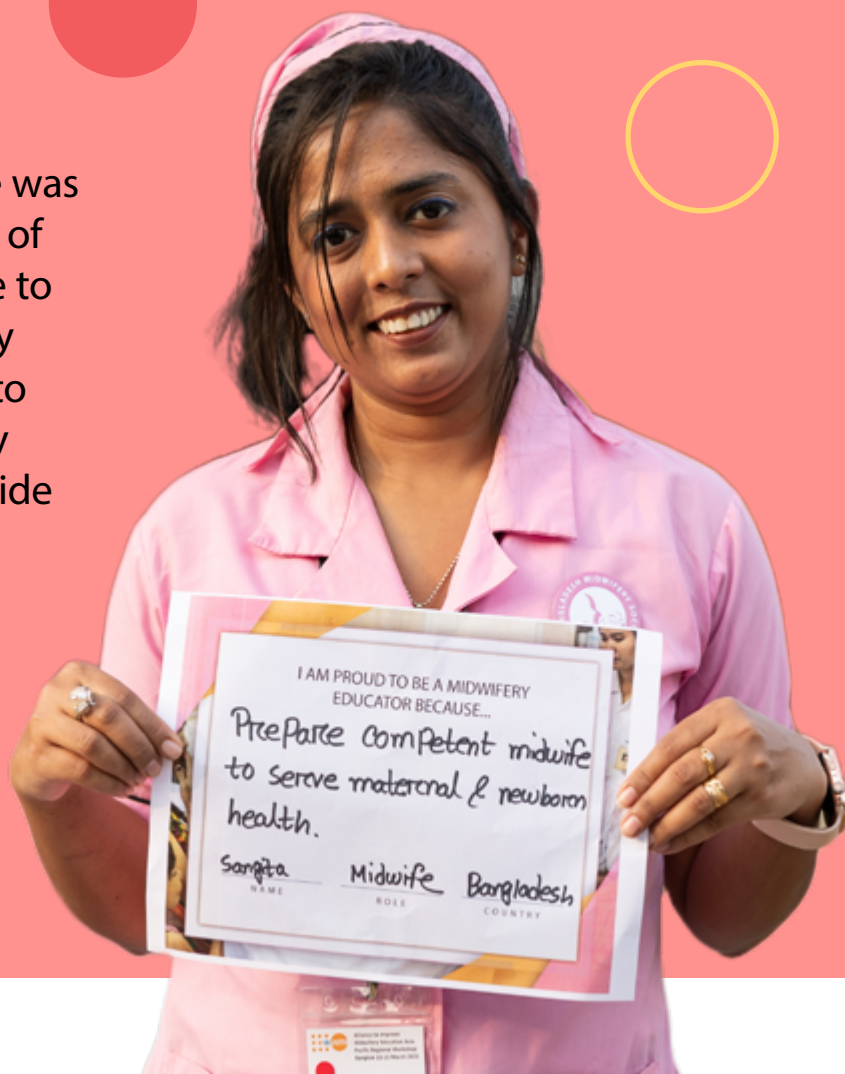
OVER

84,000



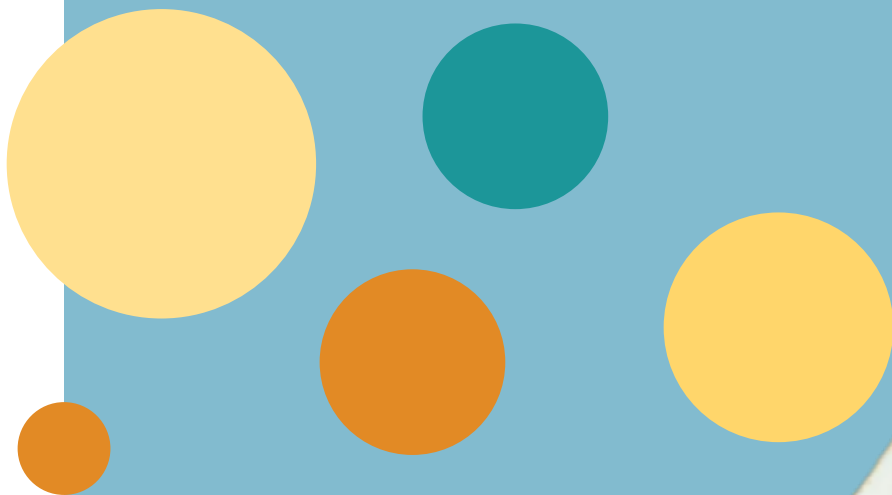
midwives have been supported with their pre-service education and in-service training to improve clinical and other skills

A major milestone was the establishment of the global Alliance to Improve Midwifery Education (AIME) to support midwifery educators worldwide





PERFORMED NEARLY 10,000 FISTULA
REPAIR SURGERIES, WHICH HAVE
RESTORED HEALTH, DIGNITY AND
HOPE TO WOMEN AND GIRLS



2.4 MILLION

pregnant women received safe delivery care, adding to a cumulative total of **28 million women** since the inception of the MHTF



THE DEMOCRATIC REPUBLIC OF THE CONGO,
MALI AND MOZAMBIQUE WERE SUPPORTED
IN REDESIGNING THEIR NATIONAL NETWORK
OF REFERRAL HEALTH FACILITIES THAT PROVIDE
EMERGENCY OBSTETRIC AND NEWBORN CARE



414,000

OBSTETRIC
COMPLICATIONS
WERE MANAGED



adding to a total of at
least 3.1 million cases
since the inception of
the MHTF

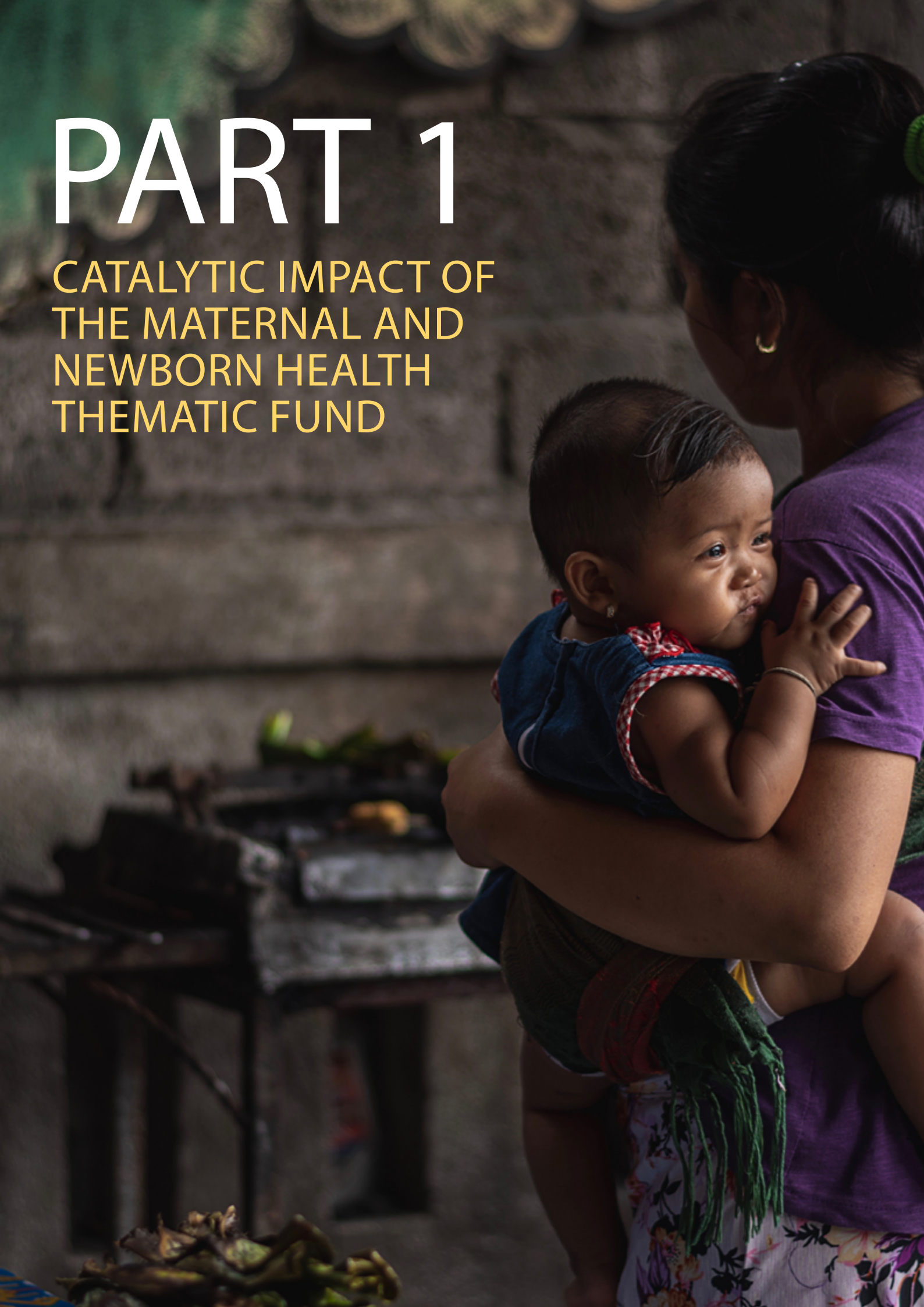
525 MIDWIFERY
SCHOOLS

WERE FULLY EQUIPPED WITH ESSENTIAL RESOURCES
AND ACCREDITED WITH INTERNATIONAL BENCHMARKS



PART 1

CATALYTIC IMPACT OF
THE MATERNAL AND
NEWBORN HEALTH
THEMATIC FUND



THE MATERNAL AND NEWBORN HEALTH THEMATIC FUND IS UNFPA'S FLAGSHIP FUND TO IMPROVE MATERNAL AND NEWBORN HEALTH AND WELL-BEING



The Maternal and Newborn Health Thematic Fund (MHTF) occupies a unique and pioneering position at the nexus of innovation, technology, policy and advocacy within UNFPA and across the ecosystem of maternal health actors. Fuelled by an unwavering commitment to advancing maternal and newborn health and well-being, the MHTF spearheads groundbreaking efforts that encompass innovation, strategic policy formulation and tireless advocacy initiatives.

The MHTF champions various modes of engagement, which can be divided into four broad categories: global and national advocacy and policy support; pioneering innovation; technical expertise and innovative models of care; and fostering partnerships. This section illustrates the catalytic nature of the MHTF. Part 2 reports on the results of the MHTF in more depth according to its four critical areas of intervention: midwifery, emergency obstetric and newborn care (EmONC), maternal and perinatal death surveillance and response (MPDSR), and obstetric fistula and other obstetric morbidities with a cross cutting focus on sexual and reproductive health and rights (SRHR) integration.



1.1 Global and national advocacy and policy support

One critical aspect of the work of the MHTF toward improved global well-being is the development and promotion of evidence-based approaches to maternal and newborn health. For instance, the publication of the third comprehensive global report on the [state of the world's midwifery](#) led to the development of regional reports in East and Southern Africa, Eastern Europe and Central Asia, and the Arab States⁴, and a document on good practices in midwifery for Latin America. This knowledge base was extensively used to inform national midwifery programmes and conduct policy advocacy. Similarly, [the EmONC guidance](#) developed in 2020 has continued to inform the development of national EmONC networks. In 2022, the MHTF team also helped to fill critical research gaps by contributing to eight peer-reviewed publications and two new technical resources (see Annex 1).

⁴ See Annex 1 for the list of regional reports on the state of midwifery published in 2022.



In 2022, the MHTF supported the Advancing Dialogue on Maternal Health Series, hosting pivotal policy dialogues together with the Woodrow Wilson Center in Washington, D.C. These dialogues convened pre-eminent maternal and newborn health policymakers, researchers and practitioners to dissect pressing global issues. Topics included [the impact of climate change](#) on maternal and newborn health and how to mitigate its lasting effects, the causes and consequences of [global unintended pregnancy](#) and solutions to address it, and how to advocate for the [increased recognition of and investment in midwives](#) and the central role they play in navigating crises and preventing unnecessary deaths.

In July 2022, the World Health Organization (WHO) and UNFPA launched the new joint [Learning by Sharing Portal](#) for the integration of sexual and reproductive health and rights and [universal health coverage \(UHC\)](#). The portal addresses a glaring gap in the evidence and guidance and responds to national-level needs for an online resource and evidence base to support and guide the integration of the sexual and reproductive health and universal health coverage agendas. Importantly, the Learning by Sharing Portal showcases national implementation stories of health system interventions addressing important gaps in financing, delivering and enabling access to sexual and reproductive health services.



1.2 Pioneering innovation

The MHTF uses the latest technology to power innovative solutions. In 2022, UNFPA and the Maternity Foundation, with the backing of the MHTF, unveiled an innovative digital service aimed at enhancing mental well-being among expectant mothers and couples in low- and middle-income nations worldwide. This groundbreaking service on mental well-being integrates seamlessly into the Maternity Foundation's widely adopted Safe Delivery app⁵.

