A POLICY GUIDE

for Implementing Essential Interventions for Reproductive, Maternal, Newborn and Child Health (RMNCH)

A MULTISECTORAL POLICY COMPENDIUM FOR RMNCH

World Health Organization

The Partnership for Maternal, Newborn & Child Health

A Policy Guide for Implementing Essential Interventions for Reproductive, Maternal, Newborn and Child Health (RMNCH): A Multisectoral Policy Compendium for RMNCH emerged from a series of multi-stakeholder consultations by networks of partners working on policies which affect reproductive, maternal, newborn, child and adolescent health. The document is designed for an audience of policy-makers, programme managers and advocates who seek to classify and assess information on specific policies to promote the implementation of essential reproductive, maternal, newborn and child health interventions to address the main causes of maternal, newborn and child ill-health and deaths.

For a full list of partner organizations and contributors please see the back and inside covers.

WHO Library Cataloguing-in-Publication Data

A policy guide for implementing essential interventions for reproductive, maternal, newborn and child health (RMNCH): a multisectoral policy compendium for RMNCH.

1.Women's Health. 2.Child Welfare. 3.Maternal Health Services. 4.Reproductive Health Services. 5.Health policy. 6.Delivery of Health Care. I.World Health Organization.

ISBN 978 92 4 150685 4 (NLM classification: WA 310)

© World Health Organization 2014

All rights reserved. Publications of the World Health Organization are available on the WHO website (www.who.int) or can be purchased from WHO Press, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland (tel.: +41 22 791 3264; fax: +41 22 791 4857; e-mail: bookorders@who.int).

Requests for permission to reproduce or translate WHO publications –whether for sale or for non-commercial distribution– should be addressed to WHO Press through the WHO website (www.who.int/about/licensing/copyright_form/en/index.html).

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

Printed in Spain.

Recommended citation: Partnership for Maternal, Newborn & Child Health and WHO. A Policy Guide for Implementing Essential Interventions for Reproductive, Maternal, Newborn and Child Health (RMNCH): A Multisectoral Policy Compendium for RMNCH. World Health Organisation. Geneva, 2014.

A POLICY GUIDE

for Implementing Essential Interventions
for Reproductive, Maternal, Newborn
and Child Health (RMNCH)

A MULTISECTORAL POLICY COMPENDIUM FOR RMNCH

World Health Organization

The Partnership for Maternal, Newborn & Child Health

INDEX

Pg. 2 Overview

Pg. 4 Approach and Methods

Pg. 4 Background: Policies for Reproductive, Maternal, Newborn and Child Health (RMNCH)

Pg. 5 What is the purpose of this compendium?

Pg. 6 Who is it for?

Pg. 7 How were policies selected?

Pg. 8 How is it organized?

Pg. 9 How can it inform policy dialogue, planning and implementation?

Pg. 9 How can it be used?

Pg. 10 Health Sector Policies

Health sector policies to support RMNCH programming and the delivery of RMNCH essential interventions

Pg. 28 Multisectoral Policies

Multisectoral policies that influence RMNCH service delivery and outcomes

Pg. 40 Annexes and References

Pg. 40 Annex 1: One-Page Summary of Essential Interventions

Pg. 42 Annex 2: Opportunities for Using the RMNCH Policy Compendium as a Technical Reference

Pg. 43 Annex 3: Tools and Methods for Reviewing, Developing and Implementing Policies for RMNCH

Pg. 48 Endnotes

Pg. 49 Acronyms used in this document

Pg. 50 Acknowledgements

Overview

A POLICY GUIDE FOR IMPLEMENTING ESSENTIAL INTERVENTIONS

This overview presents an 'at a glance reference' of key policies areas included in the guide.

Electronic users: click on the icon to go to the corresponding content and resources.

HEALTH SECTOR POLICIES FOR SUPPORTING DELIVERY OF RMNCH INTERVENTIONS	
POLICY TOPIC AREAS	**POLICY ON:**
1. Constitutional and legal entitlements that facilitate universal access to health care in support of RMNCH programming	- Right to the highest attainable standard of health - Universal access to health care and services
2. Strategies, plans and mechanisms to guide RMNCH programme implementation	- Integration of RMNCH into National Health Strategy and Plan - National RMNCH strategy(ies) and implementation plan(s) - RMNCH institutional arrangements
3. Human rights-based approach to maternal, newborn and child health, including related sexual and reproductive health issues	- RMNCH programming includes a human rights based approach - Access to sexual and reproductive health services - Legal basis for safe abortion
4. Mobilization and allocation of financial resources	- Sustainable financing of RMNCH - RMNCH resource allocation and expenditure - Elimination of financial barriers - RMNCH resource reporting and tracking
5. Human resources	- Deployment and retention - Accreditation and certification - Authorization of service provision and task shifting - RMNCH training curricula
6. Essential health infrastructure	- Essential health infrastructure and health facilities
7. Essential medicines and commodities	- Essential medicine, supply and equipment list - Medicine and commodity security
8. RMNCH service accessibility and quality	- Adapting RMNCH essential interventions for local use - Standards on quality of RMNCH care - Standards for RMNCH referral care - Supportive supervision for all RMNCH health workers in the delivery of quality RMNCH care - Community participation - Community mobilization and health education
9. Collection and use of data for planning and evaluating progress	- Birth registration - Death notification - Death reviews - Well-functioning health information systems, including logistics, and surveillance system for RMNCH - Defining key RMNCH indicators - National and subnational RMNCH targets - Data review process

FOR REPRODUCTIVE, MATERNAL, NEWBORN AND CHILD HEALTH (RMNCH)

Detailed policy content and links to related resources are presented in the section that follows.

In the content page, click on the icon again to come back to the overview.

MULTISECTORAL POLICIES WHICH INFLUENCE SERVICE DELIVERY AND RMNCH OUTCOMES	
POLICY TOPIC AREAS	**POLICY ON:**
1. Inclusive economic development	- Eradicating income poverty and hunger - Reducing inequalities - Ensuring decent working conditions and opportunities and productive employment
2. Inclusive social development	- Adequate nutrition - Quality education - Social protection - Gender equality
3. Environmental sustainability	- Protecting biodiversity - Stable climate - Safe and affordable drinking water - Adequate sanitation
4. Peace and security	- Freedom from violence and abuse - Resilience to natural hazards - Conflict-free access to natural resources
5. Infrastructure for development	- Information and Communication Technologies and eHealth - Essential infrastructure
6. Obligations and duties	- The respect, protection and fulfilment of human rights - International standards of behaviour and practice - Efforts to improve development assistance and impact on development
7. Good governance	- Voice and accountability - Political stability and absence of violence - Government effectiveness - Regulatory quality - Rule of law - Control of corruption

Approach and Methods

BACKGROUND: POLICIES FOR REPRODUCTIVE, MATERNAL, NEWBORN AND CHILD HEALTH (RMNCH)

Policies are essential for ensuring that all women and children have the opportunity to achieve the highest standard of health, by supporting the development of and sustaining effective health systems and by creating environments that promote health more broadly.

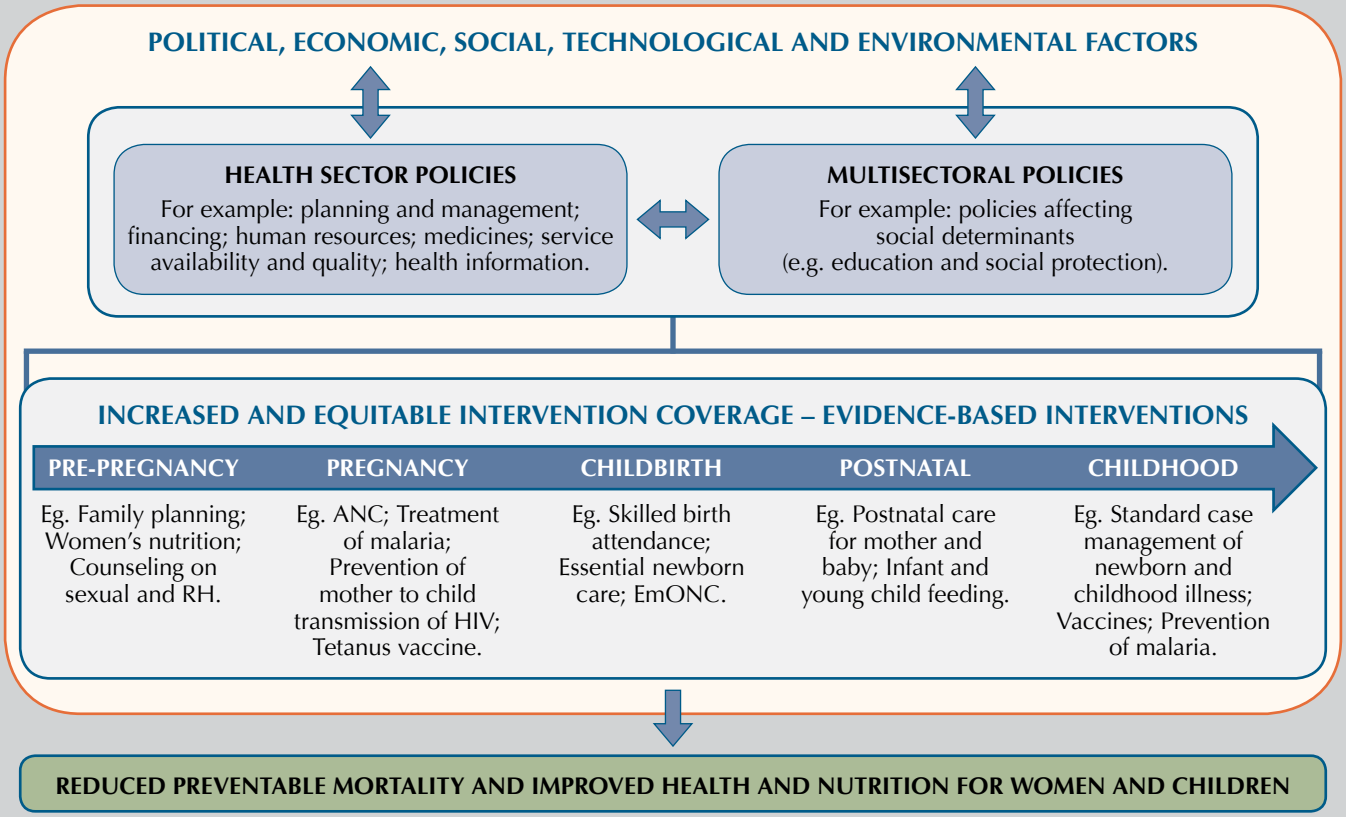
The majority of mortality and morbidity in women and children can be prevented with effective and affordable interventions that prevent or treat the most common causes of illness.[1] There is widespread consensus that improving the coverage and quality of these interventions should be the focus of policies and associated programmes (Box 1). Social determinants, including education, income, clean energy, availability of housing and access to improved water sources and sanitation facilities, also influence women's and children's health and their ability to receive essential interventions. However, in many settings, interventions are still not reaching women and children, and key social determinants of health remain unaddressed. In 2010, an estimated 287 000 women died during pregnancy and childbirth[2] and in 2012, 6.6 million children under the age of five died.[3] Many countries are not yet on track to achieve MDGs 4, 5 and 6, - to reduce child mortality, improve maternal health and combat HIV/AIDS, malaria and other diseases, respectively.[4]

Box 1: ESSENTIAL EVIDENCE-BASED INTERVENTIONS FOR RMNCH[1]

- Demonstrated to be effective in improving maternal, newborn and child health and survival by addressing the main causes of mortality;
- Delivered along the continuum of care for women and children – from the reproductive years, through pregnancy, birth, the newborn period, infancy and childhood;
- Suitable for implementation in low- and middle-income countries;
- Delivered at all levels of the health system: community/home, first level and outreach, and referral-level services;
- Selected based on systematic data reviews and meta-analyses; WHO recommendations and guidelines; and input from experts in the field.

The need for accelerated action is emphasized in the United Nations Secretary-General's Global Strategy for Women's and Children's Health[5] and by the Every Women Every Child initiative,[6] which build on the Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA) and other initiatives, and aim to mobilize resources and intensify global efforts for RMNCH. It is essential to strengthen RMNCH programmes to ensure that the most vulnerable women and children have improved access to high-quality services. Health-specific policies and multisectoral policies are central to this effort because they establish: an environment conducive to health promotion; the legal and technical basis for which RMNCH interventions are delivered; how they are delivered; and who is eligible to receive them (Figure 1).

FIGURE 1: SUMMARY IMPACT MODEL: SUPPORTIVE POLICIES FOR RMNCH



Source: Countdown to 2015. Building a better future for women's and children's health. The 2012 Report. WHO and UNICEF, Geneva, 2012.

WHAT IS THE PURPOSE OF THIS COMPENDIUM?

This compendium is a companion document to the Essential Interventions, Commodities and Guidelines for Reproductive, Maternal, Newborn and Child Health.[1] It presents key health-systems-related policies that support the delivery of proven interventions to women and children. It also includes policies on the economic, social, technological and environmental factors that influence health outcomes and service delivery. By synthesizing policy areas, the compendium aims to provide the basis for an integrated approach to advocacy, policy dialogue and planning for RMNCH – both within the health sector and across sectors that influence RMNCH. Policy recommendations change over time, as new evidence on effective interventions and delivery channels are added. For this reason, the compendium is a living document and will be regularly updated. The more detailed process of policy review, development and implementation is beyond the scope of this document. Links are provided to tools and resources for this purpose.

WHO IS IT FOR?

The compendium is designed for policy-makers and managers who are responsible for developing, implementing and evaluating RMNCH strategies, plans and programmes, as well as those from sectors that influence health-service delivery and RMNCH outcomes. In addition, a number of actors outside the government may play an important role in delivering RMNCH services, including civil society organizations, professional associations and the private sector.

Within Ministries of Health, RMNCH programmes may be housed in a single department (such as reproductive and family health) or across several departments such as reproductive and maternal health, newborn and child health, immunization, nutrition, malaria, and HIV/AIDS. RMNCH programmes work in close collaboration with health systems departments such as human resources, essential medicines and commodities, health promotion/communication, monitoring and evaluation. Policy-makers and programme managers in all of these areas may have responsibility for aspects of RMNCH policy – and need to be involved with reviewing and developing policy content.

Sectors that influence RMNCH include financing, agriculture, education, transportation, energy, social and community development and national human rights institutions. Advocates, policy-makers and managers working in these sectors may also use the compendium to inform policy dialogue and planning.

HOW WERE POLICIES SELECTED?

Policies are defined as decisions, plans or actions that are necessary to improve RMNCH health outcomes and reduce mortality.[7] Using this definition, policies may be written plans, strategies, laws, regulations, codes of practice or guidelines that are needed to deliver all or parts of the minimum package of interventions; or to improve social determinants of RMNCH. Policies are usually established by national policy-makers and managers for widespread use in a country. Often in decentralized systems, national policies can be further endorsed/adopted at subnational levels. Also, in these decentralized systems, subnational policymakers can develop specific policies in response to local needs.

The compendium brings together evidence and consensus-based policy recommendations and guidance that can be used to support four types of policies that are required to support the implementation of essential RMNCH interventions. These types of policies include:

- Health systems policies that are approved by ministries of health, such as strategies, plans and guidelines for human resource training and deployment, and procurement and distribution of medicines and supplies;
- RMNCH policies that are specific to the technical components of RMNCH along the continuum of care, such as clinical guidelines, roles and responsibilities for health workers and in-service training plans;
- International agreements/conventions that governments approve and that apply across sectors and countries, including laws, regulations and codes;
- Multisectoral policies that influence RMNCH service delivery and outcomes, such as water and sanitation, food security, education and infrastructure.

Health-sector-related policy recommendations and guidance were identified from policy, strategy, and programme documents from the United Nations, Countdown to 2015, WHO and associated initiatives including the International Health Partnership (IHP+), Commission on Information and Accountability for Women's and Children's Health, in the areas of reproductive, maternal, newborn, child and adolescent health and health systems. These policies were reviewed using three principal criteria: technical relevance to RMNCH, availability of evidence and consensus on its importance. In order to be included in the compendium, the policy needed to meet these three criteria as defined in Box 2.

Box 2: Criteria for selecting key health-sector-related policies

CRITERIA	DEFINITION
Technical relevance to RMNCH	Required to deliver essential evidence-based RMNCH interventions along the continuum of care (as defined in the Global Review of the key interventions related to RMNCH).[1]
Evidence available	Available evidence supports the importance of the policy area for global RMNCH programme implementation (WHO technical and clinical guidelines tools or reports and/or reviews from peer-reviewed journals).
Consensus	Included in UN/International/treaties, codes, conventions, declarations; World Health Assembly resolutions; and/or in global monitoring and evaluation frameworks such as WHO, UN and related partners' statistics and databases.

The multisectoral policy recommendations included in the compendium were identified from key United Nations reports related to sustainable development and the MDGs, including the UN System Task Team's proposed framework of the core dimensions of sustainable development in the post-2015 development agenda.[8] The policies are those that the health sector engages with across government and with other development sectors of major impact for women's and children's health, to improve RMNCH and influence its determinants.

HOW IS IT ORGANIZED?

In this compendium, policies are organized into two broad categories:

- Health sector policies for supporting delivery of RMNCH interventions along the continuum of care divided into nine topic areas based on an adapted version of the health systems building blocks framework[9] and;
- Multisectoral policies that influence service delivery and RMNCH outcomes divided into seven topic areas based on the proposed framework of the core dimensions of sustainable development in the post-2015 development agenda.

The Policy Compendium contains key policy content and supporting documents and guidelines for relevant policies within each topic area (See Box 3).

Box 3: Organization of Policy Compendium Expanded Tables

HEALTH SECTOR POLICIES FOR SUPPORTING DELIVERY OF RMNCH INTERVENTIONS		
Policy Topic Areas	**Content**	**Supporting documents and guidelines**
1. Constitutional and legal entitlements that facilitate universal access to health care in support of RMNCH programming 2. Strategies, plans and mechanisms to guide RMNCH programme implementation 3. Human rights-based approach to maternal, newborn and child health, including related sexual and reproductive health issues 4. Mobilization and allocation of financial resources 5. Human resources 6. Essential health infrastructure 7. Essential medicines and commodities 8. RMNCH service accessibility and quality 9. Collection and use of data for planning and evaluating progress	Key content for policies within each topic area	Documents for each topic area that support a wide consensus on its adoption and use

MULTISECTORAL POLICIES WHICH INFLUENCE SERVICE DELIVERY AND RMNCH OUTCOMES		
Policy Topic Areas	**Content**	**Supporting documents and guidelines**
1. Inclusive economic development 2. Inclusive social development 3. Environmental sustainability 4. Peace and security 5. Infrastructure for development 6. Obligations and duties 7. Good governance	Key content for policies within each topic area	Documents for each topic area which support a wide consensus on its adoption and use

HOW CAN IT INFORM POLICY DIALOGUE, PLANNING AND IMPLEMENTATION?

