

# Concluding a successful five-year collaboration to improve women's and children's health in low-resource settings

## Overview

The Alliance for Reproductive, Maternal, and Newborn Health was launched at the United Nations General Assembly in 2010. The founding members included three governments—the United States (US Agency for International Development, USAID), the United Kingdom (Department for International Development, DFID), and Australia (then the Agency for International Development, AusAID, and now the Department of Foreign Affairs and Trade, DFAT)—as well as the Bill & Melinda Gates Foundation.

The Alliance's goal was to accelerate progress in achieving Millennium Development Goals (MDGs) 4 and 5, which focused on improving reproductive, maternal, and child health outcomes. The Alliance worked to promote cost-effective use of resources, leverage resources to fill funding gaps, reduce duplication, and encourage the sharing of best practices among members. In the five years of the Alliance, the members worked together at the headquarters level and in ten high-need countries in sub-Saharan Africa and Asia. Mechanisms for collaboration included regular teleconferences and periodic, largely opportunistic meetings to promote collective strategies and actions.

The world has changed since the Alliance was launched. At that time, the world was concerned about the slow pace of efforts to reach MDG targets for reducing child and maternal mortality, including efforts to improve access to family planning. In addition, current collaborative initiatives to improve health for women and children—such as Family Planning 2020, the UN Secretary General's Global Strategy (Every Woman Every Child), the Ouagadougou Partnership, Every Newborn Action Plan, A Promise Renewed, Ending



Preventable Maternal Mortality, and the Global Financing Facility—did not yet exist.

Today, three of four Alliance members—USAID, DFID, and the Gates Foundation—have multiple opportunities to meet and engage jointly on women's and children's health through the collaborative platforms noted previously. In addition, DFAT now has a staff member based in Geneva, a post that facilitates communication with European donors and active participation in the Partnership for Maternal, Newborn, and Child Health, another mechanism that had not blossomed into its current state when the Alliance was founded. With the multiplicity of current opportunities for productive, collaborative engagement that align well with the Alliance's spirit and scope, the Alliance wound down operations at the end of its planned life span of five years.



Australian Government

Department of Foreign Affairs and Trade

BILL & MELINDA  
GATES foundation



USAID  
FROM THE AMERICAN PEOPLE

The Alliance's activities have encompassed both global-level and country-specific components. This report offers a few highlights from the first four years and then provides more detailed information specific to 2015.<sup>1</sup>

## Summary of achievements from 2010 through 2014

### Global level

Family planning—viewed in 2010 as a neglected topic needing additional attention within the context of MDGs 4 and 5—was an early and urgent priority of the Alliance. Teleconferences among Alliance members in 2011 served as a springboard for the idea of organizing a major event on family planning. DFID and the Gates Foundation subsequently spearheaded the July 2012 London Summit on Family Planning. The summit was complemented by an Alliance joint commentary on family planning published in the *Lancet* in 2012.<sup>2</sup> Following up on the commitments made in London has become the mandate of Family Planning 2020, which can be seen as an outgrowth of the Alliance's collaboration. The goals of this global effort include adding 120 million new family planning users by 2020 and developing country-specific plans for contributing to that number.

Key global-level Alliance activities and achievements between 2010 and 2014 included:

- In December 2012, the Alliance and USAID organized a meeting of donors and UN agencies on research gaps in family planning,<sup>3</sup> which evolved into several separate streams of work. First, the Alliance commissioned an examination of research findings on access to and use of contraception among adolescents. The section of this report on work in 2015 contains more information about the “adolescent business case.” Second, the World Health Organization (WHO) commissioned five systematic reviews on various family planning financing mechanisms (see text box). The findings were presented to a group of multilateral, bilateral, and foundation donors in December 2015 at a meeting in Boston. Research recommendations were identified, and next steps were established to address existing gaps in research. Third, the Alliance supported an exercise to survey donors and document findings on how “failure” of projects is considered by those who allocate reproductive health resources. A paper analyzing the survey responses is being finalized for submission to a peer-reviewed journal.
- Two events on the topic of the “demographic dividend” were held in 2011, and together they helped give this

set of arguments the visibility and traction that were lacking. One was a side event at the World Bank–International Monetary Fund annual meeting in Washington, DC. The second was an event preceding the International Conference on Family Planning held in Dakar, Senegal. In both cases, government officials were the target audience. Senior leaders of Alliance members were represented, and the events helped to spotlight the demographic dividend concept, connect family planning to broader economic development goals, attract influential audiences, and put the demographic dividend concept on the global agenda, particularly in Africa.