The MHTF, in collaboration with the Liverpool School of Tropical Medicine (LSTM) and the World Continuing Education Alliance (WCEA), has further increased its impact on enhancing midwifery education. Close to 70,000 midwives and midwifery educators have been supported through four newly introduced e-training midwifery modules on key lifesaving skills (post-partum haemorrhage, pre-eclampsia/ eclampsia, sepsis, and prolonged and obstructed labour) and a new online training package for improving educators' competencies in the delivery of teaching, assessments, mentoring and feedback to students. These online courses have been translated into Arabic, French, Portuguese, Russian and Spanish to give them global outreach. Predominantly, they have been embraced by nurses and midwives working within health facilities across Africa.

1.3 Technical expertise and innovative models of care

The expertise of the MHTF extends across a comprehensive spectrum of sexual and reproductive health care and can provide substantial technical support and guidance for innovative models of implementation that can be implemented to scale. Cross-country insights are collaboratively exchanged among MHTF countries to foster learning and ignite inspiration.

⁵ The Safe Delivery app is a professional job aid and a digital training and learning tool for midwives and other health-care workers. Maternity Foundation developed the app in collaboration with Copenhagen University, the University of Southern Denmark and other practising midwives. It can be downloaded from the Google Play Store [here](#) and from the Apple Store [here](#).



A silhouette of a pregnant woman is shown in profile on the left side of the image, looking down. The background is a soft, colorful gradient of a sunset or sunrise, with shades of orange, pink, and purple. A teal-colored rectangular area is positioned in the upper right corner, containing the text.

THE MHTF
KICK-STARTS
OR ACCELERATES
INNOVATIVE
SOLUTIONS



Innovative capacity building model for midwives in Rwanda: Accelerating the quality of maternal and newborn health-care

Over the past decade, Rwanda has made remarkable progress in reducing its maternal mortality ratio from 540 in 2008 to 203 deaths per 100,000 live births in 2020. However, the decline in MMR has slowed in recent years, remaining between 210 to 203 deaths per 100,000 live births from 2015 to 2020 despite the high facility-based delivery rate. This has raised concerns about the quality of care, underscoring the urgent need to invest in midwives and to adopt innovative approaches.

The Rwanda Assessment of Maternal and Perinatal Death Surveillance (MPDSR) report in 2021 revealed that most preventable maternal deaths were attributed to skills gaps, particularly among fresh graduates across all health-care cadres. This underscores the need for innovative capacity-building models to facilitate continuous professional development in a cost-effective manner. Therefore, with MHTF support, the Health Development Initiative (HDI) joined forces with Rwanda Biomedical Center (RBC) and UNFPA to launch an ambitious mobile mentorship initiative called “Mobimenta” in three districts in 2022. Using mobile vans equipped with simulation equipment, trained

mentors provided hands-on simulation training to midwives working in health-care centres.

The impact of the Mobimenta programme has been impressive, providing mobile mentorship to 128 mentees, benefitting approximately 30,000 women annually. This programme will be integrated into the national mentorship guideline and further upgraded by using “Sim Begin” in collaboration with Laerdal Global Health, a Mobile Application to facilitate simulated practice. The tool is designed to enhance peer learning and increase the quality and efficiency of clinical skills practice.

By providing continuous on-the-job mentorship, the initiative can make lasting improvements in the health sector and bridge gaps in emergency obstetric neonatal care and family planning services. The structured simulations and mobile classrooms are not only cost-effective, but can also reach the most remote areas in Rwanda, ensuring that health-care providers receive the necessary support and education.





1.4 Fostering partnerships

As a catalytic thematic fund, the MHTF remains resolute in its aim of strengthening its collaborations with technical working groups, partners, academia, professional associations and advocacy platforms that actively engage in maternal and newborn health. This is reflected in the collaboration of the MHTF with an array of different organizations. These include the H6 partnership (comprising WHO, UNFPA, UNICEF, the United Nations Entity for Gender Equality and the Empowerment of Women, the Joint United Nations Programme on HIV/AIDS, and the World Bank); the Quality of Care Network for Maternal, Newborn, and Child Health hosted by WHO; and the Prevention of Unsafe Abortion Partners Group.

Importantly, UNFPA co-chairs the Every Newborn Action Plan (ENAP) and the Ending Preventable Maternal Mortality (EPMM) initiative with WHO and UNICEF. Members of the MHTF team co-chair the ENAP/EPMM country implementation group and support its measurement and advocacy groups. The MHTF contributed to the development of the ENAP/EPMM result framework and, in collaboration with UNFPA regional and country colleagues, provided guidance to 10 countries on developing their maternal and newborn health acceleration plan for the period 2023–2025. In 2022, the MHTF also co-led, with WHO and UNICEF, the collection and analysis of data on country progress towards the ENAP/EPMM coverage targets and milestones⁶. Findings from the data and priority actions were presented in the first joint ENAP/EPMM progress tracking report and launched at the new biennial International Maternal and Newborn Health Conference in May 2023 in Cape Town, South Africa, where the global maternal health community convened for the first time in eight years.

Another important partnership established in 2022 is the Alliance to Improve Midwifery Education (AIME). In line with the global drive to implement the WHO, UNFPA, International Confederation of Midwives (ICM) and UNICEF [Strengthening Quality Midwifery Education Framework for Action](#), UNFPA took the visionary step of establishing AIME in 2021. Through a powerful consortium of partners⁷ and with funding from the Johnson & Johnson Foundation, AIME is equipping midwifery educators around the globe with cutting-edge tools, knowledge products, research and transformative learning experiences. AIME is enhancing a calibre of midwifery educators and elevating the overall quality of midwifery education. It further extends support to newly qualified midwives during their pivotal transition into the workforce, spearheading policy and regulatory improvements to ensure proper licensing and accreditation within the midwifery profession.

AIME has created a united voice among partners on midwifery education and provides a strong mechanism for reaching midwives and midwifery educators with the latest evidence, resources, and tools. In 2022, the first AIME regional workshop was held in Nairobi, Kenya, to bring together global, regional, and country partners working on midwifery education. A total of 76 midwifery educators, regulators, and partners from 16 countries across Africa shared and reviewed new technical updates, resources, and activity plans to generate concerted action. UNFPA has also worked with AIME partners to develop global technical resources for midwifery education, such as a sample midwifery curriculum along with midwifery core competencies and the ICM Midwifery Education Programme Guide.

⁶ The ENAP/EPMM Joint Country Implementation Tracking Tool includes key deliverables for each of the 10 ENAP/EPMM milestones for maternal and newborn health and preventing stillbirths. A total of 88 questions were included using an online initiative National government staff self-reported into an online version of the tool between October and December 2022.

⁷ This partnership comprises UNFPA, ICM, WHO, UNICEF, the Johns Hopkins Program for International Education in Gynecology and Obstetrics, Laerdal Global Health and LSTM.



The partnership with UNFPA and the MHTF is important as we want to ensure that resources are allocated to effectively address multidimensional needs and challenges to advance sexual reproductive health and rights, gender equality and the well-being of women and girls worldwide. The Fund's comprehensive approach to SRHR and maternal and newborn health is in line with our values and priorities.

We are proud of the achievements that we have contributed to in terms of strengthened health systems, improved access, global advocacy, research and knowledge management for SRHR and maternal and newborn health.

Torbjörn Pettersson

Assistant Director General
Head of Department for
International Organisations
and Policy Support, Sida

PART 2

KEY RESULTS



The biggest catalytic impact of the MHTF lies in the institutionalization and scaling up of its programmes by national governments. The numerous examples presented below highlight the important role that the MHTF plays in the scale-up and quality-improvement of maternal and newborn health programmes at the national level. These examples can be categorized into five broad areas: midwifery, national emergency obstetric care (EmONC) networks, maternal and perinatal death surveillance and response (MPSDR), obstetric fistula response, and sexual and reproductive health and rights (SRHR) integration.

At the country level, the MHTF helps kick-start or accelerate innovative solutions, driving sustainable progress towards universal access to high-quality maternal and newborn health services and improved

outcomes. Interventions are integrated into national strategies and aligned with country acceleration plans. Catalytic funding and technical assistance showcase evidence-based interventions, encouraging further scale-up through domestic and locally mobilized resources.

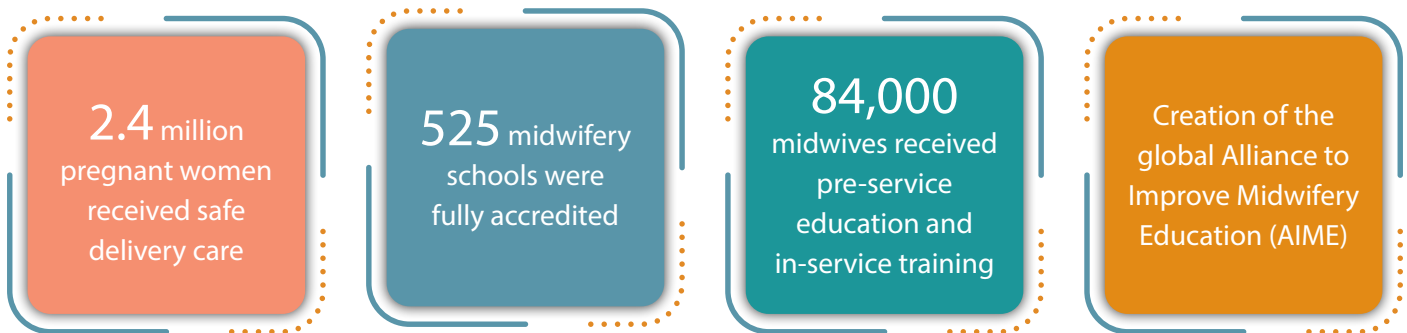
The MHTF also promotes South-South collaboration and learning by systematically documenting results and best practices and facilitating inter-country knowledge exchange

2.1 Midwifery

In 2022, at least 2.4 million pregnant women received safe delivery care thanks to support from the MHTF, adding to a cumulative total of 28 million women since its inception. The MHTF supported 32 countries in 2022, with several non-MHTF-supported countries such as Cambodia and Tanzania also benefiting from the MHTF's technical expertise and catalytic nature. This was achieved by significantly bolstering midwifery services and enhancing the quality of care in referral health facilities providing EmONC services.

The MHTF continued to collaborate with four global midwifery implementing partners on the development of technical global midwifery resources and advocacy initiatives: ICM, the Woodrow Wilson Center, LSTM and the Maternity Foundation. Other key partners in 2022 were WHO, the Johns Hopkins Program for International Education in Gynecology and Obstetrics Momentum, the United States Agency for International Development, Laerdal Global Health, and WCEA. A selection of key highlights from 2022 are presented below.

IN 2022:



MIDWIFERY EDUCATION

- » In 2022, the MHTF supported 525 midwifery schools to become fully accredited and aligned to international standards. Overall, the MHTF has supported over 1,500 midwifery schools with books, equipment and training materials to date.
- » Since the inception of the MHTF, 350,000 midwives have been supported through pre-service education and in-service training. In 2022, the MHTF supported the pre-service education and in-service training of close to 84,000 midwives. 11,000 midwives benefitted from pre-service education and 73,000 midwives received in-service trainings.

- ✓ Together with LSTM and WCEA, the MHTF launched [four new midwifery e-modules](#) on post-partum haemorrhage, sepsis, pre-eclampsia/eclampsia and prolonged and obstructed labour in February 2022. These modules have also been translated into Arabic, French, Portuguese, Russian and Spanish. Around 43,000 health-care professionals, predominantly nurses and midwives working in urban health facilities in Africa, accessed these modules online in 2022.



- ✔ In May 2022, the MHTF, LSTM and WCEA launched the first midwifery educator continuing [professional development online training package](#) for sustaining and improving educators' competencies in the delivery of teaching, assessments, mentoring and feedback to students. This package is linked to the ICM essential competencies for midwifery practice and meets the requirements of nursing and midwifery councils in low- and middle-income countries such as Kenya. Overall, 24,830 nurses and midwives have completed the online midwifery educator training package. Together with other capacity development trainings done in humanitarian settings, overall, 73,000 midwives benefitted from in-service trainings.
- ✔ The total number of midwifery educators trained to date is close to 70,000 and the e-learning courses have significantly accelerated the process.
 - » The MHTF, through the ACCESS project - a UNFPA collaborative initiative that aims to reduce maternal mortality by improving access to comprehensive sexual and reproductive health and rights (SRHR) - worked with the Maternity Foundation to develop three new e-learning modules to ensure comprehensive SRHR content. This includes a new module on family planning and maternal mental health. These were added to the Safe Delivery app (mentioned above) in 2022. The Arabic version of the Safe Delivery app was also officially launched in 2022.
 - » In December 2022, the UNFPA Asia and the Pacific regional office, together with the Burnet Institute, with support of the MHTF, finalized an online version of a perinatal mental health course that will be hosted on the WCEA platform. This online training course was piloted in a number of countries in the region in 2021 and was subsequently rolled out across the region in 2022. The online course will provide midwives and nurses with a valuable resource to enhance their expertise in perinatal mental health care, ensuring global accessibility.

