The Alliance for Reproductive, Maternal and Newborn Health is a strategic partnership among four core international development organizations—the US Agency for International Development (USAID), the UK Department for International Development (DFID), the Australian Department of Foreign Affairs and Trade (DFAT) and the Bill & Melinda Gates Foundation. Together, these partners are working collectively at both the global and country levels to ensure the most effective and efficient use of existing resources to accelerate progress on averting unintended pregnancies and reducing maternal and neonatal mortality.

Since its launch in 2010, the Alliance partnership has made many important contributions: disseminating information regarding the reduction in price of contraceptive implants; providing a springboard for the London Summit on Family Planning and the Family Planning 2020 (FP2020)1 movement; supporting multiple country-level collaborations; and providing a venue for ongoing strategic discussions among the four core partners. At the conclusion of another successful year, the Alliance celebrates its recent accomplishments and the important strides made globally and by country governments to realize the promise of the Millennium Development Goals (MDGs).

Accomplishments

The Alliance partnership continues to achieve impact at both the global and country levels, focusing on ten high-need countries: Bangladesh, Ethiopia, Kenya, India, Indonesia, Nepal, Nigeria, Pakistan, Tanzania and Uganda. This year, Alliance efforts have increasingly focused on supporting key global developments—including FP2020, A Promise Renewed,2 Every Woman Every Child3 and the development of the Every Newborn Action Plan4—while still ensuring that national efforts are country-led. Selected accomplishments across these core domains of partnering are highlighted below.

Joint planning and learning

- This year in Kenya, a broad and active Alliance partnership has collectively supported government efforts to plan for health system devolution and accommodate political transition. Together, partners

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1. The FP2020 initiative was launched following the London Summit of 2012. The initiative pledges to increase access to voluntary family planning information, contraceptives, and services to 120 million more women and girls in the world’s poorest countries.
2. For more information, please visit: www.apromiserenewed.org/A_Promise_Renewed.html.
3. For more information, please visit: www.everywomaneverychild.org.
4. For more information, please visit: www.who.int/maternal_child_adolescent/topics/newborn/enap_consultation/en/.
have drafted a national reproductive health business plan, which charts the government’s strategic direction, provides an agreed-upon framework to facilitate progress toward MDGs 4 and 5 (child and maternal health) and represents the core document against which allocation and reporting of technical assistance will be done. They are also collaborating to update the National Family Planning Costed Implementation Plan, revise the National Adolescent Reproductive Health Policy and have developed a harmonized training curriculum on emergency obstetric and neonatal care. This partnership, which was galvanized in 2011, includes core partners DFID, USAID and the Gates Foundation, along with the German Development Bank, the German Agency for International Development, the United Nations Children’s Fund, the United Nations Population Fund (UNFPA) and the Danish International Development Agency.5

- Under the leadership of the Bill & Melinda Gates Foundation, with support from USAID, DFID, and the Nigerian Federal Ministry of Health, the partners collaborated on a national assessment of family planning needs, programs, policies and services in Nigeria. This assessment outlines critical barriers to and opportunities for accelerating Nigeria’s progress on family planning and provides extensive and up-to-date information on key family planning concerns for the country, including issues related to the supply chain, trained family planning providers, and awareness and knowledge of contraceptive methods. The completed analysis has been disseminated and is now being used to inform the development and implementation of a national costed implementation blueprint for family planning, which aims to support family planning objectives and enhance donor coordination at the national and state levels in Nigeria.

- To support commitments made at the London Family Planning Summit in 2012, Alliance partners collaborated with the World Health Organization to convene the first Family Planning Implementation Research Donor Meeting in Washington, DC. More than 40 participants from 21 different bilateral, multilateral and private foundation donors met to identify a set of research gaps that could best be addressed through collective action and outlined initial strategies for doing so. Following the meeting, participants have continued to convene regularly to promote collaborative learning on research related to adolescent contraceptive access and use, financing mechanisms, scaling up effective interventions and learning from failure.

- To promote learning across the partnership, the Alliance has begun documenting and sharing success stories through a series of in-depth case studies. These Partnership Profiles are designed to inform action by identifying successful strategies for promoting collective action among partners. The series to date includes experiences from Kenya and the Asia-Pacific,6 and additional collaborations in Indonesia, Uganda and Tanzania were highlighted in a panel presentation during the November 2013 International Conference on Family Planning in Ethiopia.

- A current priority for Alliance partners is to support the development and implementation of the Every Newborn Action Plan (ENAP), the first global plan to explicitly focus on newborn health, which was endorsed at the World Health Assembly in May 2014. DFID, USAID and the Gates Foundation are involved in the core technical group and overall advisory group. Partners from each of the ten Alliance focus countries attended ENAP regional consultations and are actively participating in the development of national plans and strategies that adequately address the core newborn health interventions outlined in the ENAP. This approach has been exemplified by Alliance partners in India, who worked collaboratively with the government and the United Nations Children’s Fund to develop India’s Newborn Action Plan.

- In Pakistan, USAID, DFID and DFAT have collaborated for the third round of the Demographic and Health Survey; the report was disseminated in January 2014.

5. For more information, see Partnership Profile #1, Building Partnerships to Harmonize Support to Reproductive Health in Kenya. Available at: www.usaid.gov/sites/default/files/documents/1864/kenya_partnership.pdf.
and provides updated national and provincial data on health, disaggregated by variables including age and sex, to support Pakistan’s policy makers and program implementation.