- DFAT used the Alliance as a forum to advocate for the Asia-Pacific region in the global agenda, including efforts to address the unique challenges faced by Pacific island countries in delivering women's and children's health services to small, dispersed populations.
- Alliance member staff used Alliance communications to help keep maternal and newborn mortality, as well as reproductive health, on the global agenda.
- Several policy statements were jointly supported and published by either three or four of the Alliance members. These statements covered postpartum family planning,<sup>4</sup> post-abortion family planning,<sup>5</sup> and long-acting reversible contraception for adolescents.<sup>6</sup>

### Country-specific level

Initially, Alliance members selected ten priority countries for focused activity. Although not every country needed the Alliance branding—since many already had their own mechanisms for coordination—Alliance discussions clearly led to important accomplishments in several countries.

In the realm of *joint funding*, three country-specific accomplishments were highlighted during a panel organized by the Alliance at the International Conference on Family Planning in 2013:

- A joint implementation agreement between USAID and DFID was established in Uganda, providing coordinated support in both the public and private sectors. As a result, Marie Stopes Uganda was able to increase coverage from fewer than 40 districts to 110 (of 112) districts.
- In Tanzania, a project jointly funded by USAID and DFID led to an additional US\$50 million for family planning commodities, emergency obstetric equipment, and immunizations.
- In Indonesia, a project called Improving the Contraceptive Method Mix was supported by USAID, DFAT, and the Gates Foundation.

<sup>1</sup> Previous reports and publications on Alliance activities can be found on this web page: <https://www.usaid.gov/what-we-do/global-health/family-planning/alliance-reproductive-maternal-newborn-health>.

<sup>2</sup> Carr B, Gates MF, Mitchell A, Shah R. Giving women the power to plan their families. *The Lancet*. 2012;380(9837):80–82.

<sup>3</sup> Please see report of that meeting at <https://www.usaid.gov/documents/1864/reviewing-evidence-and-identifying-gaps-family-planning-research-unfinished-agenda>.

<sup>4</sup> See statement at [http://www.who.int/reproductivehealth/topics/family\\_planning/Statement\\_Collective\\_Action.pdf](http://www.who.int/reproductivehealth/topics/family_planning/Statement_Collective_Action.pdf).

<sup>5</sup> See statement at [https://www.glowm.com/pdf/PAC-FP-Joint-Statement-November2013-final\\_printquality.pdf](https://www.glowm.com/pdf/PAC-FP-Joint-Statement-November2013-final_printquality.pdf).

<sup>6</sup> See statement at <http://www.familyplanning2020.org/youth-larc-statement>.

*Joint planning* among Alliance members was exemplified by an effort in Nigeria. Under the leadership of the Gates Foundation and with support from DFID, USAID, and the Nigerian Federal Ministry of Health, a national assessment of family planning needs, programs, policies, and services was conducted. Both the Gates Foundation’s strategy for Nigeria and the Nigerian government’s National Family Planning Blueprint were influenced by the landscape assessment.

The category of *joint learning* included documentation of several types of work:

- A “partnership profile” described the timeline and content of donor collaboration in Kenya.<sup>7</sup>
- An implementation analysis documented issues related to reproductive, maternal, newborn, and child health in Indonesia, India, Bangladesh, Nepal, Papua New Guinea, and the Solomon Islands.<sup>8</sup> This document is a good example of how DFAT’s participation and funding in the Alliance promoted reproductive, maternal, and newborn health issues in the Asia-Pacific region. The document was shared at the Asia-Pacific Leadership and Policy Dialogue for Women’s and Children’s health in Manila in 2012 and was formally endorsed by each country’s ministry of health.

### Midterm review findings

In 2013, an external midterm review of the Alliance documented ways in which trust developed among the members over time, which in turn led to productive planning, sharing, and discussion. The evaluators noted that the marked increase in familiarity among member organization representatives was an important qualitative indicator of success. In addition, there were several indicators that the members found value in the collaboration. One was the fact that representatives from all four Alliance members participated in a high proportion of teleconferences, despite the extreme time differences (early morning in Australia, late evening in the UK). Another was the continuity of commitment to the calls even with staff turnover, which could have resulted in much less engagement over time. The regular teleconferences were complemented by periodic in-person meetings at international gatherings and were attended by most or all of the partners. Examples include the International Conferences on Family Planning in Dakar (2011) and Addis Ababa (2013) and the Partners Forum of the Partnership for Maternal, Newborn, and Child Health in Johannesburg (2014).

