



GOOD PRACTICES

in South-South and Triangular Cooperation:

Delivering on the Sustainable Development Goal on Good Health and Well-being



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Designed by Paolo Ciampagna

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FOREWORD

The past two years have tested the world's resilience. By early February 2022, more than 394.4 million people worldwide were infected with COVID-19 and more than 5.74 million persons died from the disease.¹ This unprecedented loss of life has been accompanied by severe socioeconomic downturns that continue to affect everyone and threaten to derail the sustainable development gains that countries and partners fought so hard to achieve to date.

Ensuring healthy lives and promoting well-being for all at all ages (SDG 3) is not only a fundamental right and a crucial development goal, but it is also front and centre of the global COVID-19 pandemic. To achieve sustainable development, ensuring health is critical, with the understanding that most of the SDGs either directly relate to health, or health indirectly contributes to their advancement. Given the current situation, reaching universal health coverage continues to be a fundamental objective for all Member States so that no one is indeed left behind on the journey towards achieving Agenda 2030 for sustainable development.

We, in UNFPA, UNICEF, UNOSSC and PAHO/WHO, acknowledge the unique value and comparative advantages of South-South and triangular cooperation in implementing the Sustainable Development Goals (SDGs) and in contributing to building forward better.

In view of this, documenting and sharing good practices in South-South and triangular cooperation for SDG 3 is of paramount importance. South-South and triangular cooperation strengthens ownership and ingenuity by Southern countries and creates mechanisms for sustainable horizontal partnerships. This publication seeks to highlight success stories and solutions from the global South and how, through South-South and triangular cooperation, these initiatives were shared and scaled-up, or demonstrated readiness for adaptation and replication.

South-South and triangular cooperation has been mainstreamed into the policies and programmes of our organizations, and we support Member States and other development actors in showcasing solutions, progress and opportunities in South-South and triangular cooperation to respond to current and emerging health challenges.

We remain committed to promoting and enhancing South-South and triangular cooperation to support Member States in achieving their global health development targets.



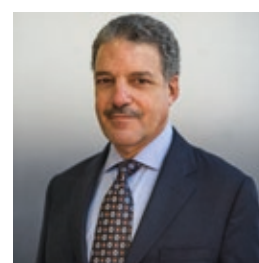
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¹ WHO Coronavirus (COVID-19) Dashboard, <https://covid19.who.int/>.

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The documentation of the Good Practices was conducted by Carlos Emanuele, from PAHO/WHO, Bobby Olarte and Arasu Jambukeswaran, from UNFPA, and Martha Santos and Yihua Teng, from UNICEF. We thank them for the ongoing partnership and collaboration.

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GOOD PRACTICES



Advancing Public Health Policies to Address Overweight and Obesity in Chile and the Caribbean Community



Leveraging experiences from Chilean labelling and marketing legislation to improve children's health in the Caribbean



CHALLENGE

Overweight and obesity have reached epidemic proportions among all age groups in the Caribbean and Chile, including children under five. This increases the risk of non-communicable diseases, mortality and morbidity and imposes enormous financial strain on individuals, families, communities and societies at large. Addressing this epidemic requires effective laws and regulations that target the current obesogenic environment, as reflected in numerous global and regional mandates, including the Pan American Health Organization/World Health Organization (PAHO/WHO) Plan of Action for the Prevention of Obesity in Children and Adolescents, and the Caribbean Public Health Agency (CARPHA) six-point core policy package.

TOWARDS A SOLUTION

The project Advancing Public Health Policies to Address Overweight and Obesity in Chile and the Caribbean Community was developed by the Caribbean Community (CARICOM) and the Government of Chile within PAHO/WHO's Cooperation among Countries for Health Development (CCHD) framework, a new approach to PAHO/WHO's delivery of technical cooperation intended to foster horizontal alliances and cooperation between countries. The project was endorsed by the Ministries of Health of the Caribbean during the 33rd meeting of the Council for Human and Social Development (COHSOD) in September 2017, conferring a strong mandate to achieve its objectives.

This initiative aims to support the development and implementation of effective laws and regulations to address the current obesogenic environments in the Caribbean Community while helping to systematize, internationalize and consolidate Chile's experience as state policy. More specifically, the project focuses on Chile's innovative front- of-package labelling (FOPL) legislation, which consists

NOMINATED BY

Pan American Health Organization/World Health Organization (PAHO/WHO)

COUNTRIES/REGIONS/TERRITORIES

Antigua and Barbuda, Bahamas, Barbados, Belize, Chile, Dominica, Grenada, Guyana, Haiti, Jamaica, Montserrat, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago

SUSTAINABLE DEVELOPMENT GOALS TARGET(S)

2.2; 3.4

SUPPORTED BY

PAHO/WHO

IMPLEMENTING ENTITIES

PAHO/WHO, CARICOM Secretariat Health Desk, Caribbean Regional Organisation for Standards and Quality (CROSQ), CARICOM Office of Trade Negotiation (OTN), Caribbean Public Health Agency (CARPHA), Healthy Caribbean Coalition (HCC), University of the West Indies (UWI), Caribbean Law Institute Centre (CLIC), Ministry of Health of Chile, Ministry of Health of Jamaica, Ministry of Health of Suriname, Ministry of Health of Barbados

PROJECT STATUS

Completed

PROJECT PERIOD

June 2017 – June 2021

of nutritional warnings with a “high in” message to facilitate healthier choices by allowing consumers to quickly and easily identify pre-packaged foods high in sodium, saturated fats, sugar and/or total calories.

To that end, the project includes a combination of complementary sub-regional and country-specific activities for greater impact and reach. At the sub-regional level, efforts are focused on revising the current CARICOM standard for the labelling of pre-packaged foods to include mandatory nutritional labelling and FOPL and expanding research to support evidence-based policymaking. This sub-regional approach will benefit multiple countries and avoid duplication of efforts, optimizing the use of national resources that could be directed towards actual implementation. Country-specific work consists of direct technical assistance to Barbados, Jamaica and Suriname to operationalize a roadmap for a step-wise approach for developing and implementing FOPL legislation.

To facilitate implementation of the lines of work outlined above, as well as systemic cross-country transfer and participation and coordination among partners, a CCHD project team was established to provide general oversight and direction. The project team’s terms of reference and work plan were agreed during an initial site visit to Chile, which offered the opportunity to engage and establish partnerships between Chilean and Caribbean stakeholders. This approach has been critical to ensure buy-in and adequate coordination with related ongoing projects. Through these exchanges, stakeholders have learned from Chile’s experience with the policy development process and implementation of front-of-package labelling regulations.

As a result of the project, PAHO/WHO published the document “Front-of-package labeling as a policy tool for the prevention of noncommunicable diseases in the Americas,” which provides an overview of available evidence and a compilation of key arguments and counterarguments for FOPL. Additionally, PAHO/WHO enhanced the visibility of and support for front-of-package warning labelling (FOPWL) by conducting high-level advocacy with various regional and sub-regional stakeholders. These advocacy efforts included training on strategic policy advocacy for ten civil society organizations from Caribbean countries. In the context of this project, the 39th Meeting of the Council for Human and Social Development (COHSOD) of CARICOM endorsed a call to action to urgently accelerate the adoption of effective FOPWL in the Caribbean as a human rights issue.

In terms of replicability, other regional integration mechanisms, for instance the Council of Ministers of Health of Central America and the Dominican Republic (COMISCA) of the Central American Integration System (SICA), are using the sub-regional approach to advance the FOPL proposed under this project. Political commitment is a key factor in the success of the initiative, as is an understanding that measures must be tailored to the context in which they will be implemented.

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Benchmarking Between Peru and Bolivia to Improve Access to Oxygen in COVID-19 Patients



Management of COVID-19 patients requiring oxygen in the first and second level of care to decongest intensive therapies

CHALLENGE

In Bolivia, the COVID-19 pandemic has served to expose structural weaknesses, such as the reduced capacity of the health system, the poor targeting and limited reach of social protection programs, etc. Similar to what happened in other countries, the pandemic has tested the Bolivian health system's capacity to respond to the needs of the population in a comprehensive manner. The high demand of ICU services for COVID-19 patients who need to be connected to a ventilator has resulted in the collapse of such services. Therefore, many patients in need of oxygen were not able to receive treatment in a timely manner.

TOWARDS A SOLUTION

In response to the increase in oxygen therapy in COVID-19 patients, the Government of Bolivia has developed a plan to increase access to oxygen. With PAHO/WHO support, the plan allowed the search for successful experiences, and there were good practices identified in the neighboring country of Peru. There was also a great level of commitment for the transfer of knowledge by the Peruvian authorities.

The South-South Cooperation between Bolivia and Peru seeks to increase coverage and access to oxygen therapy in patients with COVID-19 in the first and second level of care, preventing complications, reducing the need for high numbers of ICU referrals. By expanding the coverage of oxygen therapy services, complications and preventable deaths of patients with COVID-19 were avoided and catastrophic expenses were alleviated for low-income families who had been resorting to high-cost private services.



NOMINATED BY

Pan American Health Organization/World Health Organization (PAHO/WHO) Bolivia

COUNTRIES/REGIONS/TERRITORIES

The Plurinational State of Bolivia, Peru

SUSTAINABLE DEVELOPMENT GOALS TARGET(S)

3.8; 3.d

SUPPORTED BY

PAHO/WHO

IMPLEMENTING ENTITIES

Ministries of Health (MoH) and PAHO/WHO Offices of Bolivia and Peru

PROJECT STATUS

Completed

PROJECT PERIOD

July 2021 – November 2021

URL OF THE PRACTICE

<https://bit.ly/3EQqDje>

The Bolivian Ministry of Health, through the PAHO/WHO country office, took knowledge about the Peruvian experience and contacted their counterparts from the Peruvian Ministry of Health, who deployed a strategy to expand the availability of medicinal oxygen and improve the coverage of oxygen therapy services. The agreements were carried out through a mission to Peru led by the Vice Minister of Sanitary Management of Bolivia.

To reach this objective, two actions were developed: first, competencies in non-specialized healthcare staff in high flow oxygen therapy were created through the transfer of knowledge and good practices of the Ministry of Health of Peru, through the National School of Public Health (ENSAP); second, Oxygen Therapy Centres were established in first and secondary level of care, close to families and communities.

To begin implementing the Oxygen Therapy Centers, PAHO/WHO made an initial donation of 160 oxygen concentrators and complementary equipment, such as pulse oximeters, and the emergency import of liquid oxygen. In turn, the Ministry of Health of Bolivia, to make the intervention sustainable, took on the acquisition of high-flow oxygen therapy equipment and the installation of oxygen production plants, allowing the sustained and sustainable coverage of this service in the face of a new increase in COVID-19 cases.

In total, training in oxygen therapy techniques reached more than 3,000 healthcare staff from the first and second level of care in Bolivia and 20 Oxygen Therapy Centers were installed, with the number to increase with the equipment that is being acquired by the Bolivian State.

These actions contributed to the achievement of SDG 3.8 (Universal Health Coverage), which includes access to essential medicines, such as medicinal oxygen. It also made it possible to strengthen the country's capacity to manage risk in the face of the pandemic emergency.

The fatality rate for COVID-19 decreased from 6.2 percent in the first wave to 2.7 percent in the third, showing a better management of the pandemic, partly due to the greater coverage of timely oxygen therapy services.

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Cross-Border Interventions for Malaria Elimination between Costa Rica and Nicaragua



Joint detection, diagnosis, treatment, research and response for malaria elimination



CHALLENGE

The Northern Huetar Region in Costa Rica is at risk of importation of the malaria parasite due to internal migrations which occur between regions within the country and from migrations from other endemic countries. In addition, the region is highly susceptible to vector development due to the favourable ecological conditions. In 2020, 84 percent of malaria cases were from this region, 78 percent of them in Los Chiles. This situation is associated with the dynamics that exist in the northern border where agricultural activities and constant trade favour high population movement that allows the transmission of malaria on both sides of the border.

A challenge that has been identified involves integrated and coordinated local planning for malaria detection, diagnosis, treatment, research and response in the shortest possible time between countries. Other challenges are the creation of administrative and technical mechanisms for implementation of any agreement and the additional considerations that the COVID-19 pandemic poses for the local teams.

TOWARDS A SOLUTION

An agreement was signed under the Central American Integration System (SICA) that calls for joint cross-border interventions between Costa Rica and Nicaragua for malaria elimination. This initiative directly addresses SDG 3 and aims to implement cross-border actions that allow coordination and collaboration between the two countries, taking into account information on the stratification, description and micro-planning of the border areas that they share, so that the actions taken can advance the elimination of malaria and help prevent its reestablishment in their territories.

