

Annual Report 2023



MATERNAL AND NEWBORN HEALTH THEMATIC FUND

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“ Maternal health is a fundamental human right.

HER HEALTH, HER RIGHTS.

Maternal health is a fundamental human right. Yet the right to safe pregnancy and childbirth is denied to far too many women, especially the most vulnerable and those often relegated to the margins of society. The Maternal and Newborn Health Thematic Fund focuses on ensuring that every woman has access to comprehensive services that respect and protect her sexual and reproductive health and empower her to claim her rights.

The world has witnessed significant reductions in maternal mortality, which has fallen by 34 per cent globally since 2000. Yet data released by UNFPA and our United Nations partners in early 2023 show deeply concerning trends. Progress has stalled since 2016, and despite advancements in access to services, some regions have even seen regression in the gains made in maternal and newborn health. Rising poverty, growing inequalities and health services stretched thin due to multiple humanitarian crises are reversing hard-won progress in many places.

Amid these challenges, the Maternal and Newborn Health Thematic Fund continues to catalyse change, driving innovation and fostering national ownership and strategic partnerships to reduce preventable maternal deaths. In 2023, we finalized an ambitious new plan for Phase IV of the fund, focused on 25 countries that account for the lion's share of maternal deaths globally. The plan is centred on improving access to quality maternal and newborn health services within stronger, more resilient and fully integrated health systems. The fund remains committed to enhancing health facility infrastructure, supply chains and the capabilities of health workers, particularly in midwifery and emergency obstetric and newborn care.

We thank all our partners for their enduring support, which fuels our collective efforts to transform the landscape of maternal and newborn health and save lives. By supporting countries in listening to, trusting and empowering women to fully realize their rights, we can forge a path to a safer, healthier future for every mother and newborn.



Dr Natalia Kanem,
Executive Director, UNFPA

OVERVIEW

In 2023, the World Health Organization (WHO), United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA), World Bank Group and United Nations Population Division released a much awaited report: Trends in Maternal Mortality: 2000 to 2020. The report, which alarmingly shows that progress in reducing maternal mortality has stalled since 2016, shaped much of the global maternal and newborn health agenda in 2023. It triggered renewed focus and strengthened partnerships and resolve across countries, communities and global partners to get the world back on track to meet the Sustainable Development Goals. UNFPA also contributed to a new global road map to combat post-partum haemorrhage from 2023 to 2030. The challenges, however, remain significant. Rising poverty and stretched health services due to multiple crises have reversed many hard-won victories.

New estimates show that every two minutes, a woman dies due to pregnancy or childbirth complications, translating into approximately 287,000 deaths annually. Over the past two decades, concerted efforts have seen the global maternal mortality ratio decline by 34 per cent, but progress has plateaued since 2016. Maternal mortality is particularly acute among adolescent girls aged 15 to 19, with pregnancy-related complications a leading cause of death among them globally. The primary direct causes of maternal mortality – post-partum haemorrhage, pre-eclampsia/eclampsia, obstructed labour, infections/sepsis and complications from unsafe abortion – are largely preventable. Social determinants such as gender inequality, poverty, limited access to education and ethnic disparities exacerbate maternal health risks by hindering access to essential health-care services.

2 EVERY MINUTES

A WOMAN DIES
DUE TO PREGNANCY OR
CHILDBIRTH COMPLICATIONS

To respond to mounting concerns about maternal mortality, the global maternal and newborn health community came together at the International Newborn Health Conference in July 2023 in Cape Town, South Africa, where WHO, UNICEF and UNFPA launched the first joint progress report on improving maternal and newborn health and survival and reducing stillbirth. Findings elaborated on the reasons for slowing progress on maternal mortality; for example, coverage and financing of critical programmes remain low. While 83 per cent of Every Newborn Action Plan and Ending Preventable Maternal Mortality (ENAP/EPMM) countries have established national targets for reducing maternal and newborn mortality rates, only 61 per cent have costed plans and only 12 per cent of plans are fully funded. The report calls for ramping up investment and political commitment, strengthening service delivery for quality and respectful care, mobilizing community engagement, and bolstering data and information systems. These recommendations have informed Phase IV of the Maternal and Newborn Health Thematic Fund, starting in 2024.



In 2023, the fund proved once again that it is a powerful catalyst for change, driving significant improvements in maternal and newborn health. Beyond contributing to global priority-setting, the fund successfully fostered national ownership, innovation and strategic partnerships. Thanks to its donors and partners, the fund allocated US\$17.6 million to 32 country offices, five regional offices and two headquarters units in 2023. Its allocation model directs resources towards key priority areas aligned with the [UNFPA Strategic Plan 2022-2025](#).

Since the inception of the fund in 2008, 30.8 million pregnant women have received safer delivery care, with 2.8 million women benefiting in 2023. In 2023, 180,000 midwives gained training, contributing to a total of 550,000 trained midwives since the programme began¹. Additionally, the accreditation of 578 midwifery schools has led to higher standards of education. In 2023, MHTF support facilitated safer childbirth for 1.65 million women and the management of 263,600 maternal complications across eight countries. This included significant contributions to emergency obstetric and neonatal care (EmONC) assessments and the redesign of health facility networks. Approximately 60 per cent of fund-assisted countries have fully implemented maternal and perinatal death surveillance and response (MPDSR) frameworks, with 80 per cent adopting national monitoring tools.

In 2023, 8,697 fistula repairs were conducted, with 3,139 survivors receiving comprehensive reintegration support. Some key catalytic highlights

in 2023 included the optimization of EmONC in Indonesia (a country not supported directly by the fund), benefiting 2.6 million people, and the development of the Andean Policy for the Reduction of Maternal Mortality in Latin America. In Rwanda, the fund's collaboration with Laerdal Global Health on the interactive "SimBegin" midwifery training programme strengthened health capacity. Resource mobilization in Guinea has improved the quality of family planning services and maternal death review and assessments, underscoring the fund's role in creating sustainable health solutions.

The fund has diligently implemented recommendations from its 2022 evaluation to improve maternal and newborn health outcomes and optimize its operations. One key action has been the integration of the fund into the comprehensive upcoming UNFPA Reproductive, Maternal and Newborn Health and Well-Being Strategy. The fund's new business plan for Phase IV incorporates core recommendations from the evaluation, positioning the fund as a key vehicle and entry point to gender equality and sexual and reproductive health and rights. The business plan also encompasses initiatives to enhance community engagement and midwifery leadership.

As the fund moves into its fourth phase, it remains committed to continually strengthening health systems and improving access to quality care. By fostering global and regional partnerships, leveraging innovative solutions and advocating for maternal and newborn health, the fund continues to drive impactful changes leading to a safer, healthier future for all mothers and their newborns.

APPROACH



The MHTF continues to drive impactful change, ensuring a safer, healthier future for all mothers and their newborns.

¹ In 2022, UNFPA launched a series of e-learning resources via the World Continuing Education Alliance (WCEA) App to train midwives. This initiative has gained traction since then as the number of midwives registering to take these courses for continuous professional development is seeing a significant rise.