GLOBAL ADVOCACY

- » A major milestone in 2022 was the establishment of the global AIME initiative led by the MHTF and involving key global technical partners.
- » Global visibility and national commitments towards midwifery were promoted through the celebration of the International Day of the Midwife on 5 May 2022. The 2022 celebrations coincided with the 100th anniversary of the ICM, and so the chosen theme was 100 Years of Progress. This was leveraged as a key advocacy moment across all the MHTF-supported countries. The MHTF hosted a side event at the 66th Session of the Commission on the Status of Women entitled "[Midwives – a pathway to gender equality, women's economic empowerment and climate justice](#)" and also participated in the International Normal Labour and Birth Research Conference in Aarhus, Denmark.





An educator standing up for every woman's right



Duncan Shikuku is a Kenyan midwifery educator with over 10 years of experience and is being supported by AIME. He is driven and determined to ensure no woman dies in childbirth. "Some women tell me that they fear the childbirth experience, but we can change that. We can give women their right to proper health-care at the most vulnerable and intimate time in their life," he says. Duncan stresses that education is one of the best investments in midwifery. "In Kenya, many pregnant women die due to delays in starting treatment, inadequate clinical skills and inadequate monitoring by the skilled health personnel. Some midwives are not confident and don't have the right

skills to manage obstetric complications. For example, a potentially dangerous condition, pre-eclampsia, requires blood pressure measurement and monitoring. Still, many midwives do not know the warning signs or how to manage it, so they refer the mother to other health facilities, which costs time, money, and lives. The new e-modules we designed are a game-changer. They are training midwives and health professionals on issues like pre-eclampsia, offering life-saving information that can give every woman a safer, more positive experience during pregnancy. Over 73,000 professionals have already benefited, but this is just the beginning; we need more."

ADVANCING MIDWIFERY EDUCATION AMIDST COVID-19 CHALLENGES



LAO PEOPLE'S
DEMOCRATIC
REPUBLIC

By 2022, the Lao People's Democratic Republic had effectively managed the initial outbreak of COVID-19 through strict lockdown measures. However, the subsequent economic crisis caused by lockdowns and business closures severely impacted the country's economy. The health-care sector also faced challenges, such as reduced access to antenatal care and contraceptives, stockouts of family planning commodities and a rise in stillbirths.

Despite this, the Lao People's Democratic Republic made significant progress in midwifery education in 2022 thanks to the MHTF. The Higher Diploma Curriculum for midwifery education was revised and validated in accordance with international standards set by ICM. Three health sciences colleges

were selected as Centers of Excellence for Midwifery Education. National accreditation assessments were conducted and applications for international accreditation were submitted to ICM. In-country visits for accreditation took place, and preliminary results indicated that all three colleges met most of the standards.

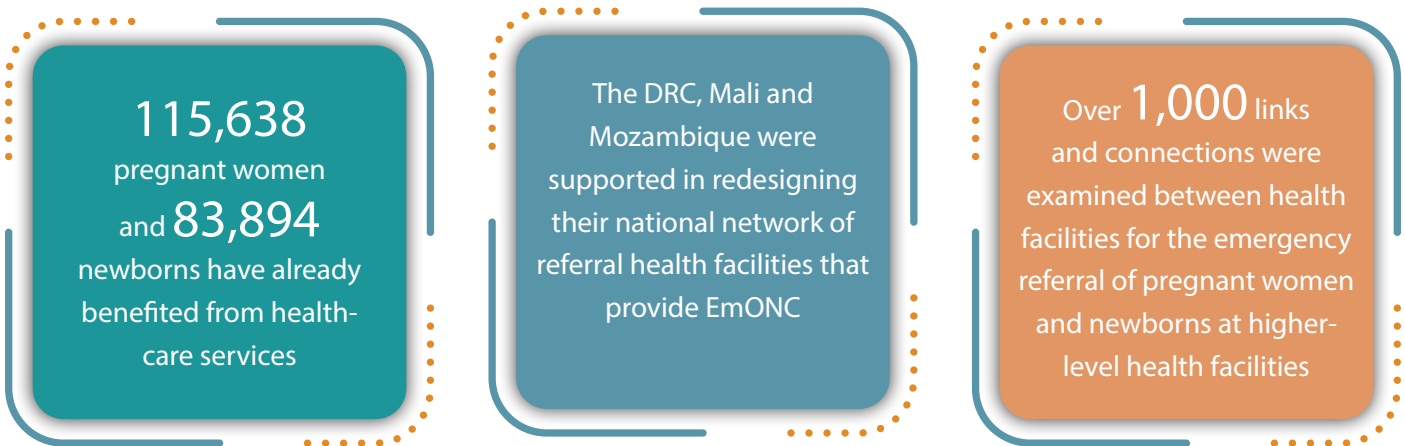
Efforts were made to strengthen the regulatory framework for midwifery practice. Licensing workshops were conducted for licensing mid-level health providers. It was decided that licensing for clinical practice would be implemented by registering and issuing licences to practitioners who joined the health services before 2020.

2.2 Emergency obstetric and newborn care

Direct obstetric complications constitute the major causes of maternal death in low- and middle-income countries⁸. However, timely access to quality EmONC is still a challenge in many countries.

In 2022, the MHTF continued to assist governments in optimising their national network of EmONC-providing referral hospitals. Optimization entails concentrating resources on a small number of health facilities to ensure the availability of quality care 24 hours a day, seven days a week. Efforts are also made to ensure that as much of the population as possible has access to health-care facilities within a two-hour drive. In 2022, three additional countries optimized their EmONC network. The Fund also provided direct support to EmONC health facilities in eight countries with an optimised EmONC network, enabling 1.4 million pregnant women to receive safe care during childbirth and managing 263,674 obstetric complications.

IN 2022:



In 2022, the Democratic Republic of the Congo (DRC), Mali and Mozambique were supported in redesigning their national network of referral health facilities that provide EmONC. In addition, these networks were monitored quarterly in an additional fourteen countries to address gaps and improve the availability and quality of care. Overall, in Phase III (2018–2022), MHTF facilitated the redesign of EmONC networks in 14 sub-Saharan countries⁹. Since the methodology developed by the MHTF, countries have reduced the average number of designated EmONC facilities by three, while maintaining the same population coverage within two hours of travel. This approach thus drives efficiency by optimizing use of limited resources.

In eight countries with a network of EmONC maternity units, the management of obstetric complications is monitored and analysed at a national level. In addition to providing technical and financial support for this national monitoring, MHTF also provides direct support to specific EmONC health facilities for improving the availability and quality of care.

⁸ Say L, Chou D, Gemmill A, Tunçalp Ö, Moller AB, Daniels J, Gülmezoglu AM, Temmerman M and Alkema L (2014). Global causes of maternal death: a WHO systematic analysis. *Lancet Glob Health*. Vol. 2. doi:10.1016/S2214-109X(14)70227-X.

⁹ These 14 countries comprise 12 countries on a national scale, and a few regions/provinces of the DRC and the Congo. The 12 countries monitored on a national scale are Benin, Burkina Faso, Burundi, Chad, Côte d'Ivoire, Guinea, Madagascar, Mali, Mozambique, Senegal, Sudan and Togo.

Measure (n)	Benin	Burundi*	Congo	Côte d'Ivoire	Guinea	Madagascar	Senegal	Togo
Deliveries	106 181	85 287	12 482	754 965	181 811	12 543	151 275	89 478
Obstetric complications	40 621	65 239	750	62 387	10 298	3 126	47 425	33 828
Maternal deaths	343	120	21	960	431	48	859	270
Neonatal complications	23 607	NA	395	NA	9 625	113	17 550	11 271
Neonatal deaths	3 189	1 417	58	3 145	769	113	2 055	754
Post-abortion care	5 354	2 754	284	34 494	2 509	334	14 622	6 102

*Data collected for one semester only. The monitoring of EmONC will start in 2023 in the DRC (Maniema), Mali and Mozambique. In Sudan, the monitoring is on hold; in Chad, the monitoring is expected to conclude in 2023.

During Phase III, in these countries, direct MHTF support to the ministries of health improved the management of 7,051,184 births and 1,280,888 obstetric complications. Skilled birth attendants also assisted 328,845 women who required post-abortion care. Over 1,000 links and connections were examined between health facilities for the emergency referral of pregnant women and newborns at higher-level health facilities. This contributed to ongoing reflections on a new global indicator on referrals. The EmONC network approach, which MHTF implemented in 14 countries, inspired the adoption of the global 2025 target¹⁰ for EmONC access within the EPMM initiative. MHTF also led the development of an EPMM Implementation Guide for supporting countries to measure the target and using the analysis to address gaps. In addition, the MHTF supported the assessment of the accessibility, availability and quality of EmONC in the DRC (Maniema Province), Liberia, Rwanda and Sierra Leone. The MHTF global team and the UNFPA regional office for the Arab States also supported Jordan in assessing its EmONC.

Building on the successful results from the support from Takeda Pharmaceuticals to the MHTF for ensuring the continuity of maternal and newborn health services in Benin, Guinea and Togo during COVID-19, Takeda provided a five-year grant to the MHTF for ensuring access and quality maternal and newborn health care within two hours of travel time for regions in Benin, Côte d'Ivoire and Togo. The project, titled "2

Hours to Life", started in 2022 and aims to save the lives of 518,100 pregnant women and 492,500 newborns in 33 supported health facilities. In 2022, 115,638 pregnant women and 83,894 newborns benefited from health-care services in the three targeted regions. Among the 101,247 deliveries managed in the targeted health facilities, 13,090 women and 5,779 newborns received emergency care. In Benin's Atlantic region alone, the MHTF helped monitor 43,150 pregnant women and 30,200 newborns, and it facilitated the management of 2,326 obstetrical complications and 1,798 caesarean sections in the 16 maternity units of the EmONC facility network.

To advance global guidance, the MHTF is a critical financial and technical contributor to the revision of the [2009 EmONC framework](#), which it co-leads with WHO, UNICEF, Columbia University's Averting Maternal Death and Disability programme and the London School of Hygiene & Tropical Medicine. The revision aims to strengthen the integration of emergency care for pregnant women and newborns by updating the signal functions for emergency obstetric care and expanding the signal functions for emergency care for newborns. The process will also be linked to the ENAP/EPMM targets and indicators and will revise the levels of care for the provision of EmONC. It is scheduled to be finalized by the end of 2023.

¹⁰ Proportion of the population covered by Emergency Obstetric Care (EmOC) health facilities within 2 hours of travel time Global target: at least 60% of the population able to physically access the closest EmOC health facility within 2h of travel time National target: 80% of countries with > 50% of the population able to physically access the closest EmOC health facility within 2h of travel time. For more information see [here](#).



Maternal health and climate change

The MHTF supports the mapping of the impact of climate change on the operation of maternity networks and maternal and child health. In Senegal and Sudan, the MHTF has conducted assessments to identify both current and potential future risks concerning access to clean drinking water, which is enabling both governments to implement proactive risk mitigation measures. In collaboration with the University of Geneva, the MHTF has supported the development of a new Drinking Water Security Index to assess drinking water quality, accessibility, continuity and availability in health facilities providing EmONC.

Analyses at the health facility level showed that nearly 18.97 million people are affected by the 10% of maternal health facilities with the lowest index score, as they live within two hours of travel time from these health facilities in Sudan (see Figure 1). This number is projected to increase by 60% by 2030. This work provides useful information for stakeholders in the health and drinking water sectors in Sudan to improve public health, reduce preventable mortality and make the population more resilient to projected environmental changes.

