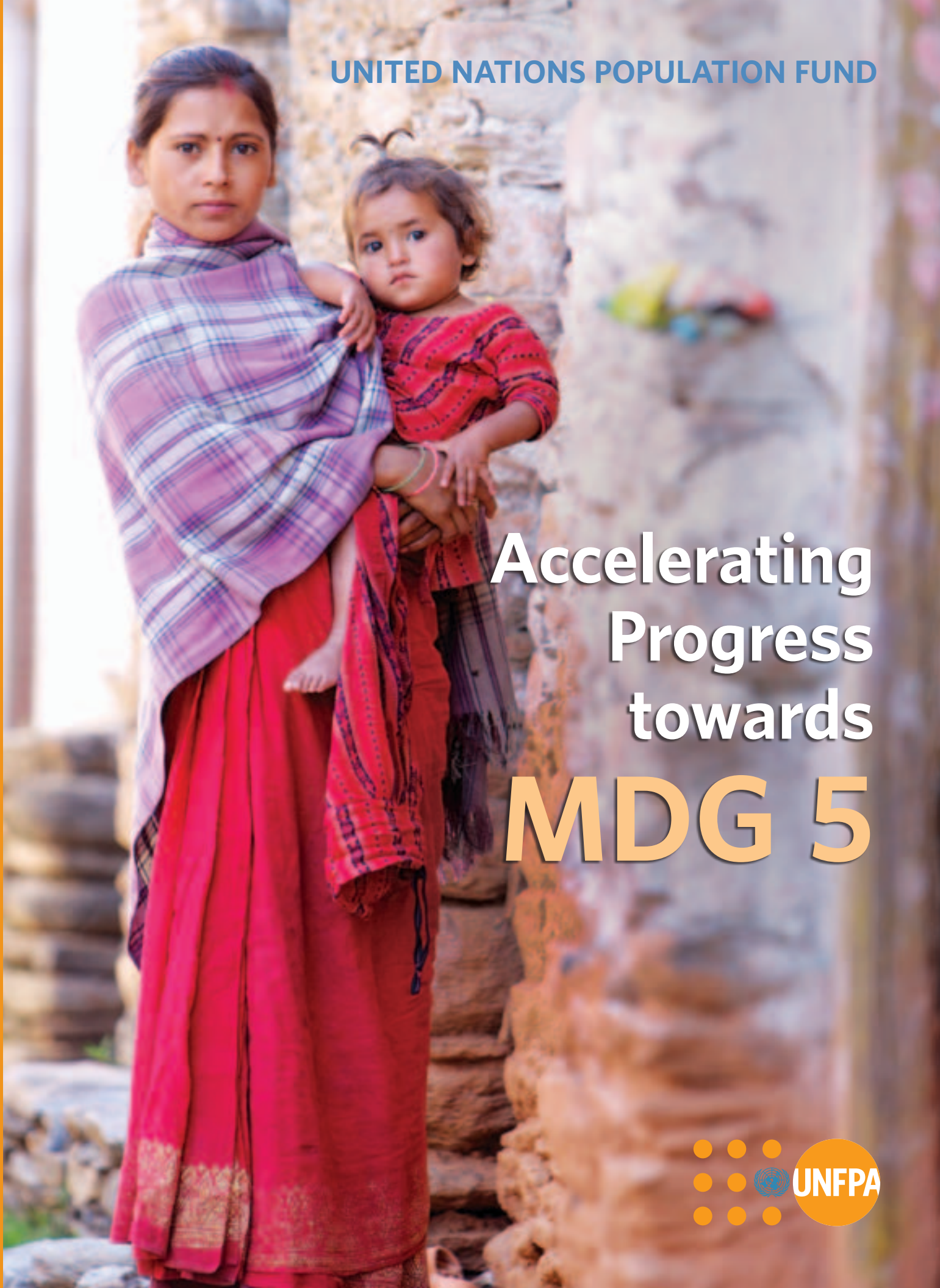

UNITED NATIONS POPULATION FUND

Accelerating Progress towards MDG 5

UNFPA

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Accelerating Progress towards MDG 5

I. Introduction

In 2013, around the world an estimated 289,000 women died of maternal causes. Almost all of those deaths were preventable. Preventable deaths were most common among women living in the poorest communities,[1] where health services are weak, and women are more often subject to early and frequent childbearing, unattended deliveries and sexually transmitted infections (STIs) including HIV.