The Policy Compendium is intended to support policy dialogue and integrated planning of RMNCH programmes (see Annex 2). Reviewing and developing many of the core policies requires expertise from different RMNCH technical areas, health systems and sectors outside of health and therefore requires better integration and coordination among stakeholders. Integrated planning for RMNCH has a number of benefits, including:

- Ensuring that RMNCH policies are incorporated into national health strategies and plans.
- Encouraging integration of RMNCH interventions and health programmes. Since RMNCH interventions are often closely related and delivered by the same staff and systems, they can be delivered more efficiently and effectively by integrated programmes.
- Encouraging integration of essential RMNCH interventions into other health programmes (such as HIV/AIDS, TB, malaria, noncommunicable diseases and nutrition). Linking with other programmes can improve quality and coverage of women's and children's health interventions and improve programme efficiency.

Having core policies in place is an essential step to improve the coverage and quality of RMNCH interventions. For this reason the core policy content contained in the compendium should inform strategic planning, priority setting and implementation planning for RMNCH. Key policy measures should be included in reviews of RMNCH programme performance. When gaps are identified, the core policy content can inform advocacy, consensus building between stakeholders and best approaches to develop needed policies. Further examples of how the compendium may be used for planning, priority setting and advocacy are summarized in Annex 2.

A more in-depth process is required to review the status and effectiveness of existing policies and to further develop and implement policies. Tools and methods for this purpose are presented in Annex 3, along with example benchmarks for tracking the process of policy implementation more broadly.

HOW CAN IT BE USED?

This compendium could be used in different ways. If the user is interested in all areas of the RMNCH continuum of care, this compendium could be used as a checklist, in which case the user is recommended to look at both health and the multi-sector policy categories.

Within each of the two broad policy categories, the reader can choose to examine a single policy topic area at a time (see the Overview for a list of policy topic areas and policies). For example, within the Health Sector policy category the user may choose to focus on the health workforce policy topic area for RMNCH.

If the user is interested in addressing one area of the continuum of care, for example childbirth, the recommendation is to first look at all policy topic areas and then the policies specific to childbirth e.g. emergency obstetric care.

Health Sector Policies

HEALTH SECTOR POLICIES TO SUPPORT RMNCH PROGRAMMING AND THE DELIVERY OF RMNCH ESSENTIAL INTERVENTIONS

The Health Sector Policies focuses on RMNCH programming within the health sector and key health sector policies for delivering RMNCH essential interventions. It is divided into nine topic areas, based on the RMNCH legal and policy environment and the health systems building blocks framework.[9,10]

1. IS HEALTH PROTECTED IN THE NATIONAL CONSTITUTION AND ARE THERE LEGAL ENTITLEMENTS THAT FACILITATE UNIVERSAL ACCESS TO HEALTH CARE IN SUPPORT OF RMNCH PROGRAMMING?

POLICY ON:	CONTENT	SUPPORTING DOCUMENTS / GUIDELINES
Right to the highest attainable standard of health	· Specifies that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of gender, race, religion, political belief, economic or social condition.	· UN. Universal Declaration of Human Rights. Article 25, para. 1. 1948. http://www.un.org/en/documents/udhr/ · WHO. Constitution of the World Health Organization. 1946. http://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf · EU. The Right to Health and The European Social Charter. 2009. http://www.coe.int/t/dGHl/monitoring/Socialcharter/Theme%20factsheets/FactsheetHealth_en.pdf · AU. African Charter on Human and Peoples' Rights. African Union, 1981. http://www1.umn.edu/humanrts/instree/z1afchar.htm · UN. General Comment on The Right to the Highest Attainable Standard of Health. 2000. http://www.unhchr.ch/tbs/doc.nsf/(Symbol)/40d009901358b0e2c1256915005090be?Opendocument · UN. International Covenant on Economic, Social and Cultural Rights. 1976. http://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx
Universal access to health care and services	· Specifies guaranteed legislated access to a comprehensive package of essential interventions, as well as more costly, specialized interventions associated with specific diseases and health conditions. · Specifies a comprehensive approach to ensure universal access to quality health care and services.	· WHO, Aga Khan University and PMNCH. Essential Interventions, Commodities and Guidelines for RMNCH. A Global Review of the Key Interventions Related to Reproductive, Maternal, Newborn and Child Health (RMNCH). Geneva, PMNCH, 2011. http://www.who.int/pmnch/knowledge/publications/201112_essential_interventions/en/index.html · UN. Resolution 'Global Health and Foreign Policy'. A/67/L.36. 2012. http://www.un.org/ga/search/view_doc.asp?symbol=A/67/L.36 · WHA. Working towards universal coverage of maternal, newborn and child health interventions & Sustainable health financing, universal coverage and social health insurance. WHA58.31, WHA58.33. 2005. http://apps.who.int/gb/ebwha/pdf_files/WHA58-REC1/english/A58_2005_REC1-en.pdf · WHO, PATH, UNFPA. Essential medicines for reproductive health – Guiding principles for inclusion in national medicines lists. Geneva, 2006. http://www.who.int/reproductivehealth/publications/general/a91388/en/ · WHO. World Health Report – Health Systems Financing: The Path to Universal Coverage. Geneva, 2010. http://www.who.int/whr/2010/en/index.html · WHO. Resolution WHA58.31: working towards universal coverage of maternal, newborn and child health interventions. Geneva, 2005. https://apps.who.int/gb/ebwha/pdf_files/WHA58/WHA58_31-en.pdf · The World Bank. Universal Health Coverage. 2013. http://www.worldbank.org/universalhealthcoverage · Alma-Ata Declaration. International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978. http://www.who.int/publications/almaata_declaration_en.pdf

2. ARE THERE POLICIES TO SPECIFY STRATEGIES, PLANS AND MECHANISMS TO GUIDE RMNCH PROGRAMME IMPLEMENTATION?

POLICY ON:	CONTENT	SUPPORTING DOCUMENTS / GUIDELINES
Integration of RMNCH into national health strategy and plan	• RMNCH interventions, indicators, and targets are specified in the national health strategy and plan and are reflected in the overall national development plan and budget.	• UN. Global Strategy for Women's and Children's Health. 2010. http://www.everywomaneverychild.org/images/content/files/global_strategy/full/20100914_gswch_en.pdf • Countdown to 2015. Reports and Articles. http://www.countdown2015mnch.org/reports-and-articles • European Observatory on Health Systems and Policies. Health Targets in Europe: Learning from Experience. Geneva, WHO, 2008. http://www.euro.who.int/__data/assets/pdf_file/0008/98396/E91867.pdf • CARMMA. African Health Strategy. Johannesburg, AU, 2007. http://www.carmma.org/resource/african-health-strategy • AU. Maputo Plan of Action: Universal Access to Comprehensive Sexual and Reproductive Health Services in Africa. 2006. http://www.unfpa.org/africa/newdocs/maputo_eng.pdf • Organisation of African Unity. Abuja declaration on HIV/AIDS, tuberculosis, and other infectious diseases. 2001. http://www.un.org/ga/aids/pdf/abuja_declaration.pdf
National RMNCH strategy(ies) and implementation plan(s) *The strategy and implementation plan may be developed for a two-to-five year timeframe*	• Specifies RMNCH interventions to be delivered, how they will be delivered (delivery channels), who will receive them (specify target populations and how marginalized and excluded populations will be reached) and how resources will be allocated. - Implementation plan includes costed estimates ○ A single (integrated) RMNCH plan may be available or separate plans for one or more components (reproductive, maternal, newborn and child health). - A national health workforce strategic plan is included. - Includes a behaviour change and communication plan. - Specifies involvement and approval process by key stakeholders. - Sets out strategies and guidelines for public-private partnerships. - Specifies dissemination strategy to key national and subnational stakeholders.	• WHO. World Health Assembly Resolution. EB128.R12: strengthening national policy dialogue to build more robust health policies, strategies and plans. Geneva, 2011. http://www.who.int/nationalpolicies/B128_R12-en.pdf • OHCHR. Technical guidance on the application of a human rights based approach to the implementation of policies and programmes to reduce preventable maternal morbidity and mortality. Paragraphs 14, 15, 17. HRC: 2012. http://www2.ohchr.org/english/issues/women/docs/A.HRC.21.22_en.pdf • IHP+. Joint Assessment of National Health Strategies and Plans. Version 2. 2011. http://www.internationalhealthpartnership.net/fileadmin/uploads/ihp/Documents/Key_Issues/NHP___JANS/JANS.Tool&Guidelines.2011_EN.pdf • WHO. Reproductive health strategy to accelerate progress towards the attainment of international development goals and targets. Global strategy adopted by the 57th World Health Assembly. Geneva, 2004. http://www.who.int/reproductivehealth/publications/general/RHR_04_8/en/ • ECOSOC. United Nations Public-Private Alliance for Rural Development: Resolution 2007/36. UN, 2007. http://www.un.org/en/ecosoc/docs/2007/resolution%202007-36.pdf • PMNCH, IWG. Private Enterprise for Public Health. Every Women Every Child, 2012. http://www.who.int/pmnch/knowledge/publications/20120628_private_enterprise_guide/en/index.html
RMNCH institutional arrangements	• Sets out institutional arrangements and coordinating mechanisms for: - multi-stakeholder coordination group to support and monitor the implementation of RMNCH essential interventions - technical working group to review and update implementations plans of RMNCH essential interventions. • Sets out institutional arrangements for RMNCH focal person (s) in MoH and role in planning, coordinating and managing RMNCH activities.	• IHP+. IHP+ Global Compact for Achieving the Health Millennium Development Goals. London, 2012. http://www.internationalhealthpartnership.net/en/tools/global-compact/ • UN. Global Compact. http://www.unglobalcompact.org/AboutTheGC/index.html • WHO. Country Health Policy Process Tool. http://www.chpp.org/ • WHO. Country Planning Cycle Database. http://www.nationalplanningcycles.org/

3. ARE THERE POLICIES TO ENSURE A HUMAN RIGHTS-BASED APPROACH TO MATERNAL, NEWBORN AND CHILD HEALTH, INCLUDING RELATED SEXUAL AND REPRODUCTIVE HEALTH ISSUES?

POLICY ON:	CONTENT	SUPPORTING DOCUMENTS / GUIDELINES
RMNCH programming includes a human rights based approach	· Emphasizes that RMNCH-related services and facilities have to be available, accessible, acceptable and of good quality. · Specifies that the realization of the right to health is indispensable for the enjoyment of all other rights (civil, political, economic, social and cultural) and is also dependent on the realization of many other rights. · Specifies that human rights standards and principles, such as participation, equality, nondiscrimination and accountability, should guide RMNCH programming in all health-related sectors and at all stages of the process.	· OHCHR. Technical guidance on the application of a human rights-based approach to the implementation of policies and programmes to reduce preventable maternal morbidity and mortality. Paragraphs 14, 15, 17. HRC, 2012. http://www2.ohchr.org/english/issues/women/docs/A.HRC.21.22_en.pdf · OHCHR. Human Rights, Health and Poverty Reduction Strategies. Geneva, WHO, 2008. http://www.ohchr.org/Documents/Publications/HHR_PovertyReductionsStrategies_WHO_EN.pdf · Every Woman Every Child. Recommendations on Human Rights. 2010. http://www.who.int/pmnch/activities/jointactionplan/100922_3_humanrights.pdf · UN. Convention on the Rights of the Child. Committee on the Rights of the Child: General Comment 15. The Right of the Child to the Enjoyment of the Highest Attainable Standard of Health. 2013. www2.ohchr.org/english/bodies/crc/docs/GC/CRC-C-GC-15_en.doc
Access to sexual and reproductive health services	· Specifies that all females and males of reproductive age have access to sexual and reproductive health services and rights to confidentiality regardless of age.	· UN. Convention on the Rights of the Child. Committee on the Rights of a Child. General Comment 4. Adolescent Health and development in the context of the Convention on the Rights of the Child. CRC/GC/2003/4 Para 28. 2003. http://daccess-dds-ny.un.org/doc/UNDOC/GEN/G03/427/24/PDF/G0342724.pdf?OpenElement · UNFPA. ICPD Programme of Action. 1995. http://www.unfpa.org/public/home/publications/pid/1973 · UN. Beijing Declaration and Platform for Action (Para 223). 1995. http://www.un.org/esa/gopher-data/conf/fwcw/off/a--20.en · UNFPA. ICPD and Human Rights: 20 Years of Advancing Reproductive Rights through UN Treaty Bodies and Legal Reform. Center for Reproductive Rights. 2013. http://www.unfpa.org/webdav/site/global/shared/documents/publications/2013/icpd_and_human_rights_20_years.pdf · WRC, STC, UNHCR, UNFPA. Adolescent Sexual and Reproductive Health Programs in Humanitarian Settings. UNFPA, 2012. http://www.unfpa.org/public/home/publications/pid/14407 · UN. Vienna Declaration and Programme of Action. Para 41. http://www.unhchr.ch/huridocda/huridoca.nsf/(symbol)/a.conf.157.23.en · UN. Rights to Sexual and Reproductive Health. 1998. http://www.un.org/womenwatch/daw/csw/shalev.htm
Legal basis for safe abortion	· Establishes legal framework for safe abortion and defines parameters for ensuring universal access to health workers qualified to perform safe abortion and post-abortion services. · Establishes regulatory framework to clear procedures for women to have affordable access to alternative service providers in cases where individual service providers exercise conscientious objection.	· International Commitments: UN international conference on population and development (1994) and Cairo 5+ meeting (1999). http://www.un.org/popin/icpd/conference/offeng/poa.html http://www.iisd.ca/Cairo/program/p00000.html · UNFPA. ICPD Programme of Action. http://www.unfpa.org/public/home/publications/pid/1973 · UNFPA. ICPD and Human Rights: 20 Years of Advancing Reproductive Rights through UN Treaty Bodies and Legal Reform. Center for Reproductive Rights, 2013. http://www.unfpa.org/webdav/site/global/shared/documents/publications/2013/icpd_and_human_rights_20_years.pdf · WHO. Safe Abortion: Technical and Policy Guidance for Health Systems. Geneva, 2012. http://www.who.int/reproductivehealth/publications/unsafe_abortion/9789241548434/en/

4. ARE THERE POLICIES ON THE MOBILIZATION AND ALLOCATION OF FINANCIAL RESOURCES TO SUPPORT THE IMPLEMENTATION OF RMNCH ESSENTIAL INTERVENTIONS?

POLICY ON:	CONTENT	SUPPORTING DOCUMENTS / GUIDELINES
Sustainable financing of RMNCH	· Identifies funding sources and provides guidelines on mobilizing public and private resources for RMNCH. · Within the context of universal access, specifies a focus on value for money of existing resources and accountability for resources and results.	· WHO. World Health Report: health systems financing: the path to universal coverage. Geneva, 2010. http://www.who.int/whr/2010/en/index.html · World Health Assembly. Sustainable Health Financing Structures and Universal Coverage. WHO, 2011. http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_R9-en.pdf · PMNCH. Strengthen National Financing KS21. Geneva, 2012. http://www.who.int/pmnch/knowledge/publications/summaries/en/ · PMNCH. Financing Access to RMNCH Interventions for Universal Health Coverage SB17. Geneva. http://www.who.int/pmnch/knowledge/publications/strategybriefs/en/ · PMNCH. Economic Case for Investment in RMNCH KS24. Geneva, 2013. http://www.who.int/pmnch/knowledge/publications/summaries/en/ · PMNCH. Promising Mechanisms to Strengthen Domestic Financing for Women's and Children's Health. Geneva, 2012. http://www.hha-online.org/hso/system/files/domestic_financing_mechanisms__final2_27062012.pdf

POLICY ON:	CONTENT	SUPPORTING DOCUMENTS / GUIDELINES
RMNCH resource allocation and expenditure	· Specifies per-head total expenditure on health to implement RMNCH programmes. · Specifies general government expenditure on health (expressed as a percentage of the overall budget) to implement RMNCH programmes.	· WHO. Macroeconomics and health: investing in health for economic development. Geneva, 2001. http://whqlibdoc.who.int/publications/2001/924154550x.pdf · WHO. World Health Report: health systems financing: the path to universal coverage. Geneva, 2010. http://www.who.int/whr/2010/en/index.html · Organization of African Unity. Abuja declaration on HIV/AIDS, tuberculosis, and other infectious diseases. 2001. http://www.un.org/ga/aids/pdf/abuja_declaration.pdf · Every Women Every Child. Financial Estimates in the Global Strategies. 2010. http://www.who.int/pmnch/activities/jointactionplan/100922_1_financial_estimates.pdf · WHO. The Abuja Declaration: Ten Years On. 2011. http://www.who.int/healthsystems/publications/abuja_declaration/en/ · Data sources: WHO Global Health Expenditure Database (www. who.int/nha/database), World Health Statistics, Countdown 2015.
Elimination of financial barriers	· Specifies that out-of-pocket public expenditure for those accessing care is to be minimized for all essential RMNCH services, based on an assessment of current out-of-pocket expenditure. · Specifies that financing arrangements are to rely on prepayment and risk-pooling to promote equitable access to RMNCH essential interventions for women and children.	· Xu K, et al. Designing health financing systems to reduce catastrophic health expenditures. Technical Brief for Policy Makers number 2. Geneva, WHO, 2005. http://apps.who.int/iris/bitstream/10665/70005/1/WHO_EIP_HSF_PB_05.02_eng.pdf
RMNCH resource reporting and tracking	· Specifies the reporting of RMNCH resource allocation and expenditure in a separate budget line (including national health accounts with sub-account for RMNCH established to allow tracking of financial resources allocated to this area). · Sets out requirements to establish a compact or formal agreement between government and partners for reporting on partner commitments and disbursements (including on flows for RMNCH) to allow tracking of external resource commitments and allocations.	· World Bank, WHO, USAID. Guide to producing National Health Accounts – with special applications for low-income and middle-income countries. Geneva, WHO, 2003. http://www.who.int/nha/ · WHO. Guide to Producing Reproductive Health Subaccounts within the National Health Accounts. Geneva, 2010. http://www.who.int/nha/docs/guide_to_rh/en/index.html · WHO. Guide to Producing Child Health Subaccounts within the National Health Accounts. Geneva, 2012. http://www.who.int/entity/nha/chsubrcolumn.pdf · UN. Commission on Information and Accountability for Women's and Children's Health. Keeping Promises, Measuring Results. New York, 2011. http://www.everywomaneverychild.org/images/content/files/accountability_commission/final_report/Final_EN_Web.pdf · IHP+. Developing a country compact: what does it take and what are the gains. 2012. http://www.internationalhealthpartnership.net/fileadmin/uploads/ihp/Documents/Upcoming_events/Developing%20a%20compact.Dec2012.pdf · CGDev. Following the Money: Towards Better Tracking of Global Health Resources. 2007. http://www.cgdev.org/files/13711_file_Resource_Tracking.pdf · WHO, Countdown to 2015, HMN, UNICEF. Monitoring Maternal Newborn and Child Health: Understanding Key Progress Indicators. Geneva, WHO, 2011. http://www.who.int/healthmetrics/news/monitoring_maternal_newborn_child_health.pdf · WHO. Guidelines for RMNCH-GET: A RMNCH Government Expenditure (and budget) Tracking tool. Geneva, 2011. http://www.who.int/entity/choice/gettool.pdf