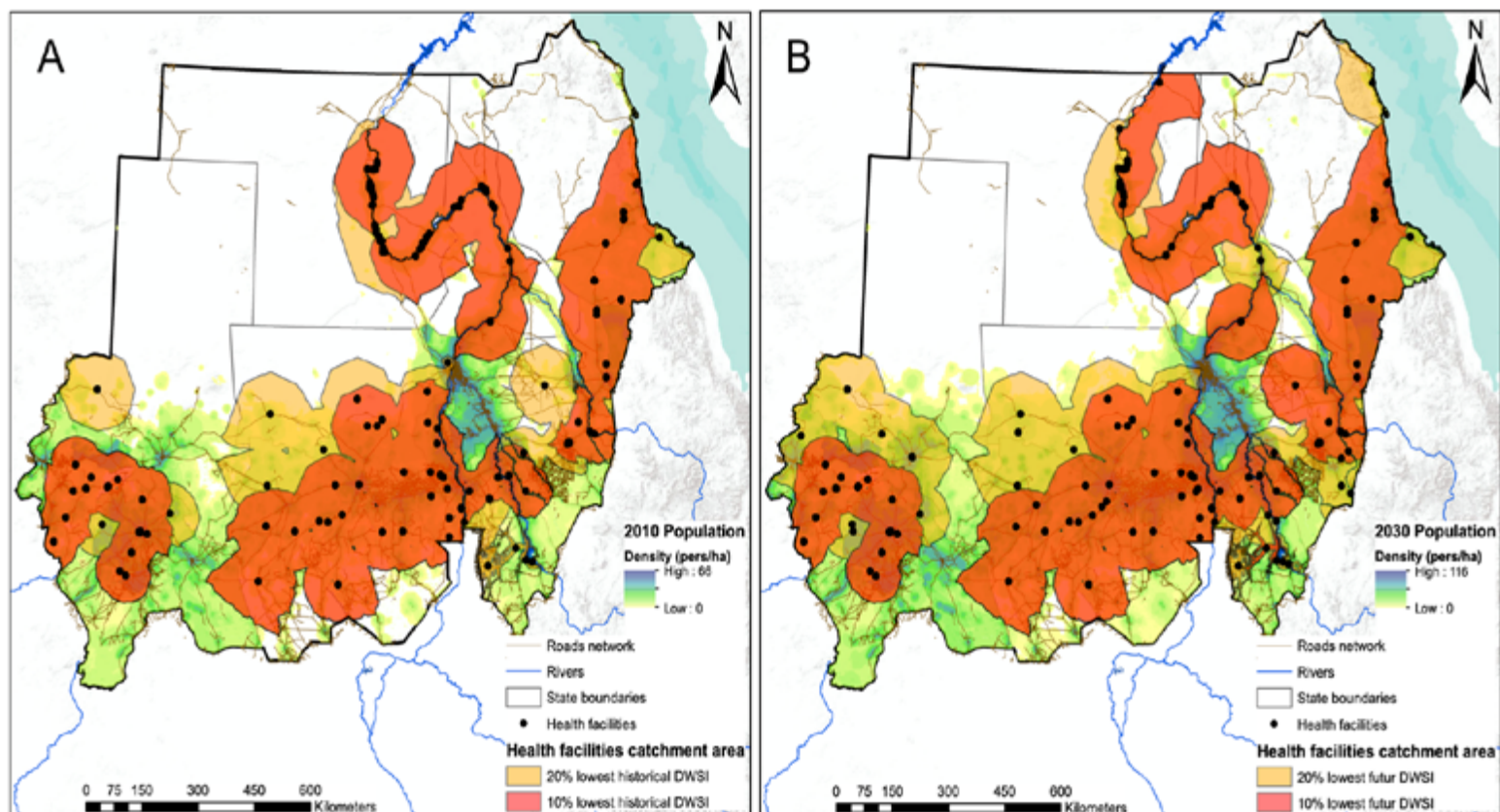
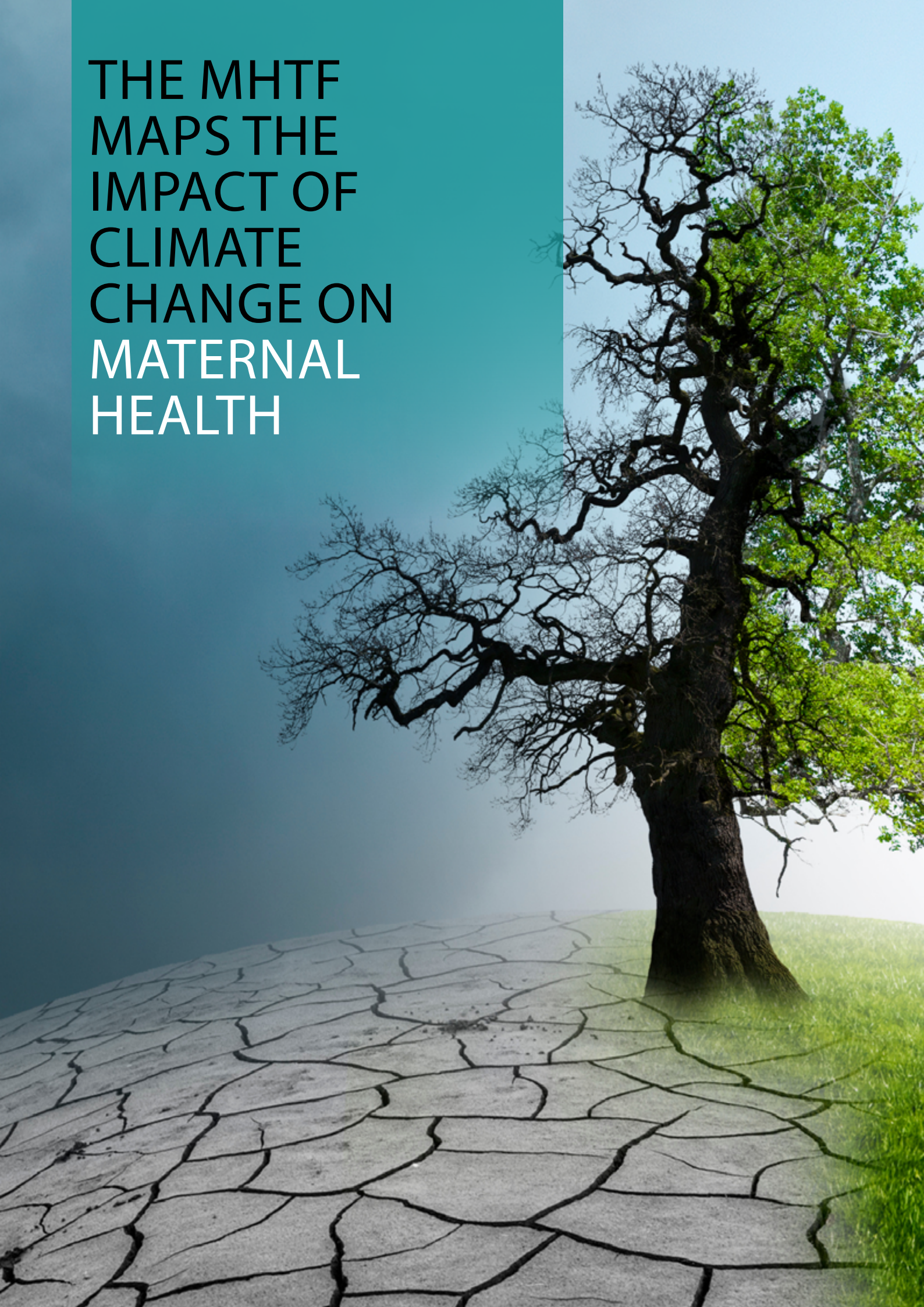


Figure 1: Historical (A) and future (B) catchment area within two hours of travel time of the 20% and 10% most water-unsecure health facilities in Sudan.

*The designations employed and the presentation of the material on the map do not imply the expression of any opinion whatsoever on the part of UNFPA concerning the legal status of any country, territory, city or area or its authorities, or concerning the delimitation of its frontiers or boundaries.

THE MHTF MAPS THE IMPACT OF CLIMATE CHANGE ON MATERNAL HEALTH



IMPROVING EMERGENCY OBSTETRIC AND NEWBORN CARE ACCESS



MOZAMBIQUE

OPTIMIZING THE GEOGRAPHIC ACCESSIBILITY AND AVAILABILITY OF EMERGENCY OBSTETRIC AND NEWBORN CARE IN MOZAMBIQUE

The reduction of maternal and neonatal mortality is a major priority for the Government of Mozambique. The country made significant efforts to reduce the maternal mortality ratio from 532 maternal deaths per 100,000 live births in 2000 to 127 maternal deaths per 100,000 live births (80% “Uncertain Interval” (UI) 99 to 157) in 2020. To further reduce maternal and neonatal mortality and prevent stillbirths, the MHTF supported the Ministry of Health in redesigning the national network of health facilities providing comprehensive maternal and newborn health services, including EmONC. This support was implemented in 2022 across the country to optimize the geographic accessibility, availability, and quality of maternal and newborn health care in these health facilities.

Using an approach developed by the MHTF and implemented in 14 other countries, stakeholders from the 11 provinces of Mozambique prioritized 324 health facilities for the provision of comprehensive maternal and newborn health services, including EmONC services, from an initial number of 1,024 potential EmONC facilities (953 basic and 71 comprehensive EmONC facilities). Among the 324 designated EmONC health facilities, 61 were designated as comprehensive EmONC facilities and 263 were designated as basic EmONC facilities. The criteria used by the provincial stakeholders for selecting these health facilities included their obstetric activity, EmONC signal functions, infrastructure, human resources, referral linkages and population catchments. Geographic information systems that experts trained, with the MHTF support, on the AccessMod tool supported the workshops by estimating catchment areas of selected health facilities within two hours of travel time. While many people can reach a designated EmONC facility within two hours, a significant portion of those facilities may not be fully functional or equipped to provide the required EmONC. As shown in Figure

2 (on the next page), about 80% of the population of Mozambique can access the closest designated EmONC health facility within two hours of travel time in the dry season, but only 40% of the population can access a functioning EmONC health facility within two hours of travel time (EPMM Target 4).

The objective of the Ministry of Health, with support for the MHTF is therefore to double the population covered by functioning EmONC health facilities in the next four years (corresponding to the duration of the programmatic cycle in Mozambique) and to improve the quality of care provided in these health facilities. As part of the redesign process, the Government defined key maternal and newborn health indicators, including EmONC indicators, that will be monitored on a quarterly basis through its routine health information system to address gaps. One of the major gaps identified by provincial stakeholders is the insufficient number of midwives currently deployed in EmONC health facilities to ensure services are available 24 hours a day, seven days a week. An estimated 584 additional midwives are urgently needed in the 324 designated EmONC health facilities. The health service redesign for the provision of comprehensive maternal and newborn health in Mozambique emphasizes the importance of strategic resource allocation and geographic accessibility to enhance health-care delivery. The lessons learned and strategies employed by Mozambique and the other 14 countries that have implemented the approach developed by the MHTF can serve as a valuable guide for other countries seeking to improve maternal and newborn health outcomes and resource allocation. It also helps countries to measure and accelerate progress towards EPMM 2025 Target 4 on the coverage of the population by functioning EmONC health facilities within two hours of travel time.

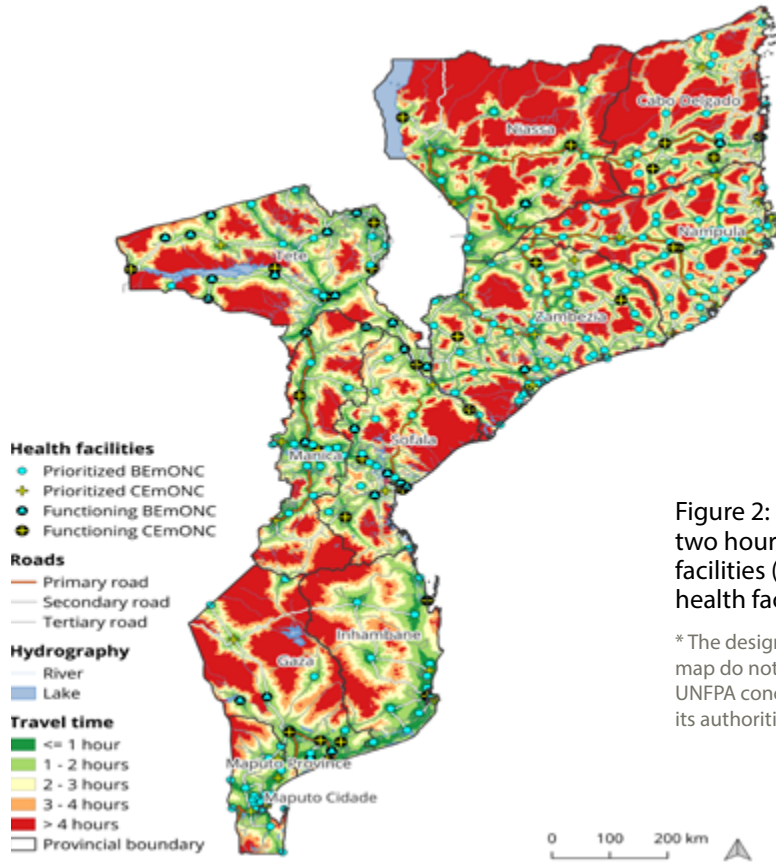
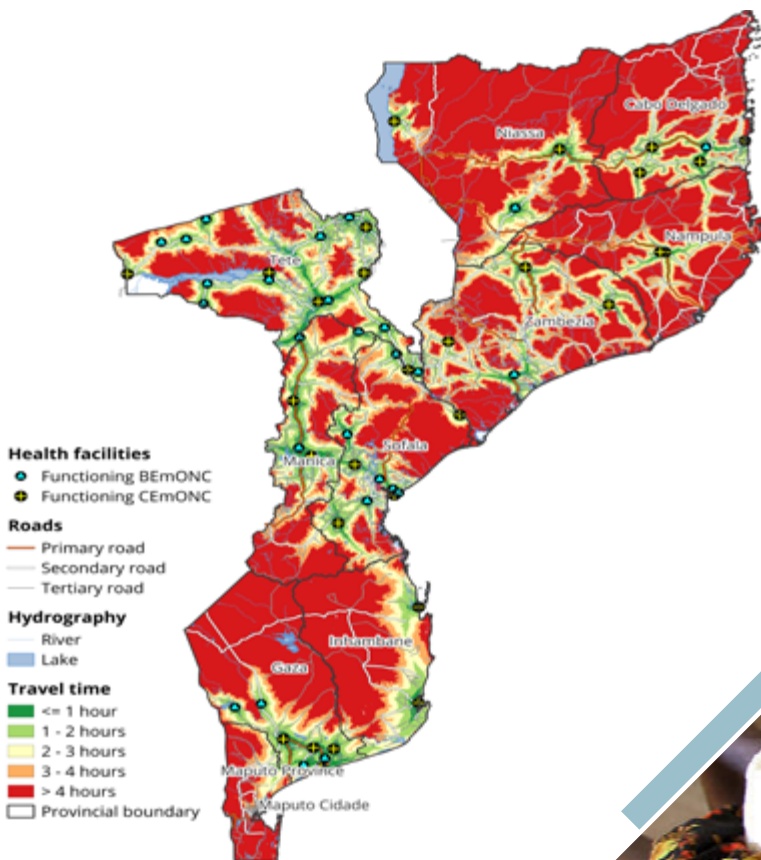


Figure 2: Maps of the population of Mozambique within two hours of travel time of the designated EmONC health facilities (top, A) and the currently functioning EmONC health facilities (bottom, B) – dry season.