Millennium Development Goal 5 (MDG 5) – *improve maternal health* – is a global recognition that loss of life when giving life can and must be avoided. It is composed of two interdependent targets: Target 5A) *to reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio*; and Target 5B) *to achieve, by 2015, universal access to reproductive health*. Globally, impressive progress has been realized since the commitment to MDG 5 nearly 15 years ago. The maternal mortality ratio declined by 45 per cent between 1990 and 2013, the proportion of deliveries in developing regions attended by skilled health workers rose from 56 per cent in 1990 to 68 per cent in 2012, and, over the same period, antenatal care coverage in developing regions increased from 65 per cent to 83 per cent.[2]

But with less than 500 days left to reach the MDGs, more must be done and urgently so. The International Conference on Population and Development (ICPD) Beyond 2014 Global Report found that, notwithstanding impressive gains in averting maternal deaths, there are continuing challenges to fulfilling MDG 5, including weak health systems; widening inequalities both within and between countries in access to sexual and reproductive health (SRH) services; poor quality of such services; and entrenched gender inequalities.[3] To achieve MDG 5, an additional 139,000 maternal deaths must be averted by 2015,[4] while millions more women need access to SRH services. As of 2012, approximately 222 million women still had an unmet need for modern contraception,[5] and poor SRH outcomes still accounted for 14 per cent of all global disability-adjusted life years lost in 2010,[6] with far greater burdens in Africa and South Asia.

MDG 5 is grounded in global commitments inscribed within the 1994 ICPD Programme of Action, and the 1999 Key Actions for the Further Implementation of the Programme of Action of the ICPD, which put human rights at the centre of development and called for the fulfilment of SRH and reproductive rights for all persons. The global aspirations of MDG 3 – *to promote gender equality and women's empowerment* – were also agreed on at the ICPD, with the recognition that SRH, and the empowerment of women and girls, are reciprocally linked to one another. The continued urgency of universal access to SRH and women's empowerment for the advancement of global development was affirmed in the ICPD Beyond 2014 Global Report.[7]

Dually guided by the ICPD and the MDGs, the United Nations Population Fund (UNFPA) is the lead UN agency delivering on these global commitments and aspirations for the rights and well-being of women and girls. At the core of its mandate is a commitment to achieving universal access to SRH, the full realization of human rights and gender equality, and the worldwide reduction in maternal mortality. Through its global architecture of country programmes, UNFPA has advanced the realisation of the ICPD, and accelerated progress towards MDG 5 – both in terms of lives saved and rights protected, promoted and fulfilled – across the globe, and for those in the greatest need.

Photo Credit: IPPF Gabriel Blanco, Rwanda

II. UNFPA's Contribution to the Achievement of MDG 5

UNFPA is on the ground improving lives in 159 countries, territories and other areas.[8] In 2013 alone, UNFPA contributed to the potential prevention of:

- *9.5 million unintended pregnancies;*
- *6.4 million unintended births;*
- *27,300 maternal deaths;*
- *1.1 million unsafe abortions.[9]*

Two approaches characterize UNFPA's unique contributions to achievement of MDG 5 A and B:

- **We are country-driven:** First and foremost, UNFPA is country-focused, driven by national needs, and promoting and working with national ownership of programmes. UNFPA also strengthens the capacity of governments to engage in high-level national dialogues and knowledge-based planning, to build strategic partnerships and regional alliances, and to implement programmes that are responsive to national needs, with promise for long-term impact and sustainability. [10]

- **We are integrated:** UNFPA addresses and integrates both high-quality SRH and women's empowerment. Recognizing that SRH and the realisation of women's human rights in particular are intrinsically linked, UNFPA works to integrate interventions within and beyond the health sector.

Sustained presence and engagement within countries, means that UNFPA can operate across national platforms and span the strengthening of health systems, direct service delivery, knowledge management, capacity development, and policy and advocacy. To make a direct and tangible difference in the lives of millions of women, particularly the most vulnerable, UNFPA targets investments that are increasing access to integrated and high quality antenatal and post-natal care; skilled attendance at birth; reliable access to a steady supply of life-saving commodities; comprehensive sexuality education; and family planning counseling, information and contraceptive choice. These investments are complemented by policy advice and advocacy directed to the longer-term underpinning of the social and structural conditions that create lasting development for all persons, including through the protection and fulfilment of human rights, investments in adolescents, and the realisation of gender equality and women's empowerment.

To accelerate delivery of MDG 5, UNFPA drives change through dedicated funds that mobilize resources for countries with the greatest need. The Maternal Health Thematic Fund (MHTF), established in 2008, is advancing MDG 5 in 43 countries with high maternal mortality. MHTF is catalytic in approach, aligning country-led processes to strengthen emergency obstetric and newborn care (EmONC), expand and strengthen midwifery, support the Campaign to End Fistula, and build national capacity for maternal death surveillance and response. The complementary fund, the Global Programme to Enhance Reproductive Health Commodity Security (GPRHCS), intensifies UNFPA support in 46 countries, addressing critical bottlenecks in the supplies of contraceptives, medicine and equipment necessary for the delivery of high-quality reproductive health care, including life-saving commodities for ending maternal mortality.