NOMINATED BY

Pan American Health Organization/World Health Organization (PAHO/WHO), Inter-American Development Bank, Secretaría Ejecutiva del Consejo de Ministros de Salud de Centroamérica, Costa Rica, Nicaragua

COUNTRIES/REGIONS/TERRITORIES

Costa Rica, Nicaragua

SUSTAINABLE DEVELOPMENT GOALS TARGET(S)

3.3; 17.6

SUPPORTED BY

PAHO/WHO

IMPLEMENTING ENTITIES

Ministry of Health of Costa Rica; Ministry of Health of Nicaragua

PROJECT STATUS

Ongoing

PROJECT PERIOD

April 2021 – Ongoing

A technical operations meeting was held in January 2021 to generate the technical contents of the binational agreement between the two countries' ministries of health. Participants included representatives of the Subregional Program for Central America, the Regional Malaria Program, PAHO/WHO Costa Rica, PAHO/WHO Nicaragua. Support was provided by technical teams and the Regional Malaria Elimination Initiative (an alliance between the countries of the Mesoamerican region and the Dominican Republic, the Inter-American Development Bank, the Carlos Slim Foundation, the Bill & Melinda Gates Foundation and the Global Fund to Fight AIDS, Tuberculosis and Malaria). The subsequent signing of the agreement in April 2021 was managed by the Costa Rican Foreign Ministry within the framework of the pro tempore presidency of SICA.

The commitment assumed by the two countries involves conducting actions in cross-border areas, focusing on four main themes that will be addressed together: (1) effective actions on both sides of the border; (2) complementarity in dealing with cases at border crossings; (3) ensuring stocks of antimalarials and rapid diagnostic tests; and (4) sharing information.

A first local meeting was held at the border in July to plan joint operations that could be conducted in the shortest possible time for detection, diagnosis, treatment, research and response to an outbreak of *P. falciparum* malaria in the area of Santafé, Los Chiles and Mojón 9 in Nicaragua. As a result of this planning, immediate actions were carried out on both sides of the border, such as activation of voluntary collaborators, reactive searches and vector control activities. These measures made it possible to control the outbreak and the number of cases in this border area has been reduced to zero. This practice was innovative because it took place by virtue of the goodwill of local teams. By overcoming barriers to geographical access, infrastructure and border permits, it became a starting point for, and an example of, coordinated work. Based on the technical operations meeting's detailed plan, work is being done to coordinate operations taking place in all the malaria foci identified in the two countries.

The experience of this rapidly formalized joint initiative between Costa Rica and Nicaragua served as a model for a binational agreement between Honduras and Nicaragua to eliminate malaria in July 2021. This latter agreement will directly affect the behaviour of malaria in the border area with Costa Rica, because it is linked to the movement of people from northern Nicaragua who leave in search of areas for gold mining further south or in Costa Rica.

The exchange has allowed for the below results.

- ▶ PAHO/WHO facilitated a results-oriented cooperation framework for the elimination of malaria in the border region of Costa Rica and Nicaragua.
- ▶ Technical teams from the ministries of health in both countries were able to integrate the analysis of epidemiological information on malaria foci on both sides of the border.
- ▶ The two countries have developed a single plan to address malaria at the border.



- ▶ Costa Rica and Nicaragua have committed to sharing resources for vector control interventions, as well as the follow-up of patients with diagnostic tests and treatment.
- ▶ The joint planning approach at the governmental level facilitated international cooperation action from PAHO/WHO in an integrated manner.

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Capacity Building to Improve the Stewardship of Road Safety in Costa Rica and the Dominican Republic



Exchanging best practices from Costa Rica and institutional strengthening to address one of the major causes of mortality in the Dominican Republic

CHALLENGE

Deaths from traffic accidents continue to represent a significant burden of mortality in Costa Rica and the Dominican Republic. According to the World Health Organization (WHO) World Road Safety Report 2015, mortality from this cause in the Dominican Republic in 2013 was 29.3 deaths per 100,000 inhabitants, with approximately 3,000 people losing their lives in traffic accidents. In Costa Rica, between 2000 and 2009, the death rate fluctuated between 14 and 17 per 100,000 inhabitants.

TOWARDS A SOLUTION

This cooperation initiative by Costa Rica and the Dominican Republic shares knowledge, skills and expertise to strengthen the stewardship of the institutions responsible for road safety to help reduce deaths, injuries and property damage related to traffic accidents. The two countries, with support from PAHO/WHO, have identified specific capacities that can benefit from the two countries sharing their individual and mutual experiences. Included are areas such as data processing and analysis to facilitate timely solutions aimed at increasing road safety and improved technical inspection of vehicles, with a focus on sharing good practices and promoting safe driving.

The countries jointly developed a schedule of activities and tasks related to the proposed objectives and outcomes. Cooperation has been based on direct horizontal relationships. In Costa Rica, COSEVI has shared its knowledge, technologies and experiences with INTRANT in the Dominican Republic, which has recently assumed its stewardship role in road safety. Likewise, COSEVI will be able to receive feedback from INTRANT's activities, and thus revise its own processes and procedures.

NOMINATED BY

Pan American Health Organization/World Health Organization (PAHO/WHO) Costa Rica

COUNTRIES/REGIONS/TERRITORIES

Costa Rica, the Dominican Republic

SUSTAINABLE DEVELOPMENT GOALS TARGET(S)

3.6; 11.2

SUPPORTED BY

PAHO/WHO

IMPLEMENTING ENTITIES

The Road Safety Council (COSEVI) of Costa Rica and the National Institute of Traffic and Land Transport (INTRANT) of the Dominican Republic, with PAHO/WHO support in both countries

PROJECT STATUS

Completed

PROJECT PERIOD

November 2018 – November 2021

The control, monitoring and evaluation of this project have been conducted with close communication between the two countries. Every six months, project progress was measured and the necessary corrective actions taken in the shortest possible time. An evaluation is planned that will show results, limitations, key success factors, lessons learned and recommendations.

A substantial amount of knowledge and experience was shared between the two countries, facilitating much of the work. Barriers and facilitating factors were identified. The main lesson learned at this point is that commitment to the project on the part of the two countries has made it possible to continue important activities that would otherwise have been unlikely in conditions as difficult as those of 2020 and 2021. The activities were carried out within heavy constraints, adapting the pace to what is possible in the pandemic context. Both countries adapted to the situation, working individually and together.

This innovative initiative in South-South Cooperation on an issue such as road safety has also been innovative in terms of looking for possible adaptations and restructuring to address the limitations on travel and in-person work caused by the pandemic. These adaptive actions have added a replicable dimension to the project that may not have been initially considered, since achieving objectives without traveling serves as an example for possible cooperation between other countries at a greater geographical distance from each other.

As a result of this exchange, the following achievements can be highlighted:

- ▶ The Dominican Republic launched its technical vehicle inspection programme, for which Costa Rica provided technical advice based on its years of experience in this area.
- ▶ Costa Rica is sharing communication products through social media, drawing on the experiences of the Dominican Republic in this area.
- ▶ A Road Safety Observatory has been established to track and monitor progress on road safety. The observatory includes: (i) manuals, guides and regulations; (ii) plans for data collection, processing and analysis on injuries and fatalities from road traffic accidents; (iii) technical vehicle inspection programmes; and (iv) safer mobility and communication campaigns.
- ▶ A multistakeholder Technical Data Management Board made up of 19 institutions linked to the traffic, transportation, road safety and mobility sectors has been convened in the Dominican Republic.

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Center of Excellence on Unmet Need for Family Planning



Utilizing South-South Cooperation for addressing an unmet need for family planning



CHALLENGE

Despite all the evidence that family planning contributes to reduction in maternal mortality and morbidity, as well as neonatal, infant and child mortality, investment in family planning both by countries and donors have decreased in the last two decades. The progress of family planning indicators has stalled in many developing countries, with Indonesia being no exception. The number of women of reproductive age globally who want to avoid pregnancy but who do not use modern contraceptive methods remains high. In 2017, the total number of women who had an unmet need for family planning reached 215 million. Although this is lower compared to 2014 (225 million), the figures are about the same as 2009. In Africa, 47 percent of women who do not want to become pregnant – 58 million in 2017 – either use no contraceptive method or use traditional methods. In Asia, the proportion of unmet need for family planning was 20 percent, equivalent to 132 million women.

In most countries of the developing world, the unmet need for family planning causes unwanted pregnancies and may also increase abortion rates, which is sometimes unsafe and can lead to maternal death. Women with an unmet need for family planning account for 84 percent of unintended pregnancies. Increased contraceptive use may reduce abortion rates. Unfortunately, the unmet need for family planning is also influenced by religious and cultural factors related to general disapproval of pregnancy prevention and use of contraceptives. It is also affected by method-specific barriers to use, such as access, perceived effectiveness and safety, perceived and actual side effects of use, appropriateness, familiarity and convenience.

It is important that the unmet need for family planning is addressed by medical personnel. However, one of the major gaps in accessing family planning services is the lack of skilled providers who can offer a range of services, including long-acting and permanent methods of contraception, counselling about informed choices, the possible side effects and what to do when these arise.

NOMINATED BY

United Nations Population Fund (UNFPA)

COUNTRIES/REGIONS/TERRITORIES

Afghanistan, Bangladesh, Egypt, Ghana, Indonesia, Lao PDR, Myanmar, Pakistan, Papua New Guinea, Sri Lanka, Timor-Leste

SUSTAINABLE DEVELOPMENT GOALS TARGET(S)

3.1; 3.2

SUPPORTED BY

National Population and Family Planning Board (BKKBN) Indonesia, UNFPA Indonesia

IMPLEMENTING ENTITIES

Faculty of Medicine-University of Gadjah Mada, BKKBN, and the Ministry of State Secretariat - Indonesia

PROJECT STATUS

Completed

PROJECT PERIOD

2014 – 2021

URL OF THE PRACTICE

<https://indonesia.unfpa.org/>

Family planning is key to achieving the SDGs and is a strategic investment in future generations. It is also critical to achieving the demographic dividend in countries with high fertility rates.

TOWARDS A SOLUTION

To cope with the unmet need for family planning, many countries have turned for solutions to Indonesia's Center of Excellence on Unmet Need for Family Planning. The government of Indonesia has long-standing partnerships in the region and beyond with relevant institutions and with the United Nations Population Fund (UNFPA). Joint activities have focused on development of curriculum and training modules, procurement of training supplies, including anatomical models, and identification of training facilities, trainers and facilitators.

South-South and Triangular Cooperation (SSTC) is among the priority policies of the government of Indonesia. It has been a world leader in this type of collaboration since the 1955 Bandung Conference, considered to be among the earliest South-South Cooperation conferences. This high-level commitment makes such programmes very promising, with a greater chance of sustainability.

Specific family planning collaboration was formalized and established through a Memorandum of Understanding between the Faculty of Medicine, University of Gadjah Mada, the National Population and Family Planning Board (BKKBN) and UNFPA. Established in 2014, it is formally named Indonesia's Center of Excellence for SSTC on Comprehensive, Rights-based Family Planning and is being managed by the University of Gadjah Mada. The primary goal of the Center of Excellence is to provide quality training on family planning and other essential managerial competencies to health workers. It has active support from this tripartite as well as the Indonesian Ministry of State Secretariat. The Center designs and organizes capacity building programmes for medical personnel in developing countries and helps them prevent adverse maternal health outcomes by reducing the unmet need for family planning.

The curriculum and contents are designed on the principle of performance-based learning, enabling each participant to have a different learning pace. Each participant is nurtured by trainers and facilitators to ensure that the programme meets their specific needs. The focus of the course is on the tasks, knowledge, skills and activities needed to enable the trainee to be a skilled family planning service provider. Appropriate hands-on experience is provided through individual practice using anatomical models for each contraceptive method, which enables the trainees to acquire the needed skills, with immediate and constructive feedback. Only after mastering the content, can trainees proceed with hands-on experience through patients. The practice with patients is done under tight procedures and supervision by the Center of Excellence trainers.

Most of the training materials used have been developed or adapted from training resource packages started by the United States Agency for International Development (USAID), the World Health Organisation (WHO) and UNFPA. Specific materials on the Indonesian family planning



programme, behavioural change communication, reproductive health commodity security and monitoring and evaluation were developed by trainers for these specific sessions. In addition to face-to-face sessions, all the teaching and learning materials and evaluation processes are accessible online before, during and after the formal training sessions. This accessibility is helpful to trainees as they are able to review the training materials prior to attendance, and, especially, after they return to their respective countries. Their continuous feedback on the materials also ensures regular updates and communication with the trainers.

The Center of Excellence provides 18-day training programmes to medical personnel from other developing countries, with a maximum of 10 participants for each training cohort. UNFPA provides technical assistance in the preparation and implementation of the training. BKKBN and the Ministry of Secretariat provide scholarships annually to the best candidates from other developing countries to join the training. In-person attendance at this prestigious training institution is among the incentives offered to participants by this programme.