5. ARE THERE POLICIES TO ENSURE HUMAN RESOURCES ARE AVAILABLE WHERE NEEDED FOR RMNCH PROGRAMMING?

POLICY ON:	CONTENT	SUPPORTING DOCUMENTS / GUIDELINES
Deployment and retention	· Specifies the distribution of RMNCH workforce at all levels of the health-care system (referral, first level, community) in all geographic areas. · Sets out standards for retaining and motivating the RMNCH health workforce, including of public and private health workers	· WHO. World health report 2006: working together for health. Geneva, 2006. http://www.who.int/whr/2006/whr06_en.pdf · WHO. Optimizing Health Worker Roles for Maternal and Newborn Health. Geneva, 2012. http://www.who.int/reproductivehealth/publications/maternal_perinatal_health/978924504843/en/ · GHWA. The Kampala Declaration and Agenda for Global Action. Geneva, WHO/GHWA, 2008. http://www.who.int/workforcealliance/knowledge/resources/kampala_declaration/en/index.html · WHO. The WHO Global Code of Practice on the International Recruitment of Health Personnel. Geneva, 2010. http://www.who.int/hrh/migration/code/practice/en/ · WHO. WHA Resolution EB128.R9: Health Workforce Strengthening. Geneva, 2011. http://apps.who.int/gb/ebwha/pdf_files/EB128/B128_R9-en.pdf · GHWA. Workforce Country Coordination and Facilitation. WHO. http://www.who.int/workforcealliance/knowledge/resources/CCF_Principles_Processes_web.pdf

POLICY ON:	CONTENT	SUPPORTING DOCUMENTS / GUIDELINES
Accreditation and certification	· Specifies quality assurance systems for education and training (in technical procedures, ethics and human rights), including accreditation and certification, for both public and private health workers, and indicators of progress to ensure that training programmes meet nationally agreed standards.	· WHO, GHWA. Scaling up, Saving Lives. Task Force for Scaling Up Education and Training for Health Workers. Geneva, 2008. http://www.who.int/workforcealliance/documents/Global_Health%20FINAL%20REPORT.pdf · GHWA. Building Stronger Human Resources for Health Through Licensure, Certification and Accreditation. Geneva, 2006. http://www.who.int/workforcealliance/knowledge/toolkit/37_1.pdf · Edinburgh Declaration, 1988 WHA Resolution 42.38, 1989. · WHO. Quality and Accreditation in Health Care Services: A Global Review. Geneva, 2003. http://www.who.int/hrh/documents/en/quality_accreditation.pdf · International Confederation of Midwives. Global Standards for Midwifery Regulation, 2011. http://www.internationalmidwives.org/what-we-do/education-regulation-association/ · International Confederation of Midwives. Global Standards for Midwifery Education, 2010, amended 2013. http://www.internationalmidwives.org/what-we-do/education-regulation-association/
Authorization of service provision and task shifting	· Specifies what each cadre of the health workforce is authorized to provide. · Provides guidance on the process of modifying roles and responsibilities of RMNCH workforce to allow improved access to RMNCH essential interventions. - Specifies that in settings with insufficient numbers of trained health workers, task shifting should be implemented as an interim measure alongside other strategies designed to increase the total number of health workers in all cadres. Task shifting should not be seen as a substitute for other investments in human resources for health.	· WHO. Optimizing Health Worker Roles for Maternal and Newborn Health. Geneva, 2012. http://www.who.int/reproductivehealth/publications/maternal_perinatal_health/978924504843/en/ · UNAIDS. Task Shifting: Rational Redistribution of Tasks Among Health Workforce Teams. Geneva, WHO, 2007. https://www.unaids.org/en/media/unaids/contentassets/dataimport/pub/manual/2007/ttr_taskshifting_en.pdf
RMNCH training curricula	· Provides guidelines for RMNCH training curricula and materials for doctors, nurses, midwives, nurse midwives, other categories of facility-based health workers and community health workers who manage women's and children's health care.	· World Health Assembly. Rapid Scaling Up of Health Workforce Production. 2006. http://www.who.int/hrh/resources/WHA_59-23_EN.pdf · WHO, Aga Khan University and PMNCH. Essential Interventions, Commodities and Guidelines for RMNCH. A Global Review of the Key Interventions Related to Reproductive, Maternal, Newborn and Child Health (RMNCH). Geneva, PMNCH, 2011. http://www.who.int/pmnch/knowledge/publications/201112_essential_interventions/en/index.html · International Confederation of Midwives. Global Standards, Competencies & Tools. 2012. http://www.internationalmidwives.org/what-we-do/global-standards-competencies-and-tools.html · PAHO/WHO Resolution CD50.R7 Strategy for Health Personnel Competency Development in Primary Health Care-Based Health Systems. 2010. http://www2.paho.org/hq/dmdocuments/2010/CD50.R7-e.pdf

6. ARE THERE POLICIES TO ENSURE THE AVAILABILITY OF ESSENTIAL HEALTH INFRASTRUCTURE AND HEALTH FACILITIES FOR RMNCH PROGRAMMING?

POLICY ON:	CONTENT	SUPPORTING DOCUMENTS / GUIDELINES
Essential health infrastructure and health facilities	· Specifies number of health-care facilities at all levels (primary, tertiary, referral) needed to ensure access to essential RMNCH services. · Specifies supply chain infrastructure · Specifies space and design of health facilities. · Specifies health-care waste management. · Specifies emergency transportation and referral system. · Specifies other essential infrastructure for health and development – see Multisectoral Policies.	· OECD. Strengthening Health Information Infrastructure. 2013. http://www.oecd.org/els/health-systems/strengtheninghealthinformationinfrastructure.htm · Harvard University, International Business Leaders Forum, The Conference Board. Business as a Partner in Strengthening Public Health Systems in Developing Countries. UN, 2006. http://www.un.org/partnerships/Docs/report_13_HEALTH%20FINAL.pdf · Chartier Y, et al. Safe Management of Wastes from Health-Care Activities (second version). Geneva, WHO, 2013. http://www.healthcarewaste.org/resources/documents/ · UNHRC. Technical Guidance on the Application of Human Rights Based Approach to the Implementation of Policies and Programmes to Reduce Preventable Maternal Morbidity and Mortality. UN, 2012. http://www2.ohchr.org/english/issues/women/docs/A.HRC.21.22_en.pdf

7. ARE THERE POLICIES TO ENSURE THE AVAILABILITY OF ESSENTIAL MEDICINES AND COMMODITIES FOR RMNCH PROGRAMMING?

POLICY ON:	CONTENT	SUPPORTING DOCUMENTS / GUIDELINES
Essential medicine, supply and equipment list	· Specifies the inclusion of minimum essential medicine, supplies and equipment to implement RMNCH essential interventions by service provision level (referral, first level, community).	· WHO, Aga Khan University and PMNCH. Essential Interventions, Commodities and Guidelines for RMNCH. A Global Review of the Key Interventions Related to Reproductive, Maternal, Newborn and Child Health (RMNCH). Geneva, PMNCH, 2011. http://www.who.int/pmnch/knowledge/publications/201112_essential_interventions/en/index.html · UN. Commission on Life-Saving Commodities for Women and Children. 2012. http://www.unfpa.org/public/home/publications/pid/12042 · WHA. Implementation of the recommendations of the United Nations Commission on Life-Saving Commodities for Women and Children. Resolution WHA66.7. 2013. http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_R7-en.pdf · UNFPA. Reproductive Health Essentials – Securing the Supply. Global Strategy for Reproductive Health Commodity Security. 2002. http://www.unfpa.org/public/home/publications/pid/3204 · PATH, WHO, UNFPA. Essential Medicines for Reproductive Health. Guiding principles for their inclusion on national medicine lists. 2006. http://www.path.org/publications/detail.php?i=1283 · PATH. Safeguarding Pregnant Women With Essential Medicines – A Global Agenda to Improve Quality and Access. 2012 pp. 1-20. http://www.path.org/publications/files/ER_mhs_policy_rpt.pdf · WHO. World health report 2006: working together for health. Geneva, 2006. http://whqlibdoc.who.int/publications/2006/9241563176_eng.pdf
Adolescents and adults of reproductive age	Specifies essential medicines and commodities for adolescents and adults of reproductive age including: · *Contraceptives*: Barrier methods, oral contraceptives, emergency contraceptives and hormonal injections; long-acting reversible and surgical contraception. · *STI/HIV*: test kits, treatment antibiotics, antiretroviral medicines *Folic acid*: tablets, fortified staple foods.	· WHO, Aga Khan University and PMNCH. Essential Interventions, Commodities and Guidelines for RMNCH. A Global Review of the Key Interventions Related to Reproductive, Maternal, Newborn and Child Health (RMNCH). Geneva, PMNCH, 2011. http://www.who.int/pmnch/knowledge/publications/201112_essential_interventions/en/index.html
Pregnancy	Specifies essential medicines and commodities during pregnancy, including: · *ANC* – fetal stethoscope, scale, sphygmomanometer, hemoglobinometer, iron and folic acid, TT vaccine. · *Malaria*: antimalarial medicines (local guidelines), ITNs. · *STIs/HIV*: HIV and syphilis test kits, penicillin, cotrimoxazole, ARVs. · *Hypertensive disorders in pregnancy including pre-eclampsia and eclampsia:* calcium, low dose asprin, magnesium sulphate and antihypertensives. · *Preterm labour/rupture of membranes*: oxytocin/misoprostol, partograph, antibiotic (erythromycin), corticosteroids. · *Unintended pregnancy/safe abortion*: mifepristone/misoprostol, vacuum aspiration equipment, uterotonics (misoprostol, oxytocin), antibiotics (local guidelines), equipment for surgical procedures.	· WHO, Aga Khan University and PMNCH. Essential Interventions, Commodities and Guidelines for RMNCH. A Global Review of the Key Interventions Related to Reproductive, Maternal, Newborn and Child Health (RMNCH). Geneva, PMNCH, 2011. http://www.who.int/pmnch/knowledge/publications/201112_essential_interventions/en/index.html · FIGO Safe Motherhood and Newborn Health (SMNH) Committee. Management of the second stage of labor. *International Journal of Gynecology & Obstetrics*. 119(3): 111-116. 2012. http://www.ijgo.org/article/S0020-7292(12)00415-8/fulltext
Childbirth	Specifies essential medicines and commodities during childbirth, including: · *Caesarean section*: Antibiotics (ampicillin, cefazolin); surgical environment, sphygmomanometer. · *Postpartum haemorrhage – prevention*: uterotonics (oxytocin, misoprostol, ergometrine). · *Postpartum haemorrhage –management*: oxytocin, ergometrine, misoprostol; IV fluids; blood transfusion; surgical facilities, HIV testing kit and ARV drugs.	· WHO, Aga Khan University and PMNCH. Essential Interventions, Commodities and Guidelines for RMNCH. A Global Review of the Key Interventions Related to Reproductive, Maternal, Newborn and Child Health (RMNCH). Geneva, PMNCH, 2011. http://www.who.int/pmnch/knowledge/publications/201112_essential_interventions/en/index.html · FIGO Safe Motherhood and Newborn Health (SMNH) Committee. Management of the second stage of labor. *International Journal of Gynecology & Obstetrics*. 119(3): 111-116. 2012. http://www.ijgo.org/article/S0020-7292(12)00415-8/fulltext

POLICY ON:	CONTENT	SUPPORTING DOCUMENTS / GUIDELINES
Postnatal – mother	Specifies essential medicines and commodities for postnatal-mother, including: · *Family planning supplies* (see above). · *Anaemia prevention and treatment*: ferrous salt, folic acid, hydroxyl-cobalamine, laboratory tests, blood products. · *Detection and management of postpartum sepsis*: gentamicin, metronidazole. · *HIV:* HIV test kits; ARV medicines.	· WHO, Aga Khan University and PMNCH. Essential Interventions, Commodities and Guidelines for RMNCH. A Global Review of the Key Interventions Related to Reproductive, Maternal, Newborn and Child Health (RMNCH). Geneva, PMNCH, 2011. http://www.who.int/pmnch/knowledge/publications/201112_essential_interventions/en/index.html
Postnatal – newborn	Specifies essential medicines and commodities for postnatal-newborn, including: · *Clean delivery*: cord clamp, scissors, clean birth kit. · *Resuscitation*: Bag and mask, suction device. · *Vaccines* (see infancy and childhood). · *Sepsis:* thermometer, ampicillin and gentamicin or penicillin; HIV test kits and ARVs. · *Low birth weight/preterm:* weighing scale; supplies for: KMC, extra support for small babies, management of respiratory distress syndrome, additional feeding needs and jaundice.	· WHO, Aga Khan University and PMNCH. Essential Interventions, Commodities and Guidelines for RMNCH. A Global Review of the Key Interventions Related to Reproductive, Maternal, Newborn and Child Health (RMNCH). Geneva, PMNCH, 2011. http://www.who.int/pmnch/knowledge/publications/201112_essential_interventions/en/index.html
Infancy and childhood	Specifies essential medicines and commodities during infancy and childhood, including: · *Malaria*: ITNs, rapid diagnostic tests, antimalarial drugs (local guidelines). · HIV: test kits, ARVs. · *Vaccines*: All routine vaccines plus H. influenza, meningococcal, pneumococcal and rotavirus vaccine, syringes, safety boxes, cold chain equipment. · *Management of severe acute malnutrition*: ready to use therapeutic foods, micronutrient supplements, vitamin A capsules, antibiotics, therapeutic food formulations. · *Case-management of pneumonia*: respiratory rate timers, vitamin A capsules, appropriate antibiotics, oxygen for severe pneumonia, pulse oximeters. · *Case-management of diarrhoea*: zinc tablets, ORS, antibiotics for dysentery (according to guidelines). · *Case-management of meningitis*: appropriate antibiotics, supportive treatment.	· WHO, Aga Khan University and PMNCH. Essential Interventions, Commodities and Guidelines for RMNCH. A Global Review of the Key Interventions Related to Reproductive, Maternal, Newborn and Child Health (RMNCH). Geneva, PMNCH, 2011. http://www.who.int/pmnch/knowledge/publications/201112_essential_interventions/en/index.html
Medicine and commodity security	· Sets out standards for procurement and distribution including use of generic medicines. · Sets out mechanisms for and timing of procurement, distribution and re-ordering. · Specifies protocols for inventory control planning and storage of commodities at health-facility level. · Sets out financing mechanisms to ensure essential medicines and supply chain.	· UNFPA. Reproductive Health Essentials – Securing the Supply. Global Strategy for Reproductive Health Commodity Security. 2002. http://www.unfpa.org/public/home/publications/pid/3204 · UN. Commission on Life-Saving Commodities for Women and Children. 2012. http://www.unfpa.org/public/home/publications/pid/12042 · UNFPA. Global Programme to Enhance Reproductive Health Commodity Security Annual Report 2011. http://www.unfpa.org/public/home/publications/pid/10416 · WHO. Model List of Essential Medicines. 2010. http://www.who.int/medicines/publications/essentialmedicines/Updated_sixteenth_adult_list_en.pdf · Reproductive Health Supplies Coalition. Designing a Global Financing and Procurement Mechanism for Reproductive Health Supplies. 2008. http://www.rhsupplies.org/fileadmin/user_upload/Final_Report_-_June_2008.pdf · USAID. Assessing Policies and Practices that Affect Contraceptive Financing and Procurement. 2010. http://deliver.jsi.com/dlvr_content/resources/allpubs/guidelines/AssePoliPrac_HPI_UDP.pdf

8. ARE THERE POLICIES TO ENSURE THAT RMNCH INTERVENTIONS ARE ACCESSIBLE AND DELIVERED TO A HIGH LEVEL OF QUALITY ACROSS THE CONTINUUM OF CARE?