As 2015 approaches, UNFPA and their partners are further accelerating actions for the attainment of MDG 5. The MDG 4 and 5 roadmap launched in July 2014 highlights how critical are UNFPA interventions if the speed and scale of transformative change is to increase by the end of 2015, through added resources and advocacy. The roadmap interventions can save an additional 139,000 women's and 250,000 newborns' lives in the last days of the MDGs, and millions more thereafter. Focusing particularly on the 48 hours surrounding childbirth,

Photo Credit: UNFPA Afghanistan

when the lives of the mother and child are at greatest risk, the roadmap identifies high-impact interventions that can rapidly strengthen critical health care systems, increase the impact of health workers, and expand access to commodities and services, particularly for the most vulnerable. The steps outlined in the roadmap include:

a. Taking life-saving measures during and after birth;

b. Optimizing service delivery platforms that are already in place;

c. Increasing access to choice of modern contraceptive methods;

d. Focusing on countries, places and circumstances where deaths are the highest.

The roadmap demands, and builds on, innovative public-private partnerships. It highlights UNFPA's confidence that with the right investments and leadership, MDG targets can be met.[11]

a. Promoting Life-Saving Measures During and After Childbirth

Nearly half of all maternal and newborn deaths occur during childbirth or in the days immediately thereafter, and approximately 73 per cent of all maternal deaths, from 2003-2009, were due to direct obstetric causes.[12] To accelerate delivery of MDG 5 all women must have access to skilled delivery care, and the backup of emergency obstetric and neonatal care (EmONC). This demands enhanced national policy commitments including investments in midwifery, broadening of health care coverage, and increasing women's access to sexual and reproductive information, services and life-saving commodities.

In Latin America and the Caribbean, UNFPA strengthens national capacities for EmONC in more than 15 countries, improving the tracking of maternal death and illness, and promoting the use of data to identify critical gaps in health services.[13]

Through UNFPA's MHTF, 32 of the highest burden countries have received additional support to strengthen EmONC services, including upgrading facilities and scale-up plans. These build on EmONC needs assessments carried out by UNFPA in 26 countries between 2008 and 2013, that have since been used to plan maternal and newborn health services in 15 countries.[14]

UNFPA has worked to ensure additional health workers are in place to meet MDG 5. Through the MHTF, 10,000 midwives have been trained, assisting 1.75 million births annually.[15] In all the world's regions, UNFPA has strengthened midwifery services including through assessments of midwifery capabilities and staffing shortages; trainings; the provision of tools and guidance; and working with governments to advocate for increased investments. As of 2013, with UNFPA support in East and Southern Africa, 11 countries strengthened or established professional midwifery associations; 16 strengthened midwifery education; and 9 developed dedicated midwifery policies.[16] Midwifery programme enrolments and capacity

Photo Credit: UNFPA Swaziland

Supporting Policy Dialogue to Reduce Maternal Mortality in Africa

The Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA), "builds an African platform for cooperation and coordination to save the lives of women and children"[17] in some of the highest burden countries. Throughout Africa, UNFPA is collaborating with partners, deepening policy dialogue and advocacy for the lives of women, mothers and newborns at the global, regional, sub-regional and national levels. Today, thanks directly to UNFPA's support, through CARMMA more than 44 countries across the continent have launched specific national commitments to address maternal mortality, with more preparing to do so.

Such targeted policy dialogue has scaled-up EmONC services:

- In **Burundi**, UNFPA helped facilitate a partnership between the Regional Centre for Training and Research in Reproductive Health and the Ministry of Health (MoH) to improve the quality of training for EmONC providers. 58 providers from 28 hospitals and health centres have been trained to provide basic EmONC.
- In **Malawi**, UNFPA supported the improvement of 25 designated basic EmONC facilities to improve the quality and delivery of key functions.
- In **Rwanda**, UNFPA helped develop a new plan to reduce maternal and newborn mortality and morbidity for the period of 2013-2018, establishing EmONC as a national priority.
- In **Cameroon**, UNFPA supported in-service training, clinical coaching, and assessment for 112 service providers to elevate their skills in essential obstetric and neonatal care, as well as basic EmONC. Further, a strategy to pre-position obstetric kits in health centres was piloted in 3 regions, and then expanded to nine of Cameroon's 10 regions, including the East Region where UNFPA facilitated the project's expansion to 14 district hospitals.[18]

also increased in 30 countries, including in **Burkina Faso, Cambodia, Ethiopia, Guyana** and **Madagascar**.[19]