Joint implementation

- At both the global and national levels, all four Alliance partners collaborated on a set of implementation analyses in six Asian and Pacific countries: Bangladesh, India, Indonesia, Nepal, Papua New Guinea and the Solomon Islands. With additional funding provided by DFAT and support from USAID, DFID and the Gates Foundation, these multi-stakeholder analyses involved leadership from the ministries of health and were facilitated by the Partnership for Maternal, Newborn and Child Health and USAID’s flagship Maternal and Child Health Integrated Program. The analyses reviewed current progress and challenges in addressing key policy and implementation issues related to reproductive, maternal, newborn, and child health. They were shared with Asian and Pacific leaders at the Asia-Pacific Leadership and Policy Dialogue for Women’s and Children’s Health in Manila and have been formally endorsed by the ministries of health in each country. This process was successfully replicated in four additional Pacific island countries, and further opportunities are now being explored with African partner countries.

- In Indonesia, USAID, DFAT and the Gates Foundation are providing joint support to the Improving Contraceptive Method Mix project, which aims to expand the method mix to include long-acting and permanent methods. By conducting advocacy and research, the project is providing policymakers with evidence on why family planning is a sound investment with demonstrable dividends in terms of health, socioeconomic development, and the environment.

- In both Tanzania and Uganda, USAID and DFID continue to implement jointly funded family planning projects. In Tanzania, this agreement has amounted to an additional US$50 million for family planning commodities, emergency obstetric equipment, and immunizations. Additional benefits in Tanzania include family planning service provision through Marie Stopes International, further support to operational research, and ensured family planning commodity security until 2015. In Uganda, the jointly funded effort is implemented by Marie Stopes Uganda and has consequently increased coverage from less than 40 districts to 110 out of 112.

- Governments from eight of the ten Alliance focus countries made commitments at the London Summit on Family Planning 2012 (see box). At the country level, Alliance partners serve as liaisons with FP2020, while global partners continue to remain engaged through participation in working groups. FP2020 at the national level is largely country-led. In India, the government and partners have included the country’s commitments under the Reproductive, Maternal, Newborn, and Children’s Health plus Adolescence strategy, which clearly defines a harmonised approach of using development partner inputs in about 200 high priority districts.

Joint advocacy and policy alignment

- Under the auspices of the Alliance, a multi-donor group—including USAID, DFID, the Gates Foundation, World Health Organization, UNFPA, and the MacArthur, Nike, and Children’s Investment Fund Foundations—is working collaboratively to develop an “investment case” on contraceptive access and use by adolescents. This case, expected to be finalized in mid-2014, will be used by researchers, think tanks, and advocates to strengthen communication efforts and proposals that justify investment in research to fill key knowledge gaps on adolescent family planning use, ultimately providing a tool for greater and more coordinated investments that demonstrate real impact.

7. For more information, please visit: www.who.int/pmnch/media/press/2012/20120717_asia_pacific_dialogue/en/index4.html.
8. For more information, please visit: http://www.unicef.org/india/1_RMNCHAstrategy.pdf.
In Pakistan, USAID, DFID, and DFAT are jointly organizing policy dialogues with federal and provincial governments to engage political parties, politicians, media, civil society, and youth on key issues facing the health sector, such as governance, population, and nutrition.

With an eye to the post-MDG era, Alliance partners are working together to ensure that sexual and reproductive health issues are adequately addressed in the post-2015 global development agenda. Representatives from Alliance partners have been actively engaged in regional International Conference on Population and Development (ICPD) consultations and negotiations.

Looking forward

Partners remain committed to the goals of the MDGs, and are supporting critical global movements including FP2020, the Every Newborn Action Plan, and A Promise Renewed. In the context of country-driven strategies, partners will continue to work on strengthening health systems; integrating services across the continuum of care; ensuring rights-based family planning services and access to a broad method mix, including increasing access to long-acting reversible contraceptives; improving adolescent sexual and reproductive health, including through preventing early marriage and delaying first pregnancies. Alliance members also support countries to strengthen measurement and data collection to inform policy and priority setting and to improve accountability in addition to working with partner countries to support national priorities.

**Alliance Country FP2020 Commitments**

- Bangladesh will increase family planning access and use for poor people in urban and rural areas, and will improve choice and availability of long-acting and permanent contraceptive methods.
- In Ethiopia, the government will further increase its funding to uphold the rights of all people to access and choose voluntary family planning.
- India will distribute contraceptives at the community level through 860,000 community health workers, train 200,000 health workers to provide intrauterine devices, and substantially augment counseling services for women after childbirth.
- Indonesia will include family planning services freely throughout the country in the universal health care coverage program in 2014.
- In Kenya, the government will scale up its voucher system, which provides reproductive health services, including family planning, in five rural and urban districts.
- Nigeria aims to achieve the goal of a contraceptive prevalence rate of 36 percent by 2018 and will provide an additional US$8.35 million annually over the next four years.
- Pakistan commits to working toward achieving universal access to reproductive health and raising the contraceptive prevalence rate to 55 percent by 2020.
- Tanzania commits to doubling the number of family planning users to 4.2 million by 2015 to reach a national contraceptive prevalence rate of 60 percent.
- Uganda commits to universal access to family planning and to reduce unmet need for family planning from 40 percent to 10 percent in 2022.