From 2015 to 2019, there have been five batches of training, comprised of 39 medical doctors and ob-gyns from ten countries of Asia and Africa. The Center of Excellence also holds national training for faculties of medicine from other universities in Indonesia. Upon returning to their respective countries, feedback received by the Center indicate that participants have been satisfied with the training are eager to apply their improved knowledge and skills.

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COVID-19 Pandemic Prevention and Control Knowledge Sharing



Supporting CSOs in China and Sierra Leone to share knowledge and practical experience on preventing and controlling COVID-19

CHALLENGE

During the COVID-19 pandemic in Sierra Leone a decrease was experienced in patients/clients attending health facilities to access essential services, such as those for maternal and child health, immunization, family planning, etc. Clients often believe that if they go to health facilities, they will get infected with COVID; unfortunately, this means that more mothers and children could die from preventable deaths.

Sierra Leone was already grappling with the challenges of maternal, newborn and child mortality prior to the COVID-19 pandemic, and a concern arose that if mothers and children did not continue accessing essential services maternal, newborn and child health indicators could further deteriorate. COVID-19 is more than a health crisis; it is also an information and socio-economic crisis. Under these circumstances, there was an unprecedented need to elevate the role of risk communication and community engagement (RCCE) to break the chains of transmission of the virus and mitigate the pandemic's impact on communities, including children. Gains in maternal and child health could be reversed if people did not receive accurate information, while appropriate and efficient dissemination of information gives people courage and confidence to continue positive health seeking behaviours even during the pandemic.

TOWARDS A SOLUTION

Civil society organizations (CSOs) can play a critical role in engaging communities, raising awareness and bringing desired changes to health behaviours. In Sierra Leone, UNICEF, in partnership with the government, collaborates with CSOs in various RCCE activities. Sierra Leone CSOs had been successful in creating awareness among communities during the Ebola outbreak in 2014-2015,

NOMINATED BY

United Nations Children's Fund (UNICEF)

COUNTRIES/REGIONS/TERRITORIES

China, Sierra Leone

SUSTAINABLE DEVELOPMENT GOALS TARGET(S)

3.1; 3.2; 3.3; 3.4; 3.5; 3.6; 3.7; 3.8; 3.9; 3.a; 3.b; 3.c; 3.d; 17.9

SUPPORTED BY

UNICEF, China NGO Network for International Exchanges

IMPLEMENTING ENTITIES

UNICEF, China NGO Network for International Exchanges

PROJECT STATUS

Completed

PROJECT PERIOD

August 2020

URL OF THE PRACTICE

www.unicef.cn/en/stories/role-civil-society-organizations-preventing-covid-19-sierra-leone-and-china

which helped stop the outbreak in a timely manner. In collaboration with UNICEF, CSOs in Sierra Leone are now using their rich experiences and lessons learned during the Ebola outbreak to help communities learn about COVID. Similarly, China has been successful in responding to the COVID-19 crisis and Chinese CSOs played an important role supporting the government in this endeavour, including creating awareness in communities and engaging them effectively during the COVID crisis.

With this backdrop, UNICEF, together with the China NGO Network for International Exchanges (CNIE), organized a virtual session to support CSOs in China and Sierra Leone to share knowledge and practical experiences in preventing and controlling COVID-19. More than 30 practitioners participated in the exchange, including representatives from CSOs in China and Sierra Leone and a Chinese medical team in Sierra Leone.

The participants discussed the critical role of CSOs in RCCE, sharing examples of using digital, radio and interpersonal platforms and social media and engaging youth volunteers, traditional leaders and other influencers to raise public awareness for positive behaviour change in the context of COVID-19. The practitioners stressed the importance of evidence and data in shaping these approaches. The exchange facilitated knowledge sharing across CSOs and inspired all to explore more opportunities for in-depth South-South cooperation for emergency and development programmes in the best interests of children. For example, Sierra Leone’s innovative RCCE approaches and experiences that were shared included:

- ▶ CSO engagement with a focus on interactive radio programmes (60 radio programmes at national and district level reached 3.2 million people);
- ▶ empowerment of community structures through training and capacity development led to better local governance and social accountability; and
- ▶ creation of the “Kombra Network,” a social group of inter-connected community-based actors that engage and support families and communities to provide care for children; the network comprises religious leaders, market women, traditional healers, youth representatives and media practitioners to facilitate action planning and advocacy.

Since 2020, the CSO engagement methodology in Sierra Leone has yielded impressive outcomes, including: 6,602 social and community mobilizers oriented and engaged across 16 districts; over 4 million people reached with life-saving COVID-19 related information and essential services through remote and direct engagement; and 1,115 communities supported for participatory response. As of July 2020, more than 96 percent of the target population knew at least three symptoms of COVID-19 compared to 88 percent in May and people were more willing to take prevention and control measures, like washing hands more often and going to health services if they have symptoms.

Some lessons learned from CSO engagement in China and Sierra Leone include: 1) community engagement is critical to build and maintain trust and confidence in the delivery of health care services in health emergencies and for reduction of community transmission; 2) policy and guidelines for community engagement in health emergencies should be formulated to clarify roles and responsibilities and support coordination; and 3) use of community data and feedback should be strengthened for dissemination processes of data and participatory assessments.

Building on the successful experience of the exchange between CSOs in China and Sierra Leone, UNICEF and CNIE will explore opportunities for additional knowledge sharing under the framework of South-South Cooperation and engagement with CSOs for the benefit of children in China and countries in Africa. Partnerships and interactions between international CSOs through South-South and Triangular Cooperation could be highly participatory. The CSO engagement approach has the potential to be transferred to other Southern countries, especially where there is a growing demand for more formalized and integrated interventions to facilitate communication and community engagement. CSOs, as active actors more than ever, can contribute their respective strengths towards COVID-19 prevention and control, as well as humanitarian and development programmes more broadly, for the benefit of children and communities.

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Community of Practice on South-South Cooperation for Children



Global online communities of practice to promote South-South and Triangular Cooperation for health outcomes

CHALLENGE

Developing countries are increasingly championing innovative practices and solutions to health-related issues and making significant progress in areas related to SDG 3 (Good Health and Well-being). However, sharing of solutions and expertise at global and regional levels is not sufficient, and many good practices are not well documented and shared. In 2020, with the outbreak of COVID-19, health systems struggled to cope with the emergency response while at the same time maintaining the delivery of essential health services. Demand for South-South and Triangular Cooperation increased further, especially for the sharing of experiences of countries which were ahead of the global pandemic curve and early successes of government responses.

TOWARDS A SOLUTION

In February 2018, UNICEF and the International Policy Center for Inclusive Growth (IPC-IG) signed a Memorandum of Understanding to build a partnership that promotes South-South and Triangular Cooperation for child-related SDGs. The partnership includes jointly hosting face-to-face and online events, as well as the management of a global online Community of Practice on South-South cooperation for Children (CoP-SSC4C).

The Community of Practice is hosted on the socialprotection.org platform (a knowledge sharing and capacity building platform hosted by IPC-IG that leverages innovative approaches to virtual collaboration, allowing cooperation among different actors, despite geographical and sanitary barriers). The Community of Practice became the first on this platform to be primarily dedicated to SSTC to achieve the SDGs.



NOMINATED BY

United Nations Children's Fund (UNICEF)

COUNTRIES/REGIONS/TERRITORIES

Global

SUSTAINABLE DEVELOPMENT GOALS TARGET(S)

3.1; 3.2; 3.3; 3.4; 3.7; 3.8; 3.d; 17.9; 17.16

SUPPORTED BY

UNICEF, International Policy Center for Inclusive Growth (IPC-IG)

IMPLEMENTING ENTITIES

UNICEF, IPC-IG

PROJECT STATUS

Ongoing

PROJECT PERIOD

February 2018 – Ongoing

URL OF THE PRACTICE

<https://socialprotection.org/connect/communities/community-practice-ssc-children-cop-ssc4c>

The CoP-SSC4C methodology (focus, people and practice) supports and promotes South-South and Triangular Cooperation and country-to-country learning around SDG 3 (Health and Well-being), focusing on primary health care, reproductive, maternal, newborn and child health, the elimination of mother-to-child transmission of HIV and syphilis, and within the overarching framework of Universal Health Coverage and health systems strengthening. The Community connects policy-makers, government officials, experts, civil servants, civil society, academia, United Nations agencies and other development practitioners to exchange knowledge on the focus areas and to build relationships. Practitioners share their national capacity development objectives and solutions through exchanges of knowledge, good practice and lessons learned.

Among CoP-SSC4C initiatives, the regular organization of thematic webinars has been highly successful, enabling systemic and cross-country transfers of information and sharing on health thematic areas. Since its launch, CoP-SSC4C has promoted 10 webinars on topics such as maternal and child health, sanitation and hygiene and South-South development and cooperation, with a focus on COVID-19 responses since 2020. The webinars attracted more than 2,300 registrants and 1,200 attendees from governments, NGOs, research institutions, academia and the private sector and had 1,400 YouTube views. Through these webinars, varied experiences were shared and widely disseminated, including from countries such as Argentina, China, India, Iran, South Korea and Thailand.

These global discussions were effective in terms of geographical coverage, relevance and interaction. According to a post-webinar survey for the *Leveraging South-South and Triangular Cooperation in Advancing Child and Adolescent Mental Health in the Context of COVID-19* webinar held in July 2021, the meeting brought together a diversified audience, with attendees from a variety of organizations and from 57 countries from all regions of the globe. The large majority of respondents (93 percent) agreed or strongly agreed that the webinar was relevant and useful to their work. Most respondents (97 percent) found the webinar delivered clear knowledge and information and was well structured.

In its first year of activities, the CoP-SSC4C was one of the most accessed pages on the socialprotection.org platform and was featured in its 2018-2019 Annual Report. As of October 2021, the community had over 6,800 page views. On average since its inception, four new members join the Community every month, and as of October 2021, there were 191 members and practitioners in SSTC and thematic areas.



CoP-SSC4C is adaptable and sustainable in terms of knowledge sharing. The initiative has taken an active role in enabling sharing of best practices among practitioners who have a common goal, across organizational boundaries and geographic distances. CoP-SSC4C supports organizational knowledge management and facilitates cooperation and innovation through enhanced communication opportunities, with a focus not limited to SDG3, but extended to all the SDGs. As a South-South Cooperation modality, the Community of Practice represents a valuable space and can deliver a cost-effective mode of continuous collaboration among development practitioners, policymakers and government officials from the South and effectively facilitates the promotion of capacity building and the sharing of solutions and experiences from the South to enable collaboration towards addressing common development challenges.

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Cooperation to Support Women's Role and Family Planning in Muslim Settings



Advancing family planning and gender advocacy in the Philippines' Muslim region through partnership with Indonesia

CHALLENGE

For the past several decades, addressing religious beliefs around the issue of family planning has been a big challenge for the international Muslim community, raising concerns regarding its compatibility with Islamic teachings. While some Muslim States and organizations have adopted a cautious approach to the issue, others, like Indonesia, have mobilized religious leaders to present religiously sound interpretations (known as a fatwa, a religious opinion on Islamic law issued by an Islamic scholar) on the subject. While access to family planning information and services has been widespread and more accessible in developing countries, in some Muslim countries the level of awareness remains low and there are misconceptions related to its acceptability from an Islamic perspective.

Indonesia, which has the largest Muslim population of any country in the world, has seen a fertility decline in the past decades. Religious leaders have played an important role in influencing the attitude of the community towards family planning. The Government of Indonesia, with technical support from UNFPA, embarked on strategic partnership through South-South and Triangular Cooperation with Muslim Indonesia and the Philippines, specifically the Autonomous Region in Muslim Mindanao (ARMM), that share a common cultural background and religion. With their population predominantly Muslim, they are well placed to share and exchange experiences, good practices and expertise on issues relating to family planning and reproductive health, as well as the role of women.

For many years, the ARMM region had shown poor performance in terms of access to maternal and childcare services and contraceptive use, among others. Therefore, the region could benefit from the 40-year experience of Indonesia in reproductive health and family planning implementation, especially in its strategic collaboration with Muslim religious and community leaders. On the other hand, Indonesia's reproductive health/family planning programming could be further enriched by strengthening local governance related to reproductive



NOMINATED BY

United Nations Population Fund (UNFPA)

COUNTRIES/REGIONS/TERRITORIES

Indonesia, the Philippines

SUSTAINABLE DEVELOPMENT GOALS TARGET(S)

3.1; 5.6

SUPPORTED BY

UNFPA

IMPLEMENTING ENTITIES

Population Commission - the Philippines, National Population and Family Planning Development Board (BKKBN) - Indonesia

PROJECT STATUS

Completed

PROJECT PERIOD

2012 – 2017

URL OF THE PRACTICE

<https://philippines.unfpa.org/en>

health and family planning, fostering partnerships with civil society organizations and enhancing the role of women in policy and programming — areas that the Philippines has experience and a well-regarded reputation. The successful passage of the Reproductive Health Law in 2012, for example, was possible after more than 14 years of civil society and women's sector advocacy, and gave the Philippines ample experience, including good practices and lessons learned, which could be shared with Indonesia.