POLICY ON:	CONTENT	SUPPORTING DOCUMENTS / GUIDELINES
Adapting RMNCH essential interventions for local use	· RMNCH essential interventions adapted for local context based on local epidemiological profile, systems and policy environment and formally adopted for national use by the government. · Clinical guidelines for each period along the continuum of care include essential interventions; and are consistent with internationally agreed standards, protocols and evidence-based guidelines. · Clinical guidelines using the RMNCH minimum package of interventions are incorporated into in-and pre-service training materials.	· Moran A, et al. Benchmarks to Measure Readiness to Integrate and Scale up Newborn Survival Interventions. *Health Policy and Planning*. 27:iii29–iii39. doi:10.1093/heapol/czs046. 2012. http://www.ncbi.nlm.nih.gov/pubmed/22692414 · WHO. Adapting WHO normative HIV guidelines for national programs. Essential principles and processes. Geneva, 2011. http://whqlibdoc.who.int/publications/2011/9789241501828_eng.pdf · Fervers B, et al. Adaptation of clinical guidelines: literature review and propositions. *Int J Qual Health Care*. 18 (3): 167-176.2006. http://intqhc.oxfordjournals.org/content/18/3/167.full
Pre-pregnancy	· Sets out how and where reproductive health counselling, education, nutrition and other services are provided. · (Essential RMNCH interventions for the pre-pregnancy period including for adolescents are available in Annex 1). Clinical guidelines include: · Contraceptive services and counselling at community, primary and referral facilities. · Prevention and management of STIs and HIV. · Folic acid fortification and/or supplementation.	· WHO, Aga Khan University and PMNCH. Essential Interventions, Commodities and Guidelines for RMNCH. A Global Review of the Key Interventions Related to Reproductive, Maternal, Newborn and Child Health (RMNCH). Geneva, PMNCH, 2011. http://www.who.int/pmnch/knowledge/publications/201112_essential_interventions/en/index.html
Pregnancy	· Sets out requirements and standards regarding timing, number and core intervention content of antenatal care visits. · (Essential RMNCH interventions for the pregnancy period are available in Annex 1). Clinical guidelines include: · Routine antenatal care (including iron and folic acid supplementation, and TT vaccine). · Prevention and management of malaria in pregnancy. · Screening and treatment of syphilis. · Prevention and management of HIV and mother-to-child transmission of HIV. · Prevention and management of hypertension in pregnancy. · Management of preterm labour. · Management of unintended pregnancy.	· WHO, Aga Khan University and PMNCH. Essential Interventions, Commodities and Guidelines for RMNCH. A Global Review of the Key Interventions Related to Reproductive, Maternal, Newborn and Child Health (RMNCH). Geneva, PMNCH, 2011. http://www.who.int/pmnch/knowledge/publications/201112_essential_interventions/en/index.html

POLICY ON:	CONTENT	SUPPORTING DOCUMENTS / GUIDELINES
Childbirth	· Sets out standards for ensuring access to skilled delivery care, essential newborn care and emergency obstetric and newborn care; and standards for ensuring that core intervention content is provided. · (Essential RMNCH interventions for childbirth are available in Annex 1). · Midwives authorized to give life-saving interventions to mothers and newborns. · Skilled delivery care and emergency obstetric and newborn care (EmONC) services provided 24 hours a day, 7 days a week at all delivery facilities. · Women and newborns authorized to stay a minimum of 24 hours at health facilities following delivery. Clinical guidelines include: · Management of normal birth. · Caesarean section. · Prevention and management of postpartum haemorrhage. · Initiation or continuation of HIV therapy for HIV positive women.	· WHO, Aga Khan University and PMNCH. Essential Interventions, Commodities and Guidelines for RMNCH. A Global Review of the Key Interventions Related to Reproductive, Maternal, Newborn and Child Health (RMNCH). Geneva, PMNCH, 2011. http://www.who.int/pmnch/knowledge/publications/201112_essential_interventions/en/index.html · UNICEF/WHO/UNFPA. Guidelines for monitoring the availability and use of obstetric services. New York, UNICEF, 1997. http://www.childinfo.org/files/maternal_mortality_finalgui.pdf · WHO. Pregnancy, childbirth, postpartum and newborn care: a guide for essential practice. Geneva, 2006. http://whqlibdoc.who.int/publications/2006/924159084X_eng.pdf · WHO. Pregnancy, childbirth, postpartum and newborn care: a guide for essential practice. Geneva, 2006. http://whqlibdoc.who.int/publications/2006/924159084X_eng.pdf
Postnatal (mother and newborn)	· Sets out criteria for timing and location (home or facility) of postnatal care and standards for ensuring that core intervention content is provided. · (Essential RMNCH interventions for Postnatal [mother and newborn] are available in Annex 1). · Maternity Protection Convention 183 is enacted. · International Code of Marketing of Breast-milk Substitutes is enacted (and all subsequent resolutions). · *Ten Steps to Successful Breastfeeding* (facilities providing maternity services and care and in the home and community) and the Baby Friendly Hospital Initiative are endorsed. Clinical guidelines for postnatal mother include: · Family planning. · Prevention, detection and management of anaemia. · Detection and management of postpartum sepsis. · Screening, initiation or continuation of therapy for HIV. Clinical guidelines for postnatal newborn include: · Essential newborn care. · Promotion and support for early exclusive breastfeeding and hygienic cord care. · Neonatal resuscitation with bag and mask. · Newborn immunizations. · Case-management of newborn sepsis, meningitis and pneumonia. · ART for babies born to HIV +ve mothers and counselling and feeding support. · Kangaroo mother care and extra feeding support for preterm babies. · Management of acute respiratory distress syndrome and jaundice.	· WHO, Aga Khan University and PMNCH. Essential Interventions, Commodities and Guidelines for RMNCH. A Global Review of the Key Interventions Related to Reproductive, Maternal, Newborn and Child Health (RMNCH). Geneva, PMNCH, 2011. http://www.who.int/pmnch/knowledge/publications/201112_essential_interventions/en/index.html · ILO. Maternity protection convention, 2000 (no 183) and maternity recommendation, 2000 (no 191). Geneva, 2000. http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO:12100:P12100_INSTRUMENT_ID:312328:NO · WHO. Resolution 34.22: The international code of marketing of breast-milk substitutes. Geneva, 1981. http://www.ifm.net/international-frameworks/who-international-code-of-marketing-of-breast-milk-substitutes/ · Subsequent WHA resolutions clarifying the code and extending certain provisions. http://www.who.int/ nutrition/topics/ wha_nutrition_iycn/en/index.html · WHO. Evidence for the Ten Steps to Successful Breastfeeding. Geneva, 1998. http://www.tensteps.org/evidence.shtml

POLICY ON:	CONTENT	SUPPORTING DOCUMENTS / GUIDELINES
Infancy and childhood	· Sets out standards for ensuring access to and core technical content of case management of common childhood illnesses, immunizations, infant and young child nutrition, care for development, and other preventive and sick child services. · (Essential RMNCH interventions for Postnatal [Infancy and childhood] are available in Annex 1). · Low osmolarity ORS and zinc adopted for management of watery diarrhoea. · Community-based management of pneumonia adopted. · Routine vaccination schedule regularly reviewed and updated. · Policy recommendations for specific vaccines regularly reviewed and updated. Clinical guidelines include: · Exclusive breastfeeding and complementary feeding. · Prevention of childhood pneumonia. · Care of children exposed to HIV. · Routine immunizations. · Vitamin A supplementation. · Management of severe acute malnutrition. · Case-management of pneumonia, diarrhoea, malaria, meningitis, measles.	· WHO, Aga Khan University and PMNCH. Essential Interventions, Commodities and Guidelines for RMNCH. A Global Review of the Key Interventions Related to Reproductive, Maternal, Newborn and Child Health (RMNCH). Geneva, PMNCH, 2011. http://www.who.int/pmnch/knowledge/publications/201112_essential_interventions/en/index.html · WHO/UNICEF. Joint statement: clinical management of acute diarrhoea. Geneva, WHO; New York, UNICEF, 2006. http://whqlibdoc.who.int/hq/2004/WHO_FCH_CAH_04.7.pdf · WHO/UNICEF. Joint statement: management of pneumonia in the community. Geneva, WHO; New York, UNICEF, 2006. http://www.unicef.org/publications/index_21431.html · WHO. Manual for the community health worker: caring for the sick child in the community. Geneva, 2011. http://whqlibdoc.who.int/publications/2011/9789241548045_Manual_eng.pdf · WHO. WHO recommendations for routine immunization - summary tables. 2013. http://www.who.int/immunization/policy/immunization_tables/en/ · WHO. Vaccine Position Papers. 2013. http://www.who.int/immunization/position_papers/en/ · WHO. Catalogue of immunization policy recommendations. 2013. http://www.who.int/immunization/policy/en/
Standards on quality of RMNCH care	· RMNCH quality of care standards are established for referral, first and community level. · Defines core standards for the delivery of quality care for each cadre of health worker based on clinical and practice guidelines. · Standards include: effectiveness, efficiency, accessibility, acceptability, equity and safety – with a focus on mother and child centred care.	· WHO. Quality of Care: A Process for Making Strategic Choices in Health Systems. Geneva, 2006. http://www.who.int/management/quality/assurance/QualityCare_B.Def.pdf · UNHRC. Technical Guidance on the Application of Human Rights Based Approach to the Implementation of Policies and Programmes to Reduce Preventable Maternal Morbidity and Mortality. UN, 2012. http://www2.ohchr.org/english/issues/women/docs/A.HRC.21.22_en.pdf · PMNCH. Ensuring Quality of Care for Women's and Children's Health SB12. PMNCH. http://www.who.int/pmnch/knowledge/publications/strategybriefs/sb12_qualityofcare/en/index.html
Standards for RMNCH referral care	· Referral criteria for mothers, babies, infants and children are established. · Standards include clinical standards for referral care; ensuring transportation and access to referral.	· New Zealand Ministry of Health. Guidelines for Consultation with Obstetric and Related Medical Services. Wellington, 2012. http://www.health.govt.nz/publication/guidelines-consultation-obstetric-and-related-medical-services-referral-guidelines
Supportive supervision for all RMNCH health workers in the delivery of quality RMNCH care	· Supportive supervision standards established for RMNCH clinical practice (referral, first level, community). · Standards include: supervisory responsibilities for different levels of staff; frequency of visits; linkages with other technical programmes; content; use of observation of practice and checklists; feedback and problem solving; methods used.	· Social Care Institute for Excellence. Research Briefing 43: Effective Supervision in Social Work and Social Care. 2012. http://www.scie.org.uk/publications/briefings/briefing43/ · Engender Health. Facilitative Supervision Handbook. 2001. http://www.engenderhealth.org/pubs/quality/facilitative-supervision-handbook.php

POLICY ON:	CONTENT	SUPPORTING DOCUMENTS / GUIDELINES
Community participation	· Sets out mechanisms for community involvement and broad stakeholder consultation on RMNCH strategies, implementation and evaluation at different levels of the health system. · Standards include financial, staffing, administration and infrastructure resources to support implementation.	· Marston C, et al. Effects of community participation on improving uptake of skilled care for maternal and newborn health: a systematic review. *Community Participation Systematic Review 2013*, 8(2): 1-9. http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0055012 · McCoy D, et al. A systematic review of the literature for evidence on health facility committees in low- and middle-income countries. *Health Policy and Planning*. 27:449-466. 2012. http://heapol.oxfordjournals.org/content/early/2011/12/08/heapol.czr077.full.pdf+html · WHO, Commission on Social Determinants of Health. Closing the gap in a generation: health equity through action on the social determinants of health. Final report of the CSDH. Geneva, 2008. http://www.who.int/social_determinants/thecommission/finalreport/en/index.html · UN Women. A transformative stand-alone goal on achieving gender equality, women's rights and women's empowerment: Imperatives and key components. New York, 2013. http://www.unwomen.org/wp-content/uploads/2013/06/post-2015-case-forstandalone-gender-goal.pdf · Universal Declaration of Human Rights (UDHR). Article 26. 1948. http://www.ohchr.org/EN/UDHR/Pages/UDHRIndex.aspx · WHO. Working with individuals, families and communities to improve maternal and newborn health. Geneva, 2010. http://whqlibdoc.who.int/hq/2010/WHO_MPS_09.04_eng.pdf · The Ottawa Charter for Health Promotion. http://www.who.int/healthpromotion/conferences/previous/ottawa/en/
Community mobilization and health education	· Sets out key messages, key channels, key activities and key audiences based on priority areas of the RMNCH strategies. · Standards include financial, staffing, administration and infrastructure resources to support implementation.	· Prost A, et al. Women's groups practising participatory learning and action to improve maternal and newborn health in low-resource settings: a systematic review and meta-analysis. Lancet. 381: 1736–46. 2013. http://www.who.int/woman_child_accountability/ierg/reports/30a_Womens_groups_metaanalysis.pdf · Lee A, et al. Linking families and facilities for care at birth: What works to avert intrapartum-related deaths? International Journal of Gynecology & Obstetrics. 107: (S65-S88). 2009. http://www.ncbi.nlm.nih.gov/pubmed/19815201 · WHO. Working with individuals, families and communities to improve maternal and newborn health. Geneva, 2010. http://whqlibdoc.who.int/hq/2010/WHO_MPS_09.04_eng.pdf · The Ottawa Charter for Health Promotion. http://www.who.int/healthpromotion/conferences/previous/ottawa/en/ · Storey D, et al. Social & Behaviour Change Interventions Landscaping Study: A Global Review. Baltimore: Department of Health, Behavior & Society, Johns Hopkins Bloomberg School of Public Health. 2011. http://www.jhuccp.org/sites/all/files/SBCInterventionsLandscapingStudy.pdf · Lassi et al. Community-based intervention packages for reducing maternal and neonatal morbidity and mortality and improving neonatal outcomes. Cochrane Database of Systematic Reviews. 11: CD007754. doi: 10.1002/14651858.CD007754.pub2. 2010. http://www.ncbi.nlm.nih.gov/pubmed/21069697 · WHO, Aga Khan University and PMNCH. Essential Interventions, Commodities and Guidelines for RMNCH. A Global Review of the Key Interventions Related to Reproductive, Maternal, Newborn and Child Health (RMNCH). Geneva, PMNCH, 2011. http://www.who.int/pmnch/knowledge/publications/201112_essential_interventions/en/index.html · WHO. WHO recommendations: optimizing health worker roles to improve access to key maternal and newborn health interventions through task shifting. Geneva, 2012. http://apps.who.int/iris/bitstream/10665/77764/1/9789241504843_eng.pdf

9. ARE THERE POLICIES TO ENABLE THE COLLECTION AND USE OF HIGH QUALITY DATA TO INFORM RMNCH PLANNING AND EVALUATION?

POLICY ON:	CONTENT	SUPPORTING DOCUMENTS / GUIDELINES
Birth registration	· Specifies that all births must be registered by law within 24 hours of delivery or as soon as possible thereafter (up to one month), including notification of stillbirths.	· Health Metrics Network and WHO. Framework and Standards for Country Health Information Systems, Second Edition. Geneva, WHO, 2008. http://www.who.int/healthmetrics/documents/hmn_framework200803.pdf · WHO, School of Population Health, University of Queensland. Improving the quality and use of birth, death and cause of death information: guidance for a standards based review of country practices. Geneva, WHO, 2010. http://www.uq.edu.au/hishub/wp1 · Every Women Every Child. Commission on Information and Accountability for Women's and Children's Health. http://www.everywomaneverychild.org/resources/accountability-commission
Death notification	· Specifies the notification of all maternal, newborn and child deaths within 24 hours of death with cause of death recorded using most updated ICD codes.	· Health Metrics Network and WHO. Framework and Standards for Country Health Information Systems, Second Edition. Geneva, WHO, 2008. http://www.who.int/healthmetrics/documents/hmn_framework200803.pdf · WHO, School of Population Health, University of Queensland. Improving the quality and use of birth, death and cause of death information: guidance for a standards based review of country practices. Geneva, WHO, 2010. http://www.uq.edu.au/hishub/wp1 · Source of data: HMN. Monitoring of Vital Events – including through the use of Information Technology (MOVE-IT). www.who.int/healthmetrics/move it
Death reviews	· Specifies that reviews require an analysis of the circumstances of each maternal, newborn and child death, identification of avoidable factors and action to improve care at all levels of the health system, from home to hospital.	· WHO, School of Population Health, University of Queensland. Improving the quality and use of birth, death and cause of death information: guidance for a standards based review of country practices. Geneva, WHO, 2010. http://www.uq.edu.au/hishub/wp1 · WHO. Beyond the numbers: reviewing maternal deaths and complications to make pregnancy safer. Geneva, 2004. http://www.who.int/maternal_child_adolescent/documents/9241591838/en/ · WHO. Maternal Death Surveillance and response – Technical Guidance. Information for action to prevent maternal death. Geneva, 2013. · PMNCH. Death Reviews: Maternal, Perinatal and Child KS27. 2013. http://www.who.int/pmnch/knowledge/publications/summaries/en/ · WHO. Beyond the numbers: reviewing maternal deaths and complications to make pregnancy safer. Geneva, 2004. http://www.who.int/maternal_child_adolescent/documents/9241591838/en/

POLICY ON:	CONTENT	SUPPORTING DOCUMENTS / GUIDELINES
Well-functioning health information systems, including logistics, and surveillance system for RMNCH	· Specifies characteristics and frequency of routine data availability at all levels and quality of care assessments for RMNCH. · Set out process to collect data where existing data is insufficient. · Sets out process to regularly review health information system data to improve health service effectiveness and efficiency, such as availability and quality of care. · Specifies that data are used to track progress and to take immediate action to address programme gaps. · Specifies privacy protection for client health information or confidentiality of personal health information.	· WHO, HMN. Assessing the national health information system; an assessment tool (version 4). Geneva, WHO, 2008. http://www.who.int/healthmetrics/tools/hisassessment/en/ · WHO, HMN, Countdown to 2015, UNICEF. Monitoring maternal, newborn and child health: understanding key progress indicators. Geneva, WHO, 2011. http://www.who.int/healthmetrics/news/monitoring_maternal_newborn_child_health.pdf · Data sources: HMN, Commission on Accountability for Women's and Children's Health, Demographic and Health Surveys (DHS). Multiple Indicator Surveys (MICS), World Health Statistics, programme reviews.
Defining key RMNCH indicators	· Specifies that national and subnational population-based household surveys include key RMNCH indicators. · Sets out key RMNCH indicators such as those recommended by the Commission on Information and Accountability: indicators recommended: 1. maternal mortality ratio (deaths per 100 000 live births); 2. under-five child mortality (deaths per 1000 live births), with the proportion of newborn deaths; 3. children under five who are stunted (percentage of children under five years of age whose height-for-age is below minus two standard deviations from the median of the WHO Child Growth Standards); 4. met need for contraception (proportion of women aged 15-49 years who are married or in union and who have met their need for family planning, i.e. who do not want any more children or want to wait at least two years before having a baby and are using contraception); 5. antenatal care coverage (percentage of women aged 15-49 with a live birth who received antenatal care by a skilled health provider at least four times during pregnancy); 6. antiretroviral prophylaxis among HIV-positive pregnant women to prevent vertical transmission of HIV, and antiretroviral therapy for women who are treatment-eligible; 7. skilled attendant at birth (percentage of live births attended by skilled health personnel); 8. postnatal care for mothers and babies s (percentage of mothers and babies who received postnatal care visit within two days of childbirth); 9. exclusive breastfeeding for six months (percentage of infants aged 0-5 months who are exclusively breastfed); 10. three doses of the combined diphtheria, pertussis and tetanus vaccine (percentage of infants aged 12-23 months who received three doses of diphtheria/pertussis/tetanus vaccine); and 11. antibiotic treatment for pneumonia (percentage of children aged 0-59 months with suspected pneumonia receiving antibiotics). · Each country might use specific indicators in addition to those above to address context-specific needs and monitoring of national RMNCH strategies.	· WHO, HMN. Assessing the national health information system; an assessment tool (version 4). Geneva, WHO, 2008. http://www.who.int/healthmetrics/tools/hisassessment/en/ · WHO, HMN, Countdown to 2015, UNICEF. Monitoring maternal, newborn and child health: understanding key progress indicators. Geneva, WHO, 2011. http://www.who.int/healthmetrics/news/monitoring_maternal_newborn_child_health.pdf · Commission on Information and Accountability for Women's and Children's Health. Keeping Promises, Measuring Results, Accountability Report. UN, 2011. http://www.everywomaneverychild.org/images/content/files/accountability_commission/final_report/Final_EN_Web.pdf · Data sources: HMN, Commission on Accountability for Women's and Children's Health, Demographic and Health Surveys (DHS). Multiple Indicator Surveys (MICS), World Health Statistics, programme reviews.