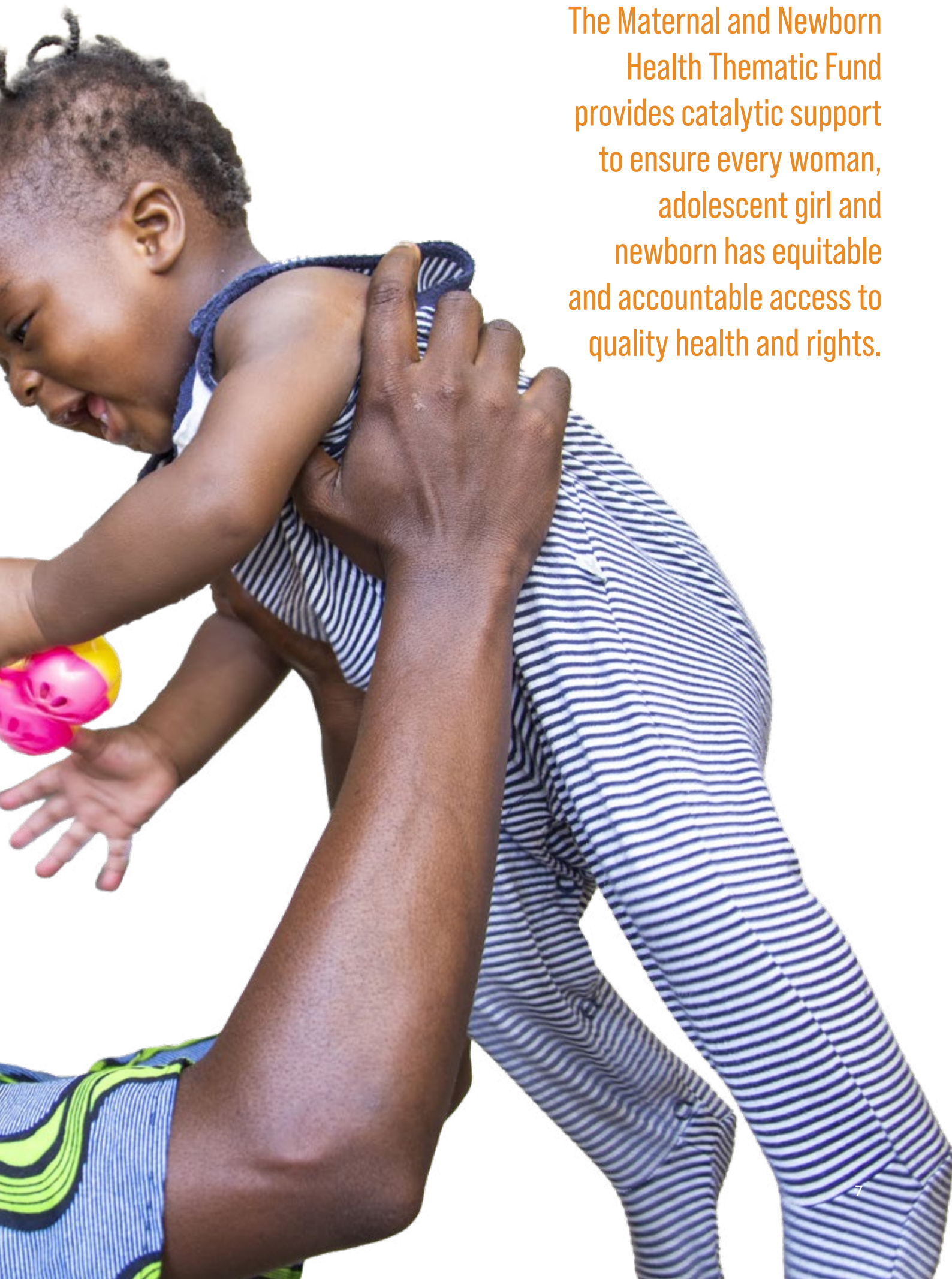
ABOUT THE MATERNAL & NEWBORN HEALTH THEMATIC FUND

The MHTF is UNFPA's flagship programme to improve maternal and newborn health and well-being, providing catalytic support so that every woman, adolescent girl and newborn has equitable and accountable access to quality sexual, reproductive, maternal and newborn health and rights. In Phase III (2018-2023), the fund focused on four areas of intervention critical to ending preventable maternal deaths: midwifery, EmONC, MPDSR, and obstetric fistula and other obstetric morbidities.

As UNFPA's pooled fund for maternal and newborn health, it follows a people-centred, rights-based, gender-transformative and life course approach. It supports countries with high maternal and newborn mortality across five regions – the Arab States, Asia and the Pacific, East and Southern Africa, Latin America and the Caribbean, and West and Central Africa. It plays a vital role in driving UNFPA's maternal and newborn health agenda by providing technical leadership and putting global standards into operation. Close collaboration with country and regional offices maintains a focus on maternal and newborn health and well-being within the context of comprehensive sexual and reproductive health and rights.

The fund directly contributes to global partnerships, including the Every Newborn Action Plan and Ending Preventable Maternal Mortality initiative, co-chaired by UNFPA, WHO and UNICEF. It complements other major initiatives, such as the Human Reproduction Programme (the United Nations Development Programme/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction), the Muskoka Initiative and the Global Financing Facility. Close work with the UNFPA Supplies Partnership supports expanded access to quality maternal health commodities.



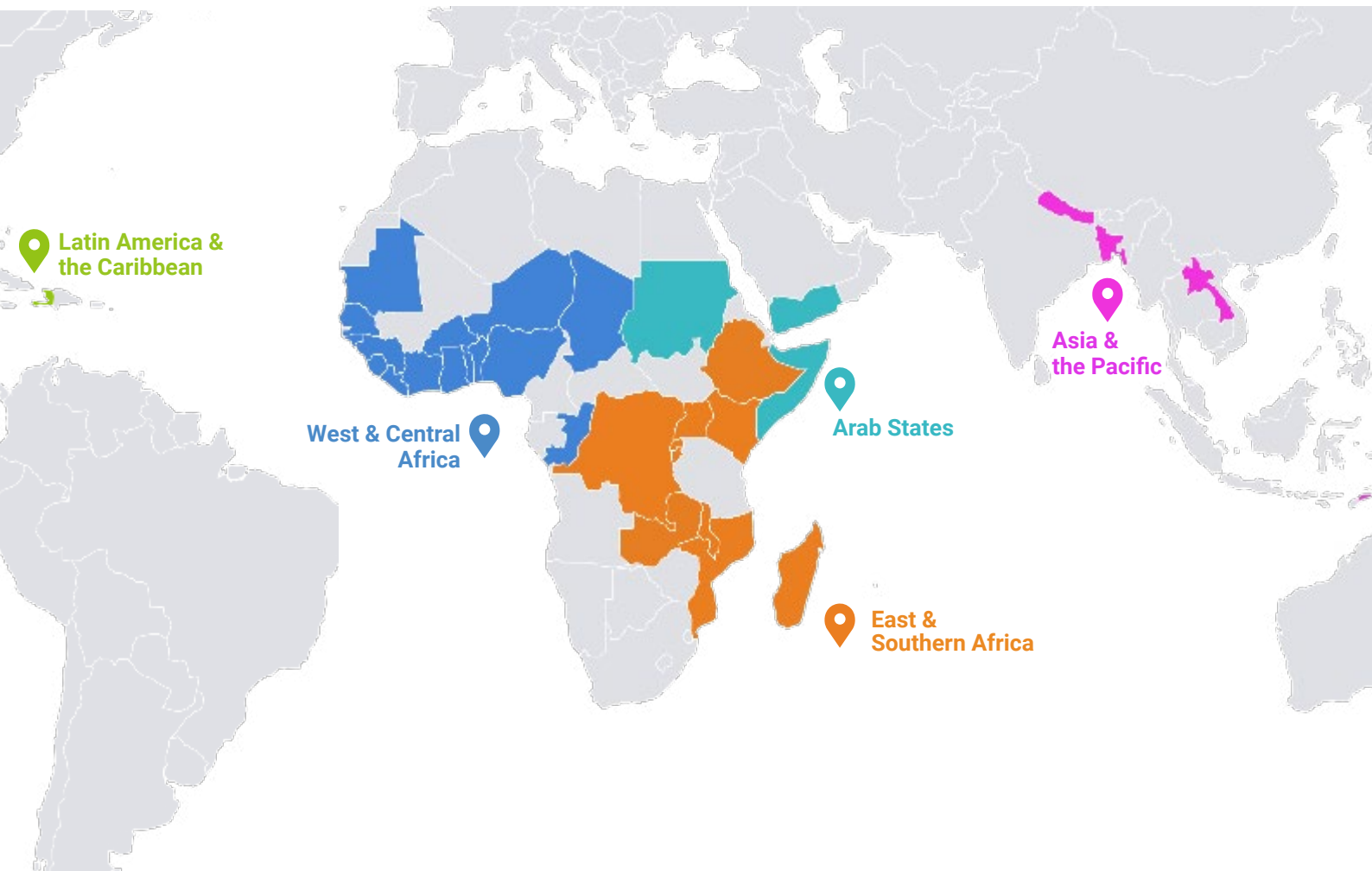


The Maternal and Newborn Health Thematic Fund provides catalytic support to ensure every woman, adolescent girl and newborn has equitable and accountable access to quality health and rights.

OUR IMPACT

30.8 MILLION

pregnant women have received safer
delivery care²
(2.8 million in 2023)



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by UNFPA.

² At least 1.14 million pregnant women received safer delivery care based on the assumption that 50 per cent of the 19,000 midwives educated in pre-service education (not including through e-learning) by the fund in 2023 performed at least 10 deliveries per month and were deployed in well-equipped health facilities. The obstetric complication rate is based on an assumption of 15 per cent. In addition, the fund provided direct support to health facilities for comprehensive maternal and neonatal health (including EmONC) in eight countries, improving care during childbirth for 1.65 million pregnant women; this included the management of 263,600 obstetric complications.



1.65 MILLION

safer births and 263,600 maternal complications addressed in eight countries in 2023



550,000

midwives supported with education and training since the fund's inception (180,000 in 2023)



578

midwifery schools accredited to national or international standards since the fund's inception (53 in 2023)



80%

of supported countries have a national monitoring tool for maternal and perinatal death surveillance and response

SPARKING CHANGE

Since introducing the midwifery profession in the Maternal and Newborn Health Thematic Fund acts as a catalyst for quality maternal and newborn health. It brokers internal and external influence and partnerships, leverages and engenders political and

policy support, helps to translate commitments into investments and innovations, identifies best practices to scale up what works, and shares knowledge and learning across the maternal and newborn health ecosystem.



Catalyst for national ownership

The fund has been critical in fostering national ownership and global partnerships to enhance maternal and newborn health outcomes. Indonesia's recent replication of the EmONC network model highlights how the fund motivates countries – even those, like Indonesia, that fall outside its core programme countries – to adopt and replicate successful interventions. Partnerships with organizations such as Laerdal Global Health and innovations such as simulation training for midwives in Rwanda exemplify new approaches that have broadened the scope and impact of maternal health training programmes globally.

The fund backs regional approaches to trigger policy and political commitment that cascades to the national level as well as regional approaches to accountability. In Latin America and the Caribbean, a region without any decline in the maternal mortality ratio from 2000 to 2020, the fund, supported by the Secretariat of the Inter-Agency Task Force on Maternal Mortality, which is co-led by UNFPA and WHO, played a critical role in the High-Level Campaign to Reduce Maternal Mortality in Latin America. Launched in March 2023, the campaign has propelled significant policy advancements. It successfully united Andean regional health ministries from Chile, Colombia, Ecuador, Peru, the Plurinational State of Bolivia and Venezuela, leading to a unanimous resolution to develop the Andean Policy for the Reduction of Maternal Mortality. This policy marks a major stride forward in regional cooperation. It underscores the critical impact of sustained, strategic international support and local government engagement in tackling an urgent public health issue. The fund demonstrated its catalytic role in Indonesia by supporting the establishment of an EmONC network in one district, starting with a comprehensive assessment and prioritization

workshop. This initial success led the Government to scale up the model to other districts, thereby enhancing national ownership and commitment to maternal health initiatives. A comprehensive assessment of more than 7,000 EmONC health facilities led to significant optimization in the Garut district, benefiting approximately 2.6 million women. Sixteen EmONC facilities were identified and now provide 93 per cent of the population with access to emergency maternal health services within a two-hour travel radius. Furthermore, the mentoring of 103 midwives in these facilities sustains improvements in maternal and newborn care in line with the latest technology and international guidance. This initiative demonstrates impact in enhancing health-care infrastructure and highlights how fostering national ownership can lead to public health advancements prior to nationwide implementation.

