Report of 2021
H6 Partnership country survey
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## Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19</td>
<td>coronavirus disease 2019</td>
</tr>
<tr>
<td>HIV</td>
<td>human immunodeficiency virus</td>
</tr>
<tr>
<td>SDG3 GAP</td>
<td>Sustainable Development Goal 3 Global Action Plan</td>
</tr>
<tr>
<td>SDGs</td>
<td>Sustainable Development Goals</td>
</tr>
<tr>
<td>SRMNCAH</td>
<td>sexual, reproductive, maternal, newborn, child and adolescent health</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
</tr>
<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<tr>
<td>UNSDCF</td>
<td>United Nations Sustainable Development Cooperation Framework</td>
</tr>
<tr>
<td>UN Women</td>
<td>United Nations Entity for Gender Equality and the Empowerment of Women</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>
Acknowledgements

We would like to recognize and thank the H6 regional and country teams for facilitating the implementation of this survey and development of the report. Special thanks go to the H6 Global Technical Working group for contributing to the development of the survey, its analysis and this report:

- **UNAIDS**: Ani Shakarishvili, Special Adviser, Team Lead – Integrated Systems and Services for HIV and Health; and Pernille Hoej, Junior Programme Offices. UNAIDS Geneva.

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Blerta Maliqi and Hemant Dwivedi led the design of the survey, implementation, data analysis and report writing. Pernille Hoej contributed to the development of the survey instrument, coordination of survey implementation and data analysis. Yohanis Lamere contributed to data analysis and report writing.
Executive summary


The H6 Partnership aims to improve the health and well-being of women, children and adolescents and achieve universal health coverage and the health-related Sustainable Development Goals (SDGs). Since 2008, the H6 Partnership has worked to support countries to accelerate reductions in mortality and enhance sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCAH) outcomes.

The Every Woman Every Child Global Strategy has provided a pathway to improve the health and well-being of women, children and adolescents towards the achievement of the SDGs. The SDG era witnessed the development of new global instruments and strategies aimed at improving SRMNCAH outcomes, such as the Global Financing Facility, the Every Newborn Action Plan, and Ending Preventable Maternal Mortality.

The Universal Health Coverage Declaration, the SDG 3 Global Action Plan (SDG3 GAP), and the rejuvenation of primary health-care initiatives are very closely related and actively support the achievement of SRMNCAH goals.

In this context, the H6 Partnership works as part of and contributes to the implementation of existing coordination and alignment mechanisms at the country level, including the United Nations Sustainable Development Cooperation Framework (UNSDCF), SDG3 GAP, the Global Financing Facility, and specific SRMNCAH platforms such as Ending Preventable Maternal Mortality and Every Newborn Action Plan coordination mechanisms.

In this very dynamic context, the H6 Partnership needs to update its approach, focus and modalities to adequately support countries in their efforts to reach the SRMNCAH-related SDG targets.

The 2021 H6 survey aimed to provide an up-to-date overview of the H6 Partnership at the country level. The objective was to assess the progress of the H6 Partnership in supporting country implementation to advance the SRMNCAH agenda, reach the SDGs, implement the Every Woman Every Child Global Strategy during 2019–2020, and plan for 2022–2024.

Fifty-four countries responded to the survey. Of these, 19 countries reported to have operational H6 country teams. Among them, five countries reported active collaboration with SDG3 GAP, and seven countries reported having joint workplans in 2019–2020.

Thirty-five countries reported nonoperational H6 country teams at the time of the survey. Among these, 22 countries expressed willingness to establish H6 country teams: 9 countries had plans to revive the H6 country platform; 6 countries expressed some intent to formulate an H6 country team; and 7 countries that are part of the Muskoka Initiative in the western and central Africa region are also interested in establishing H6 partnership teams.

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1 Burkina Faso, Burundi, Cameroon, Comoros, Congo, Democratic Republic of the Congo, Egypt, Eswatini, Ethiopia, Indonesia, Liberia, Madagascar, Mali, Mauritania, Morocco, Pakistan, Rwanda, South Sudan, Uganda.
2 Burkina Faso, Egypt, Mali, Morocco, Pakistan.
3 Burundi, Democratic Republic of the Congo, Ethiopia, Madagascar, Rwanda, South Sudan, Uganda.
4 Algeria, Bhutan, Cambodia, Chad, China, Democratic People’s Republic of Korea, Djibouti, Eritrea, Gabon, Ghana, Guinea-Bissau, India, Iran (Islamic Republic of), Iraq, Jordan, Kazakhstan, Kyrgyzstan, Lesotho, Malawi, Moldova, Namibia, Nepal, Oman, occupied Palestinian territory, including east Jerusalem, Papua New Guinea, Republic of Moldova, Senegal, Seychelles, Sri Lanka, Tajikistan, Ukraine, United Republic of Tanzania, Venezuela (Bolivarian Republic of), Viet Nam, Zimbabwe.
5 Chad, Djibouti, Ghana, India, Iran (Islamic Republic of), Oman, Lesotho, Malawi, Zimbabwe.
6 Cambodia, Eritrea, Guinea-Bissau, Indonesia, Jordan, Republic of Moldova.
7 Benin, Côte d’Ivoire, Guinea, Chad, Niger, Senegal, Togo.
8 The Muskoka Initiative funds a joint programme on improving SRMNCAH outcomes through health systems strengthening. The initiative provides technical support to targeted countries through UNFPA, UNICEF, UN Women and WHO.
Analysis of the H6 survey showed the following:

- There is a need to enhance H6 engagement in joint planning and implementation of SRMNCAH as part of broader SDG-related initiatives and mechanisms in countries with operational H6 partnerships.

- Global and regional H6 teams must reach out and support the establishment or renewal of H6 country teams in 22 interested countries.

- At the country level, H6 partners should continue to engage with national multistakeholder health platforms and speak with one voice. This will ensure the H6 Partnership can collectively influence SRMNCAH outcomes and their determinants within and beyond the health sector. In this context, H6 partners should work to enhance the engagement of civil society and academia in multistakeholder platforms for SRMNCAH and health in general.

- Efforts of H6 partners to improve SRMNCAH outcomes should be designed to address supply aspects of SRMNCAH services and strengthen demand for SRMNCAH by engaging with individuals and communities to address barriers to access and determinants of health. This should include strengthening national capacity to develop evidence-informed policies and strategies, improve quality of care, and build national capacity for access to good-quality SRMNCAH information and services.

- In order to clarify roles and responsibilities at each level, the H6 Partnership should clarify and develop terms of reference for its global, regional and country teams. This should incorporate collaboration and coordinated support from global and regional levels to H6 country teams.

- Resource mobilization for the H6 Partnership to galvanize collective action for SRMNCAH is critical for maintaining the agility of H6 country teams and their contribution towards desired results in countries.