POLICY ON:	CONTENT	SUPPORTING DOCUMENTS / GUIDELINES
National and subnational RMNCH targets	• Specifies aspirational targets (based on desired changes over time and often in line with international targets such as the MDGs) and/or rational targets (based on expected improvements in access, availability, quality and demand) for key RMNCH indicators within clearly determined timeframes. • Targets can be defined as: 1. absolute (reports a simple change in the level of an indicator (e.g. an increase of vaccination coverage from 70% to 85% in five years); 2. relative to the baseline (reports a relative change that is independent of the initial value of the starting point (e.g. a reduction of the under-five mortality rate by one third); or 3. a rate of change (e.g. the target could require that the annual rate of change increases from 2% per year to 4% per year). • Targets should include equity distribution considerations. • Specifies periodic review and update of indicators, data collection methods and data quality.	• WHO, IHP+. Monitoring, evaluation and review of national health strategies. Geneva, WHO, 2011. http://www.who.int/classifications/ME_component_nationalhealthplans_prepub_july2011.pdf • WHO. Managing Programmes to Improve Child Health. Geneva, 2009. http://www.who.int/maternal_child_adolescent/documents/9789241598729/en/ • Data sources: WHO country monitoring and evaluation database. http://www.who.int/healthinfo/topics_standards_tools/en/index.html Countdown to 2015 Country Profiles.
Data review process	• Promotes the use of data to identify RMNCH priority areas for implementation through a clearly defined periodic review process at national as well as at local level. • Characteristics and frequency of reviews are specified e.g. sector reviews, health surveys, situational analysis. • How data should be used to identify priority areas for implementation and to develop strategic and implementation plans is described. • How to undertake an equity analysis is specified - explains that data should be disaggregated by key stratifiers such as wealth, geographic location, urban/rural, education, ethnicity (where data is available), age, gender, and any other stratifiers of relevance.	• WHO, IHP+. Country Accountability Framework. A tool for assessing and planning implementation of the country accountability framework for health with a focus on women's and children's health. Geneva, WHO, 2012. http://www.who.int/woman_child_accountability/about/caf_tool_uptd.pdf • WHO, IHP+. Monitoring, evaluation and review of national health strategies. Geneva, WHO, 2011. http://www.who.int/classifications/ME_component_nationalhealthplans_prepub_july2011.pdf • WHO, HMN. Assessing the national health information system; an assessment tool (version 4). Geneva, WHO, 2008. http://www.who.int/healthmetrics/tools/hisassessment/en/ • WHO, HMN, Countdown to 2015, UNICEF. Monitoring maternal, newborn and child health: understanding key progress indicators. Geneva, WHO, 2011. http://www.who.int/healthmetrics/news/monitoring_maternal_newborn_child_health.pdf • Data sources: HMN, Commission on Accountability for Women's and Children's Health, Demographic and Health Surveys (DHS). Multiple Indicator Surveys (MICS), World Health Statistics, programme reviews.

Multisectoral Policies

MULTISECTORAL POLICIES THAT INFLUENCE RMNCH SERVICE DELIVERY AND OUTCOMES

The Multisectoral Policies focuses on multisectoral policies that the health sector engages with across government and other development sectors of major impact for women's and children's health, to improve RMNCH and influence its determinants. It is divided into seven topic areas, informed by several key United Nations reports related to sustainable development and the Millennium Development Goals (MDGs). It is structured around the UN System Task Team's proposed framework of four core dimensions of sustainable development in the post-2015 development agenda: inclusive economic development; environmental sustainability; inclusive social development; and peace and security.[8]

1. ARE THERE POLICIES RELATED TO INCLUSIVE ECONOMIC DEVELOPMENT, SUCH AS REDUCING INEQUALITIES?

POLICY ON:	CONTENT	SUPPORTING DOCUMENTS / GUIDELINES
Eradicating income poverty and hunger	Sets out regulations and strategies to: · Promotes women's abilities and opportunities to earn a decent income, including equal pay for equal work, and their capacity to retain control over that income. · Reduce the inequitable distribution of resources (including food and health care) within households by gender. · Ensure access to land, natural resources, energy inputs and services for smallholder farmers to support sustainable food production and consumption. · Introduce food-related social safety nets such as early warning systems, targeted cash- or food-for-work programmes and emergency response systems.	· ILO Declaration on Social Justice for a Fair Globalization. 2008. http://www.ilo.org/global/meetings-and-events/campaigns/voices-on-social-justice/WCMS_099766/lang--en/index.htm · UN Women. A transformative stand-alone goal on achieving gender equality, women's rights and women's empowerment: Imperatives and key components. New York, 2013. http://www.unwomen.org/wp-content/uploads/2013/06/post-2015-case-for-standalone-gender-goal.pdf · UN. Resolution adopted by the General Assembly. 66/288. The future we want. 2012. http://sustainabledevelopment.un.org/futurewewant.html · WHO, Commission on Social Determinants of Health. Closing the gap in a generation: health equity through action on the social determinants of health. Final report of the CSDH. Geneva, 2008. http://www.who.int/social_determinants/thecommission/finalreport/en/index.html · Declaration of the Forum for Food Sovereignty, Nyéléni. Sélingué, Mali. 27 February 2007. ttp://www.foodsovereignty.org/Resources/Archive/Forum.aspx · Food and Agriculture Organization of the United Nations. Towards the future we want. End hunger and make the transition to sustainable agricultural and food systems. 2012. http://www.fao.org/docrep/015/an894e/an894e00.pdf · UN System Standing Committee on Nutrition. Climate Change and Nutrition Security. Message to the UNFCCC negotiations. 2010. http://www.unscn.org/files/Statements/Bdef_NutCC_2311_final.pdf
Reducing inequalities	Sets out regulations and strategies to: · Address social exclusion and the structural social, economic, cultural and physical inequalities that prevent men, women and children from enjoying basic human rights. · Address legal, social or cultural barriers to female ownership of land, property and other assets, particularly for vulnerable groups, such as widows and orphans.	· Universal Declaration of Human Rights (UDHR). Articles. 2 and 17. 1948. http://www.ohchr.org/EN/UDHR/Pages/Introduction.aspx · Convention on the Elimination of all forms of Discrimination against Women (CEDAW). Articles 14(2)(g), 15 and 16. 1984. http://www.ohchr.org/EN/ProfessionalInterest/Pages/CoreInstruments.aspx · CEDAW Committee. General Recommendation No 21. Equality in marriage and family relations. 1994. http://www.un.org/womenwatch/daw/cedaw/recommendations/index.html · UN Women. A transformative stand-alone goal on achieving gender equality, women's rights and women's empowerment: Imperatives and key components. New York, 2013. http://www.unwomen.org/wp-content/uploads/2013/06/post-2015-case-for-standalone-gender-goal.pdf
Ensuring decent working conditions and opportunities and productive employment	Sets out regulations and strategies to: · Provide full and fair employment and decent working conditions and opportunities as central goals of social and economic development approaches. · Strengthen science, technology and information capabilities to foster research and innovation, product development and technology access, transfer and adaptation.	· ILO Declaration on Social Justice for a Fair Globalization. 2008. http://www.ilo.org/global/meetings-and-events/campaigns/voices-on-social-justice/WCMS_099766/lang--en/index.htm · UN Women. A transformative stand-alone goal on achieving gender equality, women's rights and women's empowerment: Imperatives and key components. New York, 2013. http://www.unwomen.org/wp-content/uploads/2013/06/post-2015-case-for-standalone-gender-goal.pdf · ESC. Draft ministerial declaration of the 2012 high-level segment, Annual Ministerial Review, submitted by the President: Promoting productive capacity, employment and decent work to eradicate poverty in the context of inclusive, sustainable and equitable economic growth at all levels for achieving the Millennium Development Goals. 2012. http://www.un.org/en/ecosoc/newfunct/amr2012.shtml · ESC. Report of the Secretary-General on "Science, technology and innovation, and the potential of culture, for promoting sustainable development and achieving the Millennium Development Goals" for the 2013 Annual Ministerial Review. 2013. http://www.un.org/en/ecosoc/docs/adv2013/13_amr_sg_report.pdf

2. ARE THERE POLICIES RELATED TO ENABLING INCLUSIVE SOCIAL DEVELOPMENT, SUCH AS NUTRITION AND EDUCATION?

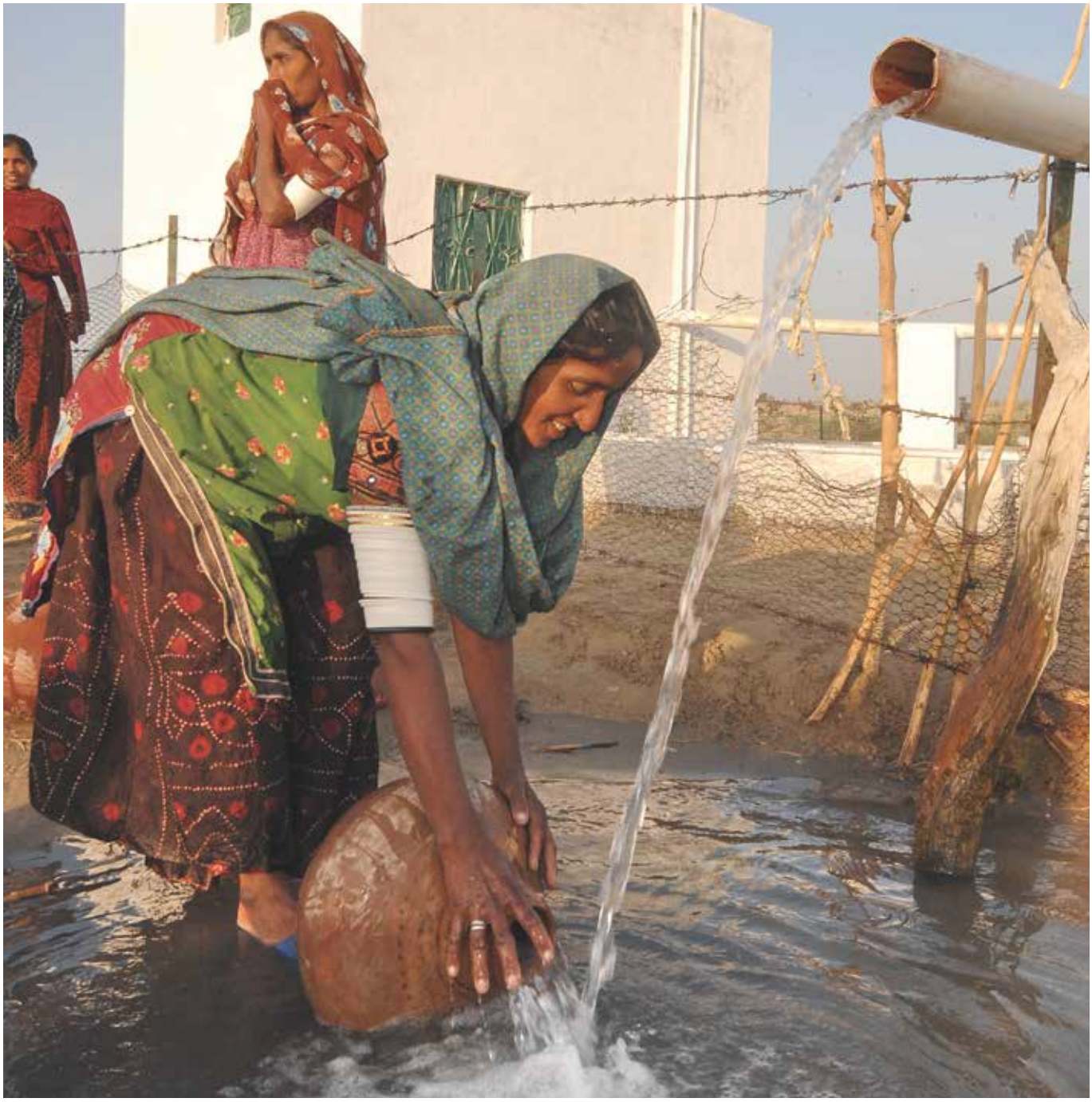
POLICY ON:	CONTENT	SUPPORTING DOCUMENTS / GUIDELINES
Adequate nutrition	Sets out regulations and strategies to: • Protect the right of all to have access to sufficient, safe, affordable, and nutritious food. • Provide a package of nutrition-specific and culturally sensitive, cost-effective, evidence-based interventions, such as the promotion of exclusive breastfeeding, access to supplements and fortification, and therapeutic feeding for severe undernutrition. • Promote nutrition literacy from school age and ensure adequate information is available in communities about how to prepare adequately nutrient-dense food, particularly for children.	• WHO. Global nutrition policy review: What does it take to scale up nutrition action? Geneva, 2013. http://www.who.int/nutrition/publications/policies/global_nut_policyreview/en/index.html • WHO. Essential Nutrition Actions: improving maternal, newborn, infant and young child health and nutrition. Geneva, 2013. http://www.who.int/nutrition/publications/infantfeeding/essential_nutrition_actions/en/index.html • Secretariat of the Scaling Up Nutrition Movement. SUN Movement: Revised Road Map. 2012. http://scalingupnutrition.org/wp-content/uploads/2012/10/SUN-Movement-Road-Map-Septemeber-2012_en.pdf • Scaling Up Nutrition. A Framework for Action. 2010. http://scalingupnutrition.org/wp-content/uploads/pdf/SUN_Framework.pdf • PMNCH. Knowledge Summary 18: Nutrition. Geneva, 2012. http://portal.pmnch.org/knowledge-summaries/ks18
Quality education	Sets out regulations and strategies to: • Protect the right of all children to education, including ensuring every child has access to and completes pre-primary and primary education and access to lower secondary education. • Improve availability and access to education services through for example: infrastructure, human resources, adequate financing, and addressing social, cultural and other barriers to attendance. • Tackle skills gaps such as gender and urban/rural gaps in the use of new technologies.	• Universal Declaration of Human Rights (UDHR). Article 26. 1948. http://www.ohchr.org/EN/UDHR/Pages/UDHRIndex.aspx • UNESCO World Declaration on Education for All. 1990. http://www.ncpcr.gov.in/Reports/UNESCO_World_Declaration_on_Education_for_All%201990.pdf • World Education Forum. The Dakar Framework for Action. Education for all. Meeting our collective commitments. France, UNESCO, 2000. http://unesdoc.unesco.org/images/0012/001211/121147e.pdf • WHO. Education: shared interests in well-being and development. Geneva, WHO, 2011. http://apps.who.int/iris/handle/10665/44737 • Convention on the Rights of the Child (CRC). 1989. http://www.ohchr.org/EN/ProfessionalInterest/Pages/CoreInstruments.aspx • UNESCO and UNICEF. A human rights based approach to education for all. New York, 2007. http://www.unicef.org/publications/index_42104.html • UN Women. A transformative stand-alone goal on achieving gender equality, women's rights and women's empowerment: Imperatives and key components. New York, 2013. http://www.unwomen.org/wp-content/uploads/2013/06/post-2015-case-for-standalone-gender-goal.pdf
Social Protection	• See Health Sector Policies for information on policies that promote the elimination of financial barriers to RMNCH-related quality health services. • Financial risk protection is an instrument of social protection applied to health and which works alongside other mechanisms of social protection – unemployment and sickness benefits, pensions, child support, housing assistance, job-creation schemes, agricultural insurance etc. – many of which have indirect consequences for health.	• WHO. The world health report: health systems financing: the path to universal coverage. Geneva, 2010. http://www.who.int/whr/2010/en/index.html • WHO. Research for Universal Coverage. Geneva, 2013. http://www.who.int/whr/2013/report/en/index.html

POLICY ON:	CONTENT	SUPPORTING DOCUMENTS / GUIDELINES
Gender equality	Sets out regulations and strategies to: · Enforce legislation and prevent and respond to violence against women and girls. · Promote equal decision-making in households. · Prevent discrimination against women in education, political, economic and public life.	· OHCHR. Technical guidance on the application of a human rights-based approach to the implementation of policies and programmes to reduce preventable maternal morbidity and mortality. Paragraphs 14, 15, 17. HRC: 2012. http://www2.ohchr.org/english/issues/women/docs/A.HRC.21.22_en.pdf · UN. Resolution adopted by the General Assembly. 66/288. The future we want. 2012. http://sustainabledevelopment.un.org/futurewewant.html · UN. Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages. 1964. http://www.ohchr.org/EN/ProfessionalInterest/Pages/MinimumAgeForMarriage.aspx · Convention on the Elimination of all forms of Discrimination against Women (CEDAW). 1979. http://www.ohchr.org/EN/ProfessionalInterest/Pages/CoreInstruments.aspx · UN General Assembly Resolution 48/104. Declaration on the Elimination of Violence against Women. 1993. http://www.un.org/documents/ga/res/48/a48r104.htm · CEDAW Committee. General Recommendation No 19. Violence against women. 1992. http://www.un.org/womenwatch/daw/cedaw/recommendations/index.html · CEDAW Committee. General Recommendation No 21. Equality in marriage and family relations. 1994. http://www.un.org/womenwatch/daw/cedaw/recommendations/index.html · CEDAW Committee. General Recommendation No 23. Article 7 Article 7 (political and public life). 1997. http://www.un.org/womenwatch/daw/cedaw/recommendations/index.html · CEDAW Committee. General Recommendation No 24. Women and health. 1999. http://www.un.org/womenwatch/daw/cedaw/recommendations/index.html · UN General Assembly Resolution (A/RES/S-21/2). Key actions for the further implementation of the Programme of Action of the ICPD. 1999. http://www.unfpa.org/webdav/site/global/shared/documents/publications/1999/key_actions_en.pdf