In Zambia, with technical expertise from the fund, the Ministry of Health created a national policy making maternal death notification mandatory. The Ministry now conducts and chairs weekly MPDSR review meetings. A national monitoring tool records and assesses 80 per cent of maternal deaths, up from 30 per cent in 2018.



A new national midwifery road map

Since introducing the midwifery profession in 2006, the Nepalese Government has prioritized the development of midwifery education and services, culminating in the National Nursing and Midwifery Strategy for 2020-2030. In 2023, with support from the fund, the Government developed a policy brief on midwifery. It underscores the importance of educating and training midwives according to global standards, and establishes clear career paths for the existing maternity care workforce.

Evidence-based advocacy led to the creation of the first national midwifery road map in 2023. It offers a detailed, costed plan with short and long-term goals

aligned to its national strategy, including to allocate midwives in underserved and priority areas. The road map provides a comprehensive framework for midwifery programming, including education, regulation, deployment, advocacy and resource allocation, and identifies priorities for expansion. The fund actively supports key components of the road map. A notable achievement in 2023 was the establishment of an academic career pathway for midwives. Nepal launched a four-year, direct-entry Bachelor of Science degree in midwifery and now six national academic institutions offer accredited midwifery education programmes, marking significant progress in health-care education.





Catalyst for resource mobilization

The fund plays a crucial role in mobilizing resources that determine progress in maternal and newborn health. It emphasizes diversified funding and ultimately moving from external to national financing to sustain health interventions and achieve lasting improvements.

In Guinea, the fund supported MPDSR and other sexual and reproductive health interventions. Additional and complementary funding from the French Muskoka programme helped scale up initiatives, resulting in comprehensive reviews in priority regions and an MPDSR mentoring guide validated by the Government. Maternal death review committees were reformed and 30 new members trained, improving the quality of reviews and enhancing overall health-care outcomes. The additional funding also facilitated the training of 394 midwives, nurses and students on family planning counselling; they provided support and access to contraceptives for 19,577 post-partum women and 1,409 women who had undergone an abortion.

The fund supported the development and dissemination of annual MPDSR reports in 20 countries which provide a vital tool for advocacy, planning, monitoring and resource mobilization. Uganda's national MPDSR report, for example, guided resource prioritization to address pressing maternal and perinatal health issues. Ethiopia, Kenya, Madagascar and Sierra Leone have developed national strategies to catalyse investments in MPDSR and promote accountability and quality care.



Iceland accelerates a drive to end fistula

In 2023, the Government of Iceland provided resources to significantly expand UNFPA's successful fund-supported fistula work in three countries. Iceland has long been a champion of the Campaign to End Fistula. It has advocated for sexual and reproductive health and rights globally and provided financial support to UNFPA for over a decade.

MHTF support has been instrumental in securing new partnerships, mobilizing resources and catalysing the implementation of models that work. Iceland signed a US\$3 million, three-year agreement with UNFPA in Uganda to comprehensively address obstetric fistula and support fistula survivors. The project covers community awareness; capacity strengthening to improve the quality of care; and the rehabilitation and social reintegration of survivors.

In the same year, Iceland signed a US\$2 million agreement with UNFPA in Malawi to implement a three-year project to ensure universal

access to quality obstetric fistula care and scale up evidence-based social reintegration programmes for over 400 fistula survivors.

The project, through community engagement, mass media engagement, capacity-building for service providers and community engagement, will benefit an estimated 117,000 people in the Nkhotakota District by providing better sexual and reproductive health services and information.

In Sierra Leone, Iceland has actively contributed to UNFPA's efforts to prevent and respond to obstetric fistula since 2020. In 2022, Iceland signed a US\$7 million, five-year project agreement aimed at eradicating fistula in partnership with UNFPA and Sierra Leone's Ministry of Health and Sanitation. The project supports prevention, care, treatment and reintegration of fistula survivors. With Iceland's support, Sierra Leone launched its first National Strategy to End Obstetric Fistula in May 2023 and established the multi-stakeholder national Fistula Taskforce.



Catalyst for innovation

Harnessing and advancing new technologies and innovations can accelerate progress in ending preventable maternal deaths. The fund is a dynamic force in driving such innovation. It embraces cutting-edge technologies and forms strategic collaborations to deliver sustainable, rights-based maternal health solutions.

In collaboration with Laerdal Global Health, the fund launched the “SimBegin” programme in Rwanda and the “Mobimenta” project in two remote provinces. These initiatives improve emergency care through realistic midwifery simulation training and mentorship in rural areas. The trainings have been critical to decreasing maternal deaths. The training of 97 faculty members and mentors from 87 health facilities and academic institutions has supported over 2,500 students and mentees, improving the quality of care and outcomes for thousands of women. These programmes exemplify how strategic partnerships can enhance educational frameworks and clinical proficiency in challenging environments.

A global Midwifery Educator Continuing Professional Development education package supported by the fund and developed by the Liverpool School of Tropical Medicine complements country-level initiatives. It includes reflection-of-practice modules, teaching methods assessment, and mentoring feedback. It offers an innovative online and mobile app-based tool that supports midwifery faculties and students in honing clinical skills through peer learning.

A global Midwifery Educator Continuing Professional Development education package has reached 51,000 users in 59 countries across Africa, Asia and Europe.

Partnership with the Maternity Foundation has further solidified the fund’s commitment to innovation in midwifery education. This collaboration has resulted in five language versions of the “Safe Delivery App”, making it globally accessible and context-specific. In 2023, the Arabic version reached over 1,250 users in humanitarian settings in Iraq, Jordan, the State of Palestine and the Syrian Arab Republic, demonstrating the fund’s ability to support global public goods that can be deployed beyond its focus countries. The Spanish version launched in December 2023 saw over 650 health workers and midwives using it within one month to apply critical knowledge to clinical care for thousands of women and newborns.

These initiatives highlight the fund’s role as a catalyst for sustainable midwifery health education and new standards in the delivery of maternal and newborn health services. Effective collaboration and innovative solutions can significantly advance health-care outcomes for diverse and often underserved populations.





Catalyst for partnerships

By facilitating and engaging in strategic collaborations, the fund helps countries to effectively tackle critical maternal and newborn health challenges. Partnerships at all levels – community, political, academic, private sector and beyond – galvanize significant progress in reducing maternal and newborn deaths.

UNFPA, through the fund, co-chairs the Every Newborn Action Plan and Ending Preventable Maternal Mortality partnership management team and country implementation group, alongside WHO and UNICEF. This supports joint United Nations global and regional advocacy. It also backs coordinated technical assistance for government-led maternal and newborn health acceleration plans undertaken by health ministries.

The United Nations and other implementing and funding partners work with health professional associations, civil society and academia to assist health ministries in planning, development, implementation, resource mobilization, and monitoring and accountability. By the end of 2023, 27 out of 29 countries engaged in the Every Newborn Action Plan and Ending Preventable Maternal Mortality initiative had such a plan and/or had outlined technical assistance needs. In 2024, the fund will further explore how to align its support with country acceleration plans where relevant and, through complementary funding from the Gates Foundation, will provide further capacity strengthening through a regional approach.





Transforming maternal health in Niger through strategic interventions and partnerships

In Niger, the implementation of Maternal and Perinatal Death Surveillance and Response (MPDSR) has significantly improved maternal health outcomes. For example, it has highlighted the critical need for readily available blood products to combat anaemia, a major contributor to maternal deaths. The fund also fostered partnerships with civil society organizations to hold community blood drives, increasing the supply of fresh and safe blood.

The MPDSR has guided measures to provide essential supplies and equipment to hospitals, based on demonstrated gaps in essential medications such as magnesium sulphate and injectable antibiotics, and vital equipment such as manual vacuum aspiration kits, vacuum extraction kits, and maternal/newborn resuscitation ambulance bags.

Based on MPDSR findings, the Government of Niger has strengthened referral systems and provided 15 new ambulances (a 27% national increase) equipped with high-frequency radios to facilitate rapid patient transfers.

Based on MPDSR findings, additional fuel support for generators helps to maintain the cold chain for blood and blood products and oxytocin. Cardiorespiratory support equipment (such as mechanical ventilators and incubators) has also enabled quick and effective management of obstetric complications, saving thousands of lives.





Catalyst for women's health and rights

Maternal and newborn health is fundamental to women's rights and gender equality, and a critical indicator of progress. As an entry point for broader efforts to realize rights and achieve equality, maternal and newborn health lays the groundwork for advancing sexual and reproductive health and rights. Integrating maternal and newborn health initiatives with efforts to promote gender equality and women's rights can further accelerate sustainable and impactful health returns and lead to significant improvements in women's empowerment and social status.

This integrated approach helps to dismantle systemic barriers, improve access to comprehensive health-care services and foster environments where women's rights are respected and upheld.



Cervical cancer care

Cervical cancer is the fourth most common cancer among women. It is one of the most treatable cancers – but only when diagnosed early and managed effectively. A comprehensive approach encompassing prevention, screening and treatment could eliminate cervical cancer as a public health issue within a generation.

In Bangladesh, the fund is helping to integrate sexual and reproductive health within maternal health services. In 2023, it has significantly enhanced cervical cancer care by supporting the training of 56 nurses and midwives on screening and management, including colposcopy. Continuous in-service training and clinical mentorships on cervical cancer in 164 health facilities have prompted a substantial increase in service delivery.

By strengthening cervical cancer screening and ensuring follow-up and treatment for women with pre-cancer and cancer, the fund and its partners are paving the way for more effective and sustainable cervical cancer care as part of maternal and sexual reproductive health and rights in Bangladesh.

Screening and treatment could eliminate cervical cancer as a public health issue within a generation.





Catalyst for global commitment and action

The fund works at multiple levels – community, national, regional and global – to drive impactful changes in maternal and newborn health. By connecting countries and regions, the fund coordinates global efforts that amplify local impacts.