In 2013, UNFPA's actions to accelerate delivery of MDG 5 in the Asia and the Pacific region included support for further development of midwifery policies, standards or curricula in **Afghanistan, China, Iran, Myanmar** and **Sri Lanka**, and support to midwifery training in **Bangladesh, the Lao People's Democratic Republic** and **Myanmar**. UNFPA support to the Association of South-East Asian Nations contributed to the development of guidelines for skilled birth attendance.[20]

Access to life-saving reproductive health commodities, notably magnesium sulfate, misoprostol, and oxytocin, can effectively

Strengthening Midwifery Capacity in the Arab States

Throughout the Arab States region, UNFPA has supported service delivery to increase rates of skilled attendance at births, while simultaneously expanding and improving midwifery education, introducing midwifery in MoH workforce policies, and strengthening midwifery associations.

- In **Djibouti**, the national midwifery programme has now been fully integrated into the national maternal health and reproductive health commodity security programmes, and promoted through community-based initiatives.
- In **Somalia**, in partnership with Somali authorities, UNFPA has supported the establishment of nine midwifery schools nationwide and two midwifery associations.
- In **Sudan**, UNFPA has supported capacity building for midwives, providing stipends to allow village midwifes and midwife technicians to enrol in training programmes; conducting supportive supervision visits; offering refresher training to midwives, using updated curriculum; and procuring, distributing and replenishing midwifery kits.
- In **Yemen**, UNFPA provided technical assistance to the Ministry of Public Health and Population (MOPHP) and midwifery training institutions to update midwifery curricula. A nationwide mapping of midwives enabled MOPHP and the National Yemeni Midwifery Association to better support and supervise community midwives and design necessary trainings.[21]

avert deaths during pregnancy and childbirth. With UNFPA support, the availability of seven life-saving medicines increased from 2012 to 2013 in **Burkina Faso, Haiti, Niger, Nigeria** and **Sierra Leone**. Expedited through its GPRHCS, UNFPA has strengthened the management and supply chain for life-saving commodities to ensure a reliable supply of commodities and reduce stock-outs across 46 countries.[22] And in 2013, a larger number of health centres across all UNFPA supported countries reported increases in the availability and range of contraceptives and life-saving maternal health medicines.

b. Optimizing Service Delivery through Platforms Already In Place

Integrated services are needed to offer optimal care for SRH, and such services can be scaled-up most effectively and affordably by building on infrastructure and platforms that are already in place, and already responding to national needs. High burden countries differ in terms of their health systems' strengths and weaknesses, and in their country's prevailing social and environmental threats to reproductive health, whether they be a lack of EmONC, a high prevalence of HIV or malaria, widespread gender-based violence, structural challenges such as large remote populations, or crises, such as the current Ebola outbreak.

Relevance and responsiveness to local contexts is paramount. Towards acceleration of MDG 5 delivery, UNFPA supports country-specific planning, and associated scaling up and targeting of efforts building on service platforms and networks already in place, so that new investments can more quickly enhance impact.

Photo Credit: Parviz Boboev, UNFPA Tajikistan

Photo Credit: Francine Egberts, UNFPA Mongolia

The majority of HIV infections are sexually transmitted or associated with pregnancy, childbirth and breastfeeding, while HIV is the leading cause of death for women of reproductive age, and deaths and infections are increasing for adolescents. In countries with a generalized HIV epidemic, UNFPA works for the full integration of HIV responses with SRH services. UNFPA advocacy and support has helped better integrate STI and HIV prevention into primary care in 75 countries in the East and Southern Africa region, and more than 50 per cent of these now have integrated community-based HIV prevention efforts and SRH. Across sub-Saharan Africa, this integration includes programming to eliminate mother-to-child transmission (EMTCT) of HIV. UNFPA's assistance has strengthened voluntary testing and counseling services in more than 10 countries, and, for example, during 2013, the availability of voluntary testing integrated during prenatal visits increased to 97 per cent in UNFPA-supported districts in **Côte d'Ivoire**.[23] In **Rwanda**, where EMTCT services are integrated within maternal health services, UNFPA partnered with Rwanda's government, civil society and other development partners to strengthen these programmes.[24] An additional eight countries have developed detailed plans for integrated SRH, family planning, and HIV services.

Health service delivery platforms can also be optimized to support post-natal maternal health. This involves protecting women and children against major infections, and supporting women's birth-planning to avert unintended pregnancies. In countries with low access to family planning, UNFPA has helped integrate family planning information, counseling and services into post-partum care; promoting a woman's right to control the timing and spacing of her pregnancies, thereby improving her health and that of her children, and advancing MDG 5.