The H6 Partnership strategic interventions for the coming years should be underpinned by principles of human rights and gender equality and be aligned with country focus, joint programming, and complementarity of existing efforts to amplify results.

The time has come to further integrate SRMNCAH into national development initiatives such as UNSDCF through detailed roadmaps for countries to reduce inequities, strengthen fragile health systems, and foster multisector approaches to end all preventable deaths of women, children and adolescents and ensure their health and well-being. As part of this overall strategy, in selected countries H6 must support implementation of SDG3 GAP to strengthen primary health care and health systems to deliver universal health coverage.
Introduction: the H6 Partnership

Since 2008, the H6 Partnership, composed of the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Population Fund (UNFPA), the United Nations Children’s Fund (UNICEF), UN Women, the World Health Organization (WHO) and the World Bank, has worked to improve the health of women, newborns, children and adolescents and contribute towards achievement of the health-related Sustainable Development Goals (SDGs) and universal health coverage.

Through its work, the H6 Partnership drives and supports the implementation of the United Nations Secretary General’s strategy Every Woman Every Child, which aims to ensure every woman, child and adolescent can survive, thrive and realize their rights to the highest attainable standards of health and well-being, while contributing to improvement of the lives of generations to come, and development of peaceful and prosperous societies.

To achieve this goal, the H6 Partnership supports countries to develop and implement strategies and plans that aim to improve the availability, quality, coverage and equity of rights-based sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCAH) services and interventions; demonstrate accountability; and apply a primary health-care approach to strengthen service delivery through a multisectoral rights-based and demand-driven approach.

In its joint efforts, the H6 Partnership leverages the full strengths of its six partners to support high-burden countries to improve survival, health and well-being through provision of holistic and integrated:

- technical support, capacity strengthening and strategic policy advice;
- data and strategic information to reveal gaps, show returns on investment and prioritize responses;
- support to countries to leverage investments;
- convening of stakeholders across health efforts for women, newborns, children and adolescents.

The H6 Partnership engages and works with existing coordination and alignment mechanisms at the country level, including the United Nations Sustainable Development Cooperation Framework (UNSDCF), the Sustainable Development Goal 3 Global Action Plan (SDG3 GAP), and specific platforms such as Ending Preventable Maternal Mortality and the Every Newborn Action Plan.
H6 country survey 2021

The 2021 H6 country survey aimed to develop a comprehensive, up-to-date overview of the status of the H6 Partnership at the country level. The survey assessed H6 Partnership efforts to support implementation of the SRMNCAH agenda, the SDGs and the Every Woman Every Child Global Strategy in 2019–2020, and assessed the H6 Partnership plan for 2022–2024.

The survey assessed:
- the H6 Partnership structure, functionality, resources and joint areas of work;
- strategic engagement at the country level, and contribution to the implementation of the Every Woman Every Child Global Strategy;
- advocacy for and advancement of the SRMNCAH agenda;
- alignment of, contribution to and partnerships with country stakeholders, global health agendas and platforms;
- key achievements, challenges and lessons learned that can help shape the H6 Partnership in the future.

The survey questionnaire was administered electronically to 91 countries. Data were collected between June and September 2021. The survey was shared through the H6 country technical focal point or H6 country chairs, who were requested to convene their H6 country teams and respond collectively to the survey. The responses reflect the collective and collaborative work of the H6 Partnership and not that of individual agencies.

The survey consisted of 50 questions structured into 4 sections:
- Section 1: H6 country team structure, functionality, resources and joint areas of work – 20 questions.
- Section 2: H6 strategic engagement at the country level – 6 questions.
- Section 3: Relationship between H6 and SRMNCAH country coordination mechanisms and with other platforms – 18 questions.
- Section 4: Achievements, challenges, lessons learned and future priorities for H6 at the country level – 6 questions.
Analysis and key findings

The 54 countries that responded to the survey are categorized into the following regions:

- Asia and Pacific – 13 respondents;
- Eastern and southern Africa – 16 respondents;
- Eastern Europe and central Asia – 5 respondents;
- Latin America and the Caribbean – 1 respondent;
- North Africa and the Middle East – 8 respondents;
- Western and central Africa – 11 respondents.

Of the 54 country teams that responded to the survey in 2021, 19 reported having an operational H6 country team. Compared with H6 country team surveys conducted in 2014 and 2018, this represents a 29% decrease in H6 presence:

- In 2014, 27 countries reported having operational H6 country teams. These countries were funded through the Muskoka grant (8 countries), the RMNCAH Trust Fund (19 countries), and the H4+ Joint Programme (10 countries), with total funds amounting to US$ 400 million for the period 2012–2019.
- In 2018, 27 countries reported having a functioning H6 country team.

The main reason for this decrease in H6 country presence is the reduction of financial support to the H6 Partnership for collective action in support of the SRMNCAH agenda at the country level.

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9 Bhutan, Cambodia, China, Democratic People’s Republic of Korea, India, Indonesia, Iran (Islamic Republic of), Maldives, Nepal, Pakistan, Papua New Guinea, Sri Lanka, Viet Nam.
10 Burundi, Comoros, Democratic Republic of the Congo, Eritrea, Eswatini, Ethiopia, Lesotho, Madagascar, Malawi, Namibia, Rwanda, Seychelles, South Sudan, Uganda, United Republic of Tanzania, Zimbabwe.
11 Kazakhstan, Kyrgyzstan, Republic of Moldova, Tajikistan, Ukraine.
12 Venezuela (Bolivarian Republic of).
13 Algeria, Djibouti, Egypt, Iraq, Jordan, Morocco, occupied Palestinian territory, including east Jerusalem, Oman.
14 Burkina Faso, Cameroon, Chad, Congo, Gabon, Ghana, Guinea-Bissau, Liberia, Mali, Mauritania, Senegal.
15 Burkina Faso, Burundi, Cameroon, Comoros, Congo, Democratic Republic of the Congo, Egypt, Eswatini, Ethiopia, Indonesia, Liberia, Madagascar, Mali, Mauritania, Morocco, Pakistan, Rwanda, South Sudan, Uganda.
16 Benin, Côte d’Ivoire, Guinea, Chad, Mali, Niger, Senegal, Togo.
17 Afghanistan, Bangladesh, Benin, Burkina Faso, Cameroon, Democratic Republic of the Congo, Ethiopia, Kenya, Malawi, Mali, Mozambique, Niger, Nigeria, Pakistan, Sierra Leone, Senegal, United Republic of Tanzania, Uganda, Zambia.
18 Burkina Faso, Democratic Republic of the Congo, Cameroon, Côte d’Ivoire, Ethiopia, Guinea-Bissau, Liberia, Sierra Leone, Zambia, Zimbabwe.
19 Angola, Brazil, Burkina Faso, Burundí, Cameroon, Comoros, Côte d’Ivoire, Democratic Republic of the Congo, Eswatini, Ethiopia, Gambia, Ghana, Guinea-Bissau, Haiti, Kenya, Liberia, Madagascar, Malawi, Mali, Mauritania, Sierra Leone, South Sudan, Togo, Uganda, Yemen, Zambia, Zimbabwe.
Section 1

H6 country team structure, functionality, resources and joint areas of work
Of the 54 country teams that responded to the survey, 19 have a functioning H6 country team.\textsuperscript{20} Seven of these countries reported having a joint workplan for 2019–2020.\textsuperscript{21} The joint workplans cover the technical, convening and advocacy roles of the H6 country teams for the SRMNCAH agenda.