Global Campaign to End Fistula

The UNFPA-led Campaign to End Fistula is a collaborative effort among 100 partners globally and many more at the national level. It works to strengthen maternal and newborn health with the goal of eliminating obstetric fistula. The campaign focuses on four pillars: prevention of new cases, treatment of existing cases, rehabilitation and social reintegration of fistula survivors, and advocacy for investment, partnerships and resource mobilization.

The fund plays a significant role in ensuring UNFPA's leadership of the campaign, which has helped to maintain ending fistula as a global priority. UNFPA's global stewardship and support to countries strengthens national policy and the coordination of fistula programmes. This fosters synergies, ensures coverage and optimizes the allocation of resources.

The campaign is active in 55 countries across Africa, Asia, the Arab States, and Latin America and the Caribbean, including all countries supported by the fund.

Furthermore, over 13,000 women and girls received social reintegration support between 2018 and 2023.

In 2023, the campaign commemorated two decades of global efforts, with the fund playing a critical role in catalysing interventions to strengthen country ownership, government leadership and commitment, and partnerships around the world to prevent and respond to fistula within the broader context of improving maternal health.

High-level advocacy, knowledge-sharing and strategic platforms, including the commemoration of the twentieth anniversary of the global campaign and the tenth International Day to End Obstetric Fistula, underscored the urgency and need for increased investments to end this devastating condition. In response to General Assembly resolutions, the fund and its partners have also initiated development of a global road map to accelerate action to end obstetric fistula within a decade. It will be finalized in 2024.

Since the launch of the campaign in 2003, 140,000 fistula surgeries have given women back their health and dignity.

KEY RESULTS: ACHIEVEMENTS AND TRANSFORMATIONS

PHASE III GOAL

Every woman, adolescent girl and newborn has equitable and accountable access to quality sexual, reproductive, maternal and newborn health and rights by strengthening health systems in countries with high burden of maternal morbidity and mortality.



An estimated **30.8 million** pregnant women have received safer delivery care since the fund's inception (2.8 million in 2023).





OUTCOME 1

Midwives deliver rights based quality sexual and reproductive health information and services that are women centred, equitable, accountable and accessible



550,000

midwives supported with education and training since the fund's inception (180,000 in 2023, including the pre-service education of 19,000 midwives)



578

midwifery schools accredited to national or international standards since the fund's inception (53 in 2023)



In 2023, the Maternal and Newborn Health Thematic Fund supported the in-service training of 180,000 midwives, contributing to a total of 550,000 trained midwives since the fund began. Moreover, in 2023, 53 midwifery schools have been accredited to national or international standards, improving the quality and effectiveness of midwifery education. Some 33,200 midwifery educators have benefited also from competency-based midwifery education training to steer the next generation of service providers in offering quality care.

The fund's midwifery portfolio extends to high-level, evidence-based advocacy. This includes participation in major international events such as the International Maternal and Newborn Health Conference, Midwifery Symposium, International Confederation of Midwives Congress and Women Deliver conferences. In 2023, over 300 participants attended the Midwifery Symposium, where UNFPA led a **Call to Action** to improve access to quality midwifery care with 23 key global partners. This commitment inspired the development of the Global Midwifery Acceleration Road Map, in collaboration with major organizations including WHO, UNICEF, the International Confederation of Midwives and Jhpiego. MHTF engagement in crucial policy dialogues, such as those hosted by the Woodrow Wilson Centre, helps explore frontier topics such

as intersections between maternal health and climate change. Building from the global State of the World's Midwifery report, a new regional report from the **Caribbean**, reflects regional specificities and deepens understanding and support for midwifery. In 2023, the fund strengthened enabling environments for midwives at the country level, helping to ensure well-trained midwives are regulated and supported.

In Liberia, the fund helped the Board of Nursing and Midwifery to introduce its first digital platform, "All in One", as a central repository of data on licensed midwives and expected numbers of graduates to improve workforce planning. In Bangladesh, the fund supported the Government to create an additional 5,000 midwife positions, which produced a substantial increase in midwife-assisted deliveries at the subnational level, rising from 78 per cent in 2022 to 87 per cent in 2023.

With fund support, Côte d'Ivoire, the Democratic Republic of the Congo and Uganda developed their first code of ethics and scopes of practice for midwives to strengthen the profession.



OUTCOME 2

Referral maternity facilities are staffed with skilled attendants at birth and monitored to deliver quality and accessible essential sexual and reproductive health care, including emergency obstetric and newborn care.



1.65 MILLION

safer births and 263,600 maternal complications addressed in eight countries³ in 2023



National networks of health facilities providing EmONC redesigned in the Democratic Republic of the Congo, Indonesia and Rwanda



No-delay policies in quality and respectful care and optimized EmONC network monitoring in 16 priority countries; a mentorship programme with 248 mentors in 2023



Over 1,000

referral links among facilities and the creation of care networks in 2023

³ Benin, Burundi, Congo, Côte d'Ivoire, Guinea, Madagascar, Senegal and Togo.

In 2023, the fund contributed to 1.65 million safer births and addressed 263,600 maternal complications in eight countries through support for EmONC networks. It assisted EmONC assessments in Indonesia and Uganda, and helped to redesign a national network of health facilities providing EmONC in the Democratic Republic of the Congo, Indonesia and Rwanda. Work spanned 16 countries⁴ in sub-Saharan Africa and Asia, with plans for further expansion in 2024.

The fund also assisted Benin, Burundi, Congo, Côte d'Ivoire, Guinea, Madagascar, Senegal and Togo with the national monitoring of sexual, reproductive, maternal and newborn health care in EmONC facilities and quality-of-care improvements in targeted health facilities. These initiatives underscore the fund's commitment to optimizing quality service delivery and enhancing comprehensive maternal and newborn care services, including critical emergency care.

Significant strides in advancing EmONC services occurred at both the regional and national levels. The progress report from the Every Newborn Action Plan and Ending Preventable Maternal Mortality initiative highlighted the enhanced accessibility and availability of EmONC based on the fund's network approach.⁵ This stems from a comprehensive revision of a global EmONC framework to more effectively support countries in improving access to quality emergency care for pregnant women and small and sick newborns. Additionally, a streamlined maternal and newborn health assessment tool for countries and an EmONC module in health management information systems, both developed with fund inputs, improve the monitoring and implementation of critical services.

The fund actively supports countries to prevent delays in quality and respectful care in health facilities. This involves optimizing and monitoring EmONC facility networks in 16 priority countries, advancing a mentorship programme involving 248 mentors, advocating for the deployment of midwives, reducing supplies stock-outs and promoting routine data use. The fund has facilitated over 1,000 links among facilities to provide timely and effective referrals and establish networks of care.

Community links have been strengthened to avoid delays in seeking care, birth plans are promoted for every pregnant woman, and we are helping to raise awareness of pregnancy danger signs and telemedicine solutions.



⁴ The 16 countries with EmONC networks at different stage of implementation supported by the fund are: Benin, Burkina Faso, Burundi, Chad, Congo Brazzaville, Côte d'Ivoire, the Democratic Republic of the Congo (one province), Guinea, Indonesia, Madagascar, Mozambique, Rwanda, Senegal, Sudan, Timor-Leste and Togo.

⁵ In implementing EmONC networks with fund support, countries identify and optimize facilities providing basic and comprehensive care reachable within one to two hours of travel time and covering a maximum number of people. This reduces the delay in obtaining life-saving care for mothers and newborns. Managers can focus on the network to make facilities functional 24 hours a day (with skilled providers, key equipment, available supplies, monitoring, etc.).

Causes of maternal and perinatal deaths are identified and addressed through maternal and perinatal death surveillance and response to improve the quality of care



80%

of supported countries have a national monitoring tool for maternal and perinatal death surveillance and response



60%

of assisted countries have fully implemented maternal and perinatal death surveillance and response frameworks to identify gaps in quality of care and identify/implement solutions to prevent future deaths



1,025

policymakers, health managers and health-care providers in 13 countries trained on MPDSR in 2023

Significant progress has been made on MPDSR frameworks, with approximately 60 per cent of assisted countries (19 out of 32) now having a fully implemented framework. By establishing frameworks and systematically collecting data, countries can analyse maternal and perinatal deaths and respond appropriately to prevent future occurrences. The key components of the frameworks, such as national MPDSR committees, mandatory notification of maternal deaths and the development of national guidelines, steer consistent and coordinated efforts to improve the quality of maternal and newborn care.

Twenty countries have developed an MPDSR national report detailing progress and recommendations, facilitated by a standard template provided by the fund. Having a national report aids in identifying systemic weaknesses and implementing evidence-based policies and practices. To enhance the quality of maternal death reviews, the fund has also supported regular monitoring and assessments of MPDSR activities. In 27 of 32 fund countries, maternal death reviews used quality standards to analyse causes and implement appropriate responses.

In 2023, the fund provided training to enhance the capacities of 1,025 policymakers, health managers and health-care providers from 13 countries. Obstetricians, midwives, nurses and health information officers gained skills on maternal and perinatal death surveillance, notification, review and response. Trainings were specific to diverse contexts. Sessions in Bangladesh focused on cause analysis and response, while in Ghana, the emphasis was on developing MPDSR policy guidelines. Efforts also helped to establish and strengthen MPDSR committees in the Democratic Republic of the Congo, Haiti and Timor-Leste.

Knowledge-sharing has been critical in identifying best practices and solutions for MPDSR implementation. The fund supported Bangladesh in developing a video toolkit for health-care providers and facilitated inter-country learning for Timor-Leste based on experiences in Indonesia with maternal perinatal death notification applications.

Research and peer-reviewed publications on MPDSR findings in Benin, Congo, Côte d'Ivoire and Kenya have provided context-specific evidence to improve the quality of maternity care.