## Reports resulting from World Health Organization follow-up of a December 2012 donor meeting on gaps in research on family planning financing

Family planning vouchers to improve the delivery and uptake of contraception in low- and middle-income countries: a systematic review

Systematic review of performance-based financing to improve the delivery and uptake of family planning in low- and middle-income countries

Conditional cash transfers to improve use of contraception in low- and middle-income countries: a systematic review

Community-based financing of family planning in developing countries: a systematic review of the evidence

Systematic review of financing mechanisms for contraception: the case of out-of-pocket payments and user fees

In addition, an umbrella manuscript to be developed will cover the following topics:

- Background of the initiative.
- Theory of change—health care financing and unmet need for family planning.
- Evidence/knowledge gaps identified in the systematic reviews.
- Development of a research agenda through ranking of research issues and implications in the field and the way forward.



PATH/Gabe Bienczycki

<sup>7</sup> See [https://www.usaid.gov/sites/default/files/documents/1864/rmnh\\_kenya\\_partnership.pdf](https://www.usaid.gov/sites/default/files/documents/1864/rmnh_kenya_partnership.pdf).

<sup>8</sup> See [https://www.usaid.gov/sites/default/files/documents/1864/rmnh\\_implementation\\_assessment.pdf](https://www.usaid.gov/sites/default/files/documents/1864/rmnh_implementation_assessment.pdf).

## 2015 activities and achievements

In 2015, Alliance members continued to hold a teleconference every three weeks, often inviting experts to help trigger discussions. Among the topics discussed were:

- Ebola and its impact on maternal and newborn deaths and adolescent girls' lives.
- Reproductive health, including post-abortion family planning and the suitability of long-acting reversible contraception for adolescents.
- Maternal health, including the private-sector approach of Merck for Mothers, the Maternal Health Supplies Caucus of the Reproductive Health Supplies Coalition, and the Ending Preventable Maternal Mortality movement.
- Newborn health, including implementation of the Every Newborn Action Plan.

Adolescent reproductive health also received emphasis within Alliance discussions. Activities related to this theme included:

- Editing, printing, and online posting of a full-length technical report and separate policy brief titled *The Case for Investing in Research to Increase Access to and Use of Contraception Among Adolescents*. This “business case” reviews the current state of evidence on adolescent contraceptive access and use and makes the case for further investments in research and evaluation to ensure the most effective use of resources in programs and policies. The publications address the cost and impact of pregnancy and childbirth among adolescents as well as the benefits of contraceptive use by that age group.<sup>9</sup>
- Organizing dissemination events in Washington, DC. Participants at the events represented many leaders in the field. With the help of USAID and the Population Council's EVIDENCE Project, the Alliance organized a major event to launch the adolescent business case

and two policy briefs from the High Impact Practices in Family Planning partnership on adolescent contraception issues. Besides introducing these materials, a panel of donors shared their perspectives on this topic.<sup>10</sup>

- Presenting and distributing the business case at the Global Maternal and Newborn Health Conference in Mexico City in October 2015 and at the International Conference on Family Planning (ICFP) in Bali in January 2016.
- Participating in a preconference workshop in Bali on youth engagement in research on adolescents.

In addition, the Alliance co-sponsored a preconference event at ICFP on post-abortion care that included the presentation of case studies from around the world.

Over five years, the Alliance's accomplishments demonstrated several key themes:

- The value of collaboration among donors (such as by avoiding duplication of effort).
- The types of joint learning and funding leverage that can result from collaboration.
- The ways in which a midterm assessment can guide course corrections in a collaboration.
- The importance of global priority setting within which specific donors can find their respective niches.

As the Alliance draws to a close, the lessons learned since 2010 can inform other efforts at donor coordination, including the joint efforts that will be needed to achieve the objectives of Family Planning 2020, the Ouagadougou Partnership, the Sustainable Development Goals, and the renewed UN Secretary General's Global Strategy for Women's, Children's, and Adolescents' Health.



PATH/Mike Wang

<sup>9</sup> The full report, by Margaret E. Greene and Thomas Merrick, can be accessed at [http://www.path.org/publications/files/RH\\_adol\\_contraception\\_rpt\\_final.pdf](http://www.path.org/publications/files/RH_adol_contraception_rpt_final.pdf). The policy brief is available online at [http://www.path.org/publications/files/RH\\_alliance\\_contraception\\_adol\\_brief2015.pdf](http://www.path.org/publications/files/RH_alliance_contraception_adol_brief2015.pdf).

<sup>10</sup> The archived webinar of this event can be viewed here: [https://vimeo.com/147748391?utm\\_source=email&utm\\_medium=vimeo-cliptranscode-201504&utm\\_campaign=28749](https://vimeo.com/147748391?utm_source=email&utm_medium=vimeo-cliptranscode-201504&utm_campaign=28749).