TOWARDS A SOLUTION

This cooperation between the Philippines and Indonesia was wholly government-owned, through the two largest agencies directly involved in reproductive health and family planning — the Population Commission of the Philippines and the National Population and Family Planning Development Board (BKKBN) of Indonesia taking the lead. The United Nations Population Fund (UNFPA) brokered and facilitated the partnership. The aim was to introduce and share the successful experience of Indonesia in implementing acceptable family planning programmes within a Muslim setting. The training focused on how Islam views the family planning concept, including clarifying common misconceptions, and how the concept is translated by Muslim religious leaders and Islamic institutions through their participation and active support to family planning services and information. This was applied in various settings, including schools, hospitals and clinics, and advocacy took place for the establishment of fatwas or declarations of religious leaders supporting family planning and dissemination of training to local community leaders through pilot projects, among others.

The Philippines and Indonesia forged a five-year plan (2012-2017) under which national and local government officials and Muslim religious leaders from the two countries conducted cross-learning activities in the form of training, field exposure, internship, workshops and exchange visits. The twin purpose of the collaboration was to learn from each other by exchanging good practices that could be applied, as appropriate, in their own contexts and to share their respective expertise to enhance the work being carried out in their countries.

Every year, teams comprised of government officials, Muslim religious and community leaders, health professionals, women and youth leaders from both countries underwent 5 to 10 days of intensive training on various aspects relating to reproductive health and family planning programmes and were mentored by experts from either country. After the training, the teams went back to their constituencies and enhanced their own respective programmes by introducing and incorporating new perspectives learned. The trainees also participated in seminars and national and regional conferences, such as the Asia Pacific Conference on Reproductive and Sexual Health and Rights and national family planning conferences.

During the five-year partnership between the Philippines and Indonesia, the capacity of 139 Muslim religious leaders, 127 government officials and 72 young people from both countries was strengthened in the areas of family planning, reproductive health and gender issues. Participants

learned many valuable lessons about Islam and family planning, such as the point that it is not “haram” (forbidden or proscribed by Islamic law). They also learned about birth spacing; early marriage; and pre-marriage counselling in Islam, among others. The exchange programme included field visits, internships and lectures on family planning and Islam given by Muslim leaders.

The ARMM region showed improvements in key reproductive health and family planning indicators over the five-year partnership as evidenced by increased use of modern contraceptives and access to maternal care services and a decline in unmet needs for family planning and lower incidence of gender-based violence.

As a result of the training programmes attended by its officials, the Bangsamoro leadership, the main Muslim political entity in the Philippines, accepted reproductive health and family planning as a development issue and implemented such programmes in their community. Five pilot municipalities in the ARMM region implemented family planning programmes with funding and technical support from the Population Commission.

A new fatwa, entitled Model Family in Islam, was passed by the Dar al Ifta in 2015 clarifying the issue of early and forced marriage in the context of Islam. The fatwa followed the first one issued in 2004 which clarified that family planning is not forbidden among Muslim couples. The new fatwa paved the way for the signing in 2015 of the Memorandum of Understanding between UNFPA and the Moro Islamic Liberation Front, through its development arm, the Bangsamoro Development Agency, for the latter to implement programmes on reproductive health and family planning. This agreement would not have been possible without the issuance of the fatwa.

The Indonesian participants also learned from the experience of the Philippines in decentralization that successfully transferred the responsibility of managing reproductive health and family planning programmes to local governments. This is important since the battleground in reproductive health and family planning implementation is at the local level where leaders can take a hands-on role in rolling out such programmes. In addition, there were good practices gleaned from Filipino female Muslim religious leaders who are more engaged and actively participating in reproductive health and family planning promotion than their counterparts in Indonesia.

To ensure that action plans developed during the training sessions are implemented upon return to the country, a team of trainees consisting of high-level administrators, programme managers and religious leaders should be drawn from the same locality. This approach encourages teamwork and will help ensure sustainability of the programme.

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Cross-cultural Partnerships with Muslim Religious Leaders for Family Planning



Innovative learning and advocacy



CHALLENGE

For the past several decades, addressing religious beliefs around the issue of family planning has been a big challenge for the international Muslim community, raising concerns regarding its compatibility with Islamic teachings. While some Muslim States and organizations have adopted a cautious approach to the issue, others, like Indonesia, have mobilized religious leaders to present religiously sound interpretations (known as a fatwa, a religious opinion on Islamic law issued by an Islamic scholar) on the subject. While access to family planning information and services has been widespread and more accessible in developing countries, in some Muslim countries the level of awareness remains low and there are misconceptions related to its acceptability from an Islamic perspective.

Indonesia, which has the largest Muslim population of any country in the world, has seen a fertility decline in the past decades. Religious leaders have played an important role in influencing the attitude of the community towards family planning. The Government of Indonesia, with technical support from the United Nations Population Fund (UNFPA), embarked on a strategic partnership through South-South and Triangular Cooperation with Muslim religious leaders in family planning to introduce and share the successful experience of Indonesia in implementing acceptable family planning programmes within a Muslim setting. The training focused on how Islam views the family planning concept, including clarifying common misconceptions, and how the concept is translated by Muslim religious leaders and Islamic institutions through their participation and active support to family planning services and information. This was applied in various settings, such as schools, hospitals and clinics, advocacy done in the establishment of fatwas supporting family planning and dissemination of training to local community leaders through pilot projects, among others.

TOWARDS A SOLUTION

To facilitate multi-country exchange and sharing of knowledge and good practices, training was conducted in Indonesia for religious and community leaders

NOMINATED BY

United Nations Population Fund (UNFPA)

COUNTRIES/REGIONS/TERRITORIES

Afghanistan, Algeria, Azerbaijan, Bangladesh, Burundi, Chad, Ethiopia, Ghana, Guinea, India, Malaysia, Maldives, Mali, Nepal, Nigeria, Pakistan, the Philippines, Sri Lanka, Sudan

SUSTAINABLE DEVELOPMENT GOALS TARGET(S)

3.7

SUPPORTED BY

Indonesian Ministry of Foreign Affairs; Bureau of Overseas Technical Cooperation, Ministry of State Secretariat, Indonesia

IMPLEMENTING ENTITIES

National Population and Family Planning Board (BKKBN)
Indonesia, Indonesian Muslim Organizations: Nahdatul Ulama and Muhammadiyah

PROJECT STATUS

Completed

PROJECT PERIOD

2013 – 2018

and local officials working in family planning. The intensive training is carried out through classroom orientation and lectures, as well as field visits. The latter enabled the participants to observe and have direct interaction with grassroots workers and resource persons on how Islamic teachings on family planning are implemented by engaging a diverse set of civil society actors, including religious and faith-based organizations, together with secular NGOs and governmental counterparts. Three major Islamic institutions - the Office of Islamic Affairs of the Ministry of Religious Affairs, Muhammadiyah and Nahdlatul Ulama - shared their family planning activities, including providing information and services at the grassroots level to the participants.

The training was designed not only to learn and share experiences but for participants to reflect on lessons learned and to prepare their own plan of action for implementation upon return to their respective countries. The cooperation between UNFPA and participating countries continues even after the training with follow-up activities in the home countries of the participants, including implementation of their action plans.

Most of the participants of the family planning training in Indonesia considered the programme an excellent learning opportunity and relevant to their particular needs. More specifically, it raised the awareness of religious and community leaders from participating countries that Islam is not against family planning and motivated them to be more active in their communities to promote and support family planning.

From 2013 to 2018, more than 200 Muslim religious leaders and over 5,000 participants from 20 countries in Asia and Africa, including Afghanistan, Algeria, Azerbaijan, Bangladesh, Burundi, Chad, Ethiopia, Ghana, Guinea, India, Malaysia, Maldives, Mali, Nepal, Nigeria, Pakistan, the Philippines, Sudan and Sri Lanka benefited from this training programme, covering topics of advocacy, management and communication of family planning, among others.

As a follow up to the training in Indonesia, several countries have conducted national workshops and similar training programmes as well as family planning projects. In Nepal, the project included district-level orientation on family planning and Islam, discussion with ulamas (religious scholars), madrasa (Islamic schools) and parents of Muslim girls to disseminate family planning-related messages. In Chad, their action plan focused on behaviour change communication interventions through networks of partner agencies in the capital city and other communities throughout the country.

The Indonesian training programme encouraged participating countries to develop a fatwa supporting family planning. The Philippines endorsed a fatwa on the family model in Islam that is being implemented in five municipalities. In Ethiopia, the Islamic Supreme Council pronounced a fatwa on Family and Marriage in Islam which essentially states that family planning could be practiced by Muslim families and it is the responsibility of both husband and wife. An earlier fatwa stipulated that the practice of family planning was the responsibility of women only. In Guinea, religious leaders (Muslims and Christians) produced a declaration supporting the national family planning programme. While attribution is difficult to demonstrate, contraceptive prevalence in the country is increasing,



albeit slowly.

Addressing the cultural and religious beliefs around the issue of family planning remains a big challenge in some Muslim states and organizations. Advocacy efforts on Islam and family planning should not be exclusively for religious leaders. Along with religious leaders, other civil society advocates, health experts and government officials all need to be engaged and be part of the advocacy.

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Eliminating Mother-to-Child Transmission of HIV and Syphilis in Thailand through South-South Cooperation



New cooperation modalities prove successful during, and possibly after, the COVID-19 pandemic

CHALLENGE

Since 2011, progress has been made globally in eliminating mother-to-child transmission (EMTCT) of HIV, but not fast enough to reach the 2020 targets, especially the 'Super-Fast-Track Framework to end AIDS'. In 2019, there were approximately 150,000 new HIV infections among children under five, highlighting the need to accelerate the prevention and treatment for all pregnant and breastfeeding women living with HIV in order to eliminate new infections among children and reduce HIV-related deaths of pregnant women and new mothers.

In line with the targets of SDG3 (good health and well-being), the global community has committed to EMTCT of HIV and syphilis as a public health priority, but this requires an increased focus on integrating HIV interventions and prevention of mother-to-child transmission services within broader sexual, reproductive, maternal, newborn, child and adolescent health programmes, as well as ensuring equitable access for all women, including the most vulnerable.

In 2016, Thailand became the first country in Asia to eliminate mother-to-child transmission of HIV and syphilis. Since this success in 2016, and validation of maintenance of EMTCT in 2018 and 2021, many countries globally have been benefitting from Thailand's vast experience, lessons learned and good practices in this area of work. More broadly, the country has become a global knowledge resource centre for systems strengthening for universal health coverage, accessible and quality maternal and child health care and data and information management system.

TOWARDS A SOLUTION

The elimination of mother-to-child transmission (EMTCT) of HIV and syphilis in Thailand is attributed to the meeting of science, medicine and political commitment. Through the government's South-South and Triangular Cooperation agenda managed by the Thailand International Cooperation Agency (TICA)



NOMINATED BY

United Nations Children's Fund (UNICEF)

COUNTRIES/REGIONS/TERRITORIES

Lao PDR, Thailand

SUSTAINABLE DEVELOPMENT GOALS TARGET(S)

3.3; 17.9; 17.16

SUPPORTED BY

UNICEF Thailand Country Office, UNICEF East Asia and the Pacific Regional Office, Thailand International Cooperation Agency, Ministry of Public Health

IMPLEMENTING ENTITIES

UNICEF Thailand Country Office, UNICEF East Asia and the Pacific Regional Office, Thailand International Cooperation Agency, Ministry of Public Health

PROJECT STATUS

Completed

PROJECT PERIOD

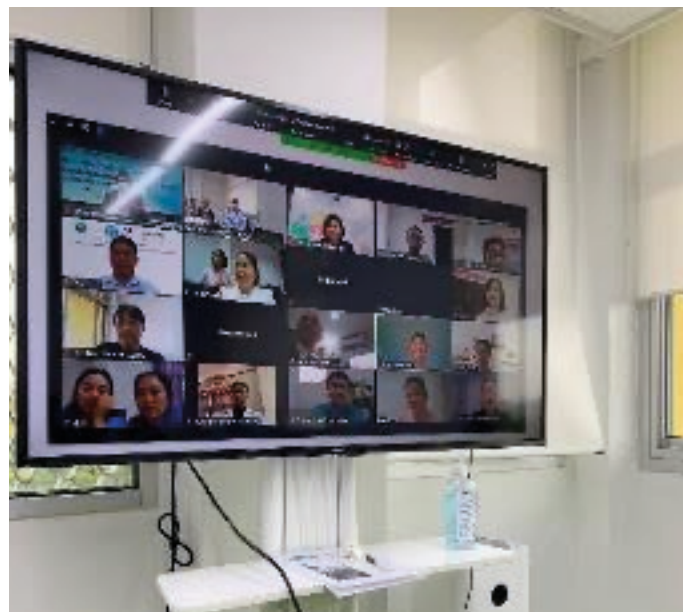
June 2020 – December 2021

under the Ministry of Foreign Affairs, the government has been sharing its experience, knowledge and technical expertise with other countries globally. Since 2017, TICA has partnered with UNICEF on EMTCT. Other stakeholders brought into the partnership include the Department of Health, Department of Disease Control, UNAIDS, WHO, TUC (a Thailand Ministry of Public Health-U.S. Center for Disease Control collaboration), independent experts and civic organizations, resulting in the attainment of a comprehensive set of technical expertise, experience, inputs, insights and resources. Through Thailand's South-South Cooperation initiatives, several countries globally have had a chance to learn from Thailand's experience and receive support to adapt solutions to their context. These include China, India, Kazakhstan, Myanmar, Tajikistan, Ukraine and Uzbekistan.