At the time of the H6 2021 survey, 35 countries reported having no operational H6 country teams.\textsuperscript{22} Nine of these countries, however, affirm plans to revive or establish their H6 country teams.\textsuperscript{23} India reported that United Nations partners need to undertake advocacy with the Ministry of Health to form a formal H6 country platform. Lesotho and Zimbabwe expressed that they need only H6 global and regional team support to mobilize financial resources for their joint workplans.

Table 1 shows the support requested by the nine countries.

Table 1. Type of technical support required by H6 country teams, $n = 9$

<table>
<thead>
<tr>
<th>Country</th>
<th>Guidance on H6 purpose, role and function</th>
<th>Support to mobilize individual H6 agencies to form country team</th>
<th>Technical support to develop terms of reference for H6 country platform</th>
<th>Technical support to develop joint workplan</th>
<th>Technical support to mobilize resources for joint workplan and activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chad</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Djibouti</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Ghana</td>
<td>✔</td>
<td></td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>India</td>
<td>Advocacy with Ministry of Health to formalize H6 country platform</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Iran (Islamic Republic of)</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Oman</td>
<td>✔</td>
<td></td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Lesotho</td>
<td>✔</td>
<td></td>
<td>✔</td>
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<td></td>
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<tr>
<td>Malawi</td>
<td>✔</td>
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<td>✔</td>
<td></td>
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<tr>
<td>Zimbabwe</td>
<td>✔</td>
<td></td>
<td>✔</td>
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</tr>
</tbody>
</table>

\textsuperscript{20} Burkina Faso, Burundi, Cameroon, Comoros, Congo, Democratic Republic of the Congo, Egypt, Eswatini, Ethiopia, Indonesia, Liberia, Madagascar, Mali, Mauritania, Morocco, Pakistan, Rwanda, South Sudan, Uganda.

\textsuperscript{21} Burundi, Democratic Republic of the Congo, Ethiopia, Madagascar, Rwanda, South Sudan, Uganda.

\textsuperscript{22} Algeria, Bhutan, Cambodia, Chad, China, Democratic People’s Republic of Korea, Djibouti, Eritrea, Gabon, Ghana, Guinea-Bissau, India, Iran (Islamic Republic of), Iraq, Jordan, Kazakhstan, Kyrgyzstan, Lesotho, Malawi, Moldova, Namibia, Nepal, Oman, occupied Palestinian territory, including east Jerusalem, Papua New Guinea, Republic of Moldova, Senegal, Seychelles, Sri Lanka, Tajikistan, Ukraine, United Republic of Tanzania, Venezuela (Bolivarian Republic of), Viet Nam, Zimbabwe.

\textsuperscript{23} Chad, Djibouti, Ghana, India, Iran (Islamic Republic of), Oman, Lesotho, Malawi, Zimbabwe.
Of eight Muskoka-funded countries, only three responded to the survey. Chad reported the nonexistence of a H6 country team but a strong willingness to form a H6 partnership; Mali reported an operational H6 team; and Senegal reported a nonoperational H6 team. Benin, Côte d’Ivoire, Guinea, Niger and Togo did not respond to the survey. The results showed that the Muskoka coordinator and H6 regional teams need to be engaged to reach out to Muskoka-funded countries to collect information to update the H6 database about the status of the partnership. Six countries reported that the United Nations partners are unsure about forming H6 country teams.24

In the H6 country teams, 19 countries reported having UNFPA, UNICEF and WHO representation; 18 countries have UNAIDS representation; 15 countries have World Bank representation; and 13 countries have UN Women representation. The Democratic Republic of the Congo H6 country team includes the World Food Programme, Indonesia the United Nations Development Programme representation, and Madagascar the United States Agency for International Development.

Each H6 country team is chaired by a different H6 partner organization. WHO chairs H6 country teams in Burkina Faso, Burundi, Comoros, Congo, Mali, Egypt, Eswatini, Ethiopia, Liberia, Morocco, Rwanda and Uganda. UNFPA chairs H6 country teams in the Democratic Republic of the Congo, Indonesia, Mauritania and South Sudan. UNICEF chairs H6 country teams in Cameroon, Madagascar and Pakistan.

24 Cambodia, Eritrea, Guinea-Bissau, Indonesia, Jordan, Republic of Moldova.
Figure 1. Countries with functional H6 teams, joint workplans and funding status, n = 19
Findings and conclusions

- A total of 35 countries reported the nonexistence of an operational H6 country team at the time of the H6 survey. Of the countries with no operational H6 teams, nine countries affirm plans to revive or establish an H6 country team.\(^25\)

- Eight countries from the western and central Africa region are receiving Muskoka funding for the joint programme implemented through UNFPA, UNICEF, UN Women and WHO.\(^26\) Chad reported the nonexistence of an H6 country team but a strong willingness to form a H6 partnership; Mali reported a operational H6 team; and Senegal reported a nonoperational H6 team. Benin, Côte d’Ivoire, Guinea, Niger and Togo did not respond to the survey.

- Six countries reported that the United Nations partners are unsure about the plan to form H6 country teams.\(^27\)

The findings suggest that in the 19 countries with operational H6 teams, there is a need to enhance engagement in joint planning and implementation of SRMNCAH through rollout of UNSDCF, universal health coverage and SDG3 GAP. Simultaneously, global and regional teams can expand the partnership in 22 additional countries. The H6 global technical team could strengthen collaboration with H6 regional teams to mobilize support for enhancing the number of operational H6 country teams and galvanize collective actions in the countries with existing H6 operational teams.

\(^{25}\) Chad, Djibouti, Ghana, India, Iran (Islamic Republic of), Oman, Lesotho, Malawi, Zimbabwe.

\(^{26}\) Benin, Côte d’Ivoire, Guinea, Chad, Mali, Niger, Senegal, Togo.

\(^{27}\) Cambodia, Eritrea, Guinea-Bissau, Indonesia, Jordan, Republic of Moldova.
Section 2
H6 strategic engagement at the country level
The responses about the strategic engagement of H6 operational teams at the country level, contribution to the implementation of the Every Woman Every Child Global Strategy, and other global actions for the advancement of the SRMNCAH agenda revealed a range of engagement points.