Quality sexual and reproductive health information and services are accessible to prevent and treat obstetric fistula and other obstetric morbidities



140,000

fistula surgeries have given women back their health and dignity⁶ (8,697 in 2023)



71%

of assisted countries have a national strategy to end fistula, up 8% since 2018



13,870

fistula survivors have received comprehensive reintegration and rehabilitation support post-surgery (3,139 in 2023)



1,099

health-care workers across 15 countries were trained on fistula prevention and response in 2023

⁶ Since the launch of the Campaign to End Fistula in 2003.

Obstetric fistula remains a preventable yet persistent childbirth injury affecting half a million women and girls globally, predominantly in the Global South. This condition not only underscores deep-rooted global inequalities but also highlights a critical failure in safeguarding the health and dignity of women and girls. Despite significant advances since the launch of the UNFPA-led global Campaign to End Fistula in 2003, around 50,000 new cases occur annually. These numbers highlight the urgent need to improve access to quality health care and address socioeconomic factors such as poverty and inequality.

In 2023, 8,697 fistula repairs were conducted in 26 priority countries, providing renewed hope and dignity to affected women and girls. Across 14 countries, 3,139 fistula survivors received comprehensive social reintegration and rehabilitation support post-repair, including counselling, livelihood training and business assistance. The fund advocates transitioning from campaign and outreach modes of treatment to sustainable and routine care based on the regular availability of skilled fistula surgeons. As such, it supported the training of 1,099 health-care workers from 15 countries on various aspects of fistula prevention and management, including safe surgery techniques, early diagnosis and survivor reintegration. These trainings enhance the quality of care and expand the reach of services to prevent and treat obstetric fistula effectively.

To deepen national sustainability, the fund helped 23 countries⁷ to develop national strategies to end fistula. New strategies were launched in Liberia, Malawi, Nepal and Sierra Leone.



⁷ Bangladesh, Benin, Burkina Faso, Chad, Côte D'Ivoire, the Democratic Republic of the Congo, Ethiopia, Ghana, Guinea-Bissau, Kenya, Liberia, Madagascar, Malawi, Mauritania, Mozambique, Nepal, Nigeria, Senegal, Sierra Leone, Somalia, Sudan, Uganda and Zambia

Sexual reproductive health and rights integration



311,509

women across 25 districts of Bangladesh were screened for cervical cancer in 2023



60

pregnant women and girls who are survivors of gender-based violence received comprehensive medical, psychosocial and socioeconomic services at the Panzi Hospital in the Democratic Republic of the Congo in 2023



46

female health providers trained on how to provide comprehensive clinical care to gender-based violence survivors in Mozambique in 2023

Ensuring access to comprehensive sexual and reproductive health and rights

Nearly half of all pregnancies worldwide are unintended, and over 60 per cent of these result in abortion. Alarming, 45 per cent of all abortions are unsafe, making unsafe abortion a significant contributor to maternal death and disability. To avert unintended pregnancies and to end preventable maternal deaths, UNFPA works with governments and partners to ensure comprehensive sexual and reproductive health and reproductive rights services.⁸

In 2023, UNFPA also partnered with governments in 11 countries in East and Southern Africa and 17 countries in Latin America and the Caribbean to support access to comprehensive sexual and reproductive health services. To prevent maternal mortality, UNFPA supported governments by facilitating the training of 600 health-care providers from 100 facilities and 28 mentors to enhance the delivery of quality care and training over 30 health-care providers in post-abortion family planning.

This work, coordinated by UNFPA's maternal and newborn health team, was co-funded by the fund and other sources, including the 2gether4SRHR partnership in the UNFPA East and Southern Africa Regional Office.

In 2023, UNFPA also strengthened relationships with key partners focused on preventing maternal mortality by continuing to co-chair the 'Prevention of Unsafe Abortion Partners Group' alongside the WHO-hosted Human Reproduction Programme (HRP). This group brings together United Nations organizations, international non-governmental organizations, and other entities to enhance collaboration on improving access to comprehensive sexual and reproductive health care, in accordance with the mandate of each organization and legal frameworks from each country.

Cervical cancer and reproductive morbidity reduction efforts

Cervical cancer prevention and control remained a priority, with significant efforts to enhance screening and treatment. The fund supported the screening of over 311,509 women in Bangladesh (see the case study in the chapter on catalytic impact). It helped scale up cancer screening in Ethiopia, Senegal and Sierra Leone, reaching nearly 25,000 people through joint campaigns on family planning and cancer screenings. In Sierra Leone, cervical cancer services were integrated into broader sexual and reproductive health-care packages, supporting continuity of care. The fund also assisted the initiation of cervical cancer elimination programmes in Somalia and strengthened prevention efforts in Chad.

Integrated gender-based violence survivor support

Pervasive gender-based violence significantly undermines maternal health through physical injuries and psychological distress that can complicate pregnancy and childbirth. Such violence often hinders women's ability to access vital health-care services. In the Democratic Republic of the Congo, the Panzi Hospital, supported by the fund, offers holistic care for survivors. The hospital's innovative model integrates medical, psychosocial and socioeconomic support, assisting 60 pregnant women and girls in 2023. This holistic approach, supported by the fund, has catalysed collaboration among humanitarian actors, expanding the model's reach and efficacy. The fund also played a crucial role in scaling up of services and the training of local health-care providers. In Mozambique, training for 46 female health-care providers on specialized clinical care for survivors of gender-based violence enhanced the health system's capacity to respond effectively.

⁸ In line with the ICPD paragraph 8.25, where abortion is legal, UNFPA states that national health systems should make safe abortion care accessible to the full extent of the national law. Post-abortion care should be available everywhere to save women's lives. UNFPA respects the sovereign right of countries to decide the extent to which safe abortion care is part of a comprehensive approach to sexual and reproductive health and reproductive rights. In all cases and everywhere, UNFPA opposes criminalization of abortion and opposes reproductive violence such as coercive abortion, forced pregnancy or the discriminatory practice of gender-biased sex selection.



OVERCOMING OBSTACLES: INSIGHTS AND EVALUATION

Through diligent evaluation management, the Maternal and Newborn Health Thematic Fund has made substantial progress in implementing recommendations from its midterm evaluation of Phase III, conducted as an independent assessment in 2022. The evaluation concluded that UNFPA is a unique partner of choice in providing visible and valued support to critical maternal and newborn health priorities. It showed that the fund offers evidence-based support and tools for supporting maternal health in programme countries. It also recommended better integrating the fund within UNFPA's wider sexual and reproductive health and rights portfolio, which is now a priority in the fund's Phase IV business plan.

The Phase IV business plan incorporates several core recommendations to ensure that the fund serves as a key UNFPA vehicle for integrating sexual and reproductive health and rights. The plan adopts a more structured approach to community engagement and articulates links and integration across core technical areas while providing flexibility for country offices to tailor their approaches to the local context.

To enhance monitoring and evaluation, the fund has adapted a results-oriented monitoring system to track relevant results more quickly. Moreover, a new funding model is being developed to strategically expand the fund's scope and depth. In 2023, the fund engaged its Advisory Board in seeking strategic direction and incorporated a communications strategy into the business plan to enhance visibility and boost resource mobilization.

Challenges

The fund consistently monitors contextual and programmatic challenges that influence maternal health outcomes. The former encompasses broader environmental, cultural, economic and systemic factors, while the latter relate to the implementation and management of health programmes. By swiftly identifying these issues, the fund can adapt and develop sustainable and innovative solutions.

Contextual Challenges



Humanitarian crises and complex emergencies impact maternal health

In humanitarian settings, the vulnerability of women and adolescent girls to adverse outcomes significantly increases. Risks include unintended pregnancies, unsafe abortions, and complications during pregnancy and childbirth. As health systems falter and sexual and reproductive health needs are sidelined, the chances of death and disability for women and newborns escalate.

In 2023, operations in several countries were severely affected by humanitarian crises stemming from conflicts and natural disasters. In Sudan, ongoing conflict necessitated the reprogramming of the annual workplan twice within the year to keep up with a rapidly changing situation. In Haiti, persistent insecurity and a heightened risk of kidnappings significantly impeded health-care service delivery, particularly in limiting the availability of fistula repair treatments. Cyclone Freddy brought considerable disruption to health services in Malawi and Mozambique, including the destruction of the Quelimane Fistula Center in the latter.

A military coup in Niger triggered economic sanctions and a suspension of financial aid, leading to operational challenges for local implementing partners vital for sustaining health-care services. These natural disasters and security challenges due to armed conflicts resulted in population displacements, leaving some EmONC network facilities inaccessible or closed. Such conditions also hindered essential supervision and management activities.



Challenges to integrating sexual and reproductive health services

Throughout 2023, the landscape of sexual and reproductive health and rights faced significant hurdles due to increasing political polarization. This trend has intensified divisions and complicated the integration of comprehensive sexual and reproductive health services. Polarization affects not only national policymaking but also international cooperation, increasing the likelihood of constraints on necessary health-care services for vulnerable populations.



Programmatic challenges



Resource limitations in maternal health interventions

A significant challenge identified across supported countries is the acute shortage of human, financial and infrastructural resources required to meet health-care needs. More efforts are needed to increase domestic and international funding for maternal and newborn health including through exploring innovative financing solutions.



Human resources for health, including midwives

Despite ongoing progress, implementation of the midwifery model of care continues to face significant challenges and bottlenecks. Many countries still report critical shortages and the uneven distribution of midwives, especially in underserved and rural areas. These issues are compounded by difficulties in recruiting and retaining midwives, driven by factors such as low pay, limited career advancement opportunities, poor working conditions and inadequate facilities. Additionally, restrictive regulations and weak health systems limit effective practice, while insufficient training and lack of support undermine the quality of care. Gender discrimination and safety concerns contribute to a demotivating work environment, exacerbating turnover rates and impacting the overall effectiveness of midwifery care. Addressing these challenges is essential to enhance support provided to mothers and newborns during critical moments of their lives.