* The designations employed and the presentation of the material on the map do not imply the expression of any opinion whatsoever on the part of UNFPA concerning the legal status of any country, territory, city or area or its authorities, or concerning the delimitation of its frontiers or boundaries.



2.3 Maternal and perinatal death surveillance and response

Maternal and perinatal death surveillance and response (MPDSR) improves the quality of obstetric and newborn care and is embedded in a global approach to improve EmONC facilities. MPDSR aims to pre-empt future maternal and perinatal deaths and provides a critical link between information and improvement for life-saving interventions across the continuum of sexual, reproductive, maternal, and newborn health. By counting maternal, fetal and newborn deaths, analysing medical and non-medical causes, and examining preventive measures through MPDSR, health systems can make the right quality improvements.

Despite this emphasis on a qualitative approach, the proportion of maternal deaths notified and reviewed remains in the 20–30 per cent range. In addition, deaths at the community level are still very rarely notified and even less often reviewed. Uptake and sustainability in MPDSR systems thus pose major challenges in weak health systems with poor-quality care, a challenge exacerbated by the COVID-19 pandemic.

Since its inception, the MHTF has supported the global MPDSR programme. It helped establish a specific indicator to estimate the level of implementation by measuring the proportion of expected maternal deaths that are notified and reviewed. Despite significant advances in detection, however, the actual number of maternal deaths notified by the MPDSR programme remains low in the majority of countries. MPDSR is also impeded by the quality of maternal death reviews, as highlighted by multiple publications and the MHTF assessments in various countries.





Maternal and perinatal death surveillance and response implementation in Bangladesh

In 2022, the Government of Bangladesh formed a technical working group to review the first national guidance on MPDSR and revise it. The new revised guidance considers stillbirth reviews at both the community and facility level. The tools have been reviewed and updated based on the lessons learnt over the last decade of MPDSR implementation in Bangladesh. Through MHTF funding, UNFPA has supported a national monitoring system through video conferencing with the districts. A series of meetings were organized in 2022 in which the Directorate General of Health Services, Directorate General of Family Planning, Directorate General of Nursing and Midwifery, and the Quality Improvement Secretariat of the Ministry of Health and Family Welfare met routinely with the district teams and collected data using a structured monitoring checklist.

In addition, a 2022 review of a 'Maternal Near Miss' (when a woman nearly dies but survives a complication that occurs during pregnancy or childbirth or within 42 days of termination of pregnancy) was trialled for the

first time in Bangladesh. Draft operational guidance and tools were developed, and a near-miss review was piloted in a tertiary medical college hospital and in a district hospital.

UNFPA supported the capacity development of health workers and managers at the district level to analyse causes of death and prepare response plans. In 2022, two workshops were organized with 29 districts, in which the officials responsible for MPDSR in each district were trained on how to analyse causes of death and prepare a response plan. Following the workshops, 12 districts prepared response plans based on their findings on causes of death.

Further to this, in 2022, the Quality Improvement Secretariat of the Ministry of Health formed a technical working group to develop an MPDSR video toolkit for health workers to better implement the programme on the ground. With the support of the MHTF and UNFPA, the Directorate General of Health Services also prepared an MPDSR annual report for 2022.

2.4 Obstetric fistula

As an indicator of poor quality of care, eradicating obstetric fistula, a preventable childbirth injury, is fundamental to achieving the Sustainable Development Goals and the global commitment to leave no one behind, as well as upholding and realizing the promise and vision of the Programme of Action of the International Conference on Population and Development. The incidence of obstetric fistula is coupled with the underlying factors of poverty, inequality, and the denial of the basic rights of affected women and girls. There are only a few years to achieve the global vision of ending fistula by 2030, yet half a million women and girls live with the condition, and thousands more incidents of obstetric fistula occur annually. In 2022, UNFPA and the Campaign to End Fistula, with the support of the MHTF, focused on carrying out evidence-based global advocacy and awareness-raising, providing technical guidance and strengthening national capacities to enhance and sustain efforts to prevent fistula and increase the spectrum of holistic care for women and girls who need it.

IN 2022:

Nearly **10,000** fistula repairs have restored overall health, dignity, hope and a sense of self-worth and agency to women and girls

1,836 fistula survivors benefited from social reintegration and rehabilitation services following surgical repair

22 countries reported that a national strategy to end fistula was in place

Nearly 10,000 fistula repairs were supported by UNFPA through the MHTF and the global Campaign to End Fistula in 2022 and 139,000 since the inception of the MHTF, restoring overall health, dignity, hope and a sense of self-worth and agency to affected women and girls. In addition, in 2022, 1,836 fistula survivors benefited from social reintegration and rehabilitation services following surgical repair.

By the end of 2022, 22 countries reported that a national strategy to end fistula was in place, indicating countries' commitment to and ownership of ending the condition in these countries. Malawi, Mozambique, Sierra Leone, Somalia and Zambia are new additions to this list of countries that now have a national fistula elimination strategy. In addition, 52% of MHTF-supported countries with fistula programmes reported that mental health service provisions had been integrated into fistula care and treatment. At least 25 countries have incorporated fistula into midwifery pre-service education curricula.

The MHTF-supported Global Campaign to End Fistula once again assisted the development of the [2022 Report of the Secretary-General \(A/77/229\)](#) “Intensifying Efforts to End Obstetric Fistula within a Decade.” The findings and recommendations in the report paved the way for the adoption of the 2022 United Nations Resolution on Intensification of Efforts to End Fistula (A/RES/77/196) calling for accelerated action and increased investments to end fistula and improve maternal health in general. UNFPA and the Global Campaign to End Fistula were called upon to lead the development of a global road map to end fistula.

Through the MHTF support, the biennial meeting of the International Obstetric Fistula Working Group was held in Mozambique, bringing together professionals and thought leaders in the fields of maternal and women’s health and well-being, fistula care and management and programming, global and public health.

Global commemoration of the International Day to End Obstetric Fistula, with the theme “20 years on – progress but not enough! Act now to end fistula by 2030”, highlighted the need for a consolidation of resources, strengthened partnerships, monitoring of progress at all levels and accountability to achieve the global vision.

A new and interactive [Campaign to End Fistula website](#) was launched as part of the commemoration of the 2022 International Day to End Obstetric Fistula. The website is an interactive platform with a user-friendly interface, compelling and current data and information, stories, news, and updates aimed at raising awareness and advocacy; it engages users to donate and take action on fistula.





Transforming the lives of fistula survivors in Sierra Leone through partnerships

Obstetric fistula, a preventable childbirth injury, has devastating consequences for women and girls, leading to chronic medical problems, social isolation, and deepening poverty. Most women with fistula remain untreated and are often neglected and banned from their families and communities. With the MHTF and the Government of Iceland's support, UNFPA has partnered with the Haikal Foundation and the Aberdeen Women's Centre to address obstetric fistula through screening, surgical repair and comprehensive support for rehabilitation and social reintegration in Sierra Leone.

Augusta Kargbo, one of the 42 fistula patients treated through this project, experienced a life-altering transformation when she underwent a successful surgical repair in Freetown. She also benefited from a social reintegration programme, which contributed to her full recovery. For nine years, Augusta endured the harrowing effects of a fistula that developed because of prolonged and obstructed labour during childbirth, causing uncontrollable urination and isolating her from her loved ones. Augusta reflects on her hardships, recalling, "I was unable to sit close to anyone for long because as soon as I stood up, I urinated involuntarily."

The day Augusta received surgery at the specialized fistula treatment hospital marked the beginning of her journey toward newfound joy and freedom. Filled

with excitement as she packed her bags following the recovery period, she envisaged dressing beautifully, rejoining and contributing to her community, and embracing her loved ones again. She expressed her deep gratitude to the medical staff, exclaiming, "I am a woman again!"

Sierra Leone is committed to eradicating preventable maternal deaths and morbidities such as obstetric fistula. The Government has enhanced maternal health services and commodities by collaborating with development partners and stakeholders. Dr Sattie M. Kenneh, Director of Reproductive and Child Health at the Ministry of Health and Sanitation, sheds light on the comprehensive approach taken by the Government to tackle obstetric fistula, which includes strengthening the health system to deliver quality health care and addressing socioeconomic determinants that impact the well-being of women and girls. By ensuring women's access to family planning and antenatal care and bringing health-care facilities closer to communities, they aspire to build a robust support system for women like Augusta, transforming her story into an inspiring example of progress and hope. Together, with a range of partners, Sierra Leone has developed a national strategy to accelerate and sustain its efforts to end fistula.



2.5 Sexual and reproductive health and rights integration

The integration of maternal and newborn health and sexual and reproductive health and rights (SRHR) services is a cross-cutting priority for the MHTF. During Phase III, increased efforts were made to better integrate comprehensive SRHR in the MHTF. Providing integrated comprehensive SRHR requires trained health-care providers, including midwives, leveraging EmONC facilities and ensuring availability voluntary postpartum and post-abortion family planning.

The ACCESS project, supported by the MHTF, is a collaborative UNFPA initiative that aims to reduce maternal mortality by improving access to comprehensive SRHR. Launched in 2020 with the project name “Increasing Access to Quality Reproductive Health Care: Towards Zero Preventable Maternal Deaths”, the ACCESS project concentrates on improving the security of reproductive health commodities, as demanded by governments. It also entails enhancing health systems and services by strengthening provider capacity.

Across six countries – Benin, Ethiopia, Kenya, Mozambique, Rwanda and Zambia – over 2 million people were reached with SRHR information

1,333 health-care providers were trained, and 307 health-care facilities supported to provide comprehensive services in 2022. In addition, 56 mentors were trained to deliver mentorship, reaching 279 providers with mentorship and supportive supervision to improve the quality of care. Values clarification and attitude transformation were also implemented as part of this initiative across a range of stakeholders.

Building on and amplifying regional initiatives such as the joint United Nations programme “2Gether4SRHR in East and Southern Africa”, with funding from the ACCESS project, UNFPA conducted a number of global advocacy events

to raise awareness of key issues, including a webinar to launch the UNFPA report “State of World Population 2021” on the neglected crisis of unintended pregnancy and providing input to highlight the connections between unintended pregnancy and unsafe abortion. Through ACCESS, UNFPA also strengthened the “Prevention of Unsafe Abortion partners’ group” in collaboration with UNDP, UNFPA, UNICEF, WHO and the World Bank Special Programme of Research, Development and Research Training in Human Reproduction, through regular meetings and a scoping assessment on the pandemic’s impact on commodity procurement.

Work to strengthen SRHR integration was also carried out in humanitarian settings. In June 2022, the MHTF and the Humanitarian Office piloted a new training course on clinical competencies in basic EmONC and long-acting reversible contraceptives in humanitarian settings. The training was conducted for 18 participants from seven humanitarian contexts¹¹ and aimed to refresh and improve key SRHR staff’s clinical competencies as well as their facilitation and mentorship capacities to support front-line workers in delivering quality services relating to basic EmONC and long-acting reversible contraceptives as part of the minimum initial service package (MISP) for SRH in emergencies. More specifically, during the two-week training course the following competencies were taught: prevention and management of post-partum haemorrhage, including the use of uterotonics and manual removal of placenta; management of pre-eclampsia and eclampsia; management of maternal sepsis; assisted vaginal delivery using vacuum extraction; uterine evacuation using medication and manual vacuum aspiration; neonatal resuscitation; and the provision of intrauterine devices and implants. Laerdal Global Health supported these interactive training sessions using their simulation models, and participants were also taught how to use the Maternity Foundation’s Safe Delivery app.

¹¹ the DRC, Madagascar, Mali (non-MHTF), Mauritania, Nigeria, South Sudan (non-MHTF) and the Republic of Yemen (non-MHTF).