Figure 2. H6 country teams involved in coordinating and supporting implementation of strategic SRMNCAH agendas at the country level, n = 19

A total of 14 H6 country teams reported initiating and supporting new SRMNCAH initiatives (mainly integrating SRMNCAH into universal health coverage initiatives) in 2019–2020.

In response to the survey, H6 country teams indicated the need for technical assistance from global and regional teams. A majority of country teams (n = 13) expressed the need to further support the continuity of services affected by the COVID-19 pandemic, and to support maternal and newborn health (Figure 3).
Country teams with operational H6 partnerships reported that in 2019–2020, they had mainly worked to integrate SRMNCAH into national universal health coverage or primary health-care initiatives. The responses indicate that the contributions of H6 country teams to strengthening national health systems for the provision of SRMNCAH can be divided into four categories:

- **Normative role:**
  - defined essential service packages by the level of care and in humanitarian contexts;
  - developed national guidelines on self-care, caesarean section techniques, Robson classification and antenatal care for a positive pregnancy experience;
  - developed quality standards, guides and tools for maternal and newborn care;
  - developed primary health-care benefits package, including HIV services;
  - developed framework for maintaining essential health and nutrition services during COVID-19;
  - developed essential package of health services, and made a joint effort to support the primary health-care agenda, including SDG3 GAP recommendations on primary health care.

- **Policy and strategy development:**
  - coordinated updating implementation status and evaluation of all universal health coverage strategic documents;
  - developed early childhood development strategy;
  - developed community health strategic plan;
  - developed strategic HIV framework for 2021–2025;
  - developed and facilitated implementation of emergency obstetric and newborn care mentoring policy and strategy;
  - coordinated process of preparing the framework document for investing in SRMNCAH services and health sector development plan for 2021–2024;
provided technical and financial support to review roadmap for acceleration of reduction of maternal and neonatal mortality for 2015–2019 and development of a strategy for 2020–2024;

- developed national primary health-care strategy, including improvement of SRMNCAH quality of care.

- Technical and financial support:
  - provided technical and financial to roll out SRMNCAH interventions;
  - built capacity of national trainers on management of gender-based violence, including care of survivors;
  - facilitated integration process of SRMNCAH into policies, programmes and services.

- Improved monitoring and tracking progress:
  - coordinated joint mission of development partners and governments to monitor maintenance of essential health services, particularly SRMNCAH services and vaccination in the context of COVID-19;
  - conducted assessment of health services and continuity of essential services, including SRMNCAH and needs assessment for emergency obstetric and newborn care;
  - participated in assessment, review and analysis for embedding comprehensive sexual and reproductive health and rights in universal health coverage to accelerate progress towards universal sexual and reproductive health and rights; sustainable financing of sexual and reproductive health and rights; and goals of ending unmet need for family planning, preventable maternal deaths, sexual transmission of HIV, and gender-based violence and harmful practices.

Findings and conclusions

- A total of 14 H6 country teams reported initiating or supporting new SRMNCAH initiatives (mainly integrating SRMNCAH into universal health coverage initiatives) in 2019–2020.

- In response to the survey, H6 country teams indicated the need for technical assistance from global and regional teams. The majority of country teams (n = 13) expressed the need to support continuity of services affected by the COVID-19 pandemic and offer technical assistance for maternal and newborn health.

The survey findings suggest that the efforts of H6 partners to strengthen health systems for SRMNCAH at the country level should be designed to achieve a balance between improving the supply of services and strengthening demand, which can be achieved by engaging with individuals and communities to address barriers to access and determinants of health. This should strengthen national capacity to develop evidence-informed policies and strategies, improve quality of care through improved standards and experiences of care, and build national capacity to provide access to good-quality SRMNCAH information and services, thus leaving no one behind.
Section 3
Relationship between H6 and SRMNCAH country coordination mechanisms and with other platforms
The responses under this section aimed to assess the status of relationships within the H6 and SRMNCAH country coordination mechanisms. This includes alignment of, contribution to and partnerships with country stakeholders for global health agendas and platforms by the H6 operational teams.

A total of 16 of 19 countries with operational H6 partnerships reported their active engagement in national multistakeholder mechanisms for SRMNCAH. These multistakeholder mechanisms vary between countries. Examples include the following:

- interagency technical coordinating committee, sexual and reproductive health partners, adolescent sexual and reproductive health technical working group, family planning/condom technical working group, and prevention of mother-to-child transmission technical working group;
- Family Planning 2020, working group for acceleration of reduction of maternal and child mortality, Global Fund Country Coordination Mechanism for HIV, technical working group on HIV, Joint United Nations Team on HIV and AIDS, gender and human rights working groups, and Inter-Agency Network on Youth Development;
- reproductive health technical committee, and maternal and newborn death surveillance and response platform;
- national reproductive health committee with subcommittees such as maternal and neonatal health committee and family planning committee;
- thematic group on reproductive health;
- mother–child health thematic group;
- technical working subgroup for maternal and child health under the technical working group for health;
- national maternal, newborn, child and adolescent health technical working group;
- reproductive health technical group;
- health nutrition population – development partners group;
- sexual, reproductive, maternal, newborn, child and adolescent health technical working group;
- national reproductive health coordination forum;
- sexual and reproductive health and rights development partners group.

28 Burkina Faso, Burundi, Cambodia, Cameroon, Congo, Democratic Republic of the Congo, Eswatini, Ethiopia, Indonesia, Liberia, Madagascar, Mali, Mauritania, Pakistan, Rwanda, South Sudan, Uganda
National multistakeholder platforms are primarily responsible for technical assistance, monitoring programme interventions and coordinating interagency partners. These platforms play an important role in national policy and strategy development and reviews. The composition of multistakeholder SRMNCAH platforms varies between countries (Figure 5.)

**Figure 4. Role and function of multistakeholder mechanism, n = 19**

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Technical assistance</td>
<td>15</td>
</tr>
<tr>
<td>Monitoring of programmes and interventions</td>
<td>15</td>
</tr>
<tr>
<td>Interagency &amp; partners coordination</td>
<td>15</td>
</tr>
<tr>
<td>Strategic review</td>
<td>14</td>
</tr>
<tr>
<td>Planning and coordination</td>
<td>14</td>
</tr>
<tr>
<td>Advocacy</td>
<td>14</td>
</tr>
<tr>
<td>Resource mobilization</td>
<td>11</td>
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</table>

**Figure 5. Composition of multistakeholder mechanism, n = 19**

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>UN Agency</td>
<td>17</td>
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<tr>
<td>Funding partners, bilateral funding agencies</td>
<td>16</td>
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<td>Ministry of Health</td>
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<tr>
<td>Implementation partners</td>
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<td>Civil society organizations</td>
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<td>iNGO</td>
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<td>Professional Associations</td>
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<td>Other govt</td>
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<tr>
<td>Academia</td>
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<tr>
<td>Adolescents and Youth Representatives</td>
<td>9</td>
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<tr>
<td>Private sector</td>
<td>8</td>
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<tr>
<td>Community organizations</td>
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</tbody>
</table>
Findings and conclusions

A total of 17 of 19 countries with operational H6 partnerships reported their active engagement in national multistakeholder mechanisms for SRMNCAH.\textsuperscript{32} National multistakeholder platforms are primarily responsible for technical assistance, monitoring programme interventions and coordinating interagency partners. These platforms play an important role in national policy and strategy development and review.