The current collaboration agreement on EMTCT between UNICEF, TICA and the Department of Health, covering June 2020-December 2021, includes cost sharing, technical expertise and manpower for increased coordination. The cooperation is framed within SDG 3: good health and well-being, especially ending the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combatting hepatitis, water-borne diseases and other communicable diseases (target 3.3), and aims at the following:

1. promoting health systems strengthening and universal health care using successful EMTCT as an entry point;
2. facilitating systematic and sustained partner country access to Thailand's experience, knowledge and expertise in EMTCT through different South-South Cooperation modalities and follow-up support;
3. strengthening Thailand's role as a knowledge hub and the capacities of the Ministry of Public Health and related local and national institutions in providing technical assistance and capacity building support to countries dealing with the challenge of vertical transmission of HIV and syphilis; and
4. facilitating experience sharing across countries as agreed between agencies and/or TICA as appropriate.

Since the outbreak of the COVID-19 pandemic in 2020, Thailand adapted its country support to new modalities. An online workshop was organized in October 2020 with 21 participants from Lao PDR to disseminate and share knowledge, experience and lessons learned. The workshop covered several topics, including PMTCT programme and service delivery (HIV and syphilis), active case management networks for early anti-retroviral therapy initiation among HIV positive infants, EMTCT validation processes, data and information management systems, laboratory systems and information management and human rights, gender equality and community engagement. Prior in-person hospital visits were transformed into two five-minute videos displayed during the presentation (on entry of pregnant women into formal health systems at antenatal care and laboratory systems and information management for antenatal care).



Prior direct observational learning, knowledge sharing and mentorship methods had proved successful, with most of the 47 participants in the 2019 workshop expressing through an evaluation their satisfaction with the content of the sessions. A main output from the workshops was a practical application of the learning, in which participants prepared roadmaps to EMTCT validation, and revisions were incorporated into existing EMTCT plans of the respective countries.

It has been found that the more recent online methodology, used in the context of COVID-19, may be even more replicable and sustainable. During an online workshop, interaction with participants was stimulated during Q&A at the end of each session and through the Zoom chat box function. Translation was provided to participants who do not speak Thai. Evaluations were conducted twice during the workshop, at the end of the morning and afternoon sessions, which reflected the participants' satisfaction with the online modality. This new modality of remote collaboration through SSTC can be extended as systematic programme support to achieving the global commitment to end AIDS by 2030, focusing on EMTCT.

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Empowering and Building the Capacity of Young People



Youth empowerment for sustainable development



CHALLENGE

The 2030 Agenda is committed to investing in youth and underscores their rights and the need to capitalize on their potential to contribute to positive social transformation. In line with the Programme of Action of the International Conference on Population and Development, countries in Eastern Europe and Central Asia recognize that the effective realization of sexual and reproductive health and reproductive rights requires the empowerment of all sectors of society, including adolescents (ages 10-19) and youth (ages 15-24). Efforts to strengthen national commitments to invest in young people (ages of 10 and 24) by building and enhancing their capacities will enable them not only to exercise autonomy and choice with regards to their well-being but also play a vital role in their communities and contribute to the sustainable development agenda.

TOWARDS A SOLUTION

UNFPA, in partnership with National Center of Public Health and Analyses in the Ministry of Health of Bulgaria and youth organizations, launched various initiatives that support youth capacity development and empowerment in the areas of sexual and reproductive health and rights, gender equality and peacebuilding in Eastern Europe and Central Asia and beyond. The overarching goal was to inspire and support adolescents and young people to become leaders through innovative approaches and cooperation.

The Peer Education, Training and Research Institute (PETRI), based in Bulgaria's capital city, Sofia, serves as a facilitator for exchanging knowledge, sharing resources, encouraging the advocacy efforts of young people and providing solutions with the help of a network of partners. It builds and maintains a regional network of organizations and individuals who implement and design programmes for successful improvement of youth knowledge, attitude and skills. PETRI-Sofia links beneficiary needs in knowledge, capacities, programme development and

NOMINATED BY

United Nations Population Fund (UNFPA)

COUNTRIES/REGIONS/TERRITORIES

Bulgaria, Jordan

SUSTAINABLE DEVELOPMENT GOALS TARGET(S)

3.1; 3.3; 3.7

SUPPORTED BY

United Nations Population Fund (UNFPA) Eastern Europe and Central Asia Regional Office (EECARO)

IMPLEMENTING ENTITIES

National Center of Public Health and Analyses, Ministry of Health, Bulgaria; Ministry of Foreign Affairs, Bulgaria; National Centre for Culture and Arts (NCCA) of King Hussein Foundation, Jordan; Youth Peer Education Network (Y-PEER); YouAct; YSAFE

PROJECT STATUS

Completed

PROJECT PERIOD

January 2018 – December 2021

implementation to the expertise and know-how existing in the region, including the expertise of young people.

PETRI-Sofia uses peer-to-peer education through alternative methods of education, such as theatre-based techniques, role games and simulations. The target audience for its training programmes include trainers, students and youth aged 18 to 30. It has ‘fellows’ from an international network of young volunteers in 57 countries in four regions (Asia-Pacific, Eastern Europe and Central Asia, East Africa, Middle East and North Africa) and also partners with government institutions.

More than 500 young people were trained by PETRI-Sofia in Bulgaria on topics relating to sexual and reproductive health and rights, advocacy, project development and management, leadership, fundraising and resource mobilization, among others.

PETRI-Sofia shared its experience with a counterpart in Amman , Jordan where a similar Regional Knowledge Hub for Youth Development was set up with support from the National Centre for Culture and Arts of the King Hussein Foundation.

Emerging youth leaders and innovative thinkers from 21 countries took part in the PETRI international fellowship programme that provided an opportunity and space for young activists to develop their skills and knowledge, to meet their peers from different countries, exchange and share ideas and experiences, network, plan future activities and work in a multicultural environment.

The PETRI-Sofia Training on Advocating for Youth Voices and Priorities in Eastern Europe and Central Asia Region mobilized young people to raise their voices and advocate for their priorities related to the post-2015 agenda. In 2016, PETRI-Sofia organized training aimed at building the capacity of youth leaders from the region as “Trainers of Trainers” in peer education to plan and lead training sessions for their peers and to use theatre techniques related to sexual and reproductive health and rights and HIV prevention.

In 2017, with the support of the Ministry of Foreign Affairs, a “Youth Leadership for the Development and Implementation of the Sustainable Development Goals (SDGs)” project was launched, to develop the capacity of young people to contribute to the achievement of the SDGs.

As a regional resource centre and knowledge hub for youth, PETRI-Sofia is a good example of an effective facilitator for exchanging knowledge and experiences and sharing resources and in building the capacity of young people for leadership, among other skills. The training of young people, including training of trainers, increased the number of highly skilled youth in the region to, among other things, plan and implement a wide spectrum of youth sexual and reproductive health and HIV prevention related activities. Critical to its success is the commitment of national institutions that guarantee its sustainability and the support of international development agencies and a network of youth-led partners.

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Enhancing the Monitoring of Reproductive Health Supplies



Using geographic information systems for strengthening health supply chains



CHALLENGE

Access to safe, quality and effective contraceptives, medicines and equipment is paramount to women's reproductive health and their ability to plan their family. Quality contraceptives and maternal health medicines help avert unintended pregnancies, maternal and child deaths and unsafe abortions. The United Nations Population Fund (UNFPA) supplies countries that need them and helps strengthen their supply chains so that women and adolescent girls can access a choice of contraceptives, no matter where they live. For planning and programming purposes and to ensure transparency and accountability, using digital mapping technology, such as Geographic Information System (GIS), to monitor and track reproductive health commodity distribution, including location of health facilities, is deemed important.

TOWARDS A SOLUTION

The Partners in Population and Development (PPD), an intergovernmental body of 26 developing countries mandated to promote South-South Cooperation in the areas of reproductive health, population and development, is referring to Nigeria's pilot implementation in the application of GIS technology. The choice of Nigeria, which is a member of PPD, is based on its geospatial data infrastructure that would enable and facilitate GIS data analysis and as a UNFPA programme country with interventions in family planning and reproductive health.

Nigeria, in partnership with PPD and with support from UNFPA, initiated a collaborative effort to explore the benefits of utilizing GIS as a logistics management tool in reproductive health supply monitoring, with huge potential for onward sharing to other PPD countries.

NOMINATED BY

United Nations Population Fund (UNFPA)

COUNTRIES/REGIONS/TERRITORIES

Nigeria

SUSTAINABLE DEVELOPMENT GOALS TARGET(S)

3.7; 17.6

SUPPORTED BY

UNFPA Nigeria

IMPLEMENTING ENTITIES

Government of Nigeria, PPD

PROJECT STATUS

Completed

PROJECT PERIOD

January 2017 – December 2021

The collaborating partners acknowledged the merits of using GIS, which include:

- ▶ providing useful maps that visualize and communicate programme data, including geo-referenced disaggregated data at sub-national level;
- ▶ establishing a foundation for data analysis within a geographic context;
- ▶ increasing access, use and value of data from multiple sectors;
- ▶ supplying a point of reference for discussion among programme key stakeholders;
- ▶ tracking the commodity distribution for a better targeting of resources; and
- ▶ availability of time-series data that provides geo-referenced information on health commodity-related issues.

With its ability to manage, analyse and visualize data, GIS is a cost-effective monitoring tool that is helpful for tracking reproductive health commodity distribution, including location of health facilities, that is important for evidence-based decision making and resource allocation.

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Health Promotion and Disease Prevention in Indigenous Peoples, with Emphasis on COVID-19



Empowering communities through culturally appropriate communications and engagement



CHALLENGE

Communication for health promotion and disease prevention has been a subject of discussion since the Declarations of Alma Ata and Ottawa (1986). Ethnic populations in the Americas need reliable information in their own languages that is relevant to their customs, needs and worldviews. Hence, the need to prepare health communication strategies using an intercultural approach that can improve the living conditions of indigenous peoples.

The COVID-19 pandemic has once again brought public attention to the tremendous health needs of indigenous peoples, which are the result of various complex problems, including major barriers to access to ethnically relevant services as a result of geographical and cultural barriers, scarcity of economic resources and a lack of health workers trained in an ethnicity approach to health. These problems have been exacerbated and made more evident by the COVID-19 pandemic.

To address these challenges and barriers, it is necessary to strengthen the capacities of health personnel and community leaders to promote, prevent and manage health risks and provide treatment, as well as develop participatory communication strategies that make it possible to adapt the health recommendations of Western medicine to the contexts of traditional medicine, always considering the realities of indigenous peoples. This requires methodologies founded on dialogue and ethnography, so that—through knowledge dialogue—a population can receive sufficient relevant information to foster voluntary access to life-saving therapeutic options such as vaccines. An ethnicity approach allows action to be taken in a way that minimizes physical and psychological harm.

NOMINATED BY

Pan American Health Organization/World Health Organization (PAHO/WHO) Colombia

COUNTRIES/REGIONS/TERRITORIES

Colombia, Ecuador, Peru

SUSTAINABLE DEVELOPMENT GOALS TARGET(S)

3.8; 3.d; 10.2

SUPPORTED BY

PAHO/WHO

IMPLEMENTING ENTITIES

PAHO/WHO Colombia, Departmental Health Institutions

PROJECT STATUS

Ongoing

PROJECT PERIOD

February 2021 – March 2023

URL OF THE PRACTICE

www.paho.org/es/historias/colombia-asi-impacto-covid-19-al-pueblo-indigena-misak

TOWARDS A SOLUTION

In Colombia, PAHO/WHO has prioritized the importance of communication in community interventions to foster change. Communication should be understood as dialogue, not simply as the transmission of information. Communication must allow for thoughtful exchange of information between actors, using a variety of media, strategies and methodologies. Communication must prioritize the relationships among actors, recognize their abilities and knowledge and encourage reflection, dialogue and participation.