Promoting Access to Family Planning in Asia and the Pacific

UNFPA's regional interventions place significant emphasis on advancing family planning. In Asia, where an estimated 140 million women have an unmet need for modern contraception, UNFPA is focusing on the sustainability of family planning programmes. This has included improving policy environments and securing national budgets for reproductive health commodities, and strengthening the management of contraceptive supplies in countries such as **Afghanistan, Bangladesh, Bhutan, Indonesia, the Democratic Republic of Korea, the Maldives, Myanmar, Nepal** and **Papua New Guinea.** UNFPA's advocacy work helped to facilitate a 100 per cent increase in spending on contraceptives in **Myanmar; the Philippines** is now self-sufficient in the procurement of modern contraceptives; and with UNFPA's support, national family planning budgets have increased in the **Lao People's Democratic Republic, Mongolia,** and **Timor-Leste**.[25]

Countries across Asia and the Pacific have achieved important results and increasingly exemplified best practices in the provision, availability and quality of family planning services:

- In **Afghanistan**, UNFPA provided capacity building to increase stock levels and method-mix of contraceptives. In 2013, 956,311 clients were provided family planning services, compared to only 834,894 in 2012, representing a 14 per cent increase in client load.
- In **Bhutan**, through UNFPA supply of family planning commodities, all hospitals and basic health units now provide a minimum of three family planning methods. UNFPA's contribution towards increasing contraceptive use is evident from the increase in contraceptive prevalence from 35.7 in 2000 to 65.6 in 2010.
- In **Cambodia**, targeted financial and technical assistance to the MoH, has seen all 1,058 health centres and 40 referral hospitals now providing at least three modern methods of contraceptives, amongst those, 992 health facilities now provide intrauterine device (IUD) services and 486 provide implant services.[26]

c. Modern Contraceptive Choices

If we were to meet the family planning needs of the 222 million women in the world who have an unmet need for modern contraception, we could reduce maternal deaths by 80,000 and newborn deaths by 600,000 per year.[27] However, the world saw a mere 10 per cent rise in contraceptive prevalence from 1990 to 2010,[28] leaving 18.5 per cent of women worldwide with an unmet need for contraception. Ninety per cent of these women reside in developing countries, with the greatest need in sub-Saharan Africa. This lack of accessible and affordable contraception has also contributed substantially to the estimated 43 million abortions worldwide in 2008,[29] further

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Building a Total Market Approach in Eastern Europe and Central Asia

With Eastern Europe and Central Asia's middle-income countries, UNFPA is concentrating on working with national partners to build a TMA for more equitable access to reproductive health and family planning services. As of 2013, 19 countries in the region had developed national TMA action plans with eight countries taking significant steps in implementation. In **Armenia**, for example, UNFPA in partnership with the government initiated a TMA which delivered a new "Promoting Contraceptive Security" project, financed jointly by USAID and UNFPA. This project is to be implemented by UNFPA in cooperation with the MoH and other stakeholders to make affordable contraception available to all, particularly the most vulnerable, as well as to increase consumer demand for modern contraceptives.[30]

Ensuring Access to SRH for Young People in Latin America and the Caribbean

In Latin America and the Caribbean, where nearly one in five births is to an adolescent age 15 to 19, UNFPA has scaled-up programmes to promote universal access to SRH, reduce maternal deaths and prevent pregnancy among adolescent girls between the ages of 10 to 19. Through policy dialogue and advocacy, UNFPA has supported the development of the National Plan to Prevent Adolescent Pregnancy in **Ecuador**, the National Integrated Health Plan for Youth and Adolescents in **Bolivia**, and a multi-sectoral plan for the prevention of adolescent pregnancy in **Peru**.[31]

UNFPA country programmes have strengthened CSE, and promoted universal access to SRH for young people:

- In **Argentina**, where since 2006 the government has ensured the provision of CSE in schools nationwide, UNFPA strengthened capacity to implement CSE in all provinces. As of 2013, this effort yielded 7,000 qualified schools and 20,000 trained teachers.
- In **Colombia**, with UNFPA the MoH scaled-up the implementation of its national plan for the reduction of adolescent pregnancy, which includes a multi-sectorial approach and a focus on the 192 municipalities with the highest rates of adolescent pregnancy.
- In **Guatemala**, UNFPA supported the Ministry of Education to train approximately 3,000 staff and to print educational material as part of a comprehensive strategy on sexuality education and violence prevention, which will be implemented in schools in 2014.
- In the **Dominican Republic**, with technical assistance provided by UNFPA, prevention of teenage pregnancy is now positioned as a national priority.
- In **Brazil**, UNFPA is supporting the MoH to develop comprehensive programmes and policies targeting adolescents and youth. In particular, its initiative "Health, Adolescence and Youth: Promoting Equality and Building Life Skills" focuses on marginalized and vulnerable young people, and very young adolescents.[32]

In 2013 UNFPA launched a five-year initiative – Action for Adolescent Girls – in partnership with governments and civil society in 12 countries in Africa, Asia and Latin America.

heightening rates of maternal death. The consequences of unplanned pregnancies are especially grave for adolescents, with pregnancy before age 15 in low- and middle-income countries doubling the risk of maternal death and obstetric fistula, and more than eight million young women age 15 to 24 resorting to unsafe abortions each year.[33] To deliver a world where MDG 5 is realised for all women and girls, comprehensive sexuality education (CSE) and high quality SRH services must be accessible from before the age of sexual debut, and throughout reproductive life.