The survey findings suggest that at the country level, H6 partners should build on the experience of engagement with national multistakeholder platforms with one voice to ensure they can collectively influence broader impediments to the health sector and beyond, including weaknesses in human resources for health, health financing, determinants of health and the general enabling environment. H6 partners should bridge the gap and enhance the engagement of civil society and academia in multistakeholder platforms.

The global H6 team, in consultation with regional and country teams, could develop a clear scope and focus of joint programming, building on ongoing global actions and strategies such as SDG3 GAP, universal health coverage and primary health-care initiatives, and play a role in and support UNSDCF design and implementation.

\textsuperscript{29} Burkina Faso, Egypt, Mali, Morocco, Pakistan.
\textsuperscript{30} Burkina Faso, Egypt, Mali.
\textsuperscript{32} Burkina Faso, Burundi, Cambodia, Cameroon, Congo, Democratic Republic of the Congo, Eswatini, Ethiopia, Indonesia, Liberia, Madagascar, Mali, Mauritania, Pakistan, Rwanda, South Sudan, Uganda.
Section 4
Achievements, challenges, lessons learned and future priorities for H6 at the country level
For 2019–2020, the following key achievements were reported by H6 country teams:

- Technical support:
  » supported government to develop guidelines and strategies to ensure continuity of health and community services for SRMNCAH in the context of COVID-19;
  » coordinated joint visits in the context of COVID-19 to monitor the continuity of essential SRMNCAH services;
  » developed SRMNCAH guidelines in context of COVID-19;
  » developed a roadmap for reduction of maternal mortality, monitored and implemented by all partner agencies;
  » coordinated and supported a national response plan for COVID-19, including media and communication, to enhance community awareness, continuation of essential health services, and procurement of necessary supplies such as personal protective equipment;
  » facilitated emergency obstetric and newborn care mentoring and preparation of the 2019 national report on maternal and neonatal deaths;
  » supported development of the SRMNCAH and nutrition strategy, and development of antenatal care, neonatal care and basic care facility guidelines;
  » adapted WHO sexual and reproductive health and rights guidelines for women living with HIV, and provided technical support to the Environmental Influences on Child Health Outcomes (ECHO) study;
  » supported government to develop guidelines for continuity of essential SRMNCAH services and evidence-informed decision-making for monitoring key SRMNCAH indicators to track progress;
  » developed risk/benefit modelling and financial support for improving demand and service use for reproductive health commodities;
  » contributed to universal health coverage strategic plan and defined universal health coverage essential package of health services;
» supported development of national policy and standards on good-quality antenatal care; revision of family planning guidelines; development of emergency obstetric and newborn care guidelines; decentralization of civil registration and vital statistics; and development of maternal, perinatal and child death surveillance and response guidelines;

» supported capacity building of health-care providers in different aspects of SRMNCAH, and community sensitization for demand creation for sexual and reproductive health and rights, family planning, HIV, maternal and perinatal death surveillance and response, and gender-based violence services;

» implemented the Spotlight Initiative for ending violence against women and girls, and implemented and facilitated integration of a sexual and reproductive health and rights, gender-based violence and HIV services project;

» supported implementation of the Programme on Women’s Empowerment in Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health and Rights in Humanitarian Settings for the Horn of Africa Region (POWER).

Convening:

» coordinated participation and orientation of country teams (ministry of health and technical working group members) through a series of 15 webinars organized by H6 partners in eastern and southern Africa covering 22 countries on essential maternal, neonatal, child and adolescent health services during COVID-19;

» established a national perinatology network;

» established a knowledge exchange platform for the H6 Partnership;

» developed a joint workplan towards integration of H6 into the mother–child health thematic group;

» enhanced engagement of key stakeholders through a joint statement declaration between the H6 country team and the ministry of health to support implementation of SRMNCAH activities;

» coordinated collective action for monitoring continuity of essential SRMNCAH services using two rounds of pulse surveys.

Advocacy:

» mobilized funding for development of a SRMNCAH service package, including gender-based violence, in areas affected by humanitarian crises;

» organized successful advocacy for national early childhood strategy development and implementation plan;

» supported rapid assessment of continuity of SRMNCAH services during COVID-19 to organize advocacy efforts with the ministry of health to ensure continuity of care;

» supported joint resource mobilization for the maternal and newborn health programme;

» supported advocacy to ensure continuation of essential SRMNCAH services during the initial phase of the COVID-19 pandemic, resulting in a quick reversal of the government’s decision to close essential services and to declare SRMNCAH services essential in future emergencies.

H6 country teams reported the following key challenges and lessons learned:

» The coordinating and convening roles of H6 country teams shrunk due to a lack of financial resources.

» The contribution of H6 country teams remains suboptimal in the absence of a clear plan and proper coordination mechanism, and rotation of the H6 chair.

» Fragmented ways of working, and in some cases limited priority assigned by the head of agencies, are counterproductive for delivering together.

» Strategic and catalytic support methods maximize resources and results. Understanding the context of existing efforts goes a long way to improving the delivery of SRMNCAH services and quality of care.

» In countries with operational H6 country teams, partners were successful in avoiding duplication and overlap and were able to achieve a greater level of collaboration at the country and regional levels.

» Coordination among technical teams at the country, regional and global levels takes a lot of time, but the return on investment is high, as it helps to create synergies and optimize results for SRMNCAH.
Findings and conclusions

The survey findings suggest that the H6 Partnership should develop clear terms of reference and a scope of work for the regional and country dimensions of its work. This should include how it would operationalize support from the global and regional levels for the H6 country teams.

The H6 Partnership must mobilize resources to galvanize the collective action for SRMNCAH and to maintain the agility of H6 country teams and their contribution towards desired results. Figure 7 shows the country-specific priorities for SRMNCAH areas in 2022–2024 joint programming by H6 operational country teams.

Figure 7. What country-specific priority SRMNCAH areas should H6 focus on in 2022–2024?, n = 19

The focus area of H6 programming for 2022–2024 should be steered through regional teams and driven by national priorities. United Nations reforms have placed UNSDCF at the forefront of cooperation to support sustainable development in the context of the development landscape of the nation. SDG 3 and 5 interventions are grouped under the social dimension of the cooperation framework. There is a need for H6 country teams to engage early in UNSDCF formulation processes to integrate SRMNCAH in all relevant strategies. This will support H6 partners to optimize tangible contributions to collaboration for development.