The initiative promotes the collective construction of healthy living through participatory communication strategies that are culturally relevant to indigenous peoples and that create favourable conditions for the individual and collective adoption of behaviours that promote health and well-being, including an emphasis on COVID-19 prevention. Specific objectives include:

- ▶ identify and prioritize situations that can be improved through collective participation processes that have positive impacts on the health and well-being of indigenous peoples;
- ▶ design and implement effective communication strategies that facilitate community participation in activities that incorporate practices which improve health and contribute to the quality of life; and
- ▶ identify and prioritize situations that affect collective health and well-being and that can be improved through participatory processes.

This strategy has been implemented in ten indigenous communities in territories of the Amazon, Nariño, and Magdalena regions, where the towns each have highly complex social contexts, rich biodiversity and culture and multiple problems involving violence, poverty and drug trafficking, making them highly vulnerable.

From this conceptual perspective, the initiative's approach to communication construes communication as a dimension of life and social relations. Such an approach makes it possible to advance the objective of health promotion in a way that fosters well-being by incorporating indigenous peoples' concept of being a part of nature and of the transcendent world. On these bases, it is possible to create conditions in which individuals and groups can develop the capacity to act, empower themselves and make thoughtful consensus-based decisions about what individual, family and collective health care means, as well as generate processes that embody co-responsibility for the health system.

The recent experiences in Amazonas and Nariño have begun to show the benefits of conducting knowledge dialogues with communities that allow them to appropriate knowledge and multiply it, generating thought that can inform action.



To achieve sustainability, PAHO/WHO, in the framework of the different actions taken in the implementation of the Policy on Ethnicity and Health (operationalized through South-South and Triangular Cooperation), is encouraging territorial authorities to take ownership of the health interventions executed through the initiative through:

- ▶ strengthening community capacities for social participation in health and by including the ethnic approach in public health activities;
- ▶ consulting with participating indigenous organizations for the continuation of dialogue on the implementation of public health actions;
- ▶ considering information as a part of health care, and informed decision-making in indigenous communities regarding COVID 19; and
- ▶ encouraging acceptance of COVID-19 vaccination in indigenous communities.

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Healthy Ageing: Meeting the Needs and Tapping the Contributions of Older Persons



Sharing lessons learned in establishing healthy ageing centres to improve the quality of life of older persons



CHALLENGE

Countries in southern Europe are going through demographic changes characterized by low fertility, emigration, especially among young people, and population aging. With greying populations, countries are looking for ways to address the special needs of older persons, including health care, because of their unique vulnerabilities and lack of access to basic services. In the former North Macedonia, studies have shown that over 50 percent of people over 65 years had difficulty accessing primary health care services. In Bosnia and Herzegovina, the social isolation and prevalence of chronic non-communicable diseases among the elderly were a big challenge. In both countries, there were concerted efforts to enhance the quality of life of older people, including making health care 'age friendly.' Moreover, the older persons themselves recognized that harnessing their contributions would not only improve their own lives but also the wider community.

TOWARDS A SOLUTION

Bosnia and Herzegovina and North Macedonia launched a South-South Cooperation initiative to exchange experiences, lessons learned and good practices in addressing the health needs of older persons. Stakeholders from both countries agreed that it would be beneficial to share the success of Bosnia and Herzegovina in establishing healthy ageing centres with North Macedonia. The initiative was conducted with United Nations Population Fund (UNFPA) support and in cooperation with the NGO Partnership for Public Health. The Center for Healthy Aging worked towards improving the quality of life of older persons, especially their mental health, and enabling them to be actively engaged in and to make valuable contributions to their community.

NOMINATED BY

United Nations Population Fund (UNFPA)

COUNTRIES/REGIONS/TERRITORIES

Bosnia and Herzegovina, North Macedonia

SUSTAINABLE DEVELOPMENT GOALS TARGET(S)

3.4

SUPPORTED BY

UNFPA

IMPLEMENTING ENTITIES

Ministry of Human Rights and Refugees, Bosnia and Herzegovina; Ministry of Labour and Social Policy, Bosnia and Herzegovina; Ministry of Labour and Social Protection, North Macedonia; Municipality of Novo Sarajevo, Bosnia and Herzegovina; Partnership for Public Health, Bosnia and Herzegovina; Municipalities of Vinica and Caska, North Macedonia; Institute for Social Activities, North Macedonia; Red Cross, North Macedonia; Macedonian Anti-Poverty Platform; University "Treto doba" Skopje, North Macedonia

PROJECT STATUS

Completed

PROJECT PERIOD

January 2018 – December 2021

With support from the United Nations Population Fund (UNFPA), two centres for healthy aging were established in North Macedonia in the municipalities of Vinica and Caska serving the needs of older persons, including those who could not afford health care. A learning visit to the Centers for Healthy Aging in Sarajevo was conducted in 2017 , including participants at the ministerial level, to see first-hand the operation of the centres and good practices that could be transferred as appropriate.

Capacity building activities have been organized in both countries to better understand the consequences of rapid demographic changes and how capacities of older persons can be tapped. Furthermore, NGOs working in population aging were mobilized to promote active and healthy aging among older persons.

To improve the quality of life of older persons it is necessary to foster their physical activity, healthy nutrition and maintain their active and contributory role in the society. Older persons, leading an active lifestyle, are independent and do not represent an unnecessary burden on their families and public health system.

To promote healthy aging, it is important to have regular communication among various stakeholders. Such communication enables all stakeholders to understand the root causes of development problems and learn from each other different approaches to resolving issues. Older persons must be included in the programme leadership and the sector must be continually consulted and surveyed.

The practice described here could be easily replicated (and adjusted, if need be) in any country that has an aging population. Services provided in each of the centres are multi-sectoral in essence and depend on local capacities to provide those services, as well as the needs of the local population or their willingness to engage in such services.

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Improving the Effectiveness of Maternal Health Care



Partnership for knowledge exchange and capacity development



CHALLENGE

In 2010, maternal mortality ratio (MMR) in Turkmenistan was estimated at 67/100,000 live births. The causes of maternal death included severe bleeding, eclampsia and obstructed labour, which could be prevented through the provision of timely and quality emergency obstetric care. While basic obstetric service delivery points provided comprehensive emergency obstetric care (EmOC), there was a need to standardize clinical practices and establish a differentiated set of maternal health services and referrals across the country to improve quality of care for mothers and newborns and reduce maternal mortality. Moreover, apart from outdated clinical protocols and guidelines, weak capacity of specialists and uneven distribution of medical equipment were contributing to a disruption of timely service provision with negative impacts on maternal health.

TOWARDS A SOLUTION

To help improve the quality of maternal health care in Turkmenistan, especially the delivery of EmOC services, the United Nations Population Fund (UNFPA) facilitated a South-South Cooperation exchange between Turkmenistan and the Republic of Moldova in maternal health and provided technical and financial assistance throughout the entire process.

Following several rounds of consultation with stakeholders, the Republic of Moldova was selected as a suitable country for Turkmenistan to exchange with and learn from based on the following factors:

- ▶ the strong capacity of Moldovan obstetricians in developing and implementing clinical protocols;
- ▶ evidence of improvements and maintenance of quality maternal health services even with limited financial resources; and
- ▶ shared historical experience of the two countries that includes a similar system of maternal and child health service provision.

NOMINATED BY

United Nations Population Fund (UNFPA)

COUNTRIES/REGIONS/TERRITORIES

Republic of Moldova, Turkmenistan

SUSTAINABLE DEVELOPMENT GOALS TARGET(S)

3.1

SUPPORTED BY

UNFPA Turkmenistan and UNFPA Moldova

IMPLEMENTING ENTITIES

Ministry of Health and Medical Industry, Turkmenistan; MCH Institute in Chisinau, the Republic of Moldova; Simulation centre of Moldova State Medical University; Technical University of Moldova; MCH Centre in Ashgabat, Turkmenistan; Medical Equipment Center, Turkmenistan; Turkmen State Medical University, Turkmenistan

PROJECT STATUS

Completed

PROJECT PERIOD

January 2018 – December 2021

The cooperation between the two countries included, among others, transfer of technical expertise from medical experts, study and learning visits to maternal health service provision and training centres, standardizing clinical practice in obstetrics and newborn health through protocols and guidelines and setting up a more efficient medical equipment management system.

A comprehensive assessment of the structure and referral system of maternal and child health services in Turkmenistan found the need for differentiated services at each of the three levels of care in every region. The recommendation was carried out and it proved to be cost efficient and to increase the effectiveness of services provided.

The exchange visits were extremely beneficial for Turkmenistan participants who learned about efficient and cost-effective ways of managing medical facilities and equipment. This resulted in a significant average reduction from 20 to 7 days of non-functioning equipment, greatly contributing to an improvement in provision of maternal health services.

Through the exchange visits, Moldovan specialists also benefited from Turkmenistan's innovative approaches, such as the provision of regionalized differentiated services. Moreover, partners from both countries expressed strong interest in continuing their partnership and maintaining professional contacts and networking. For instance, five Turkmenistan experts were invited by the Republic of Moldova to take part in the 2018 International Congress on Obstetrics and Gynaecology.

The initiative significantly contributed to increasing the capacity of more than 150 Turkmen obstetricians, neonatologists, medical engineers and midwives in clinical practice and those in academia relating to the improvement of maternal health. United Nations estimates have shown that maternal mortality has decreased by 50 percent since 2010. Moreover, the country programme evaluation conducted in 2014 found that the number of comprehensive EmOC services provided increased by 30 percent, largely due to the introduction of updated clinical protocols and guidelines, as well as improvements in service training.

Standardization of medical practice, especially in the area of emergency obstetric care, is crucial for achieving long lasting results in improving maternal health. Setting up the standards of clinical care with clear and concise protocols and identifying who should do what and when has proven to be life-saving. A differentiated set of services and medical equipment, as well as human resources based on competencies, skills and knowledge is efficient and effective for providing quality services. Adopting pre-established standards can be beneficial for countries working to improve the effectiveness of their maternal health care.

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Increasing the Success Rate of Complex Fistula Repair



Exchange between health personnel from Côte d'Ivoire and Mali



CHALLENGE

While in developed countries obstetric fistula pathology has almost disappeared, in Côte d'Ivoire the prevalence was estimated at 2.6 percent despite the fact that the country had extensive experience in obstetric fistula management that started in the 1970s. However, the high turnover rate of trained surgeons led to interruption of complex fistula repair procedures. Fortunately, a complex obstetric fistula management programme had been in existence and strengthened for 20 years in neighbouring Mali.

An obstetric fistula is an abnormal opening between the vagina and the bladder or rectum, typically caused by prolonged obstructed labour. It can lead to physical complications and poor psychosocial and economic outcomes and can either be simple or complex based on severity.

TOWARDS A SOLUTION

With support from the United Nations Population Fund (UNFPA) and the Korea International Cooperation Agency, Côte d'Ivoire and Mali cooperated in undertaking and increasing the success rate of complex obstetric fistula repair. The partnership was ideal, based on the similarity of cases, common language and ease of travel between the two countries.

A ten-day mission was launched in Côte d'Ivoire to treat patients with complex obstetric fistula. Twenty-six patients with complex obstetric fistula were examined and repaired. The mission was an opportunity for health workers to increase knowledge and learn from each other. This learning mission was supervised by experts and was intended to raise capacity of participating physicians. The diagnosis and medical interventions were conducted by both Malian and Ivorian medical teams. During the campaign, four professors of urology and gynaecology, two each from Mali and Côte d'Ivoire, supervised the training of less

NOMINATED BY

United Nations Population Fund (UNFPA)

COUNTRIES/REGIONS/TERRITORIES

Cote d'Ivoire, Mali, the Republic of Korea

SUSTAINABLE DEVELOPMENT GOALS TARGET(S)

3.1; 3.7; 5.6

SUPPORTED BY

Korean International Cooperation Agency (KOICA), UNFPA

IMPLEMENTING ENTITIES

Ministry of Health, Mali; Ministry of Health and Public Hygiene, Côte d'Ivoire

PROJECT STATUS

Ongoing

PROJECT PERIOD

2016 – Ongoing

URL OF THE PRACTICE

<https://cotedivoire.unfpa.org/>

experienced medical doctors who operated on the patients. Five gynaecologists and four surgeons also benefited from the successful joint campaign. In terms of success of a similar surgical repair procedure, the rate increased from 57 percent in 2012 to 78 percent in 2018.