UNFPA has championed family planning ever since it was established, and its current global strategy for family planning – *Choices Not Chance* – promotes contraceptive choices by strengthening reliable access to high quality commodities and associated counseling, information and advice on a worldwide scale. The GPRHCS augments strategies in 46 countries where unmet need for family planning is highest, addressing bottlenecks to quality commodity supplies. For example, through GPRHCS, three-quarters of countries in the East and Southern Africa region provided at least a minimum number of modern contraception methods by 2013.[34]

Since 2013, UNFPA has been innovating a "total market approach" (TMA) to promote improved and "high-value for money" access to family planning and other reproductive health commodities. This model emphasizes and enhances delivery-potential through exploring all sectors and all markets. The TMA promotes equity in access to commodities across diverse markets, at an appropriate price and has been used to examine, for example, in partnership with Population Services International (PSI), the market for male condoms in **Botswana, Lesotho, Mali, South Africa, Swaziland and Uganda**.

Through its *Adolescent and Youth Strategy,* UNFPA has advocated globally for the SRH of adolescents and prevention of adolescent pregnancy. Access to information, CSE, youth-friendly services, and choices among modern contraceptives are essential interventions for this purpose. Targeting of very young adolescents, aged 10 to 14, and activities that promote youth participation and mobilization distinguish UNFPA's approach.

Photo Credit: Sven Torfinn, UNFPA Sudan

Scaling Up Support to Reach MDG 5 in 10 High Priority Countries

- Afghanistan
- Bangladesh
- Democratic Republic of the Congo
- Ethiopia
- India
- Indonesia
- Nigeria
- Pakistan
- Sudan
- Tanzania

d. Focusing on Areas Where Maternal Deaths are Highest

In the countdown to 2015, the greatest challenges to attaining MDG 5 lie in the 75 countries where more than 95 per cent of all maternal and child deaths occur. Most of these countries are in South Asia or sub-Saharan Africa, home to 85 per cent of all global maternal deaths in 2010. UNFPA is active in each of these 75 countries, with the MHTF and GPRHCS specifically investing in more than 40.

At the 2013 UN General Assembly, UNFPA partnered with the UN Special Envoy for Financing the Health MDGs, to hold a high-level forum that brought together leaders from high maternal mortality countries with donors and partner agencies, including the private sector. The need to rapidly scale-up access to effective reproductive health interventions with commodities, in particular those highlighted by the UN Commission on Life-Saving Commodities, was addressed. UNFPA's subsequent acceleration action plan is rapidly increasing access to and use of quality reproductive health commodities by investing in strategic partnerships; conducting advocacy and resource mobilization; providing technical assistance to countries and regional programmes; and developing national country profiles and plans for ten of the highest burden countries.

In Addis Ababa in July 2014, UNFPA and the MoH of Ethiopia jointly organized a workshop on "Accelerating MDG 5 A and B" with ten high-burden maternal mortality countries and active participation from the H4+ and other partners. UNFPA then drafted country profiles with costed scale-up plans for key commodities (contraceptives, magnesium sulfate, misoprostol and oxytocin) for the 10 high-burden countries with these profiles then further developed and finalised by national governments and stakeholders. Through UNFPA's engagement, and together with national, regional and global experts, governments in these 10 countries are now committed to concrete, tangible action plans for the remaining days to reach MDG 5. These action plans focus on expected returns of scaled-up investments in areas including:

- Life-saving medicines and essential products;
- The health workforce;
- Data systems, including maternal death surveillance and response;
- Commodities management and tracking systems, including health management information systems (HMIS) and electronic logistics management information systems (e-LMIS).