H6 country teams have assigned priorities for key components of 2022–2024 joint programming. This includes upstream support in strategy development and review and programming to enhance the quality of SRMNCAH information and services through technical assistance for maternal, newborn and child health, including family planning, eliminating gender-based violence, adolescent sexual and reproductive health, improving data systems, and enhancing community ownership and participation for SRMNCAH.
The way forward

Over the years, H6 has evolved into a United Nations partnership that is regarded as a role model for reform within the United Nations system and at the country, regional and global levels. H6 teams at each of these levels are enriched with experience from this impactful programme and remain supportive of countries’ efforts to advance SRMNCAH and the health of women, children and adolescents more broadly, galvanizing capacities of partners towards building equitable and resilient national systems for health by bringing the comparative advantage and in-house capacities of each partner, backed up with collective action and coordinated efforts within the H6 Partnership and with other global health partners.

The H6 strategy needs to be developed and deployed, aiming to galvanize the collective action of H6 at the country, regional and global levels. There is a need for the engagement of H6 country teams in UNSDCF to take SRMNCAH forward by strengthening basic social services, addressing determinants of health, supporting the empowerment of women, and addressing all forms of gender-based violence.

Attaining SDGs 3 and 5 in a resilient and lasting way requires collective and collaborative efforts to augment the drivers of change. The H6 Partnership can play a pivotal role by facilitating the rollout of SDG3 GAP in priority countries with the primary health-care accelerator as an entry point and expand to cover other relevant accelerators incrementally.

Primary health care is the foundation for universal health coverage and represents the first level of care provided by health systems that are comprehensive, continuous, coordinated and people-centred. To support and strengthen health systems for universal health coverage and primary health care, investment in universal access to SRMNCAH is a strategic and effective way to promote inclusive sustainable development and achieve the SDGs.

The COVID-19 pandemic has taken a toll on human life and brought major disruptions to economic and social activities across the world. The impact of this unprecedented crisis on human life and the urgency to strengthen national health systems, particularly for women, children and adolescents, to ignite change.
and to realize the ambitious SDGs during the Decade of Action, warrants the realigning of strategies and galvanizing of collective action approaches to counter challenges and deliver for the greater good.

Analysis of the H6 survey shows that the following actions need to be prioritized by the H6 Partnership:

- The Global H6 team, in consultation with regional and country teams, must finalize the clear scope and focus of joint programming, building on ongoing global actions and strategies (SDG3 GAP, universal health coverage, primary health-care initiatives) and the role and support of the H6 Partnership in UNSDCF design and implementation.
- Global and regional H6 teams must reach out and support the establishment or renewal of H6 country teams in 22 interested countries.
- At the country level, H6 partners should continue to engage with national multistakeholder health platforms and speak with one voice. This will ensure the H6 Partnership can collectively influence SRMNCAH outcomes and its determinants within and beyond the health sector. In this context, H6 partners should work to enhance the engagement of civil society and academia in multistakeholder platforms for SRMNCAH and health in general.
- Efforts of H6 partners to improve SRMNCAH outcomes should be designed to address supply aspects of SRMNCAH services and strengthen demand for SRMNCAH by engaging with individuals and communities to address barriers to access and determinants of health. This should include strengthening national capacity to develop evidence-informed policies and strategies, improve quality of care, and build national capacity for access to good-quality information and services of SRMNCAH.
- The H6 Partnership should clarify and develop terms of reference for its global, regional and country teams in order to clarify roles and responsibilities at each level. This should incorporate the collaboration and coordinated support from global and regional levels for the H6 country teams.
- Resource mobilization for the H6 Partnership to galvanize the collective action for SRMNCAH is critical for maintaining the agility of H6 country teams and their contribution towards desired results.
H6 scope of work and terms of reference 2023
The H6 Partnership leverages the collective strengths of the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Population Fund (UNFPA), the United Nations Children’s Fund (UNICEF), the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), the World Health Organization (WHO) and the World Bank to improve the health and well-being of women, children and adolescents and achieve universal health coverage and health-related Sustainable Development Goals (SDGs).

Since 2008, the H6 Partnership has worked to support countries to accelerate reductions in mortality and enhance sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCAH) outcomes. The Every Woman Every Child Global Strategy 2015-2030 provides a pathway to improve the health and well-being of women, children and adolescents towards the achievement of the SDGs. Work has been slow and uneven, however, leading to an urgent need to accelerate progress on the SDGs.

To achieve its goals, the H6 Partnership works as part of and contributes to the implementation of existing coordination and alignment mechanisms at the country level, including the United Nations Sustainable Development Cooperation Framework (UNSDCF), the SDG 3 Global Action Plan (SDG3 GAP), the Global Financing Facility, and specific SRMNCAH platforms such as ending preventable maternal mortality and Every Newborn Action Plan coordination mechanisms and joint programming opportunities such as the Muskoka Initiative.

As of 2021, the Every Woman Every Child agenda has been integrated into SDG3 GAP across all the accelerators.1 All H6 partners are signatory agencies of SDG3 GAP.2 Integration provides an additional opportunity to ensure the SRMNCAH agenda is integrated into SDG3 GAP, and to further coordinate and align the support to common activities at the country level, given the partners’ common membership, goals and complementarity of implementation agendas.

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1 The seven SDG3 GAP accelerators are primary health care, sustainable financing, community and civil society engagement, determinants of health, innovative programming in fragile and vulnerable settings and for disease outbreak responses, research and development, innovation and access, and data and digital health.

2 The GAP signatory agencies are Gavi, the Global Financing Facility, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the International Labour Organization, UNAIDS, UNFPA, UNICEF, Unitaid, UN Women, WHO, the World Bank Group and the World Food Programme.
H6 scope of work

The H6 Partnership works to improve SRMNCAH outcomes for better health and well-being of women, children and adolescents in countries. H6 achieves this by:

- supporting countries to develop and implement strategies and plans that aim to improve the availability, quality, coverage and equity of rights-based SRMNCAH services and interventions through United Nations Sustainable Development Cooperation Framework (UNSDCF) and universal health coverage;
- demonstrating accountability; for effective joint technical support to countries
- applying a primary health-care approach to strengthen service delivery through a multisectoral rights-based and demand-driven approach.

Building on the SDG3 GAP agenda and leveraging its signatory agencies, the H6 Partnership coordinates actions of existing SRMNCAH strategic platforms such as Ending Preventable Maternal Mortality and the Every Newborn Action Plan into the SDG3 GAP accelerators using the primary health-care accelerator as the main entry point for alignment and collective coordinated action at the country level.3

In addition to primary health care, the H6 Partnership works across all other accelerators to address determinants of health and gender equality to ensure strategies are complementary, catalytic and aligned with national SDG priorities.