3. ARE THERE POLICIES RELATED TO ENABLING ENVIRONMENT SUSTAINABILITY, SUCH AS WATER AND SANITATION?

POLICY ON:	CONTENT	SUPPORTING DOCUMENTS / GUIDELINES
Protecting biodiversity	Set out regulations, strategies and plans to: · Safeguard ecosystems, species and genetic diversity. · Sustainably manage natural resources and protect the natural resource base.	· UN. Resolution adopted by the General Assembly. 66/288. The future we want. 2012. http://sustainabledevelopment.un.org/futurewewant.html · UN. A new global partnership: Eradicate poverty and transform economies through sustainable development. The report of the High-level panel of eminent persons on the post-2015 development agenda. New York, 2013. http://www.post2015hlp.org/the-report/ · UNEP. Advancing the biodiversity agenda: a UN System-wide contribution. UNDP, 2012. http://www.preventionweb.net/english/professional/publications/v.php?id=16272 · Convention on Biological Diversity. Drinking Water, biodiversity and poverty reduction. A good practice guide. 2010. http://www.unwater.org/downloads/cbd-good-practice-guide.pdf
Stable climate	Sets out regulations, strategies and plans to: · Provide energy using clean sustainable sources to all population groups. · Promote the diversification of production and ecologically sound and sustainable methods of agriculture. · Promote appropriate technical and vocational education and training for environmental sustainability. · Manage disaster risk and improve disaster response.	· UNDP. Energy Access in Developing Countries. A review focusing on the Least Developed Countries and Sub-Saharan Africa. 2012. http://www.undp.org/content/undp/en/home/librarypage/environment-energy/sustainable_energy/energy-access-in-developing-countries/ · WHO. Housing. Shared interests in health and development. Social determinants of health Sectoral Briefing. Geneva, 2011. http://whqlibdoc.who.int/publications/2011/9789241502290_eng.pdf · UNICEF. Climate change and environmental education. 2013. http://www.unicef.org/education/bege_61668.html · UN General Assembly. Elaboration of an international convention to combat desertification in countries experiencing serious drought and/or desertification, particularly in africa. A/AC.241/27. 1994. http://www.unccd.int/Lists/SiteDocumentLibrary/conventionText/conv-eng.pdf · UN System Task Team on the post-2015 UN development agenda. Realizing the future we want for all. Report to the UN Secretary-General. New York, 2012. http://www.un.org/millenniumgoals/pdf/Post_2015_UNTTreport.pdf · UNEP. Advancing the biodiversity agenda: a UN System-wide contribution. 2010. http://www.preventionweb.net/english/professional/publications/v.php?id=16272
Safe and affordable drinking water	Sets out regulations, strategies and plans to: · Protect the right to water. · Provide universal access to affordable safe drinking water in rural and urban areas, particularly at home, in schools, health centres and refugee camps. · Track mortality and morbidity trends for waterborne diseases, especially for women and children.	· Resolution A/RES/64/292. The human right to water and sanitation. UN General Assembly. 2010. http://www.un.org/en/ga/64/resolutions.shtml · UN Committee on Economic, Social and Cultural Rights. General Comment No. 15. The right to water. 2002. http://www.unhchr.ch/tbs/doc.nsf/0/a5458d1d1bbd713fc1256cc400389e94/$FILE/G0340229.pdf · WHO. Busan Pledge for Global Action on Children's Health and Environment: Global Plan of Action for Children's Health and Environment 2010-2015. Geneva, 2009. www.who.int/ceh · UN World Water Assessment Programme and UN-HABITAT. Water for sustainable urban human settlements. 2010. http://www.unwater.org/downloads/WWAP_Urban_Settlements_Web_version.pdf · Health in the post-2015 development agenda: need for a social determinants of health approach. Joint statement of the UN Platform on Social Determinants of Health. 2013. http://www.who.int/social_determinants/advocacy/health-post-2015_sdh/en/index.html · UN Economic and Social Council. UNICEF water, sanitation and hygiene strategies for 2006-2015. 2005. http://www.unicef.org/about/execboard/files/06-6_WASH_final_ODS.pdf

POLICY ON:	CONTENT	SUPPORTING DOCUMENTS / GUIDELINES
Adequate sanitation	Sets out regulations, strategies and plans to: · End open defecation and ensure universal access to improved sanitation facilities in rural and urban areas, particularly at schools, at workplaces and in health facilities. · Track mortality and morbidity trends for diseases associated with poor sanitation, especially for women and children.	· UN General Assembly Resolution A/RES/64/292. The human right to water and sanitation. 2010. http://www.un.org/en/ga/64/resolutions.shtml · WHO. Busan Pledge for Global Action on Children's Health and Environment: Global Plan of Action for Children's Health and Environment 2010-2015. WHO: Geneva, 2009. www.who.int/ceh · WHO, et al. Sanitation and hygiene promotion: programming guidance. WSSCC and WHO, 2005. http://www.who.int/water_sanitation_health/hygiene/sanitpromotionguide/en/index.html · UN Economic and Social Council. UNICEF water, sanitation and hygiene strategies for 2006-2015. 2005. http://www.unicef.org/about/execboard/files/06-6_WASH_final_ODS.pdf



4. ARE THERE POLICIES RELATED TO ENABLING PEACE AND SECURITY, SUCH AS FREEDOM FROM VIOLENCE?

POLICY ON:	CONTENT	SUPPORTING DOCUMENTS / GUIDELINES
Freedom from violence and abuse	Sets out strategies and measures to: • Prevent discrimination and all forms of violence and abuse, particularly all forms of violence against women and children in the family and general community, including in conflict and post-conflict contexts. • Ensure that justice institutions are accessible, independent, well-resourced and respect due-process rights.	• UN General Assembly Resolution 48/104. Declaration on the Elimination of Violence against Women. 1993. http://www.un.org/documents/ga/res/48/a48r104.htm • The Commission on the Status of Women. Agreed conclusions on the elimination and prevention of all forms of violence against women and girls. E/2013/27. 2013. http://www.un.org/womenwatch/daw/csw/csw57/CSW57_Agreed_Conclusions_(CSW_report_excerpt).pdf • CEDAW Committee. General Recommendation No 19. Violence against women. 1992. http://www.un.org/womenwatch/daw/cedaw/recommendations/index.html • Convention on the Rights of the Child. General Comment No. 13 (2011). The right of the child to freedom from all forms of violence. CRC/C/GC/13. http://www2.ohchr.org/english/bodies/crc/comments.htm • UN Security Council Resolution 1325 (on women, peace and security). (S/Res/1325). 2000. http://www.un.org/events/res_1325e.pdf • UN Security Council Resolution 1820 (on Sexual Violence against Civilians in Conflict). (S/Res/1820). 2008. http://www.securitycouncilreport.org/atf/cf/%7B65BFCF9B-6D27-4E9C-8CD3-CF6E4FF96FF9%7D/CAC%20S%20RES%201820.pdf • WHO and Violence Prevention Alliance. Preventing violence and reducing its impact: how development agencies and governments can help. Geneva, WHO, 2008. http://www.who.int/violenceprevention/publications/en/
Resilience to natural hazards	Sets out strategies and measures to: • Strengthen governance and institutions, and the capacity of communities to become more resilient to emerging risks, crises and natural hazards.	• UN. Resolution adopted by the General Assembly. 66/288. The future we want. 2012. http://sustainabledevelopment.un.org/futurewewant.html • UN System Task Team on the Post-2015 UN Development Agenda. Building resilience to disasters through partnerships. Lessons from the Hyogo Framework for Action. 2013. http://www.zaragoza.es/ciudad/medioambiente/onu/en/detallePer_Onu?id=595 • UK Houses of Parliament. Parliamentary Office of Science and Technology. Post note. Resilience to Natural Hazards in Developing Nations. No. 402. 2012. http://www.parliament.uk/briefing-papers/POST-PN-402.pdf. • UNISDR, World Bank and World Economic Forum. Building resilience to natural disasters: a framework for private sector engagement. WEF, 2008. http://www.unisdr.org/we/inform/publications/1392 • Australian Institute of Family Studies. Natural disasters and community resilience. A framework for support. 2012. http://www.aifs.gov.au/cfca/pubs/papers/a141862/
Conflict-free access to natural resources	Sets out strategies and measures to: • Expand the access and rights of marginalized people to natural resources. • Minimize the human impact of environmental stress.	• FIAN International and Economic and Social Rights Centre. Voluntary Guidelines for good governance in land and natural resource tenure. Food and Agriculture Organization of the United Nations. 2009. ftp://ftp.fao.org/docrep/fao/011/ak280e/ak280e00.pdf • Food and Agriculture Organization of the United Nations. The Right to Food and Access to Natural Resources: Using Human Rights Arguments and Mechanisms to Improve Resource Access for the Rural Poor. 2009. http://www.fao.org/docrep/016/k8093e/k8093e.pdf

5. ARE THERE POLICIES RELATED TO THE REQUIRED INFRASTRUCTURE, SUCH AS INFORMATION AND COMMUNICATIONS TECHNOLOGY (ICT), ROADS AND TRANSPORTATION, FOR DEVELOPMENT?

POLICY ON:	CONTENT	SUPPORTING DOCUMENTS / GUIDELINES
Information and Communication Technologies and eHealth	Sets out regulations and strategies to develop key systems to support access to and implementation of eHealth including to: · Establish a coordinating body and mechanism for eHealth. · Develop and finance a eHealth strategy and plan. · Create policy and legislative environment to support eHealth implementation. · Develop and finance a human workforce plan for improving eHealth capacity. · Develop standards for interoperability and ensure use by all stakeholders. · Ensure that adequate infrastructure to support eHealth is available. · Ensure that services and applications to support delivery of eHealth to all stakeholders are available.	· WHA Resolution 58/28 on eHealth. Geneva, WHO, 2005. · WHO-ITU National eHealth Strategy Toolkit. WHO, Geneva, 2012. http://www.itu.int/dms_pub/itu-d/opb/str/D-STR-E_HEALTH.05-2012-PDF-E.pdf
Essential Infrastructure	· Specifies essential infrastructure for development including:: - roads and transportation - electricity - improved drinking water sources - improved sanitation facilities - living and work spaces.	· WHO. Everybody's Business: strengthening health systems to improve health outcomes: WHO's framework for action. Geneva, 2007. http://www.who.int/healthsystems/strategy/everybodys_business.pdf · WHO. Primary health care, including health system strengthening. Report by the Secretariat. Geneva, 2008. http://unpan1.un.org/intradoc/groups/public/documents/un/unpan034096.pdf · PMNCH. Assure Quality Care. Knowledge Summary 7. Geneva, PMNCH, 2010. http://www.who.int/pmnch/knowledge/publications/summaries/knowledge_summaries_7_assure_quality_care/en/ · Countdown to 2015. Decade report (2000-2010). Taking stock of maternal, newborn and child survival. WHO and UNICEF, 2010. http://www.who.int/pmnch/topics/child/CountdownReportOnly.pdf · UN Millennium Project. Investing in development: a practical plan to achieve the Millennium Development Goals. New York, 2005. http://www.unmillenniumproject.org/documents/MainReportComplete-lowres.pdf

6. ARE THERE POLICIES, AND IS THEIR IMPLEMENTATION MONITORED, TO ENSURE COUNTRIES MEET OBLIGATIONS AND DUTIES UNDER INTERNATIONAL HUMAN RIGHTS LAWS, TREATIES CONVENTIONS AND INTERNATIONAL DEVELOPMENT FRAMEWORKS, PARTICULARLY WITH RESPECT TO RMNCH?

POLICY ON:	CONTENT	SUPPORTING DOCUMENTS / GUIDELINES
The respect, protection and fulfilment of human rights	International human rights frameworks ratified; regular reporting to human rights monitoring bodies: · Universal Declaration of Human Rights (UDHR). · Convention on the Rights of the Child (CRC). · Convention on the Elimination of all forms of Discrimination against Women (CEDAW.) · International Convention on the Elimination of all forms of Racial discrimination (ICERD). · International covenant on Economic, Social and Cultural Rights (ICESCR) International Covenant on Civil and Political Rights (ICCPR). · International Convention on the Protection of the Rights of all Migrant Workers and their Families (ICRMW). · Convention on the Rights of Persons with Disabilities (CRPD). · Convention against Torture and other Cruel, Inhuman and Degrading Treatments or Punishments (CAT). · International Convention for the Protection of all Persons from Enforced Disappearance (CPED).	· Universal Declaration of Human Rights. General Assembly Resolution. 217A (III), UN GAOR, 3d Sess., UN Doc. A/RES/3/217A. 1948. http://www.ohchr.org/EN/UDHR/Pages/UDHRIndex.aspx · OHCHR. The core international human rights instruments and their monitoring bodies. 2013. http://www.ohchr.org/EN/ProfessionalInterest/Pages/CoreInstruments.aspx
International standards of behaviour and practice particularly with respect to the right to the highest attainable standard of health	· Commitments made at International Conference on Population and Development adopted. · International Health Regulations Programme of Action ratified. · WHO Framework Convention on Tobacco Control ratified. · In addition to the regulatory frameworks set out in Table 1.	· WHO. Resolution 34.22: The international code of marketing of breast-milk substitutes. Geneva, 1981. http://www.ifm.net/international-frameworks/who-international-code-of-marketing-of-breast-milk-substitutes/ · Subsequent WHA resolutions clarifying the code and extending certain provisions. http://www.who.int/ nutrition/topics/ wha_nutrition_iycn/en/index.html · ILO. Maternity protection convention, 2000 (no 183) and maternity recommendation, 2000 (no 191). Geneva, 2000. http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO:12100:P12100_INSTRUMENT_ID:312328:NO · UN. Report of the ICPD. A/CONF.171/13. 1994. http://www.un.org/popin/icpd/conference/offeng/poa.html · International Health Regulations (IHR). 2005. http://www.who.int/ihr/9789241596664/en/index.html · WHO Framework Convention on Tobacco Control. 2003. http://www.who.int/fctc/en/

POLICY ON:	CONTENT	SUPPORTING DOCUMENTS / GUIDELINES
Efforts to improve development assistance and impact on development	· Paris Declaration on Aid Effectiveness ratified. · Accra Agenda for Action ratified. · Busan Pledge for Global Action on Children's Health and Environment ratified. · Monterrey Consensus of the International Conference on Financing for Development ratified. · International Health Partnership (IHP+) adopted.	· Paris Declaration on Aid Effectiveness. 2005. http://www.oecd.org/development/effectiveness/34428351.pdf · Accra Agenda for Action. 2008. http://www.oecd.org/development/effectiveness/34428351.pdf · The Busan Partnership for Effective Development Co-operation. 2011. http://www.oecd.org/dac/effectiveness/busanpartnership.htm · Monterrey Consensus of the International Conference on Financing for Development. 2002. http://www.un.org/esa/ffd/monterrey/MonterreyConsensus.pdf · International Health Partnership (IHP+) http://www.internationalhealthpartnership.net/en/

7. ARE THERE POLICIES FOR GOOD GOVERNANCE TO ENABLE DEVELOPMENT ACROSS ALL SECTORS, INCLUDING RMNCH?

POLICY ON:	CONTENT	SUPPORTING DOCUMENTS / GUIDELINES
Voice and accountability	Sets out regulations, strategies and guidance to : · Promote the participation of citizens in selecting their government and participation in public processes. · Ensure the enjoyment of freedom of speech, peaceful protest as well as freedom of expression, freedom of association, and a free media.	· World Bank. Worldwide Governance Indicators. 2012. http://info.worldbank.org/governance/wgi/resources.htm · The International Bill of Human Rights. http://www.ohchr.org/Documents/Publications/FactSheet2Rev.1en.pdf · OECD Public Management Policy Brief. Engaging Citizens in Policymaking. Information, Consultation and Public Participation. 2001. http://www.oecd.org/governance/public-innovation/2384040.pdf · Shankland A. Making Space for Citizens: Broadening the 'New Democratic Spaces' for Citizen Participation. IDS Policy Briefing No. 27. Brighton, Institute of Development Studies, 2006. http://www.drc-citizenship.org/system/assets/1052734498/original/1052734498-shankland.2006-making.pdf · Haider H. State-Society Relations and Citizenship in Situations of Conflict and Fragility. University of Birmingham, 2011. http://www.gsdrc.org/docs/open/CON88.pdf
Political stability and absence of violence	Sets out regulations and strategies to: · Prevent social unrest, armed conflict, politically motivated violence, and international tensions/threats. · Address the root causes and external stressors that lead to crime and violence.	· World Bank. Worldwide Governance Indicators. 2012. http://info.worldbank.org/governance/wgi/resources.htm · Geneva Declaration on Armed Violence and Development. 2006. http://www.genevadeclaration.org/the-geneva-declaration/what-is-the-declaration.html · Haider H / Governance and Social Development Resource Centre. Topic Guide: Conflict. University of Birmingham, 2012. http://www.gsdrc.org/go/conflict · WHO and Violence Prevention Alliance. Preventing violence and reducing its impact: how development agencies and governments can help. Geneva, WHO, 2008. http://www.who.int/violenceprevention/publications/en/
Government effectiveness	Sets out regulations, strategies and guidance to: · Ensure the quality of public services. · Ensure the quality of the civil service and independence from political interference. · Ensure the quality of policy formulation, implementation and evaluation.	· World Bank. Worldwide Governance Indicators. 2012. http://info.worldbank.org/governance/wgi/resources.htm · Transparency Accountability Initiative. Opening Government. A guide to best practice in transparency, accountability and civic engagement across the public sector. London, 2011. http://www.transparency-initiative.org/reports/opening-government
Regulatory quality	Sets out regulations, strategies and guidance to: · Ensure the formulation and implementation of standards and regulations that permit and promote private sector development as well as ensure accountability of such actors.	· World Bank. Worldwide Governance Indicators. 2012. http://info.worldbank.org/governance/wgi/resources.htm · OHCHR. Guiding principles on business and human rights. Implementing the United Nations "Protect, Respect and Remedy" Framework. UN. 2011. http://www.ohchr.org/Documents/Publications/GuidingPrinciplesBusinessHR_EN.pdf · OECD. Improving the quality of regulations. Policy Brief. 2009. http://www.oecd.org/gov/regulatory-policy/44124554.pdf · OECD. Recommendation of the Council on Regulatory Policy and Governance. 2012. http://www.oecd.org/gov/regulatory-policy/49990817.pdf · Investment Climate Advisory Services World Bank Group. Better regulation for growth. Governance frameworks and tools for effective regulatory reform. Washington, 2010. https://www.wbginvestmentclimate.org/uploads/CompPolicyRegRef.pdf