Through the UN partnership platform of H4+, UNFPA also works with counterparts to better enable coordinated, catalytic and "multi-portfolio" investments targeting 58 of the high-burden countries that have set concrete targets to fulfil the UN Secretary General's global strategy *Every Woman, Every Child.*

In humanitarian situations, maternal death rates and sexual violence can rise rapidly and severely, while secure access to contraception declines. Guided by its *Second Generation Humanitarian Strategy*, UNFPA has developed a rapid response capacity that is providing reproductive and maternal health care, and protection from sexual violence, to women in situations of acute humanitarian crisis. As of 2013, UNFPA is active in **Syria** and neighboring countries, in response to one of the

Photo Credit: UNFPA Haiti

greatest refugee crises in modern history. UNFPA supports 80 health facilities, 32 mobile teams and 28 static clinics in **Syria**; has established 27 reproductive health clinics in **Jordan** and **Iraq**; and supports 72 health facilities in **Lebanon, Iraq** and **Egypt**. These service delivery facilities have provided life-saving maternal and reproductive health services to approximately 2.6 million women and girls of reproductive age, and to date UNFPA has provided reproductive health vouchers to approximately 110,000 women in **Syria**, with an expansion of efforts underway. [35,36]

UNFPA's humanitarian response, includes provision of "dignity kits" comprised of personal hygiene materials that are essential for women and girls, facilitating their mobility and helping restore their dignity during times of crisis. Responding to the devastation of Typhoon Haiyan in **the Philippines**, UNFPA established 58 mobile clinics to provide emergency maternity and obstetric care, and distributed 12,000 dignity kits.[37] This was a concrete example of MDG 5's advance even in one of the world's most challenging circumstances. UNFPA is accelerating access to reproductive health supplies in response to the SHR needs of crisis-affected populations in **South Sudan, Central Africa Republic** and **Iraq**.

e. Making it Stick: Sustainable Investments for Continued Progress

A longstanding hallmark of UNFPA's work is its foundational recognition that SRH, the fulfilment of human rights, and overall development are mutually dependent and inextricably linked. Building on 20 years of work under the ICPD, UNFPA champions an integrated approach to achieving MDG 5, promoting universal access to life-saving commodities and SRH services on the one hand and realisation of gender quality, social justice and reproductive rights, on the other.

Addressing inequalities in access to SRH services is thus a cornerstone of UNFPA's mandate. However, despite good progress towards universal access, stark disparities remain, both within and between countries. In Latin America and the Caribbean, UNFPA is supporting countries in their efforts to overcome disparities, particularly those experienced by marginalized, disadvantaged, and otherwise excluded groups, such as adolescents, Indigenous people, afro-descendants, undocumented migrants, persons of diverse sexual orientation

and gender identity and sex workers. Where Indigenous women suffer significant barriers to accessing SRH services, and high rates of maternal mortality, UNFPA is supporting inter-cultural and human rights centered approaches to SRH. For example, at the Andean regional level, UNFPA with the involvement of local stakeholders and community-based partners, has supported pre-testing and review of a standard set of indicators for inter-cultural maternal health care. In 2013, these indicators were shared with the Andean Health Council (ORAS-CONHU) for their final endorsement, prior to their roll-out at national levels.[38]

Obstetric fistula, caused when women undergoing prolonged, obstructed labour do not have access to emergency obstetric services, is the direct result of health systems' failure to provide accessible and acceptable SRH services and equitably. It is an indicator of the broader human rights abuses to which women and girls are subjected, such as those associated with poverty, gender disparities, child marriage and early childbearing. However, the Global Campaign to End Fistula, launched by UNFPA and partners in 2003, is now present in more than 50 countries around the world bringing together over 90 partners. And, in 2013, UNFPA provided both direct and indirect support to over 10,700 women and girls, providing them access to life-changing surgical fistula repair and assisting them as they began to rebuild their lives.[39]

Combined investment in SRH while addressing the root causes of maternal mortality, including poverty, marginalization, and gender inequality, offers the best chance for sustainable development. For both immediate and long-term achievements under MDG 5, progress under MDG 3 — gender equality and empowerment of women — is essential, as is progress under MDG 4 — reduce child mortality, and MDG 6 — combat HIV/AIDS, malaria and other diseases: all work synergistically with one another, leveraging also achievement of other MDG priorities such as that of education.

UNFPA has worked to contribute leadership and partnership for success across the MDGs. In partnership with UN Women, UNICEF, WHO, UNAIDS and the World Bank, UNFPA has advanced campaigns against gender-based violence; child, early and forced marriage; and, female genital mutilation; promoted access to comprehensive services for key populations living with HIV; and promoted efforts by governments across the Sahel to reap the demographic dividend of their very young populations. UNFPA has worked with the Office of the High Commissioner for Human Rights, among others, to provide technical guidance and thought-leadership on how the normative content of human rights standards can come alive for the advance of the SRH of women, young people, and, indeed, of all persons.