DEMOCRATIC
REPUBLIC OF THE
CONGO

EMPOWERING SURVIVORS OF SEXUAL VIOLENCE

NEW MODEL OF INTEGRATED CARE: MIDWIVES SUPPORTING AND EMPOWERING SURVIVORS OF SEXUAL VIOLENCE

The Panzi Hospital in Bukavu, the DRC, has gained global recognition for its exceptional care of survivors of conflict-related sexual violence. In 2020, thanks to the MHTF, the hospital introduced a ground-breaking birthing model to provide holistic support to survivors of rape throughout their pregnancy, childbirth, and post-partum period, improving their birthing experiences.

In the DRC, rape-related pregnancies are distressingly common, often leading to further harm and stigma for survivors. Conventional health services often lack the specialized knowledge, training and resources required to address the physical, psychological, and economic consequences of sexual violence. The MHTF supported the Panzi Hospital in providing comprehensive care. It developed a birthing model that ensures continuity of care, fosters positive birth experiences, and empowers survivors to take charge of their labour and delivery. The birthing model involves a multidisciplinary team, including midwives, psychologists, and social workers, collaborating to support survivors. Midwives are specially trained to establish one-on-one connections, actively listen to survivors and support them throughout the birthing process. The model also focuses on promoting attachment between mothers and babies and facilitating a smooth transition into motherhood.

Since introducing the birthing model, over 430 women and babies have received care at Panzi Hospital. The model has transformed the birthing experience for survivors such as Esther, who arrived at the hospital pregnant after experiencing sexual violence. The midwives provided emotional support, empowered her to make decisions about her labour and ensured her comfort during the birth. Esther's request to have no male doctors or staff present during the birth was honoured, further enhancing her sense of control and safety. The support also extends beyond the birthing process. Staff members visit the families of survivors during pregnancy to initiate a reconciliation process and facilitate their reintegration into society. Esther's successful reconciliation with her family and subsequent return home demonstrate the far-reaching impact of the MHTF-supported holistic approach. This ground-breaking birthing model has revolutionized care for survivors of sexual violence in the DRC. By providing comprehensive support and empowering survivors, the MHTF has transformed the birthing experiences of countless women. The success of this model highlights the urgent need for further investment and scalability, not only within the DRC but also in other regions affected by sexual violence.



PART 3

RESOURCE MANGEMENT

In 2022, a total of US\$15 million was allocated to 32 country offices, five regional offices, and headquarter units



3.1 Funding context and allocation model

All UNFPA funding is voluntary and divided by core and non-core resources. The proportion of core to non-core resources has seen an overall [declining trend from 45/55 per cent in 2014 to 29/71 per cent in 2022](#). Non-core resources are divided into earmarked programme/project funding and thematic and pooled funds. Earmarked contributions to programmes/projects represented the largest total volume of contributions in 2022, followed by core resources, thematic funds, United Nations pooled funds and then other inter-agency transfers.

As the second most flexible funding instrument after core contributions, thematic funds are an essential tool to complement core resources in light of their declining share of overall funding. The pooling of resources towards key intervention areas of the UNFPA Strategic Plan 2022–2025 reduces transaction costs and enables long-term planning and predictable funding across national, regional, and global levels. This allows thematic funds to have an indirect cost rate of 7 per cent versus 8 per cent for earmarked contributions, resulting in a higher share of the budget being allocated to programme activities on the ground. The MHTF specifically [allows partners to dedicate resources to flexibly support key activities related to maternal and newborn health](#).

The MHTF funds are allocated to countries based on a specific set of criteria to ensure that the funds are deployed in key priority areas and are aligned with other UNFPA resources and the UNFPA Strategic Plan 2022–2025. Currently, the MHTF

gives equal weight to five key criteria: (1) maternal mortality ratio, (2) skilled birth attendance, (3) EmONC availability, (4) implementation rate and (5) monitoring. In each category, each country receives a score. Based on these criteria, country and regional office ceilings are determined and the MHTF funds are allocated. To mitigate the impact of sudden changes in allocations, budget reductions are limited to 10 per cent from year to year. In 2022, funds were allocated to 32 countries and five regional offices (Arab States, Asia and the Pacific, East and Southern Africa, Latin America and the Caribbean, and West and Central Africa).

3.2 Partner contributions

Activities carried out under the MHTF are funded through the MHTF itself as the central funding instrument, supplemented by funds in support of the Campaign to End Fistula¹². In addition, in 2022, the Johnson & Johnson Foundation allocated funds for the “Raising the Bar for Midwifery Training and Education on a Global Scale”¹³ project in close alignment with the objectives of the MHTF. Therefore, this project is also accounted for in this report.

In 2022, contributions to the MHTF were made by Governments of Germany, Sweden and Luxembourg, and Takeda Pharmaceuticals. It should be noted that the funds from Takeda received in 2022 were earmarked for Benin, Côte d’Ivoire and Togo, complementing the previous COVID-19 response support in Benin, Guinea and Togo.

12 The Campaign to End Fistula has been programmatically integrated into the MHTF since 2009.

13 UNFPA received an earmarked contribution towards the midwifery scale-up project titled “Raising the Bar for Midwifery Training and Education on a Global Scale” from the Johnson & Johnson Foundation. This project was subsequently renamed AIME and is referred to as AIME in this report.

3.3 Operating budget

Although planning for Phase IV commenced in 2022, it was also the year that saw the completion of the MHTF evaluation report. As a result of the evaluation recommendations, it was agreed that 2023 would be designated as a bridging year to allow for the development of both a new MHTF Phase IV Business Plan and a UNFPA-wide Maternal and Newborn Health and Wellbeing Strategy. Consequently, although the projected budget for 2022 was US\$25 million (roll-over from 2021, cash received and pledged contributions), only US\$15 million was allocated to accommodate one full year of MHTF operations in the bridging year 2023. This to ensure reserve for the bridging year in 2023 as agreed with the partners.

In accordance with the International Public Sector Accounting Standards, transactions are recorded as expenses when the services or goods have actually been procured or executed by the implementing partner.

3.4 Expenses

In 2022, expenditure within the MHTF totalled US\$11,477,414. This includes country, regional and global expenditures and represents a financial implementation rate of 76 per cent against the allocated budget of US\$15,082,520.

During 2022, country and regional activities accounted for 76 per cent of expenditure, with global activities accounted for 24 per cent. A majority of global funds were spent on technical assistance to country and

regional offices, capacity-building workshops, global implementing partners supporting country offices and global advocacy. The sixth regional office, the Eastern Europe and Central America Regional Office, also received global MHTF funds to develop the first ever regional midwifery report for the region, titled [The State of the Midwifery Workforce in Eastern Europe and Central Asia](#). This activity was supported through the MHTF funds allocated to global activities.

Out of the total expenditure, 11 per cent, or US\$1.4 million, was disbursed via non-governmental organizations; 24 per cent, or US\$2.7 million, was disbursed via a governmental partner; and 65 per cent, or US\$7.3 million, was disbursed via UNFPA directly to implementing partners (e.g., ICM, the Maternity Foundation, the University of Geneva, LSTM and the Woodrow Wilson Center). Of the total amount spent, US\$2,832,229 (25 per cent) was spent on procuring goods and services.

West and Central Africa accounted for the highest proportion of maternal and newborn health expenditures, at 35 per cent of the total. East and Southern Africa accounted for 26 per cent, Asia and the Pacific accounted for 7 per cent, the Arab States for 5 per cent and Latin America and the Caribbean for 3 per cent. Headquarter expenses were 24 per cent (see Figure 3). The expenditure by categories is presented below in Figure 4, with the percentage of expenditure for each. At the end of 2022, the UNFPA end-of-year balance was US\$13,214,026, which was rolled over to the MHTF 2023 budget in line with the bridging year as per agreement with partners.

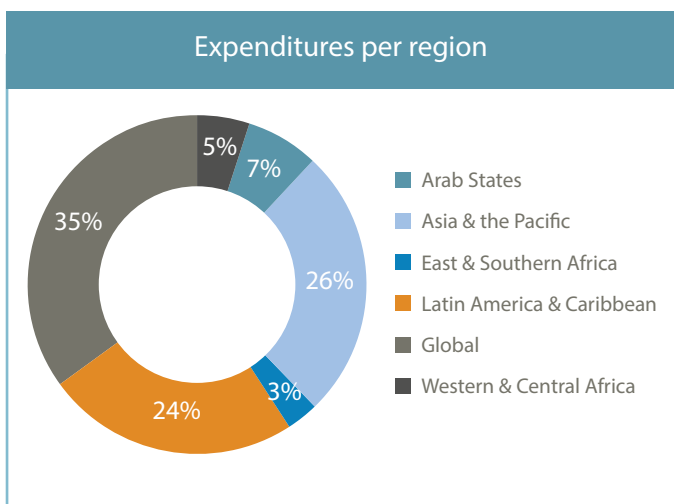


Figure 3: Share of expenditure on maternal health by region and globally in 2022.

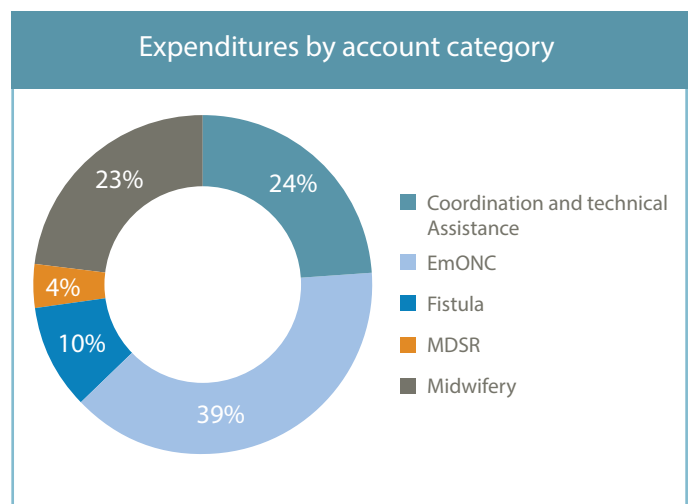


Figure 4: Expenditures by account category in 2022.

PART 4

CHALLENGES,
LESSONS LEARNED
AND WAY
FORWARD



4.1 Challenges

Throughout 2022, the COVID-19 pandemic continued to create obstacles for health-care systems in many countries. In numerous countries, the availability of vaccines remained gravely limited, lockdowns endured or were reinstated, and supply chains encountered disruptions. The landscape of health care continued to witness an unprecedented rise in demand for online learning, particularly within the realms of pre-service and in-service midwifery education. This shift encompassed e-learning modules and the expansion of telehealth services. In its commitment to innovative care provision, the MHTF facilitated remote education and expanded access to educational resources through e-learning modules. However, the need for robust mentorship and supportive supervision mechanisms has reaffirmed the importance of aiding health-care practitioners in the effective integration of newfound knowledge and skills into clinical practice.

The global financial strain also continued to significantly impact countries' fiscal resources. However, maintaining and amplifying funding for the MHTF remains pivotal to the mission to enhance childbirth safety for women, girls and newborns. This objective rests on the dual pillars of reinforcing midwifery and fortifying health-care systems as a whole, with a pronounced focus on delivering vital EmONC to those most vulnerable during childbirth.

Climate change, an omnipresent concern, continued to impact lives, including

mothers and newborns, and influenced global shifts in 2022. The intensification of extreme weather events, rising sea levels and ecological shifts significantly impacted vulnerable communities, including pregnant women, prompting urgent calls for mitigation and adaptation strategies. In parallel, 2022 was marked by humanitarian crises that illuminate the interconnectedness of global challenges. Ongoing conflicts, natural disasters and sociopolitical instabilities amplify the vulnerability of marginalized populations, deepening their exposure to maternal and newborn health risks.



4.2 Lessons learned

This section describes the key lessons learned from the MHTF activities in 2022. These lessons are in addition to the deep learning drawn from the mid-term evaluation of the MHTF in 2022, which together will inform Phase IV of the MHTF.



Global national advocacy and policy support

The persistence of obstetric fistula is an indication of gaps in quality of care and prevailing socioeconomic factors that impact maternal and newborn health and the well-being of women and girls. Strengthening health systems, addressing universal health coverage and gender inequities and ensuring equitable access to quality care are essential to preventing fistula. Key to this achievement (also considering shifting priorities in the global funding landscape) is the availability of in-country financial and human resources, including midwives for fistula prevention, and qualified and available surgical teams and reintegration services for the holistic treatment of survivors. Achieving this global vision requires both a vertical approach (by continuing to lead the global Campaign to End Fistula) and a horizontal approach (by integrating fistula into broader programmes of gender equality, human rights, disabilities, maternal health, quality of care and universal access to SRHR).

Improving access to comprehensive SRHR hinges on a series of critical factors, each evident in the experiences of numerous UNFPA-led initiatives. Holistic approaches are central. It entails designing programmes that tackle not only health-system barriers to accessing care, but also policy and regulatory hurdles and social and cultural challenges. It includes attitude transformation in recognition of the fact that providers and those seeking care can face many barriers in delivering and receiving quality care. It can mean multidisciplinary visits to provide supportive supervision and mentorship to health-care providers, including a team of monitoring and evaluation experts, pharmacists, and senior providers to improve the articulation between these areas of expertise, which each have a role to play in facilitating access to and improving care.