This initiative proved that a capacity-development approach can work very well and could be made sustainable, thus benefitting more medical professionals and obstetric fistula patients. In fact, the two countries agreed to continue working together. This South-South Cooperation practice also showed great potential for replication in other neighbouring Western African countries.

This initiative is considered successful, potentially sustainable and replicable to other countries, for the below reasons:

- ▶ under this approach, many surgeons can be coached in such a short time;
- ▶ neighbouring countries share many values in common, which make their cooperation easier;
- ▶ standardization of definition and techniques will help to get results comparisons between countries; and
- ▶ there is a strong possibility of joint proposals for resource mobilization.

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Integrated Population and Health Information Platform



Partnership on maternal and child health using demographic data collection and statistical projections

CHALLENGE

Progress has been made in data collection, processing and utilization of a civil registration of Ghana, however, there remain critical gaps. While the registration of every birth and death was done in real time, only 64 percent of births and 20 percent of deaths were being recorded. This could be attributed to the difficulty accessing hard-to-reach rural areas where many births and deaths are not registered, among other reasons. Ghana aims to achieve universal birth and death registration coverage for the entire country.

Efforts were made to strengthen the civil registration system and modernize the country's statistical system by establishing an integrated population and health information platform, vital to the formulation of evidence-based maternal and child health (MCH) programmes. The government explored South-South Cooperation that would include sharing of experiences and expertise through training and essential technology.

TOWARDS A SOLUTION

Cooperation between Ghana and China, with support from UNFPA, started in 2014 that included demographic data collection, application, research and training on statistical and various population projection methods. Learning and exchange visits between professionals from the National Population Council of Ghana and experts from the China Population and Development Research Center were carried out. A series of training sessions was conducted that included learning about an innovative tool developed by the China Population and Development Research Center, a population projection software (PADIS-INT), which could be adapted for broad application to situations in developing countries, like Ghana.

This relationship is ultimately expected to help Ghana build an Integrated Population and Health Information Platform to support Ghana in collecting



NOMINATED BY

United Nations Population Fund (UNFPA)

COUNTRIES/REGIONS/TERRITORIES

China, Ghana

SUSTAINABLE DEVELOPMENT GOALS TARGET(S)

3.1; 5.6

SUPPORTED BY

UNFPA

IMPLEMENTING ENTITIES

National Population Council, Ghana; China Population and Development Research Center, China

PROJECT STATUS

Ongoing

PROJECT PERIOD

January 2018 – January 2022

high-quality disaggregated MCH data. The data will help develop evidence-based MCH programmes, improve the accessibility and suitability of MCH services, and thereby improve the status of women and children in Ghana in terms of health, economy and gender equality.

Meetings and consultations held with key partners of the initiative in Ghana, the China Population and Development Research Center and UNFPA resulted in a mutual understanding of the objectives, activities, outputs and desired outcomes of the collaboration.

A learning visit to China resulted in an increased interest in capacity development of national institutions in Ghana on the utilization of population and health information data for development planning and MCH programming. A well-designed plan is now in place in Ghana, with a phased approach, and is scheduled for completion and full operation by 2024.

The two governments and the participating institutions have shown interest in sustaining this initiative. This good practice has potential to be replicated in other countries in the Africa region, and in particular the Africa-China Conference on Population and Development is a logical platform to share knowledge about this practice.

For this continuing relationship to have a high likelihood for success, it was built with the following considerations:

- ▶ identify collaborating institutions that have complementarity of activities;
- ▶ initiate the programme only after all stakeholder institutions are satisfied and have agreed to formalities;
- ▶ design a programme that provides opportunity for exchange of visits and learning; and
- ▶ address some development problems through South-South Cooperation, even with countries outside the region, with China as a partner due to its interest in South-South Cooperation.

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Knowledge Hub on Safe Motherhood



Thailand-based network serving as a platform for sharing and exchanging good practices among countries faced with high maternal mortality

CHALLENGE

For decades, Thailand's rich experience in reproductive health, especially in maternal health, has been highly recognized. The current maternal mortality ratio of Thailand is 21 per 100,000 live births, a significant achievement relative to the global goal of reducing the maternal mortality ratio to less than 70 per 100,000 live births by 2030. Many developing countries with high maternal mortality ratios recognize Thailand as a source of good practices and knowledge that can benefit their countries.

From the 1980s to 2016, more than 200 international short courses on maternal health and midwifery were financially supported by the United Nations Population Fund (UNFPA) and Thailand for overseas participants. Courses were assigned to Thai institutions specializing in maternal health and newborn care. More than 500 participants, including doctors, nurses and policymakers, from countries with high maternal mortality ratios benefited from these courses. While the courses were reviewed and vetted by leading Thai institutions and UNFPA, they were conducted under the purview of the Bureau of Health and Workforce Development of Thailand's Ministry of Public Health. The training methodologies, mainly developed using institutional technology, were aligned with international standards.

In 2016, a survey was undertaken by TICA and UNFPA to review the application of Thailand-based experiences and knowledge in the courses. Feedback from respondents found the courses were too academic, too technological and difficult to apply, and suggested that the programme be based more on the existing capacities of countries. Based on the review, and through consultative meetings, solutions were devised to improve the quality of the Thai institutions' knowledge exchanges with other countries.



NOMINATED BY

Thailand International Cooperation Agency (TICA), Ministry of Foreign Affairs

COUNTRIES/REGIONS/TERRITORIES

Afghanistan, Bangladesh, Bhutan, Cambodia, Indonesia, Lao PDR, Nepal, Papua New Guinea, Thailand, Timor-Leste, Viet Nam

SUSTAINABLE DEVELOPMENT GOALS TARGET(S)

3.1.1

SUPPORTED BY

UNFPA

IMPLEMENTING ENTITIES

Faculty of Nursing and Midwifery, Chiang Mai University; Faculty of Nursing and Midwifery, Khon Kaen University; Faculty of Nursing and Midwifery, Prince of Songkla University; School of Nursing and Midwifery, Ramathibodi Hospital, Mahidol University; Department of Health, Ministry of Public Health

PROJECT STATUS

Completed

PROJECT PERIOD

April 2017 – December 2021

URL OF THE PRACTICE

www.tica.thaigov.net/main/en/home

TOWARDS A SOLUTION

An internationally experienced consultant with a midwifery background was recruited to assess the quality and standards of Thailand's maternal health South-South Cooperation courses and institutional capacities in alignment with International Confederation of Midwives-WHO standards. Recommendations were provided to improve course quality and learning methodology which have subsequently been adjusted to be more participatory and adaptable to different country contexts. The selection criteria for participants were also reviewed and revised to ensure that the right candidates are selected. The monitoring of participants after they return home was strengthened to ensure that the application of newly acquired knowledge yields maximum benefits.

Three Thailand-based good practices were selected as good solutions practices for preventing maternal deaths:

- ▶ community involvement in a maternal health programme by Chiang Mai University;
- ▶ a fast-track model to reduce preventable maternal deaths by Khon Kaen University; and
- ▶ a nurse and midwifery quality assurance policy from the Thailand Nursing and Midwifery Association. All partners agreed to share tasks and contribute resources.

The Thailand Knowledge Hub on Safe Motherhood was among the Thai institutions established under this initiative, with full support from UNFPA. The Knowledge Hub was designed to further improve the capacity of Thailand's institutions to address the SDG challenge to end preventable maternal deaths. Through a network of pre-qualified institutions officially recognized in 2018, the Knowledge Hub aims to:

- ▶ improve the quality of learning and practices among Thai institutions;
- ▶ provide technical assistance to countries in need; and
- ▶ work with TICA and UNFPA to support priority countries with high maternal mortality ratios.

The first international "South-South Cooperation Solution on Preventable Causes of Maternal Death Workshop" was organized in November 2018 to provide opportunities for countries with high maternal mortality ratios and Thailand to exchange maternal health-specific knowledge and set up technical collaborations. Sixty participants from 12 countries attended. The participants exchanged knowledge through case presentations and discussions, held bilateral consultations on maternal health issues, discussed innovations for making motherhood safer and aligned maternal health and midwifery education with the International Confederation of Midwives-WHO standards.

In 2020, because of the COVID-19 pandemic, an interactive online platform was developed to enable virtual participation by institutions. COVID-19 is now included in the course content as one of the preventable maternal death conditions.

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Maternal Health Services Continuity Support during the 2019 Samoa Measles Crisis



Fiji and Samoa cooperate to improve the health of mothers, infants and children



CHALLENGE

The Samoa 2019 measles outbreak became a national emergency that placed a high demand on Samoan health workers. Human resources for health were re-focused on the outbreak response. This, of course, implied that other health services were placed on hold or had reduced service delivery. This was particularly true for sexual and reproductive health services, including provision of antenatal care, birth delivery services, postnatal care, comprehensive and basic emergency obstetrics and newborn care and family planning services. While the outbreak response had urgency and demanded the bulk of the attention of the health professionals, the government did not want sexual and reproductive health issues left out as they are of strategic importance.

In order for the sexual and reproductive health sector not to be underserved as the country battled the outbreak, it was clear that medical professionals in the field were needed as soon as possible. Pacific Island countries had utilized the South-South Cooperation modality in the past to respond to each other's needs for acute increases in human resources for health during emergencies. Thus, health sector leaders in Samoa looked toward South-South Cooperation with Fiji as one way to fill this urgent need.

TOWARDS A SOLUTION

The Government of Samoa knew that retired midwives had been utilized in other countries in response to cyclones that hit the Pacific between 2014 and 2017, thus requested similar assistance, through a partnership with the Government of Fiji, to address medical staff shortages during the measles outbreak.

The UNFPA Pacific Sub-Regional Office facilitated the deployment of ten retired, but qualified and still licensed, midwives from across Fiji to stay in Samoa for ten weeks between December 2019 and February 2020. These midwives supported

NOMINATED BY

United Nations Population Fund (UNFPA)

COUNTRIES/REGIONS/TERRITORIES

Fiji, Samoa

SUSTAINABLE DEVELOPMENT GOALS TARGET(S)

3.1.1; 17.9; 17.16; 17.17

SUPPORTED BY

UNFPA

IMPLEMENTING ENTITIES

Ministries of Health and Medical Services – Fiji and Samoa

PROJECT STATUS

Completed

PROJECT PERIOD

2019 – 2020

URL OF THE PRACTICE

<https://pacific.unfpa.org/en/news/mission-accomplished-retired-fijian-midwives-return-samoa-after-10-weeks>

the maternity and labour wards of the nation's hospitals while local midwives were deployed to support the measles response nationwide. This deployment was supported by the Ministry of Health of Fiji in collaboration with the Nursing Council of Fiji with financial support from UNFPA, and was implemented through an existing Emergency Medical Team platform coordinated by the World Health Organization in Samoa.

The deployment of the ten midwives significantly contributed to the stabilization of essential reproductive health services in Samoan health facilities at a time when government resources were diverted to measles vaccination and treatment. The initiative ensured that pregnant women continued to receive safe and high-quality services at a time when health workers were overstretched.

Specifically, their deployment directly enabled 144 women to deliver safely via normal deliveries, assisted 16 Caesarean sections, conducted 534 antenatal visits and 8 postnatal visits, immunized 535 patients and delivered family planning services to 276 clients. The approach proved economical as the midwives offered their services on a volunteer basis, with their internal and international travel costs met and in-country costs covered by daily subsistence allowances provided by UNFPA.

UNFPA further helped with this Samoa initiative by finalizing the Terms of Reference for the volunteers, providing a clear scope of responsibilities, processing the midwives travel and Daily Subsistence Allowances and booking their accommodation in country in coordination with the Samoa Team. UNFPA also coordinated closely with WHO in Samoa which has responsibilities for coordinating technical teams requested by the government.



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Professionalizing Midwifery to Meet International Standards



Addressing common challenges in strengthening and upgrading the midwifery profession



CHALLENGE

Well-trained midwives could help avert roughly two-thirds of all maternal and newborn deaths. They could also deliver 87 percent of all essential sexual, reproductive, maternal and newborn health services. Yet, only 42 percent of the world's trained midwives work in the 73 countries where more than 90 percent of all maternal and newborn deaths and stillbirths occur.

United Nations Population Fund (UNFPA) country offices around the world support programmes to engage or strengthen the midwifery cadre. Bangladesh's unique comprehensive approach and commitment to international midwifery standards has resulted in the country being recognized as a knowledge resource in this field. The Government of Bangladesh, through support from UNFPA Bangladesh, graduated the first International Confederation of Midwives (ICM) standard three-year direct entry midwives in 2015. Since then, over 4,000 midwives have graduated and over 1,100 are currently deployed. Additionally, 41 public schools are now offering the government approved course. The programme adheres to ICM's three pillars of professionalism, namely: education, regulation and association.