POLICY ON:	CONTENT	SUPPORTING DOCUMENTS / GUIDELINES
Rule of law	Sets out regulations and strategies to: · Ensure justice is fairly administered. · Ensure personal security and private property protection. · Ensure effective arrangements for the protection of intellectual property. · Ensure the quality of contract enforcement.	· World Bank. Worldwide Governance Indicators. 2012. http://info.worldbank.org/governance/wgi/resources.htm · UN. Resolution adopted by the General Assembly [on the report of the Sixth Committee (A/62/454)] 62/70. The rule of law at the national and international levels. 2008. http://daccess-dds-ny.un.org/doc/UNDOC/GEN/N07/467/97/PDF/N0746797.pdf?OpenElement · UN Security Council. Resolution 1325. (S/RES/1325). 2000. http://daccess-dds-ny.un.org/doc/UNDOC/GEN/N00/720/18/PDF/N0072018.pdf?OpenElement · UN Security Council Resolution (S/Res/1820). Sexual Violence against Civilians in Conflict. 2008. http://www.securitycouncilreport.org/atf/cf/%7B65BFCF9B-6D27-4E9C-8CD3-CF6E4FF96FF9%7D/CAC%20S%20RES%201820.pdf · UN Security Council. Resolution 60/1. 2005 World Summit Outcome. 2005. http://daccess-dds-ny.un.org/doc/UNDOC/GEN/N05/487/60/PDF/N0548760.pdf?OpenElement · UN. WIPO Intellectual Property Handbook: Policy, Law and Use. Geneva, 2008. http://www.wipo.int/about-ip/en/iprm/ · OECD. Policy Framework for Investment Toolkit. Contract Enforcement and Dispute resolution. 2006. http://www.oecd.org/investment/toolkit/policyareas/investmentpolicy/contractenforcementanddisputeresolution.htm
Control of corruption	Sets out regulations, strategies and guidance to: · Ensure public power is not being exercised for private gain, including both petty and grand forms of corruption. · Prevent the influence of the state by elites and private interests.	· World Bank. Worldwide Governance Indicators. 2012. http://info.worldbank.org/governance/wgi/resources.htm · UN General Assembly resolution 58/4. UN Convention Against Corruption. 2004. http://www.unodc.org/documents/treaties/UNCAC/Publications/Convention/08-50026_E.pdf · UN Convention against Transnational Organized Crime and the Protocols Thereto. New York, 2004. http://www.unodc.org/unodc/treaties/CTOC/#Fulltext

Annex 1

TWO PAGE SUMMARY OF ESSENTIAL INTERVENTIONS

Essential, evidence-based interventions to reduce reproductive, maternal,

CONTINUUM OF CARE	ADOLESCENCE & PRE-PREGNANCY	PREGNANCY (ANTENATAL)	CHILDBIRTH
All levels: **Community** **Primary** **Referral**	▪ Family planning (advice, hormonal and barrier methods) ▪ Prevent and manage sexually transmitted infections, HIV ▪ Folic acid fortification/ supplementation to prevent neural tube defects	▪ Iron and folic acid supplementation ▪ Tetanus vaccination ▪ Prevention and management of malaria with insecticide treated nets and antimalarial medicines ▪ Prevention and management of sexually transmitted infections and HIV, including with antiretroviral medicines ▪ Calcium supplementation to prevent hypertension (high blood pressure) ▪ Interventions for cessation of smoking	▪ Prophylactic uterotonics to prevent postpartum haemorrhage (excessive bleeding after birth) ▪ Manage postpartum haemorrhage using uterine massage and uterotonics ▪ Social support during childbirth
Primary and referral	▪ Family planning (hormonal, barrier and selected surgical methods)	▪ Screening for and treatment of syphilis ▪ Low dose aspirin to prevent pre-eclampsia ▪ Antihypertensive drugs (to treat high blood pressure) ▪ Magnesium sulphate for eclampsia ▪ Antibiotics for preterm prelabour rupture of membranes ▪ Corticosteroids to prevent respiratory distress syndrome in preterm babies ▪ Safe abortion ▪ Post abortion care	▪ Active management of third stage of labour (to deliver the placenta) to prevent postpartum haemorrhage *(as above plus controlled cord traction)* ▪ Management of postpartum haemorrhage *(as above plus manual removal of placenta)* ▪ Screen and manage HIV (if not already tested)
Referral*	▪ Family planning (surgical methods)	▪ Reduce malpresentation at term with External Cephalic Version ▪ Induction of labour to manage prelabour rupture of membranes at term (initiate labour)	▪ Caesarean section for maternal/foetal indication (to save the life of the mother/baby) ▪ Prophylactic antibiotic for caesarean section ▪ Induction of labour for prolonged pregnancy (initiate labour) ▪ Management of postpartum haemorrhage *(as above plus surgical procedures)*
Community strategies	▪ Home visits for women and children across the continuum of care ▪ Women's groups		

NEWBORN AND CHILD MORTALITY, AND PROMOTE REPRODUCTIVE HEALTH[1]

POSTNATAL (MOTHER)	POSTNATAL (NEWBORN)	INFANCY & CHILDHOOD
▪ Family planning advice and contraceptives ▪ Nutrition counselling	▪ Immediate thermal care (to keep the baby warm) ▪ Initiation of early breastfeeding (within the first hour) ▪ Hygienic cord and skin care	▪ Exclusive breastfeeding for 6 months ▪ Continued breastfeeding and complementary feeding from 6 months ▪ Prevention and case management of childhood malaria ▪ Vitamin A supplementation from 6 months of age ▪ Routine immunization plus *H.influenzae*, meningococcal, pneumococcal and rotavirus vaccines ▪ Management of severe acute malnutrition ▪ Case management of childhood pneumonia ▪ Case management of diarrhoea
▪ Screen for and initiate or continue antiretroviral therapy for HIV ▪ Treat maternal anaemia	▪ Neonatal resuscitation with bag and mask (by professional health workers for babies who do not breathe at birth) ▪ Kangaroo mother care for preterm (premature) and for less than 2000g babies ▪ Extra support for feeding small and preterm babies ▪ Management of newborns with jaundice ("yellow" newborns) ▪ Initiate prophylactic antiretroviral therapy for babies exposed to HIV	▪ Comprehensive care of children infected with, or exposed to, HIV
▪ Detect and manage postpartum sepsis (serious infections after birth)	▪ Presumptive antibiotic therapy for newborns at risk of bacterial infection ▪ Use of surfactant (respiratory medication) to prevent respiratory distress syndrome in preterm babies ▪ Continuous positive airway pressure (CPAP) to manage babies with respiratory distress syndrome ▪ Case management of neonatal sepsis, meningitis and pneumonia	▪ Case management of meningitis
* Family planning interventions at Referral level include those provided at the Primary level		

ANNEX 2

OPPORTUNITIES FOR USING THE RMNCH POLICY COMPENDIUM AS A TECHNICAL REFERENCE

The Policy Compendium provides core content for RMNCH policies. It can be used to identify critical gaps in the RMNCH policy agenda and inform the response to these problems. Table 3 lists different entry points in the policy dialogue, planning and implementation processes and indicates ways the compendium could be used to inform decisions and next steps via these entry points.

TABLE 3: USE OF THE RMNCH POLICY COMPENDIUM TO INFORM POLICY DIALOGUE, PLANNING AND IMPLEMENTATION

ENTRY POINTS TO POLICY DIALOGUE, PLANNING AND IMPLEMENTATION	USE OF THE POLICY COMPENDIUM
Broad health sectoral reviews e.g. Joint Assessment of National Health Strategies and Plans (JANS)	- Identifying key RMNCH policies that need to be in place. - Identifying gaps in national health policy/strategy that impact RMNCH. - Informing priority setting and resource allocation for systems that support RMNCH services.
RMNCH situation analyses and programme reviews e.g. Country Countdowns and Country Profiles, RMNCH Programme Reviews	- Identifying key policies to be considered in RMNCH situational analysis. - Identifying policy gaps in health systems or RMNCH technical policies. - Informing systems requirements for RMNCH and identifying systems gaps.
Stakeholder policy dialogue focusing on RMNCH	- Informing both policies needed and policy content required – in order to identify areas where action is needed, and the types of actions that should be taken. - Providing technical basis for allocation of responsibilities.
Stakeholder policy dialogue to negotiate integration of RMNCH policies into other technical programmes or sectors	- Informing both policies needed and policy content required – in order to identify areas where action is needed, and the types of actions that should be taken. - Providing technical basis for allocation of responsibilities.
Priority setting	- Providing content to inform allocation of priorities between systems and technical areas.
Planning	- Supporting implementation planning by identifying core policies needed to strengthen health systems to improve coverage and quality of RMNCH interventions.
Resource allocation	- Providing a basis for resource allocation based on policy commitments. - Informing cost analyses of programme impact based on policy inputs.
Monitoring policy implementation progress	- Providing content for monitoring of policy implementation (who, where, when, how) at national, regional and global levels.
Evaluation	- Providing content for evaluating progress; and for understanding changes in RMNCH impact and outcome measures.
Advocacy for RMNCH	- Providing technical basis for key RMNCH policy messages and priorities – within and outside the health sector.
Accountability within the health sector, across sectors and stakeholders	- Informing both policies needed and policy content required – in order to identify areas where action is needed, the types of actions that should be taken, and who should be responsible.

ANNEX 3

TOOLS AND METHODS FOR REVIEWING, DEVELOPING AND IMPLEMENTING POLICIES FOR RMNCH

The Policy Compendium provides a technical reference for RMNCH policies and their content. It can therefore serve as the content guide for policy reviews, planning and development. A number of tools to support these processes are available or under development. A summary of some of these tools and methods is presented alphabetically in this section.

BENCHMARKS FOR WHOLE OF GOVERNMENT POLICY PRACTICE (PMNCH) (SEE TABLE A ON PAGE 54)

DESCRIPTION: The 'benchmarks for whole of government policy practice' serves as a guide to enable best practice policy-making across government.

PROCESS: It can be used by government departments and other stakeholders to benchmark current policy-making against key evidence-based standards and identify where change is required to strengthen the policy-making process. It can also be used as part of a broader policy dialogue process to support the development of an inclusive, flexible and innovative approach to policy design and review, implementation, accountability and evaluation and learning. The benchmarks can be used as a checklist to identify strengths, weaknesses and areas where action is needed. It is designed to be part of a multi-stakeholder process – and to inform implementation planning. Whole of government benchmarks are summarized in Table 4.

OUTPUTS: Policies in key areas revised, developed or strengthened and used to inform implementation.

COUNTRY CASE-STUDY PROTOCOL: REVIEWING IMPLEMENTATION OF RMNCAH PROGRAMMES (RMNCH ALLIANCE, WHO, PMNCH)

DESCRIPTION: This protocol describes an approach to developing case-studies on the current status of RMNCAH programme implementation. It is designed to assist countries to determine programme successes and ongoing implementation challenges for scaling-up evidence-based RMNCAH interventions.

PROCESS: Existing assessments, surveys, plans and reviews are used to summarize the current status of implementation of essential RMNCAH interventions with an emphasis on policy and systems barriers that have been addressed or that need to be addressed. The process is conducted by a local programme coordinator in collaboration with a local or outside consultant. A one-day meeting with a stakeholder group is convened. Case-studies are developed for two successful policy, systems or intervention areas that have shown improvements; and two that have not responded to national strategies or programmes. Case-study findings are used to identify key actions and resource inputs required to address remaining barriers and gaps to inform implementation plans and resource allocation.

OUTPUTS: Country case-study documents (two successes and two areas where more work is needed) that describe key strategies or actions needed to improve delivery of RMNCAH interventions.

Further information is available at: http://www.who.int/pmnch/media/news/2013/partnership_asiapacific/en/

COUNTRY COUNTDOWN TOOLKIT AND COUNTRY PROFILES (COUNTDOWN TO 2015)

DESCRIPTION: This toolkit includes a guide for conducting a Country Countdown, PowerPoints for each of the 75 Countdown countries based on the Countdown country profile, and other related materials. It describes an approach for assessing which RMNCH interventions are being delivered effectively and which are not, identifying the geographic areas and population groups where coverage levels are lagging, analysing the impact of policies and health systems factors on coverage levels and trends, and assessing financial flows to RMNCH. Findings are used to identify areas for priority action, refine national strategies and plans, improve service quality and coverage across all subgroups, increase awareness of – and political commitment to – women's and children's health, and to promote accountability for progress.

PROCESS: The Countdown process engages all key stakeholders and involves compiling, analysing, and discussing the

policy and programmatic implications of available evidence on RMNCH and nutrition. Countdown country profiles present in one place the best and latest available evidence to enable an assessment of a country's progress in improving RMNCH and nutrition. The range of indicators on the profile includes demographic measures, and measures of coverage, equity, health systems and policies, and financial flows. Countdown profiles provide information across the continuum of care on where success has been achieved and where gaps remain, which can inform national reviews and other prioritization processes. Summary findings and key messages in Countdown reports and analyses can help decision-makers identify where resources should be directed to strengthen policies, programmes and scale-up efforts. The Country Countdown process is designed to be repeated regularly in countries.

OUTPUTS: Countdown findings are used to promote evidence-based decisions, leading to stronger and more equitable RMNCH policies and programmes. Country profiles are used at global and national levels for tracking progress and holding stakeholders accountable for progress over time.

Further information is available at: http://www.countdown2015mnch.org/country-countdown

GUIDE FOR MULTI-STAKEHOLDER POLICY DIALOGUE PROCESS (PMNCH AND OTHER PARTNERS)

DESCRIPTION: This guide presents tools and methods to assist conveners and facilitators in managing multi-stakeholder dialogue processes on policy issues related to the implementation of essential interventions to promote women's and children's health.

PROCESS: The guide will focus on multi-stakeholder dialogue for developing an Aligned Stakeholder Action Programme (ASAP)—a shared workplan at the national or subnational level that aligns stakeholder policy actions for implementation of essential RMNCH interventions. The process includes an analysis of priorities, development of a strategy to address problem areas, and development of an implementation plan. The guide is aimed at actors and organizations who will be designing and facilitating the multi-stakeholder dialogue process for developing an ASAP. It provides a step-by-step process for how to lay the groundwork for convening the dialogue process, design and facilitate it, and monitor it in the post-dialogue phase.

OUTPUTS: Improved capacity to develop a shared ASAP to support implementation of national health plans and accelerate progress towards improving women's and children's health.

IMPLEMENTATION READINESS TOOL FOR ACHIEVING HIGH COVERAGE OF RMNCH INTERVENTIONS (USAID/MCHIP)

DESCRIPTION: This tool provides a framework for assessing the status of implementation of essential RMNCH interventions (from the pre-introduction phase to the mature implementation phase when the intervention has become institutionalized). It identifies the key implementation tasks that must be completed to achieve sustainable improvements in coverage of essential interventions.

PROCESS: Scale-up maps and a change effort checklist are used to determine progress and gaps in the process of scaling up implementation. Local data and reports from programme staff are used to determine implementation status of selected interventions or intervention packages. Scaling up an intervention is recognized as a political as well as a technical process that must be done in the context of existing systems and policies. Policies are an essential component of scaling up interventions and are reviewed along with health systems. The tool is used by all stakeholders including ministries of health, donor agencies and implementing partners.

OUTPUTS: Implementation scale-up maps for selected interventions that identify systems and policy areas where progress is satisfactory and areas where there are gaps. Findings are used to support improved planning and implementation.

INFORMATION, COMMUNICATIONS AND TECHNOLOGY (ICT) READINESS WORKBOOK AND 'TO DO' LIST (PMNCH AND OTHER PARTNERS)

DESCRIPTION: The ICT Readiness Workbook and 'To Do' list is an aid for stakeholders who are considering scaling up the use of technology for delivering RMNCH interventions. This workbook is not intended to replace existing guidelines, but instead seeks to identify existing standards, guidance or best practice(s) and promote their use. It is based on a synthesis of research and the expert opinion of an advisory panel made up of both PMNCH Partners and other industry specialists.

PROCESS: The workbook and 'do-list' has been designed to be used as part of a stakeholder dialogue. A list of key standards and best practices is reviewed; stakeholders make decisions about what has already been done,

and the remaining gaps, for each stage of scale-up (pre-pilot, pre-scale-up and pre-operations). There are two options for use: a 'short' option for those constrained by time (e.g. two to four hours), where the critical questions are tabled for each phase of scale-up, and a longer version appropriate for a multi-day workshop.

OUTPUTS: A review of ICT needs for scaling up technology to support RMNCH, with areas that need work identified and consensus between stakeholders.

JOINT ASSESSMENT OF NATIONAL HEALTH STRATEGIES AND PLANS (JANS): COMBINED JOINT ASSESSMENT TOOL AND GUIDELINES (IHP+)

DESCRIPTION: The joint assessment is a shared approach to assessing the strengths and weaknesses of a national strategy, which is accepted by multiple stakeholders, and can be used as the basis for technical and financial support. The presumed benefits of joint assessment include enhanced quality of national strategies and greater partner confidence in those strategies, thereby securing more predictable and better-aligned funding. The inclusion of multiple partners in a joint assessment is also expected to reduce transaction costs associated with separate assessment processes.

PROCESS: The JANS can be used to assess an overall national health strategy or specific subsectoral and multisectoral strategies such as RMNCH. The method examines the strengths and weaknesses of five sets of attributes considered the foundation of any 'good' and comprehensive strategy including: situation analysis; process used for development; costs and budgetary framework, implementation and management arrangements, and monitoring, evaluation and review mechanisms. RMNCH policies are reviewed as part of the situation analysis. The way a joint assessment is carried out will be unique to each country, but based on some key principles: it should be country demand driven; be country led and build on existing processes; include an independent element, and engage civil society and other relevant stakeholders.

OUTPUT: An assessment of the strengths and weaknesses of the RMNCH strategy, with recommendations. Findings can be discussed by national stakeholders and partners and may be used to revise the strategy.

Further information is available at: http://www.internationalhealthpartnership.net/en/tools/jans-tool-and-guidelines/

PROGRAMME REVIEW FOR REPRODUCTIVE, MATERNAL, NEWBORN AND CHILD HEALTH TOOL (WHO)

DESCRIPTION: This is an approach for systematically reviewing all aspects of RMNCH programming and determining how well activities have been implemented. Main problems are identified, and recommendations for the next workplan are developed. The method is designed to build on the existing process of routine programme planning and can be applied at any level.