UNFPA has highlighted to the international community the social and demographic circumstances under which rates of maternal mortality and morbidity are highest, calling policy makers' attention to how changing age-structures globally,

Photo Credit: UNFPA Bolivia

the rapid pace of urbanization, and the impacts of climate change brings implications for MDG 5. Indeed, what the world looks like tomorrow will depend, to a large degree, on what we do today to support the aspirations of the world's unprecedented numbers of young people, particularly adolescent girls. With complications linked to childbirth, the second leading cause of death among girls 15 to 19 years globally,[40] investments in SRH for adolescents are critical. However, UNFPA's focus extends to the life-course factors that contribute to good maternal health outcomes, including the health and rights of adolescents; and such as the elimination of child marriage and early pregnancies. These are means by which we can achieve sustained transformation of the status of women and girls well beyond 2015.

UNFPA continues to harness the power of population data as a key mechanism for evidence-based development planning, and so that the needs, and thus human rights, of populations may be accurately appraised. At the global level, UNFPA has generated and shared data on the progress and remaining gaps in achieving MDG 5, thus increasing awareness and stimulating galvanizing commitments to accelerating progress. Through an MDG 5B "data dashboard", for example, UNFPA has developed country profiles that enable progress to be charted against global indicators, and as a tool to assist scaling-up and implementation of life-saving interventions.

f. Resource Mobilization and Strategic Partnerships

UNFPA continues to play a major role in global processes, platforms and partnerships related to the advancement of MDG 5, particularly those under the Secretary General's *Every Woman, Every Child* global strategy that will accelerate progress towards MDGs 4 and 5.

UNFPA is strongly engaged with the Family Planning 2020 (FP2020) platform, for example, which is a global partnership that "supports the rights of women and girls to decide freely, and for themselves, whether, when, and how many children they want to have."[41] And in 2013 UNFPA led the work on female condoms and co-chaired work on three maternal health commodities through the UN Commission on Life-Saving Commodities for Women's and Children's Health.

As UNFPA's support to the world's governments shifts from that of a direct service provider to a provider of cutting-edge policy expertise, UNFPA is playing a major brokerage role; building partnerships with academic institutions and civil society partners, and promoting South-South and triangular cooperation. UNFPA is also providing global thought-leadership in a broad range of forums on best practices, "value for money" intervention, demographic trends, and emerging issues. Building dynamic private sector and civil society partnerships, and working with diverse implementing partners, UNFPA is contributing to the advance of SRH worldwide. And through investment in South-South and triangular collaboration, UNFPA plays an important role in helping to match countries that have experiences to offer in advancing the ICPD agenda and accelerating progress towards MDG 5.

Significant and sustained results under all MDGs, and MDG 5 specifically, can only be achieved with "to scale" investment, supported by strategic alliances and enabled by coordinated effort. UNFPA positions its resource mobilisation and investments within a broader partnership framework, involving national investment and optimal leveraging of resources from diverse sources. In addition to focused deployment of its core resources, UNFPA's thematic funds – the MHTF and GPRHCS – provide targeted systematic, flexible, and multi-year resources to countries in greatest need. This systematic approach, linking resource mobilisation with strategic partnerships, not only ensures that resources are well directed towards MDG 5 success in the short-term, but also facilitates continuity in investment well into the post-2015 sustainable development agenda.

Photo Credit: Sven Torfinn, UNFPA Sudan

III. Beyond 2015

UNFPA's investment and delivery platforms – as outlined in the preceding pages – demonstrate a fundamental commitment to the building of viable and reliable health systems, through interventions that strengthen human resources, logistics and management; and that integrate service delivery, commodity supply, data, and multi-portfolio policies.

The impact of these investments include but span far beyond direct service delivery to target as well the root causes of maternal mortality and morbidity.

As we move towards a post-2015 world, UNFPA advocates for a sustained commitment to the unfinished agenda of the MDGs. Paramount in this, for realizing greater success for women and girls in particular, beyond 2015, is renewed commitment to effective address of both the clinical and social causes of maternal morbidity and mortality – factors that have impeded greater progress over the past 15 years. As such, the interventions and investments reviewed in this report highlight that sustained adherence to principles of equality, human rights, and accountability are the keys by which to unlock development that is comprehensive, inclusive, and resilient.[42]

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Over the past 15 years UNFPA has been a leader in global efforts to deliver on MDG 5, and contributed substantially to progress towards MDGs 3, 4, and 6. UNFPA continues to advocate the centrality of SRH and human rights, highlighting that adolescents and youth must be recognized as key drivers of change under the new development agenda. The success of the post-2015 agenda depends on achieving universal access to sexual and reproductive health and rights, protecting the human rights and meeting the development needs of young people, and mainstreaming gender equality and women's empowerment throughout the new goals. UNFPA is playing a lead role in preparing the way for the achievement of these goals in the decades to come.

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