H6 functions

The core functions of the H6 Partnership at the global, regional and country levels are:

- **Technical support:**
  - Provide coordinated, evidence-based technical support to assist countries to achieve the SDGs, with a focus on SRMNCAH, including determinants of health throughout the development and implementation of SRMNCAH policies, strategies, plans and investment cases.
  - Support monitoring and evaluation of SRMNCAH services, demand creation (including addressing sociocultural barriers and gender norms), and health systems strengthening for delivering SRMNCAH programmes.

- **Convening and promoting coordinated and joint action:**
  - Support convening of partners engaged in SRMNCAH, including additional United Nations agencies, development partners and SDG3 GAP partner agencies.
  - Support partner coordination around country cooperation frameworks; ensure alignment and coordination with national government priorities; and facilitate linkages between sectors, maximize resources and joint technical support, and facilitate south–south collaboration, knowledge exchange and learning.

- **Advocacy:**
  - Mobilize global, regional and country high-level SRMNCAH stakeholders to influence and promote accountability as a contribution towards SDGs implementation, including addressing determinants of health.
  - Support countries to maximize existing and mobilize additional resources to deliver on their commitments to Every Woman Every Child and universal health coverage to accelerate progress towards health and well-being for all women, children and adolescents.

H6 partners deliver through collaboration and complementary comparative advantages, aiming to optimize individual contributions and collective strengths, and avoid duplication and overlap, resulting in more effective technical support and advocacy as one voice at the country, regional and global levels, and development of high-quality global knowledge products.

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3 Primary health care is defined by the World Health Organization and the United Nations Children’s Fund as “A whole-of-society approach to health that aims to maximize the level and distribution of health and well-being through three components: (a) primary care and essential public health functions as the core of integrated health services; (b) multisectoral policy and action; and (c) empowered people and communities” (https://apps.who.int/iris/handle/10665/337641).
H6 operating model – organizational structure

Figure 1 shows the organization and roles of the H6 Partnership at the country, regional and global levels.

**Figure 1. H6 operational model: global level**

- **H6 chair (principal level)**
  - Deputy executive directors meet periodically to agree on strategic agenda and joint actions
  - Global H6 Technical Working Group composed of senior management staff and technical officers meets weekly to support H6 agenda and regional and country actions; H6 regional focal points are invited
  - SDG3 GAP Secretariat attends global H6 Technical Working Group meetings; H6 Technical Working Group chair attends SDG3 GAP focal point meetings; H6 Technical Working Group members are members of some GAP accelerator groups, and liaise with respective agency SDG3 GAP focal points as needed

**H6 at the regional level**

- Regional technical team composed of senior management staff and technical officers meets periodically to support H6 country teams and provide technical support
- H6 regional technical focal point plays role of coordinator and rotates periodically

**H6 at the country level**

- Chair rotates periodically, at the representative level
- Technical focal point from chairing agency coordinates communication and activities
- Technical Working Group composed of technical staff from each agency
- Joint planning between agencies, ministry of health and other relevant ministeries for priority areas
The H6 Technical Working Group serves as a virtual secretariat of the H6 Partnership. The Technical Working Group reflects the multiagency nature of the H6 Partnership and is composed of senior staff from H6 partner organizations (UNAIDS, UNFPA, UNICEF, UN Women, WHO, World Bank), global coordinators, and other technical experts from United Nations organizations. The Technical Working Group chair rotates every two years among partner agencies (it is currently WHO).

The key role of the Technical Working Group is to support the H6 group of principals and group of deputy executive directors, and H6 country and regional teams, in greater coordination, complementarity and convergence across the H6 partners at the global, regional and country levels; to respond more effectively and efficiently to country needs; and to realize the responsibility of the H6 Partnership towards implementation of the Every Woman Every Child Global Strategy for SRMNCAH services for health and well-being of women, children and adolescents.

Work modalities of the Technical Working Group include regular calls and other interactions, including face-to-face, video and web-based meetings. The Technical Working Group includes thematic working groups, such as the H6 Adolescent Health Working Group and the Maternal, Neonatal, Child and Adolescent Health Monitoring and Evaluation Coordination Group. The Technical Working Group supports regional H6 partnerships.

The Technical Working Group reports on its work and results to the H6 Principals Group and Deputy Principals Group. The Technical Working Group Chair liaises with the H6 chair and the Group of Deputy Executive Directors to coordinate efforts as needed. Technical Working Group members liaise and work with respective H6 agency principals and deputy executive directors as needed.

As of 2021, following integration of the Every Woman Every Child agenda into SDG3 GAP, the Technical Working Group liaises and works with the WHO-hosted SDG3 GAP Secretariat, now a member of the periodic Technical Working Group meetings. The chair of the Technical Working Group attends SDG3 GAP agency focal point meetings. Technical Working Group members attend the primary health care accelerator periodic meetings and liaise with their respective agency SDG3 GAP focal points as needed. H6 representatives co-chair or are members of SDG3 GAP accelerator groups – for example, UNICEF and WHO co-chair the primary health care accelerator.

Functions of the Technical Working Group include:

- supporting adaptation of the Every Woman Every Child priorities to country contexts through the provision of technical guidance and support to H6 country and regional teams, ensuring relevant strategies and related instruments (e.g. Ending Preventable Maternal Mortality and the Every Newborn Action Plan) are embedded and aligned with SDG3 GAP country efforts and the broader joint United Nations efforts for advancing SRMNCAH;
- facilitating joint and coordinated United Nations delivery approaches to country support, translating United Nations reform into results for people at the country level;
- backstopping regional and country-led effort to support national and local capacity building in policy and programme development and implementation;
- supporting H6 country and regional team health system and policy analyses, resource mobilization, and other joint United Nations efforts;
- ensuring follow-up and regular two-way communication with United Nations agency country offices;
- providing good-quality and timely guidance and support to H6 supported and country implementation partners, as requested;
- responding to emerging issues of countries and H6 partner United Nations organizations, and identifying critical bottlenecks hampering in-country efforts and facilitating joint resolution;
- sharing knowledge, including through south-south and managing communities of practice;
- developing common messages and communicating internally within the United Nations and externally on H6-wide issues of common concerns;
- contributing to the development of global public goods to support countries to improve the quality, access, availability and affordability of their services;
- mobilizing resources or facilitating resource-mobilization efforts at regional and country levels;
- informing decisions of H6 principals and following up on their recommendations and agreed actions.

At the global level, the H6 Technical Working Group ensures coordination and synergies with different global SRMNCAH technical groups. This includes strengthening integration of the SRMNCAH in UNSDCF, SDG3 GAP, universal health coverage and primary health-care initiatives. Also, the H6 Technical Working Group engages with other SRMNCAH-specific global platforms or initiatives such as the Global Financing Facility, the Ending Preventable Maternal Mortality strategy, the Every Newborn Action Plan, and the Quality of Care Network, to ensure streamlining of priorities and technical guidance.