A lack of capacity and staff to implement MPDSR and other maternal health interventions has affected and delayed planned activities in some countries, including Chad, Guinea Bissau and Timor-Leste. Staff transfers from core technical areas and the retirement of key staff are concerns, potentially disrupting service delivery, continuity of care, and reviews in hospitals and communities. Deploying human resources such as midwives remains a major challenge in terms of the functionality of some EmONC networks. Staff retention problems have arisen in countries including Congo and Ethiopia. There are significant shortages in surgical workforces and capacity gaps in surgical teams who lack skills and equipment needed for caesarean delivery, optimal obstetric fistula repairs and improved surgical outcomes.



Life-saving essential maternal health commodities

There are numerous challenges to sustainably increasing access to quality-assured maternal health medicines. Globally, regionally and at the country level, there is a need to increase coordination on the dissemination of knowledge about the range of life-saving products and their (pooled) procurement, make them available in high-burden countries and ensure their proper use. In addition, as governments are procuring maternal health medicines with their own or domestically mobilized resources, there is a need to raise awareness on the importance of procuring medicines that are quality-assured, safe and effective for mothers and newborns as well as the efficient use of resources. Stock-outs of essential commodities underscore critical limitations in integrated sexual and reproductive health and rights programming. This highlights the need for continued integration of reproductive health, maternal health and family planning commodities within broader approaches to the quantification of supplies, and emphasizes the importance of capacity strengthening throughout the supply chain. Improved data systems are essential to build realistic expectations around needs and support robust health systems that can reliably provide women and young people with the commodities they need, when and where they need them.



Ineffective MPDSR committees

In some countries, gaps in MPDSR implementation include dysfunctional committees and weak leadership. Irregular national and hospital MPDSR meetings to review progress and action plans limit responses to identified preventable causes of maternal and newborn mortality. Despite efforts to strengthen MPDSR committees, they continue to be a weaker link in the MPDSR framework.



Poor data quality and reporting

In many countries supported by the MHTF, reporting on MPDSR indicators, such as maternal death notification and review rates, remains incomplete and inaccurate. Data inconsistencies across various sources highlight the urgent need for comprehensive data reviews, audits and harmonization of reporting processes. This will ensure accurate MPDSR indicator reporting and informed decision-making to improve the quality of care. Moreover, perinatal death reviews for stillbirths and newborn deaths are not yet standard practice in most countries, with only Togo and Uganda currently implementing them. Efforts are underway to address this gap, particularly in five countries (Congo, Haiti, Niger, Somalia and Zambia), where initiatives to assess and expand the MPDSR programme include a perinatal component.



Research gaps and data needs

In 2023, the fund country narrative report template included a new question for countries to identify and prioritize research that addresses critical policy and programme-related knowledge gaps. This is part of an effort to develop a research agenda that will integrate cutting-edge research into programme implementation, expanding the scope and effectiveness of innovative interventions in Phase IV. The fund will more effectively engage in global research partnerships such as the Human Reproduction Programme, which UNFPA co-sponsors. It will continually develop and disseminate evidence-based programmatic guidance to support country programmes in effectively implementing interventions. The research agenda will focus on identifying high-impact research topics for both global and regional advocacy and, where needed, build new research partnerships. An initial analysis in 2023 defined research gaps in areas including obstetric fistula prevalence and treatment successes/failures; monitoring of EmONC facility availability, effectiveness and functionality; the impact of climate change on maternal and newborn health; and the determinants of maternal and newborn health, including sociocultural perspectives. Addressing these gaps will provide necessary insights to guide the next phase of the fund, including to shape global and regional health policies and practices.



Lessons learned



Evidence-based advocacy for policy reform

All global partners must collectively come together to advocate for strong regulatory frameworks, conducive workforce policies and robust education systems for midwives. The global and regional State of the World's Midwifery reports have provided compelling evidence to drive policy reform and action. The fund will continue to work with countries to generate and utilize data and evidence to shape policy developments and advocacy for change. In the new phase of the fund, policy, advocacy and communications will centre on a set of flagship initiatives, including the Global Midwifery Acceleration Road Map. It aims to bring all global stakeholders together to support countries to transition to midwifery models of care.



Enhancing MPDSR to strengthen maternal and perinatal health

Improved quality of care requires increased investment in MPDSR, focusing on user experiences and respectful maternity services. This includes adapting MPDSR frameworks to meet immediate needs in acute humanitarian crises as well as community settings. Furthermore, strengthening the quality of reviews of both maternal and newborn deaths, at the levels of both health facilities and communities, is essential for identifying and addressing multiple challenges, enhancing referral networks and increasing the overall quality of maternity care.



Importance of community engagement

Community engagement through advocacy and the media has been critical in supporting efforts to promote maternal health and well-being, including through identifying danger signs and developing birth plans. Through media campaigns, significant advancements have been made in community awareness, early detection, referrals and support systems for fistula survivors. A good example is in Togo, where the MHTF supported 11 community radio stations to successfully raise awareness about obstetric fistula, leading to the identification of 61 cases and surgical repairs for 46 women. The fund's Phase IV business plan emphasizes further strengthening community engagement.



Strategic importance of essential emergency kits

The strategic prepositioning of essential emergency kits has proven critical in humanitarian emergencies. The kits, which include inter-agency reproductive health kits, dignity kits and emergency tents, have saved lives by sustaining essential sexual and reproductive health services. For instance, in Mozambique, prepositioned kits enabled a swift and effective humanitarian response following Cyclone Freddy.



Collaborative efficiency in programming

Joint collaborative efforts by United Nations organizations and other partners have proven to be cost-effective in promoting efficiency in programming. These efforts are now being scaled up under the country acceleration plans of the Every Newborn Action Plan and Ending Preventable Maternal Mortality initiative. The plans have been crucial in the coordination and implementation of priority interventions such as MPDSR, which have been supported by several partners. Leveraging the comparative advantages of each United Nations organization has enabled a unified approach to supporting reproductive, maternal, neonatal, child and adolescent health. This has avoided duplicated activities and enabled the cost-effective roll-out and scale-up of priority interventions across countries.



More low-cost, high-impact interventions

In view of changing trends in the reduction of maternal and neonatal mortality, innovative, tailored, low-cost and high-impact interventions are required. The uterine balloon tamponade, which can reduce post-partum haemorrhage, should be used in hard-to-reach and humanitarian settings, for instance. Innovative new technologies could accelerate improvements in the quality of care and education. Examples include the use of GIS mapping to optimize EmONC networks and increase access to midwifery education programmes. Such approaches could be scaled up and shared via South-South collaboration.



RESOURCE MANAGEMENT: FUNDING THE FUTURE



Funding context and allocation model

In 2023, a total of US\$17,562,216 was allocated to 32 country offices, 5 regional offices (Arab States, Asia and the Pacific, East and Southern Africa, Latin America and the Caribbean, and West and Central Africa), and 2 headquarters units (the Sexual and Reproductive Health Branch and the Strategic Resource Management Branch). All UNFPA funding is voluntary and divided by core and non-core resources. Non-core resources are divided into earmarked programme/project funding and thematic and pooled funds. Earmarked contributions to programmes/projects represented the largest total volume of contributions in 2023, followed by core resources, thematic funds, United Nations pooled funds and other inter-agency transfers.

As the second most flexible funding instrument after core contributions, thematic funds are an essential tool to complement core resources in light of their declining share of overall funding.

The pooling of resources towards key intervention areas of the UNFPA Strategic Plan 2022-2025 reduces transaction costs and enables long-term planning and predictable funding across national, regional and global levels. This allows thematic funds to have an indirect cost rate of 7 per cent versus 8 per cent for earmarked contributions, resulting in a higher share of the budget being allocated to programme activities. The fund specifically allows partners to dedicate resources to flexibly support key activities related to maternal and newborn health.

Funds are allocated to countries based on a specific set of criteria to deploy resources in key priority areas and guide alignment with other UNFPA resources and the UNFPA Strategic Plan 2022-2025. Currently, the fund gives equal weight to five criteria: the maternal mortality ratio, skilled birth attendance, EmONC availability, the implementation rate and monitoring. Each country receives a score on each category. Based on these criteria, country and regional office ceilings are determined and funds are allocated. To mitigate the impact of sudden changes in allocations, budget reductions are limited to 10 per cent from year to year.





Partner contributions

Activities carried out are funded through the fund as the central funding instrument, supplemented by funds in support of the Campaign to End Fistula. In 2023, contributions to the fund and the Campaign were made by the governments of France, Germany, Luxembourg, Poland and Sweden, and Takeda Pharmaceuticals as a private sector partner. Funds from Takeda received in 2023 were earmarked for Benin, Côte d'Ivoire and Togo for the project titled "2 Hours to Life: Ensuring Access to Life Saving Maternal Health Services in Under 2 Hours". Support from the Government of France was allocated to the fund in December of 2023 and will be implemented in 2024.



Operating budget

Although planning for Phase IV commenced in 2022, the year also saw the completion of the fund's evaluation report. As a result of evaluation recommendations, 2023 was designated as a bridging year to allow for the development of both the Phase IV business plan and the UNFPA Reproductive, Maternal and Newborn Health and Well-Being Strategy.

Consequently, the projected budget for 2023 was US\$19 million (a rollover from 2022, cash received and pledged contributions). Only US\$17 million was allocated to accommodate one full year of fund operations in 2023. This was to ensure a reserve for the beginning of 2024 as agreed with partners. In accordance with the International Public Sector Accounting Standards, transactions are recorded as expenses when services or goods have actually been procured or executed by the implementing partner.



Expenses

In 2023, fund expenditure totalled US\$13,104,651 (Table 1). This included country, regional and global expenditures, and represents a financial implementation rate of 75 per cent against the allocated budget of US\$17,562,216. In 2023, country and regional activities accounted for 76 per cent of expenditure, with global activities accounting for 28 per cent (Table 2). A majority of global funds were spent on technical assistance to country and regional offices, capacity-building, global implementing partners supporting country offices and global advocacy.