Building sustainability is another important element in holistic programming, for example through institutionalizing the training of trainers for both clinical and non-clinical topics that impact quality of care. Such training can deliver a self-sustaining approach, with new trainers able to cascade training to others regionally and nationally, when supported with resources. Gender-transformative approaches are also consistently deployed across the MHTF. The MHTF team is working closely with the gender and human rights team at UNFPA to further improve their approach and strengthen the contribution of communities to the optimization of the EmONC network.

Pioneering innovation

Technological solutions are increasingly feasible in resource-poor settings. The MHTF has pioneered innovation through LSTM and WCEA (e-learning), the Maternity Foundation Safe Delivery app and a partnership with Laerdal Global Health on low-dose, high-frequency approaches. Learnings from COVID-19 on the value and opportunities of online training and on digital job aids are now becoming increasingly institutionalized. New online training approaches to strengthen faculty development and mentorship have also been developed and implemented with great success. These approaches now need to be scaled up. Digital solutions need to be integrated within the wider health system and complemented with in-services training to ensure a competent maternal and newborn health workforce.

Technical expertise and innovative implementation to pave the way for new models of care

Given the major gap between supply and demand in midwifery, prioritizing midwifery education remains key. Both pre-service education and in-service training need to remain a priority. In particular, the lack of skilled midwifery educators is an important factor affecting the quality of midwifery education; we must provide more opportunities for midwifery educators to build their capacities so that they can effectively teach and support students. Workforce planning, including the implementation of regulations and an enabling environment, needs to be improved across low- and middle-income countries so that midwifery becomes a recognized, well-respected, and well-supported profession.

Maternal and perinatal death surveillance and response

The MPDSR programme makes it possible to count maternal and neonatal deaths and to analyse the reasons behind them. Although critical to preventing maternal death, improving the quality of care, and ensuring the collection of accurate data, the programme comes with serious challenges. This is because it questions the way people and the health-care system function at a very critical moment – the death of a person. The MHTF has placed great emphasis on the qualitative dimension of maternal death reviews, to the point of integrating the MPDSR programme into the package of interventions capable of improving the quality of obstetric and neonatal care defined in the MHTF Phase IV Business Plan. The MHTF is also building a link between this programme and the midwifery mentorship programme, creating a professional category capable of supporting the conduct of death reviews while reducing the risk of “blame culture”, the major challenge of the programme.



Although the programme emphasizes this qualitative approach, the fact remains that the proportion of maternal deaths notified and reviewed remains in the 20–30 per cent range, and that maternal deaths at the community level are still very rarely notified and even less often reviewed.

Emergency obstetric and newborn care and health systems strengthening

The approach developed by the MHTF to support countries in redesigning their maternal and newborn health system by optimizing their national network of health facilities providing comprehensive maternal and newborn health care, including EmONC, is being increasingly implemented in different countries. This approach allows countries to address planning issues for EmONC by focusing their resources on a limited number of health facilities providing emergency care while keeping a good coverage of the population within two hours of travel time (at least 80% as stated by the EPMM Target #4). This approach is innovative, using travel-time and health-facility data to inform the prioritization of EmONC facilities by subnational stakeholders.

The ownership of this approach by national and subnational stakeholders is critical to ensuring a commitment to monitoring the facilities on a routine basis and mobilizing the technical and financial support needed to address gaps and improve the quality of care. The successful nationwide implementation of this approach across diverse contexts serves as a compelling demonstration of its scalability to other countries. The adoption of EPMM Target 4, proposed by the MHTF, is anticipated to catalyze the wider adoption of this approach in numerous countries. The team also works closely with the World Bank Group and the Global Financing Facility to align with their work on health-service redesign, a collaboration that will be strengthened going forward.

Fostering partnerships

Coordination and collaboration between partners at global and regional levels is key to aligning efforts on maternal and newborn health and, in particular, midwifery education. AIME offers great potential in further coordinating global partner efforts to align and strengthen the quality of midwifery education at the pre-service level, while also accelerating efforts to improve standardized models of in-service training.



Donor delegation visits Lusaka and Solwezi, Zambia

In December 2022, a delegation from the Swedish International Development Cooperation Agency (Sida), Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), the Zambian Ministry of Public Health and UNFPA had the opportunity to interact with key stakeholders on MHTF's impact during a four-day trip to Lusaka and Solwezi District, North-Western Province, Zambia. The delegation visited health facilities, nursing and midwifery colleges, and community centres, including Solwezi General Hospital and Solwezi Nursing and Midwifery College, to witness the tangible outcomes resulting from MHTF support of maternal and neonatal health by engaging in direct conversations with fistula survivors, midwifery students, obstetricians, policymakers and engaged youth.

A key result was the EmONC programme, which had improved equipment procurement and the training of health-care providers, leading to better obstetric and newborn care. Another pivotal area of focus was the advancement of midwifery education, regulation, and professional associations. The efforts

of the MHTF in Zambia have led to the accreditation of more midwifery schools, increasing the number of skilled midwives available. The General Nursing and Midwifery Council of Zambia has revised the midwifery curriculum to meet international standards, incorporating issues such as respectful care and gender-based violence awareness.

The visit highlighted the impact of these efforts through multisectoral review meetings, which aimed to prevent future deaths by analysing data and proposing interventions. These interactions showcased the positive impact of the MHTF at the provincial level, underscoring the improved training, enhanced capacity and upgraded infrastructure in Zambia's maternal and neonatal health services. The visit concluded with a meeting with the Permanent Secretary of the Ministry of Health. The Permanent Secretary expressed appreciation for the results, underscoring the significant ability of the MHTF to foster partnerships and targeted interventions to advance maternal and neonatal health in Zambia.

4.3 THE WAY FORWARD

The MHTF is entering its fourth phase in 2024 (2024–2027), with the aim to provide direct programme implementation and focused technical support to priority countries and all regions, propelling progress. Building on the success factors and the lessons learned from Phase III, and addressing the recommendations that emerged from the [mid-term evaluation](#) in 2022, a new Business Plan for the MHTF Phase IV is under development. This forward-thinking plan places a strong emphasis on a gender transformative approach, reinforcing the MHTF's commitment to gender equality and equity. It will not only respond to the new maternal mortality ratio data but also proactively addresses the potential impact (i.e., opportunities and threats) of megatrends relating to climate change, migration, urbanization, humanitarian crises, demographic shifts, digitalization, and pandemics through a gender lens.

Going forward, the MHTF will:

- Adopt a more rigorous gender-transformative approach
- Prioritize proven strategies and apply them to existing and future challenges
- Deepen the integration of midwifery, well-being, and quality and respectful maternity care across all pillars
- Expand comprehensive maternal and newborn health care to include mental health, comprehensive abortion care (CAC),¹⁴ community engagement, respectful maternity care and overall well-being
- Address broader reproductive morbidities
- Leverage funding mechanisms for sustainable financing, including engagement with governments and the Global Financing Facility.

The MHTF will expand its efforts to tackle broader reproductive morbidities, broadening its focus to address a wider range of reproductive health challenges faced by women and newborns. To facilitate this transformation, a more robust and transformative approach to gender issues will be embraced, harnessing funding mechanisms and actively engaging with governments on domestic resource mobilization as well as International financial Institutions such as the Global Financing Facility, to ensure sustainability, scalability, ownership and effectiveness of the MHTF's initiatives.

The recently released data that shows maternal deaths have either increased or plateaued across nearly all global regions since 2015,¹⁵ is sending shockwaves through the maternal and newborn health community. To reverse this trend requires an all-hands-on deck approach. Guided by UNFPA's Maternal and Newborn Health and Wellbeing Strategy, to be released in 2023, the MHTF is dedicated to realigning global efforts. The goal is to achieve the sustainable development target of reducing the worldwide maternal mortality ratio to below 70 per 100,000 live births by 2030, aligning with UNFPA's transformative objective of eliminating preventable maternal deaths.

¹⁴ The technical definition of comprehensive abortion care as per WHO is the following: comprehensive abortion care includes the provision of information, abortion management (including induced abortion and care related to pregnancy loss/spontaneous abortion) and post-abortion care (WHO, 2022a). UNFPA works with governments and partners to ensure comprehensive SRH and RR services. At the request of governments, this may include comprehensive abortion care, covering safe abortion care to the full extent of the law, and post-abortion care in all settings.

¹⁵ World Health Organization (2023). Trends in Maternal Mortality 2000 to 2020: Estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. World Health Organization: Geneva.



MHTF MID-TERM EVALUATION: A STRONG ENDORSEMENT OF PHASE IV

Key findings

- ✓ Through the MHTF, UNFPA is a partner of choice, providing visible and valued support to critical maternal and newborn health priorities.
- ✓ Midwifery is the anchor of the MHTF and the cornerstone of the UNFPA maternal and newborn health response.
- ✓ The MHTF delivers tangible results, high-quality programmes addressing gaps in health systems and value for money.
- ✓ The MHTF has an impact beyond the 32 MHTF countries through the creation of tangible, technically sound knowledge management products.
- ✓ The MHTF has unrealized potential.

Ways forward: key recommendations

- ✓ Position the MHTF within a comprehensive Maternal and Newborn Health and Wellbeing Strategy.
- ✓ Champion quality of care at the point of delivery, including respectful care.
- ✓ Improve integration with community engagement.
- ✓ Engaging partners, more specifically donors.
- ✓ Embed the focus on midwifery and the health workforce across the MHTF.
- ✓ Invest further in MHTF core value adds, for example, SRHR–MNH integration and the promotion of catalytic results.

ANNEXES

ANNEX 1: The MHTF publications written or published in 2022

- » McNab S, Fisher J, Honigman S, Muvhu L, Levine R, Chorwe-Sungani G, Bar-Zeev S, Hailegebriel T, Yusuf I, Chowdhary N, Rahman A, Bolton P, Mershon CH, Bormet M, Henry-Ernest D, Portela A and Stalls S (2022). Comment: silent burden no more: a global call to action to prioritize perinatal mental health. *BMC Pregnancy and Childbirth*. Vol. 22. doi:10.1186/s12884-022-04645-8.
- » Neal S, Bokosi M, Lazaro D, Vong S, Nove A, Bar-Zeev S, Pairman S, Ryan E, ten Hoop-Bender P and Homer C (2022). Diverse pre-service midwifery education pathways in Cambodia and Malawi: a qualitative study utilizing a midwifery education pathway conceptual framework. *Midwifery*. Vol. 116. doi:10.1016/j.midw.2022.103547.
- » Olaniran A., Banke-Thomas A, Bar-Zeev S and Madaj B. (2022). Not knowing enough, not having enough, not feeling wanted: challenges of community health workers providing maternal and newborn services in Africa and Asia. *PLOS ONE*. Vol. 17. doi:10.1371/journal.pone.0274110.
- » Olaniran A, Madaj B, Bar-Zeev S, Banke-Thomas A and van den Broek N (2022). Factors influencing motivation and job satisfaction of community health workers in Africa and Asia—a multi-country study. *The International Journal of Health Planning and Management*. Vol. 37. doi:10.1002/hpm.3319.
- » Shikuku D, Jebet J, Nandikove P, Tallam E, Ogoti E, Nyaga L, Mutsi H, Bashir I, Okoro D, Bar-Zeev S and Ameh C (2022). Improving midwifery educators' capacity to teach emergency obstetrics and newborn care in Kenya universities: a pre–post study. *BMC Medical Education*. Vol. 22. doi:10.1186/s12909-022-03827-4.
- » Simonin V, Vaghefi SA, Abdelgadir ZM, Eltayeb D, Sidahmed MAM, Monet JP and Ray N (2022). Present and future drinking water security and its impacts on maternities: a multi-scale assessment of Sudan. *International Journal of Environmental Research and Public Health*. Vol. 20. doi:10.3390/ijerph20032204.
- » Tran NT, Bar-Zeev S, Schulte-Hillen C and Zeck W (2022). Tranexamic acid for postpartum hemorrhage treatment in low-resource settings: a rapid scoping review. *International Journal of Environmental Research and Public Health*. Vol. 19. doi:10.3390/ijerph19127385.
- » Tran NT, Bar-Zeev S, Zeck W and Schulte-Hillen C (2022). Implementing heat-stable carbetocin for postpartum haemorrhage prevention in low-resource settings: a rapid scoping review. *International Journal of Environmental Research and Public Health*. Vol. 22. doi:10.3390/ijerph19073765.
- » Tran NT, Schulte-Hillen C, Bar-Zeev S, Chidanyika A and Zeck W (2022). How to use heat-stable carbetocin and tranexamic acid for the prevention and treatment of postpartum haemorrhage in low-resource settings. *BMJ Global Health*. Vol. 7. doi:10.1136/bmjgh-2022-008913.
- » Serbanescu F, Monet JP, Whiting-Collins L, Moran A, Hsia J and Brun M (2022). Maternal death surveillance efforts: notification and review coverage rates in 30 low-income and middle-income countries, 2015–2019. *BMJ Open*. Vol. 13. doi:10.1136/bmjopen-2022-066990
- » World Health Organization (2022). *Inequality Monitoring in Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health: A Step-by-Step Manual*. Geneva: World Health Organization.
- » World Health Organization (2022). *Guide for Integration of Perinatal Mental Health in Maternal and Child Health Services*. Geneva: World Health Organization.