## Terms of reference for H6 regional teams

H6 regional teams seek greater coordination, complementarity and convergence across partners to align regional priorities more effectively and efficiently with the collective drive at the country level for SRMNCAH, including with and through SDG3 GAP. Functions include:

- collaborating to harmonize regional technical support;
- supporting implementation of Every Woman Every Child priorities adapted to the country context through global and regional strategies and platforms, including GAP accelerators;
- facilitating joint approaches to country support where appropriate and relevant, including maintaining a network of experts and consultants at the regional and global levels able to respond to specific needs and requests that cannot be met at the country level;
- identifying critical bottlenecks hampering in-country efforts and facilitating joint resolution;
- backstopping regional and country-led efforts to support local capacity building in SRMNCAH programme development and implementation;
- identifying and sharing knowledge critical for programme implementation, including through south-south learning and peer exchanges, and managing communities of practice;
- developing common messages and communicating internally and externally on H6-wide issues of common concern;
- creating linkages with global platforms and initiatives such as the Global Financing Facility, Ending Preventable Maternal Mortality, the Every Newborn Action Plan and SDG3 GAP, and other key partnerships such as the Partnership for Maternal, Newborn and Child Health.
Terms of reference for H6 country teams

H6 country teams support ongoing national efforts to strengthen national health systems for SRMNCAH and formulate, design and adapt interventions to support UNSDCF and SDG3 GAP, in alignment with national policies and priorities.

H6 country teams seek greater coordination, complementarity and convergence across partners to respond to country needs more effectively and efficiently, through all relevant national SRMNCAH coordination mechanisms and platforms, including with and through SDG3 GAP. Functions include:

- delivering on-demand, context-specific, coordinated, flexible and responsive technical support linked to country-led and country-owned SRMNCAH roadmaps and investment cases and UNSDCF, and including specific agendas such as universal health coverage, primary health care, Ending Preventable Maternal Mortality and the Every Newborn Action Plan;
- collectively implementing programmes at the country level, and systematically engaging with national governments and key stakeholders to address barriers to health sector effectiveness;
- enhancing joint planning to increase the volume and coherence of technical support, policy advice and advocacy, while minimizing overlap and duplication and deepening collaboration to contribute to common results;
- establishing a chain of coordination under leadership and stewardship of national governments through an inclusive process and active engagement of key stakeholders, including the private sector and civil society actors;
- facilitating strategic dialogue, brokering political consensus and engaging key stakeholders, including communities, non-health actors, the private sector and humanitarian actors, to deliver for the health of women, children and adolescents;
- facilitating dialogue that addresses demand-side barriers that prevent women and adolescent girls from realizing and demanding their rights to maternal, sexual and reproductive health;
- identifying and sharing knowledge critical for programme implementation, including through south–south learning and knowledge exchanges, and managing communities of practice;
- supporting the adaptation of global and regional strategies and platforms to country contexts and building SRMNCAH aspects and Every Woman Every Child priorities in national SDG3 GAP action plans and implementation.
Table 1. How H6 assists countries to implement the Agenda 2030 and United Nations reform

<table>
<thead>
<tr>
<th>United Nations reform is assisting countries to implement Agenda 2030 by shaping a development system that is prevention-oriented and gender-responsive</th>
<th>The H6 Partnership embodies United Nations reform through its unique ways of working</th>
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<tr>
<td><strong>Country-led and country-owned</strong></td>
<td>Delivers coordinated, on-demand and responsive technical support to countries to strengthen health systems</td>
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<td>Provides flexible coordinated technical support platforms for SRMNCAH in priority countries</td>
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<td><strong>Field-focused and country-contextual</strong></td>
<td>Supports development of country-owned SRMNCAH roadmaps through transparent, inclusive multistakeholder processes based on partnership opportunities available, including the primary health-care implementation strategy to achieve universal health coverage</td>
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<td><strong>Well-aligned and coordinated</strong></td>
<td>Unites six organizations to amplify collaboration for SDG3 GAP coordination, UNSDCF, primary health-care and universal health coverage drives at the country level as a way of increasing volume and coherence of technical support, policy advice, advocacy and investment for SRMNCAH</td>
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<td></td>
<td>Minimizes overlap and duplication</td>
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<td></td>
<td>Deepens collaboration</td>
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<td><strong>Results-oriented</strong></td>
<td>Makes measurable contribution to increase access to SRMNCAH through improved capacity, coverage and quality of services, and accountability to promote health systems strengthening and joint planning and resource use and mobilization</td>
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<td><strong>Partnership-oriented</strong></td>
<td>Leverages convening power by facilitating strategic dialogue, brokering political consensus, and engaging additional partners on relevant results, including communities, non-health actors, the private sector and humanitarian actors</td>
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<tr>
<td><strong>Accountable to people</strong></td>
<td>Ensures civil society engagement in H6 governance</td>
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<td></td>
<td>Supports inclusive country accountability mechanisms</td>
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<td></td>
<td>Conducts joint evaluations to assess partnership performance, efficiency and joint working, and how H6 contributes to United Nations reform efforts</td>
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</tbody>
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Table 1. How H6 assists countries to implement the Agenda 2030 and United Nations reform

United Nations reform is assisting countries to implement Agenda 2030 by shaping a development system that is prevention-oriented and gender-responsive.

The H6 Partnership embodies United Nations reform through its unique ways of working:

- Country-led and country-owned
- Provides flexible coordinated technical support platforms for SRMNCAH in priority countries
- Supports development of country-owned SRMNCAH roadmaps through transparent, inclusive multistakeholder processes based on partnership opportunities available, including the primary health-care implementation strategy to achieve universal health coverage

Field-focused and country-contextual

Well-aligned and coordinated

Unites six organizations to amplify collaboration for SDG3/UNSGAP, UNSDCF, primary health-care and universal health coverage drives at the country level as a way of increasing volume and coherence of technical support, policy advice, advocacy and investment for SRMNCAH.

Minimizes overlap and duplication

Deepens collaboration

Results-oriented

Makes measurable contribution to increase access to SRMNCAH through improved capacity, coverage and quality of services, and accountability to promote health systems strengthening and joint planning and resource use and mobilization

Partnership-oriented

Leverages convening power by facilitating strategic dialogue, brokering political consensus, and engaging additional partners on relevant results, including communities, non-health actors, the private sector and humanitarian actors

Accountable to people

Ensures civil society engagement in H6 governance

Supports inclusive country accountability mechanisms

Conducts joint evaluations to assess partnership performance, efficiency and joint working, and how H6 contributes to United Nations reform efforts