Of total expenditure, 14 per cent, or US\$1.8 million, was disbursed via non-governmental organizations; 17 per cent, or US\$2.2 million, via a governmental partner; and 69 per cent, or US\$9 million, via UNFPA (Figure 1). Of the total amount spent, US\$2,804,759 (21 per cent) was spent on procuring goods and services. Regionally, West and Central Africa accounted for the highest proportion of maternal and newborn health expenditures, at 40 per cent of the total. As noted above, this is partly a consequence of the Takeda support to Benin, Côte d'Ivoire and Togo. East and Southern Africa accounted for 20 per cent, Asia and the Pacific for 6 per cent, the Arab States for 4 per cent, and Latin America and the Caribbean for 2 per cent (Figure 2). Headquarters expenses were 28 per cent. At the close of 2023, the UNFPA end-of-year balance was US\$4,457,566.

Expenditure per category

Table 1

CATEGORY	US DOLLARS
Global	2,773,486.73
Regional office	598,859.90
Country office	8,877,944.88
Corporate (indirect costs)	854,359.89
TOTAL	13,104,651.40

Regional and global expenditures

Table 2

CATEGORY	US DOLLARS
Headquarters	2,773,486.73
Corporate (indirect costs)	854,359.89
TOTAL	3,627,846.62

REGION	US DOLLARS
Arab States	470,367.84
Asia & the Pacific	806,425.66
Eastern & Southern Africa	2,568,654.79
Latin America & the Caribbean	259,979.27
Western & Central Africa	5,371,377.22
TOTAL	9,476,804.78
GRAND TOTAL	13,104,651.40

Expenditures by implementing agency

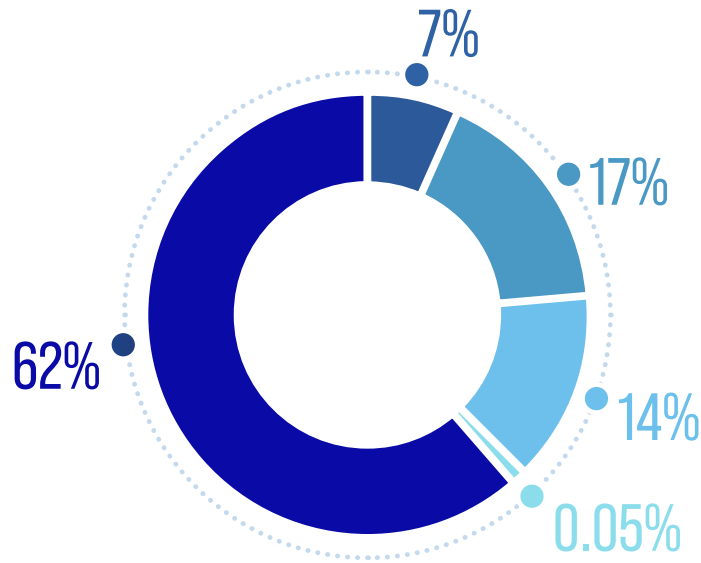


Figure 1

● UNFPA ● Other indirect costs ● Government ● NGO ● Other UN Entities

Expenditures by region

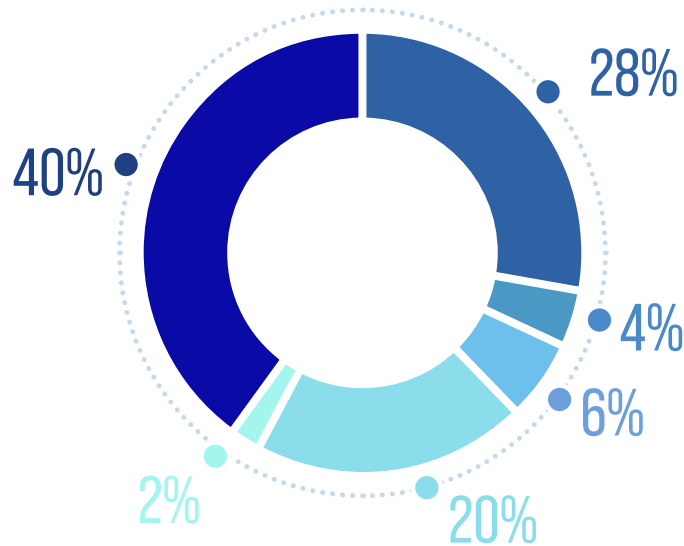


Figure 2

● Western & Central Africa ● Global ● Arab States ● Asia & the Pacific
● Eastern & Southern Africa ● Latin America & the Caribbean

WAY FORWARD: STRATEGIC DIRECTION FOR PHASE IV

As the Maternal and Newborn Health Thematic Fund enters its next phase, its ambitious road map has been designed to tackle persistent challenges and build on previous successes. The fund's strategic focus for Phase IV centres on improving access to quality maternal and newborn health services within strengthened, resilient and integrated health systems.

To achieve this, the fund will intensify resource mobilization to secure sustainable financing, expanding its donor base and leverage partnerships with both the public and private sectors. The fund remains committed to enhancing health facility infrastructure, supply chains and the capabilities of health workers, particularly in midwifery and emergency obstetric and newborn care. Operational efficiency and accountability will be paramount; the fund will focus on efficiently using resources by directing a significant portion of its budget to support country and regional initiatives directly. Its tiered support model will continue to target countries with the greatest needs and potential for impact, fostering South-South partnerships and enhancing knowledge management.

The fund will fully leverage UNFPA's normative mandate and role through intensified advocacy and policy efforts. It will enhance, prioritize and focus its role on global health platforms to advocate for maternal and newborn health priorities and influence international and national policy, including through the Global Campaign to End Fistula. By strengthening existing partnerships and forging new ones, the fund will strive to build a cohesive network that drives global and regional strategies to improve maternal and newborn health outcomes, including the Global Midwifery Acceleration Road Map.

The next phase of the fund, under the UNFPA Reproductive, Maternal and Newborn Health and Well-Being Strategy, is strategically designed to complement the broader efforts of UNFPA. The fund's strengthened integration with the Supplies Partnership is expected to make essential maternal health commodities available and accessible, especially in underserved regions. The fund will also align its efforts with UNFPA's humanitarian response strategies, including the humanitarian-development-peace nexus, with a focus on preparedness and MISP-readiness assessment to ensure continuity of maternal and newborn care during crises.

The fund will also increase partnerships with women and youth-led movements and civil society groups to support programmes reaching marginalized populations, such as rural and Indigenous women and young people, to strengthen wider sexual and reproductive health services and the realization of rights. The fund will continually build opportunities for cross-sharing and learning, including through global knowledge products documenting experiences across regions. This can encourage multisectoral methods to tackle barriers to care and the exercise of sexual and reproductive health and rights. It will be accompanied by initiatives to strengthen data systems to capture progress on integrated service uptake and the quality of care.

THANKS TO OUR DONORS AND PARTNERS

Funding donors

Friends of UNFPA

Government of France

Government of Germany

Laerdal Global Health

Government of Luxembourg

Government of Poland

Government of Sweden

Takeda Pharmaceuticals

Partners

Alliance to Improve Midwifery Education and the Partnership for Maternal and Newborn Child Health (PMNCH)

Every Newborn Action Plan and Ending Preventable Maternal Mortality (ENAP/EPMM)

Engenderhealth

H6 partnership (WHO, UNFPA, UNICEF, UN Women, UNAIDS and the World Bank)

Human Reproduction Programme (HRP)

International Confederation of Midwives (ICM)

International Federation of Gynaecology and Obstetrics (FIGO)

International Society of Obstetric Fistula Surgeons

Ipas

Jhpiego

Liverpool School of Tropical Medicine (LSTM)

Maternity Foundation

United States Agency for International Development (USAID) "Momentum" project

Woodrow Wilson Center

World Continuing Education Alliance

ANNEXES

Annex 1: Publications supported by the fund in 2023

- WHO (World Health Organization), UNFPA (United Nations Population Fund) and UNICEF (United Nations Children's Fund), 2023. *Improving Maternal and Newborn Health and Survival and Reducing Stillbirth: Progress Report 2023*. Website: <https://www.who.int/publications/i/item/9789240073678>.