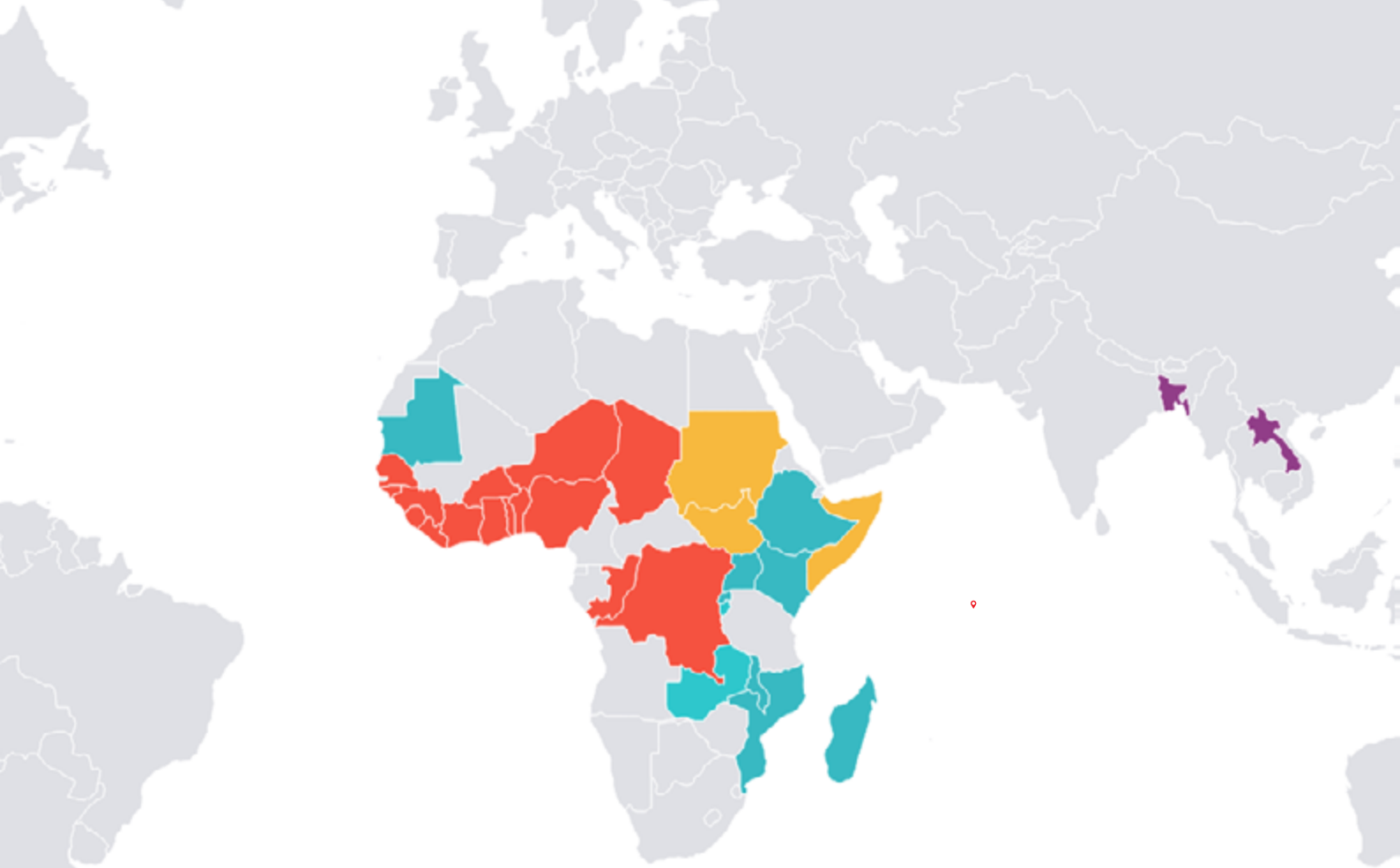
Regional reports on the state of midwifery

- » East and Southern Africa Region (2022): <https://esaro.unfpa.org/en/publications/state-worlds-midwifery-2022-east-and-southern-africa-region>
- » Eastern Europe and Central Asia Region (2022): <https://eeca.unfpa.org/en/publications/state-midwifery-workforce-eastern-europe-and-central-asia>
- » Arab States Region (2022): <https://arabstates.unfpa.org/en/publications/state-midwifery-workforce-arab-region>

ANNEX 2: Detailed budget allocations

The following table details the approved allocations, expenditures and financial implementation rate for the MHTF and the Campaign to End Fistula in 2022 compared with 2021.

Regional Office/Country Office/ Global Technical Support	MHTF programme (all fund codes)		2021 Funds transferred	2021 Expenses US\$	2022 Approved Allocation Ceiling	2022 Funds transferred	2022 Expenses US\$	Utilization rate	Change in expenses 2021 vs.2022
	Dept ID	2021 Approved Allocation Ceiling							
Arab Region									
Arab States Regional Office - Cairo	B1800	160,500.00	80,250.00	77,780.57	160,500.00	74,900	21,243	28%	(56,538)
Republic of Yemen			-	-		-			-
Somalia - Mogadiscio	B5350	267,500.00	133,750.00	125,345.65	267,500.00	187,250	172,015	92%	46,670
Sudan - Khartoum	B5370	481,500.00	481,500.00	345,311.85	481,500.00	337,050	327,719	97%	(17,593)
Total		909,500	695,500	548,438	909,500	599,200	520,977	87%	(27,461)
Asia & the Pacific Region									
Afghanistan - Kabul	B6010	-	-	(134.50)		-			135
Bangladesh - Dhaka	B6050	214,000.00	219,350.00	194,991.30	214,000.00	149,800.00	143,449	96%	(51,543)
The Lao People's Democratic Republic - Vientiane	B6190	328,490.00	328,491.00	325,579.46	328,490.00	229,944	236,800.37	103%	(88,779)
Nepal - Kathmandu	B6250	267,500.00	267,500.00	246,885.33	267,500.00	187,250	154,891	83%	(91,995)
Pakistan - Islamabad			-	-		-			-
Regional Office/Bangkok	B1600	160,500.00	149,800.00	123,406.63	160,500.00	112,350	76,277	68%	(47,129)
Timor-Leste	B6120	321,000.00	321,000.00	205,822.02	321,000.00	224,700	208,809	93%	2,987
Total		1,291,490	1,286,141	1,096,550	1,291,490	904,044	820,226	91%	(276,324)
East & Southern Africa Region									
Burundi - Bujumbura	B4050	428,000.00	428,000.00	411,623.66	428,000.00	299,600	287,935	96%	(123,688)
DRC - Kinshasa	B4430	328,490.00	328,491.00	327,895.35	328,490.00	308,093	362,807	118%	34,911
Ethiopia - Addis Ababa	B4150	454,750.00	454,749.45	239,776.21	454,750.00	454,750	455,045	100%	215,269
Kenya - Nairobi	B4210	321,000.00	321,000.00	314,476.62	321,000.00	224,700	210,177	94%	(104,299)
Madagascar - Antananarivo	B4240	428,000.00	428,000.00	437,767.39	428,000.00	417,024	429,284	103%	(8,484)
Malawi - Lilongwe	B4250	171,200.00	143,380.00	123,063.43	171,200.00	119,840	106,199	89%	(16,865)
Mozambique - Maputo	B4290	321,000.00	321,000.00	211,577.68	321,000.00	224,700	222,666	99%	11,088
Regional Office/E&SA Region	B1400	171,200.00	128,400.00	106,105.26	171,200.00	119,840	121,854	102%	15,749
Rwanda - Kigali	B4330	247,170.00	247,170.00	185,516.04	247,170.00	173,020	162,770	94%	(22,746)
South Sudan - Juba			-	-		-			-
Uganda - Kampala	B4400	310,300.00	310,300.00	310,465.88	310,300.00	263,466	263,816	100%	(46,650)
Zambia - Lusaka	B4440	321,000.00	321,000.00	254,956.82	321,000.00	80,250	205,899	257%	(49,058)
Total		3,502,110	3,431,490	2,923,224	3,502,110	2,685,282	2,828,452	105%	(94,773)
Latin America & Caribbean									
Haiti - Port-au-Prince	B7190	288900	187250	170807.63	267,500	187,250	171,108	91%	300
Regional Office/Panama City	B1700	160500	160500	160499.99	160,500	134,820	129,538	96%	(30,962)
Total		449,400	347,750	331,308	428,000	322,070	300,646	93%	(30,662)
Global: Office of the Executive Director Directorate									
Non-Core Funds Management Unit	B0022	151,728.00	151,728.00	132,727.06	246,100	246,100	120,640	49%	(12,087)
Global: Technical Division									
Sexual and RH Branch	B1142	2,912,060.00	3,219,386.99	3,086,008.24	4,807,528.55	4,251,892.30	3,132,817	74%	46,809
Global: Division of Communications and Strategic Partnerships									
Division for Communications & Strategic Partnerships	B2115	-	-	-	10,918.00	10,918.00	10,918.00	100%	10,918
Western and Central Africa									
Benin - Cotonou	B4020	1,869,678.00	1,485,350.00	1,422,913.31	1,144,525.50	1,000,076	382,648	38%	(1,040,265)
Burkina Faso - Ouagadougou	B4040	453,680.00	453,680.00	446,281.92	453,680.00	317,576	320,595	101%	(125,687)
Cameroon - Yaounde			-	-		-			-
Central African Republic			-	-		-			-
Chad - N'Djamena	B4090	261,080.00	261,080.00	274,984.69	261,080	182,756	190,335	104%	(84,650)
The Congo - Brazzaville	B4110	374,500.00	374,500.00	402,106.86	374,500	262,150	142,721	54%	(259,386)
Côte d'Ivoire - Abidjan	B4120	444,050.00	222,026.00	167,312.23	1,511,609	1,378,395	429,730	31%	262,417
Ghana - Accra	B4180	235,400.00	235,400.00	231,994.85	235,400	164,780	172,708	105%	(59,286)
Guinea - Conakry	B4190	1,788,070.00	1,564,040.00	1,679,667.81	160,500	112,350	339,171	302%	(1,506,959)
Guinea-Bissau	B4200	214,000.00	214,000.00	203,573.03	369,150	321,618	134,888	42%	135,598
Liberia - Monrovia	B4230	214,000.00	214,000.00	197,426.20	214,000	149,800	149,375	100%	(48,052)
Mali - Bamako			-	-		-			-
Mauritania - Nouakchott	B4270	235,400.00	235,400.00	221,042.19	224,700	157,290	144,765	92%	(76,277)
Niger - Niamey	B4310	540,350.00	540,351.00	566,579.07	540,350	135,088	133,828	99%	(432,751)
Nigeria - Abuja	B4320	303,880.00	303,880.00	301,347.46	303,880	267,442	277,116	104%	(24,232)
Regional Office/West & Central Africa Region	B1420	171,200.00	171,200.00	107,798.69	171,200	42,800	29,267	68%	14,055
Senegal - Dakar	B4350	294,250.00	296,179.00	283,477.39	294,250	205,976	156,063	76%	(127,414)
Sierra Leone - Freetown	B4360	214,000.00	214,000.00	137,350.75	214,000	149,800	127,060	85%	(10,291)
Togo - Lome	B4390	1,893,675.00	1,647,132.00	1,771,958.08	1,311,637	1,226,037	623,389	51%	(1,148,570)
Total		9,507,213.00	8,432,218.00	8,415,814.53	7,784,462	6,073,932	3,753,657	62%	(4,531,750)
Grand total		18,723,501	17,564,214	16,534,070	18,969,190	15,082,520	11,477,414	76%	(4,926,248)



ANNEX 3: List of countries supported by the MHTF in 2022

ARAB STATES

Somalia
Sudan

ASIA AND THE PACIFIC

Bangladesh
The Lao People's Democratic Republic
Nepal
Timor-Leste

EAST AND SOUTHERN AFRICA

Burundi
Ethiopia
Kenya
Madagascar
Malawi
Mozambique
South Sudan
Rwanda
Uganda
Zambia

LATIN AMERICA AND THE CARIBBEAN

Haiti

WEST AND CENTRAL AFRICA

Benin
Burkina Faso
Chad
The Congo
Côte d'Ivoire
The DRC
Ghana
Guinea
Guinea-Bissau
Liberia
Mauritania
Niger
Nigeria
Senegal
Sierra Leone
Togo



605 Third Avenue
New York, NY 10158

info@UNFPA.org

WWW.UNFPA.ORG

© ALL RIGHTS RESERVED.
JANUARY, 2024