PROCESS: RMNCH programme activities conducted in key policy and systems areas are reviewed along the continuum of care for the mother and child. The review is undertaken by a team including health staff from all levels, different departments of the ministry of health and partners. Data from a number of sources are synthesized, including input from staff working in the field. Since staff from different technical areas are involved, as well as stakeholders, it emphasizes integrated planning and coordination of activities.

OUTPUTS: Recommendations for action to improve programme implementation and coverage of RMNCH interventions that can be implemented in national or subnational workplans.

RAPID PROGRAMME REVIEW FOR ADOLESCENT HEALTH (WHO)

DESCRIPTION: The tool provides guidelines for a rapid review of selected national public health programmes to examine how well they are addressing adolescents; and to provide guidance on what can be done to build on strengths and tackle weaknesses.

PROCESS: The tool can be used by government departments and other stakeholders. It is a sequential process that reviews and synthesizes data and programme information using a structured approach – and can be used for all or selected programme areas (such as RMNCH). Strengths, weaknesses and opportunities are identified and actions for improvements are recommended. The process can also be used to advocate for adolescent health and to secure stakeholder consensus around actions needed.

OUTPUTS: Identifies clear directions on actions by the health sector and other sectors to improve adolescent health and development outcomes.

Further information is available at: www.expandnet.net/PDFs/2.%20Rapid%20programme%20Review.doc

Table A: Benchmarks for whole of government policy practice

Identifying needs / opportunities for policy change	Defining policy problems	Designing policy solutions	Implementing policy
Regular reviews[11,12] · Policy performance and processes are periodically reviewed against annual/ long-term goals/measures, to ensure it deals with problems designed to solve and accounts for associated effects. · Existing research is reviewed and new research commissioned. **Forecasting**[12,13] · Policy specifies that a long-term view is formulated, based on statistical trends and informed predictions of sociopolitical, economic and cultural trends, to assess likely impact of policy. **Contingency and future planning**[11-13] · Policy requires that different possible futures are explored and alternative solutions considered for most important pending technological, societal, or regulatory uncertainties.	**Situational analysis**[11-17] · Policy requires a comprehensive and participatory analysis of the context (political, sociocultural, gender, human rights, epidemiological, governance, ethical and institutional). · Analysis includes review of the legal and institutional framework for enactment, modification or rescission of laws, policies, regulations and guidelines. · Analysis examines stakeholder positions, interests and networks. · Analysis is required to use disaggregated data and trends; vital registration data. **Priority and strategy selection**[11] · Policy sets out clear priorities, goals, objectives, interventions, and expected results, informed by evidence and good practice. · Policy objectives clearly defined, measurable, realistic/time bound. · Goals, objectives and interventions of the policy address identified priorities and equity issues across all population subgroups, especially vulnerable groups.	**Planning**[11,12,16, 18] · Policy requires development of different policy options. · Policy identifies key systems issues for implementation including financial, human resource, and technical constraints. · Policy requires establishment of monitoring and evaluation framework. **Scenarios & models**[11,14,17] · Policy stipulates draft plans are assessed in view of projected costs, implementation and impact (on beneficiaries and other stakeholders). · Opportunities and potential risks are identified in the policy and mitigation strategies assessed. **Budgeting**[11] · Policy's expenditure framework includes comprehensive budget/ costing of programme areas. · Policy includes a realistic budgetary framework, with funding projections. **Communication**[11] · Policy has a strategy to communicate policy with the public, and ascertain preferences.	**Implementation**[11,19-21] · Policy is agreed-upon through a process of deliberation and procedures. · Policy's operational plans collaboratively developed according to policy objectives. · Policy requires resources are deployed to achieve outcomes, including allocation to subnational level and state/non-state actors. · Policy specifies that institutional capacity and individuals' capabilities assessed; with plans developed to address gaps. · Policy's financial management and procurement arrangements meet national/international standards; clarifies how resources/funds will reach beneficiaries. · Policy specifies governance, accountability, management and coordination mechanisms. · Policy requires information on policy decisions and their rationales is publicly available. · Policy specifies that regulated mechanisms are available to challenge and dispute decisions.

ACCOUNTABILITY AND PARTICIPATION ACROSS ALL POLICY PROCESSES	POLICY NORMS, INNOVATION AND LEARNING	INTERSECTORAL POLICY CONSIDERATIONS	ALIGNING GLOBAL, REGIONAL AND NATIONAL POLICIES
Accountability[11-15] · Policy includes a comprehensive monitoring and evaluation framework across all policy areas. · Policy requires that an independent accountability mechanism is set up to review use of resources and achieved results, and discharge of legal obligations; review provides basis for policy dialogue. · Policy includes mechanism for remedial action; the follow-up of diagnosed problems and the identification of proposed remedial responses. **Participation**[11-15,22] · Policy requires high level of political commitment. · Policy specifies that institutional arrangements are established to support active and informed participation of relevant stakeholders, including disadvantaged communities. · Policy requires that all stakeholders are involved, and their perspectives taken into account, in identifying overall strategy, implementation and accountability.	**Norms**[11-15] · Policy addresses the needs of disadvantaged individuals, communities and populations. · Policy is evidenced-based, transparent and inclusive. · Policy fosters accountability in accordance with human rights standards. · Policy promotes non-discrimination – data are appropriately disaggregated. · Policy takes into account individual and public health ethics issues, including confidentiality and privacy issues. **Innovation and Learning**[12,13] · Policy supports innovation and creativity and questions established ways of acting to encourage new ideas. · Policy requires documentation and dissemination of lessons learned, action and good practice. · Policy requires a distinction be drawn between failure of policy to impact on the problem intended to resolve and managerial/operational failures of implementation.	· Policy underpinned by an intersectoral approach, that is 'joined up'; looks beyond institutional boundaries to strategic, cross-cutting objectives.[12] · Policy requires space is established for systematic dialogue and coordination between sectors early in policy processes.[23] · Policy specifies the establishment of appropriate management and organizational structures to deliver cross-cutting objectives through systematic governance processes including:[12] - Cross-cutting objectives clearly defined at outset; - Joint working arrangements clearly defined and understood; - Barriers to effective collaboration identified with a strategy to overcome them; - Implementation considered part of policy-making process.	· Policy processes are required to be consistent with national/ international legal obligations.[13] · Policy must be aligned with the Paris Principles and Accra Agenda for Action.[24] · Policy must be consistent with relevant higher- and/ or lower-level strategies, financing frameworks and plans; meets national and global commitments.[11] · Policy-making process is required to take account of influencing factors in the national, regional and international situation; draws on experience in other countries.[15]

ENDNOTES

1. The Partnership for Reproductive, Maternal, Newborn & Child Health. Essential Interventions, Commodities and Guidelines for RMNCH. A Global Review of the Key Interventions Related to Reproductive, Maternal, Newborn and Child Health (RMNCH). Geneva, PMNCH, 2011.

2. WHO, UNICEF, UNFPA, the World Bank. Trends in maternal mortality: 1990-2010. WHO, UNICEF, UNFPA and The World Bank Estimates. WHO, 2012.

3. WHO, UNICEF, the World Bank and UN. Levels and Trends in Child Mortality. New York, UNICEF, 2013.

4. Countdown to 2015. Building a better future for women's and children's health. The 2012 Report. WHO and UNICEF, Geneva, 2012.

5. United Nations Secretary-General. Global Strategy for Women's and Children's Health. New York, 2010.

6. Every Woman Every Child. 2012. Available at: http://www.everywomaneverychild.org/

7. WHO. Health Policy. 2013. Available at: http://www.who.int/topics/health_policy

8. UN System Task Team on the post-2015 UN development agenda (2012). Realizing the future we want for all. Report to the UN Secretary-General. http://www.un.org/millenniumgoals/pdf/Post_2015_UNTTreport.pdf; United Nations (1987). Report of the World Commission on Environment and Development: Our Common Future. http://conspect.nl/pdf/Our_Common_Future-Brundtland_Report_1987.pdf; UN General Assembly (2005). 2005 World Summit Outcome. A/60/L.1. http://www.who.int/hiv/universalaccess2010/worldsummit.pdf; UN Millennium Project (2005). Investing in development: a practical plan to achieve the Millennium Development Goals. New York. http://www.unmillenniumproject.org/documents/MainReportComplete-lowres.pdf

9. WHO. Key components of a well-functioning health system. Geneva, 2010. Available at: http://www.who.int/healthsystems/EN_HSSkeycomponents.pdf

10. Everybody's business: strengthening health systems to improve health outcomes: WHO's framework for action. Geneva, WHO, 2010. http://www.who.int/healthsystems/strategy/everybodys_business.pdf

11. IHP+ (International Health Partnership). Joint Assessment of National Health Strategies and Plans. Joint Assessment Tool: the attributes of a sound national strategy. 2011.

12. Bullock H, Mountford J and Stanley R. Better Policy Making. Centre for Management and Policy Studies. London, 2001.

13. Strategic Policy Making Team, Cabinet Office. Professional policy making for the twenty first century. London, 1999.

14. Human Rights Council. Seventh session. Promotion And Protection of all Human Rights, Civil, Political, Economic, Social and Cultural Rights. Report of the special rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Paul Hunt. A/HRC/7/11. January 2008.

15. Human Rights Council. Twentieth session. Annual report of the United Nations High Commissioner for Human Rights and reports of the Office of the High Commissioner and the Secretary-General. Promotion and protection of all human rights, civil, political, economic, social and cultural rights, including the right to development. Technical guidance on the application of a human rights-based approach to the implementation of policies and programmes to reduce preventable maternal morbidity and mortality. A/HRC/21/22. July 2012.

16. WHO. Supporting the contextualization of recommendations at a national level: A workbook for implementing health systems guidance. (n.d).

17. PoliMap. PolicyMaker: Computer Assisted Political Analysis. (n.d). Available at: http://www.polimap.com/default.html

18. Buse K, Mays N, and Walt G. Making Health Policy. Second Edition. Maidenhead, Open University Press, 2012.

19. Kuruvilla S and Dorstewitz P. There is no "point" in decision-making: a model of transactive rationality for public policy and administration. *Policy Sci,* 2010, 43:263–287. Available at: http://link.springer.com/article/10.1007%2Fs11077-009-9098-y

20. Sen A. Capability and well-being. In: Nussbaum M, Sen A, eds. *The quality of life*. New York, Oxford University Press, 1993. pp. 30-53.

21. Daniels N, and Sabin J. The ethics of accountability in managed care reform. *Health Aff*. 1998, 17(5):252-3.

22. Dietz T. What is a good decision? Criteria for environmental decision-making. *Human Ecology Review*, 2003, 10(1):33-9.

23. WHO. Intersectoral action to tackle the social determinants of health and the role of evaluation. Report of the first Meeting of the WHO Policy Maker Resource Group on Social Determinants of Health. Viña del Mar, Chile, 27-29 January 2010.

24. Organisation for Economic Co-operation and Development (OECD). The Paris Declaration on Aid Effectiveness and the Accra Agenda for Action: 2005/2008. Available at: http://www.oecd.org/development/effectiveness/34428351.pdf

Acronyms used in this document

ASAP	Aligned Stakeholder Action Programme
ART	Antiretroviral Therapy
AU	African Union
CARMMA	Campaign for Accelerated Reduction of Maternal Mortality in Africa
ECOSOC	Economic and Social Council
EmONC	Emergency Obstetric and Newborn Care
EU	European Union
GHWA	Global Health Workforce Alliance
GSDRC	Governance and Social Development Resource Centre
HIV	Human Immunodeficiency Virus
HMN	Health Metrics Network
ICPD	International Conference on Population and Development
IHP+	International Health Partnership
ILO	International Labour Organization
ITNs	Insecticide-Treated Nets
ITU	International Telecommunication Union
IWG	Innovation Working Group (in support of Every Woman Every Child)
JANS	Joint Assessment of National Health Strategies
M&E	Monitoring and Evaluation
MoH	Ministry of Health
OECD	Organisation for Economic Co-operation and Development
OHCHR	Office of the United Nations High Commissioner for Human Rights
ORS	Oral Rehydration Salts
PAHO	Pan American Health Organization
PMNCH	Partnership for Maternal, Newborn & Child Health
RMNCH	Reproductive, Maternal, Newborn and Child Health
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
STI	Sexually Transmitted Infection
UN	United Nations
UNDP	United Nations Development Programme
UNEP	United Nations Environment Programme
UNFCCC	United Nations Framework Convention on Climate Change
UNHRC	United Nations Human Rights Council
WHA	World Health Assembly
WHO	World Health Organization
WIPO	World Intellectual Property Organization
WSSCC	Water Supply and Sanitation Collaborative Council

Acknowledgements

The Policy Compendium is the result of collaborative work among key partner organizations and constituencies working on policies which affect the health of women, newborns, children and adolescents. The process was led by the World Health Organization and the Partnership for Maternal, Newborn & Child Health (PMNCH). An Advisory Group, reflecting networks of partners from various constituencies and consisting of experts in maternal, newborn and child health, participated in a review meeting in June 2013, follow up calls and emails, and provided inputs into the development and finalization of the document. A range of constituencies shared the document throughout their networks and consulted for inputs into the final document, including governments, donors and foundations, multilateral organisations, academic institutions, health care professional associations including gynaecological and obstetrics, and midwifery associations, the private sector, and civil society. The contributions of partners and invited experts are gratefully acknowledged.

We would like to thank the following individuals for their contribution:

Technical Working Group: Sharon Arscott-Mills, Bernadette Daelmans, Andres de Francisco Serpa, Rachael Hinton, Shyama Kuruvilla, Blerta Maliqi, John Murray, Giorgio Tamburlini.

Advisory Group Members: Taghreed Adam, Lara Brearley, Rafael Cortez, Kim Dickson, Claire Glenton, Metin Gulmezoglu, David Hagan, Jill Keesbury, Karusa Kiragu, Joy Lawn, Lori McDougall, Victor Mukonka, Jesca Nsungwa-Sabiliti, Lucinda O'Hanlon, Jennifer Requejo, Priyanka Saksena, Joanna Schellenberg, Gerard Schmets, Tim Shorten, Anand Sivasankara Kurup, Kate Somers, Marleen Temmerman, Steven Uggowitzer, John Worley.

WHO Colleagues: Valentina Baltag, Marie-Noel Bruné, Flavia Bustreo, Carmen Casanovas, Thomas Cherian, Carmen Dolea, Carlos Dora, Joan Dzenowagis, Jane Ferguson, Mario Festin, Lisa Hedman, Sowmya Kadandale, Elizabeth Mason, Matthews Mathai, Gerlin Naidoo, Chizuru Nishida, Mikael Ostergren, Annie Portela, Nigel Rollins, Marcus Stahlhofer, Nicole Valentine, Adriana Velazquez Berumen, Eugenio Villar Montesinos.

PMNCH Colleagues: Henrik Axelson, Vaibhav Gupta, Carole Presern.

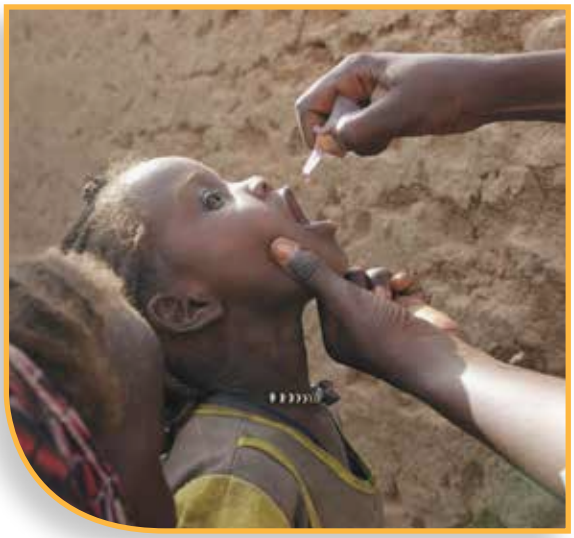
Also thanks to the project interns: Alexander De Ville, Elizabeth Noble.

Photos: Front cover, UN Photo/UNFPA/William Ryan, UN Photo/Albert González Farran and Pippa Ranger/Department for International Development; page iv, The World Bank/Ray Witlin; page 4, The World Bank/Athit Perawongmetha; page 6, UN Photo/Stuart Price; page 10, WHO; page 14, The World Bank; page 16, UN Photo/Isaac Billy; page 18, UN Photo/Mark Garten; page 21, WHO/Harold Ruiz; page 25, Gates Foundation; page 27, WHO/Evelyn Hockstein; page 28, UN Photo/Albert González Farran; page 31, UN Photo/Evan Schneider; page 33, The World Bank/Caroline Suzman; page 35, The World Bank/Bart Verweij; page 37, The World Bank/John Hogg; page 39, UN Photo/Marco Dormino; page 51, UN Photo/Marco Dormino; back cover, Pippa Ranger/Department for International Development, WHO/H. Bower and UN Photo/Olivier Chassot.

Editing: Richard Cheeseman, Robert Taylor Communications.

Design: Roberta Annovi.

Femmes du Mali, engageons-nous
pour des élections apaisées,
source de cohésion sociale.
LE MONDE SE CONSTRUIT
AVEC LES FEMMES
Maliens du Nord,
Maliens du Sud
Nous sommes unis pour
un Mali indivisible et digne !



The Partnership for Maternal, Newborn & Child Health

World Health Organization
20 Avenue Appia, CH-1211 Geneva 27
Switzerland
Fax: + 41 22 791 5854
Telephone: + 41 22 791 2595

pmnch@who.int
www.pmnch.org

Alliance for Health Policy and Systems Research
BILL & MELINDA GATES foundation
Countdown to 2015 Maternal, Newborn & Child Survival
coregroup Advancing community health worldwide.
FIGO
ICF INTERNATIONAL
IPA HEALTHY CHILDREN HEALTHY WORLD
International Confederation of Midwives Strengthening Midwifery Globally
London School of Hygiene & Tropical Medicine
MARIE STOPES INTERNATIONAL
The Partnership for Maternal, Newborn & Child Health
THE WORLD BANK
UNAIDS
UNFPA
unicef
World Health Organization

Together with RMNH Alliance and
the Office of the High Commissioner for Human Rights (OHCHR).

ISBN 978 92 4 150685 4
9 789241 506854