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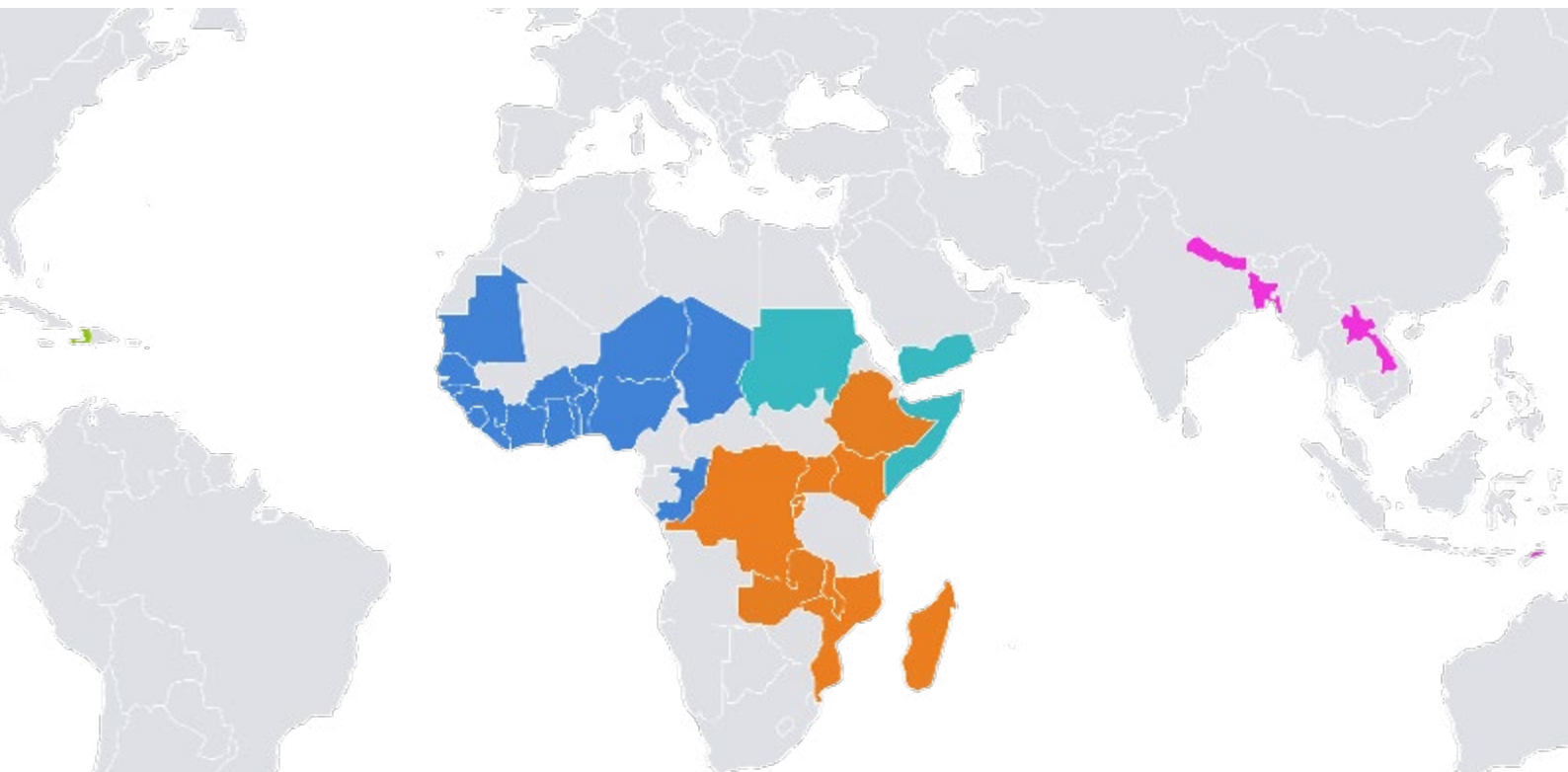
Annex 2: Detailed budget allocations

The following table details approved allocations, expenditures and financial implementation rates for the fund and the Campaign to End Fistula in 2023 compared with 2022. All figures are in US dollars.

Description	2023 approved planning figures	2023 funds transferred	2023 expenditures	Balance	Utilization rate (%)
Sexual & Reproductive Health Branch	4,973,610	4,903,232	2,627,773	2,275,459	54%
Strategic Resource Management Branch	150,003	147,270	145,714	1,556	99%
Regional Office for the Arab States	150,000	147,268	78,837	68,430	54%
Regional Office for Asia and the Pacific	150,000	132,268	123,683	8,585	94%
Regional Office for East and Southern Africa	150,000	147,268	140,318	6,950	95%
Regional Office for Latin America and the Caribbean	150,000	147,268	146,043	1,225	99%
Regional Office for West and Central Africa	150,000	147,270	89,475	57,792	61%
Bangladesh - Dhaka	140,000	137,451	132,295	5,156	96%
Benin - Cotonou	1,387,393	1,380,970	799,983	580,987	58%
Burkina Faso - Ouagadougou	296,800	291,392	280,076	11,316	96%
Burundi - Bujumbura	330,000	324,899	321,156	3,743	99%
Chad - N'Djamena	170,800	167,689	165,932	1,756	99%
Congo - Brazzaville	245,000	240,538	214,218	26,320	89%
Cote D'Ivoire - Abidjan	1,588,444	1,582,648	824,584	758,064	52%
Dem Rep Congo - Kinshasa	214,900	210,985	189,057	21,928	90%
Ethiopia - Addis Ababa	297,500	292,080	289,577	2,502	99%
Ghana - Accra	154,000	151,196	141,557	9,638	94%
Guinea - Conakry	213,500	209,611	244,015	(34,404)	116%
Guinea-Bissau	105,000	103,087	106,319	(3,231)	103%
Haiti - Port-au-Prince	175,000	171,812	113,936	57,876	66%
Kenya - Nairobi	297,000	293,174	291,864	1,310	100%
Lao - Vientiane	214,900	210,985	204,748	6,238	97%
Liberia - Monrovia	140,000	137,451	110,540	26,911	80%
Madagascar - Antananarivo	280,000	274,899	336,270	(61,371)	122%
Malawi - Lilongwe	112,000	109,960	89,107	20,853	81%
Mauritania - Nouakchott	147,000	144,322	132,345	11,977	92%
Mozambique - Maputo	210,000	206,174	206,158	16	100%
Nepal - Kathmandu	175,000	171,812	169,943	1,869	99%
Niger - Niamey	353,500	347,060	370,083	(23,023)	107%
Nigeria - Abuja	198,800	195,179	239,869	(44,690)	123%
Rwanda - Kigali	241,700	238,754	234,440	4,315	98%
Senegal - Dakar	192,500	188,993	169,043	19,951	89%
Sierra Leone - Freetown	140,000	137,451	149,180	(11,729)	109%
Somalia - Mogadiscio	175,000	171,812	170,796	1,016	99%
Sudan - Khartoum	315,000	309,262	220,734	88,528	71%
Timor Leste - Dili	210,000	206,174	175,757	30,416	85%
Togo - Lome	1,524,213	1,518,152	1,334,159	183,993	88%
Uganda - Kampala	298,000	309,302	334,825	(25,523)	108%
Zambia - Lusaka	210,000	206,174	135,884	70,289	66%
Total programme activities	16,626,563	16,413,286	12,250,292	4,162,994	
Indirect costs (7%)	1,163,859	1,148,930	857,520.41	291,409.61	75%
Grand total	17,790,422	17,562,216	13,107,812	4,454,404	

Description	2022 approved planning figures	2022 funds transferred	2022 expenditures	Balance	Utilization rate (%)
Division for Communications & Strategic Partnerships	10,918	10,918	10,918	-	100%
Non-Core Funds Management Unit	246,100	246,100	120,640	125,460	49%
Sexual & Reproductive Health Branch	4,807,529	4,251,892	3,132,817	1,119,075	74%
Regional Office for the Arab States	160,500	74,900	21,243	53,657	28%
Regional Office for Asia and the Pacific	160,500	112,350	76,277	36,073	68%
Regional Office for East and Southern Africa	171,200	119,840	121,854	(2,014)	102%
Regional Office for Latin America and the Caribbean	160,500	134,820	129,538	5,282	96%
Regional Office for West and Central Africa	171,200	42,800	29,267	13,533	68%
Bangladesh - Dhaka	214,000	149,800	143,449	6,351	96%
Benin - Cotonou	1,144,526	1,000,076	382,648	617,428	38%
Burkina Faso - Ouagadougou	453,680	317,576	320,595	(3,019)	101%
Burundi - Bujumbura	428,000	299,600	287,935	11,665	96%
Chad - N'Djamena	261,080	182,756	190,335	(7,579)	104%
Congo - Brazzaville	374,500	262,150	142,721	119,429	54%
Cote D'Ivoire - Abidjan	1,511,609	1,378,395	429,730	948,665	31%
Dem Rep Congo - Kinshasa	328,490	308,093	362,807	(54,714)	118%
Ethiopia - Addis Ababa	454,750	454,750	455,045	(295)	100%
Ghana - Accra	235,400	164,780	172,708	(7,928)	105%
Guinea - Conakry	160,500	112,350	339,171	(226,821)	302%
Guinea-Bissau	369,150	321,618	134,888	186,729	42%
Haiti - Port-au-Prince	267,500	187,250	171,108	16,142	91%
Kenya - Nairobi	321,000	224,700	210,177	14,523	94%
Lao - Vientiane	328,490	229,944	236,800	(6,857)	103%
Liberia - Monrovia	214,000	149,800	149,375	425	100%
Madagascar - Antananarivo	428,000	417,024	429,284	(12,260)	103%
Malawi - Lilongwe	171,200	119,840	106,199	13,641	89%
Mauritania - Nouakchott	224,700	157,290	144,765	12,525	92%
Mozambique - Maputo	321,000	224,700	222,666	2,034	99%
Nepal - Kathmandu	267,500	187,250	154,891	32,359	83%
Niger - Niamey	540,350	135,088	133,828	1,260	99%
Nigeria - Abuja	303,880	267,442	277,116	(9,674)	104%
Rwanda - Kigali	247,170	173,020	162,770	10,249	94%
Senegal - Dakar	294,250	205,976	156,063	49,912	76%
Sierra Leone - Freetown	214,000	149,800	127,060	22,740	85%
Somalia - Mogadiscio	267,500	187,250	172,015	15,235	92%
Sudan - Khartoum	481,500	337,050	327,719	9,331	97%
Timor Leste - Dili	321,000	224,700	208,809	15,891	93%
Togo - Lome	1,311,637	1,226,037	623,389	602,648	51%
Uganda - Kampala	310,300	263,466	263,816	(350)	100%
Zambia - Lusaka	321,000	80,250	205,899	(125,649)	257%
Total programme activities	13,091,662	10,099,817	7,845,779	2,254,038	
Indirect costs (7%)	916,416	706,987	549,205	157,783	78%
Grand total	14,008,078	10,806,804	8,394,983	2,411,821	

Annex 3: List of countries supported in 2023



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by UNFPA.

Asia & the Pacific

Bangladesh
Lao People's Democratic Republic
Nepal
Timor-Leste

Arab States

Somalia
Sudan
Yemen

East & Southern Africa

Burundi
Democratic Republic of the Congo
Ethiopia
Kenya
Madagascar
Malawi
Mozambique
Rwanda
Uganda
Zambia

Latin America & the Caribbean




Haiti

West and Central Africa

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





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