With UNFPA support, India has reached out to Bangladesh for a rapid snapshot analysis of ways to strengthen the role of midwives in India's health system and how better to optimize the impact of maternal health programmes. In the past, India has struggled to introduce skilled birth attendants (SBA) and maternity care providers to improve the quality of maternal and newborn health care. The Government of India has expressed full commitment to a nationwide comprehensive programme that puts midwives at the forefront of maternal health service delivery, especially at community levels India made a commitment to its national midwifery education programme to educate over 80,000 midwives in the next few years.

NOMINATED BY

United Nations Population Fund (UNFPA)

COUNTRIES/REGIONS/TERRITORIES

Bangladesh, India

SUSTAINABLE DEVELOPMENT GOALS TARGET(S)

3.1.1

SUPPORTED BY

UNFPA

IMPLEMENTING ENTITIES

Government of Bangladesh

PROJECT STATUS

Ongoing

PROJECT PERIOD

August 2019 – Ongoing

URL OF THE PRACTICE

<https://bangladesh.unfpa.org/en>

TOWARDS A SOLUTION

Since 2019, UNFPA Bangladesh and UNFPA India have been sharing lessons on how to strengthen the path to establishing midwifery as a profession. The project is assisting India to identify common barriers and challenges to strengthening and upgrading the midwifery profession in the country.

This successful programme includes a newly approved accreditation process and faculty mentoring. A snapshot analysis provided guidance to the collaboration which also brought together important stakeholders, including Ministry of Health staff, the professional association, educational centres, funding institutions and other development partners. Counterparts in Bangladesh were invited to attend and share their stories during the National Consultation on the Roadmap for Midwifery held in India. This opportunity also provided Bangladesh with a broader understanding of India's overall approach to midwifery.

Knowledge sharing included the deployment of two international midwives to India who have been deeply engaged in the Bangladesh project. This allowed for a quick overview of possible bottlenecks and clarity on the midwives' scope of practice, especially during emergencies. It also facilitated the work between nurses and doctors so they can operate in a more cooperative, not competitive relationship and environment. This collaboration has greatly helped India to redirect and prioritize its resources for its midwifery programme.

This type of experience sharing has enabled the introduction of midwives on a nationwide scale over a short time period through international and multi-agency support. Since the initial consultation in Aug 2019, India has reached out to colleagues in Bangladesh to continue the exchange and networking.

As many countries are currently working on midwifery projects, the replication of this South-South Cooperation initiative could benefit the UNFPA system globally. By mobilizing a core group of midwifery experts who have strong clinical backgrounds and an intimate understanding of country contexts, countries can be assisted immediately in their rapid assessments. Efforts to replicate this approach may include mentoring midwives at clinical sites and midwifery educators in their educational institutions. Ideally, this could be done with UNFPA support, especially during the formulation of country programmes. This will optimize the sharing and wider application of a particular country's proven experiences and expertise and hasten national capacity building. This collaboration has demonstrated the significant role of trained midwives in advancing maternal health.

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Promotion of Family Planning by Muslim Religious Leaders



The role of Muslim religious leaders to advocate for family planning, reproductive health and child marriage

CHALLENGE

Chad is one of the least developed countries in the world and has a high fertility rate of 6.4 children per woman. This, in part, is attributed to low use of modern contraception, early marriage and early entry into fertile life and the persistence of traditional and socio-cultural practices and beliefs where a large number of children is valued.

Fertility control is perceived by the majority of the population to be incompatible with Islamic principles. The misunderstanding of religious texts has been an obstacle to the practice of family planning. In close partnership with the supreme body of the Muslim community, the High Council for Islamic Affairs, UNFPA mobilized religious and traditional leaders to raise awareness and promote behaviour change with regards to family planning and reproductive health.

TOWARDS A SOLUTION

Through the South-South Cooperation modality, the High Council for Islamic Affairs, with UNFPA support, built the capacity of its members, including the League of Women Preachers, on issues relating to family well-being and reproductive health from the standpoint of Islam. Through annual study tours, Council members went through rigorous training in Indonesia. They also benefited from sharing of experiences with Bangladesh, Egypt and Morocco. Moreover, the Council created a network of Qur'anic schools and trained at least 600 imams with whom they worked closely on the ground.



NOMINATED BY

United Nations Population Fund (UNFPA)

COUNTRIES/REGIONS/TERRITORIES

Chad, Egypt, Indonesia

SUSTAINABLE DEVELOPMENT GOALS TARGET(S)

3.7; 5.6

SUPPORTED BY

UNFPA

IMPLEMENTING ENTITIES

High Council for Islamic Affairs; Ministry of State Secretariat, Indonesia; Al-Azhar University, Cairo, Egypt

PROJECT STATUS

Completed

PROJECT PERIOD

September 2017 – September 2021

To counter the misinterpretation of religious texts related to family planning, the Council conducted campaigns to raise awareness on the benefits of family planning and reproductive health and the detrimental consequences of child marriage, among others. This was done through its radio broadcast network. The imams also delivered the same messages in mosques during Friday prayers.

The Council organized a forum on “Islam, Family Well-Being and Demographic Dividend” that involved more than 2,000 religious leaders and technical experts from the various regions of Chad and 20 countries in West and Central Africa, the Arab States and Asia. A ‘Declaration of N'Djamena’ was issued, which stated that the spacing of births is prescribed by the Qur’an and is an important element for family wellbeing.

Within the health centre located inside the main mosque of N'Djamena, Chad’s capital city, the Council opened a unit that specifically offered family planning services. There is evidence that the number of new acceptors of modern contraceptive methods is growing. On average, every year since 2016, more than 1,000 Chadian women adopt modern methods. Moreover, some 3,000 women preachers were committed to engage and train other women in promoting family planning and reproductive health.

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Reference Centre for Sexual and Reproductive Health and Rights



Promoting sexual and reproductive health and rights through specialized knowledge and services

CHALLENGE

Some 830 women and adolescent girls die each day from preventable causes related to complications of pregnancy and childbirth; 99 percent of these maternal deaths occur in developing countries. Addressing preventable maternal deaths requires coordinated and multisector responses, considering the dynamic interaction of vulnerability factors, such as gender, income, ethnic-racial and territorial inequalities, socio-epidemiological contexts for sexual and reproductive health and the state of national health systems. To ensure universal, comprehensive and timely attention to pregnancy and childbirth for everyone demands a complex and delicate integration between global effort and local interventions.

The commitment of the Community of Portuguese Language Countries to end preventable maternal deaths has served as an impetus for dialogue between and among partner institutions, capitalizing on the high level of technical expertise of Brazil's Fundação Oswaldo Cruz (FIOCRUZ). With support from the United Nations Population Fund (UNFPA), the Foundation has been bringing together different countries through a harmonized strategy focused on ending maternal deaths. Angola was the first country to formally request to be engaged in the initiative, although many other countries took part in initial dialogues and identification of priorities. The high engagement of the partners and the existence of common challenges were determinant factors in building synergy among the partners involved.

TOWARDS A SOLUTION

To facilitate collaboration between concerned countries and to strengthen national health systems to better respond to sexual and reproductive health issues and to more effectively reduce preventable maternal deaths in Community of Portuguese Language Countries, the idea of a Reference Centre for Sexual and Reproductive Health and Rights came about. The Centre is anchored on the



NOMINATED BY

United Nations Population Fund (UNFPA) Brazil

COUNTRIES/REGIONS/TERRITORIES

Angola, Brazil, Cabo Verde, Equatorial Guinea, Guinea Bissau, Mozambique, Portugal, Sao Tome and Principe, Timor-Leste

SUSTAINABLE DEVELOPMENT GOALS TARGET(S)

3.1.1

SUPPORTED BY

UNFPA

IMPLEMENTING ENTITIES

Fundação Oswaldo Cruz (FIOCRUZ); National Institutes of Health from the Community of Portuguese Language Countries

PROJECT STATUS

Ongoing

PROJECT PERIOD

July 2019 – July 2024

URL OF THE PRACTICE

<https://campusvirtual.fiocruz.br/portal/>

International Conference on Population and Development (ICPD) as the basis for its larger agenda and framework for collaboration. The initiative is based on similar collaborative solutions developed by UNFPA using an international platform for various levels of decision-making.

Through a common cooperation governance platform (the Centre), FIOCRUZ provides support virtually to participating countries by facilitating networking and knowledge sharing. Successful interventions developed by FIOCRUZ in different Brazilian territories serve as a basis for complementing or redesigning national policies and programmes of other countries. Education and formative technologies developed by FIOCRUZ are tailored to the national health specificities of each country. While FIOCRUZ shares its experiences with African countries, they in turn share good practices and methodologies among themselves.

The collaborative work focuses on organizing demands related to surveillance of maternal deaths, technical training in analyzing contexts, planning, managing and evaluating interventions within the health system, monitoring clinical practices and security indicators and sharing instruments and methodologies that ensure the promotion of community participation and organization. Areas of common interest include education, training and research opportunities, a greater focus on technical professionals and managers working in maternal health, co-designing of projects and events at local, regional and global levels and the development of flagship programmes that further advance partnerships around the sustainable development goals.

This partnership started in 2019 with a global Memorandum of Understanding signed between Fundação Oswaldo Cruz (FIOCRUZ) and UNFPA. This joint engagement involves representatives from several health institutions in Africa, notably Angola's Ministry of Health and the National Department of Public Health, Cabo Verde's National Public Health Institute and Ministry of Health and Social Security and Mozambique's Ministry of Health. Initial similar discussions are underway with the Ministries of Health of São Tomé and Príncipe, Guinea Bissau and Senegal.

Within this framework, members of the Community of Portuguese Language Countries have developed a response framework to enhance health systems. Together with Brazil's FIOCRUZ, many dialogues and proposals for interventions from countries such as Angola, Cabo Verde and Mozambique were designed to guide cooperation modalities. The solutions sought by partners were geared towards a coordinated response starting with identifying gaps in the health care chain to strengthening the national health systems. This is meant to provide quality services to women during pregnancy and childbirth. The successful interventions developed by FIOCRUZ in different Brazilian territories have served as a basis for complementing or redesigning national policies and programmes of other countries. This collaborative spirit serves as the rationale for this south-south and triangular cooperation.

In these partnerships, areas of common interest include education, training and research opportunities, a greater focus on technical professionals and managers working in maternal health, co-designing of projects and events at local, regional, and global levels, and the development of



flagship programmes that further advance partnerships around the sustainable development goals.

At the global level, the Centre conducts advocacy, political dialogue and forecast governance through an Executive Secretariat, composed of representatives of FIOCRUZ and UNFPA, and a Steering Committee with representatives from government counterparts and other UNFPA partner countries. On the national level, the Centre ensures continuity of the cooperation by mobilizing national actors to construct and strengthen national health observatories focused on maternal deaths surveillance, producing evidence and intervention plans on pregnancy, childbirth and postpartum, covering topics such as obstetric emergencies, high-risk pregnancy and adolescent pregnancy, among others.

Capitalizing on the great experience of FIOCRUZ in international cooperation, particularly in dealing with different actors in varying contexts, the promising innovative element to this cooperation is the emphasis on elaborating integrated solutions that take into account the high level of adaptability to other contexts. This also means ensuring the participation of multiple players in different situations and identifying local responses to regional and global issues. In addition to the Distance Learning Course on Surveillance of Maternal Death and Performance in Mortality Committees, other innovative proposals are being made available to CPLP countries. The programme also includes education and formative technologies developed by FIOCRUZ tailored to the national health specificities of each country, such as the virtual campus, mentoring of class tutors, and a digital library that can be made available to partners on demand. Overall, this initiative seeks to strengthen national alliances for health and to intensify the role of maternal deaths local committees. It is hoped that this could further improve ways of tracking and monitoring the causes of preventable maternal deaths and upgrade the information chain available for health professionals, practitioners and decision-makers.

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Regional Training Centre of Excellence at Mauritius Institute of Health



Training African health personnel on reproductive health and gender



CHALLENGE

The establishment of a regional family health training centre in Mauritius for sub-Saharan African health workers has been supported by UNFPA since 1982. The initiative was strategic given the high birth rate in Africa, as well as the success of the family planning programme in Mauritius and its proximity to other African countries.

The Mauritius Institute of Health served as a regional training centre providing continuing education to local health staff and undertaking training and research in reproductive health. After 1994, in line with the International Conference on Population and Development agenda, its training programme was redesigned and came to be known as the Training of Trainers in Reproductive Health Course, with a focus on family planning, and was considered a centre of excellence in its field.

TOWARDS A SOLUTION

A Memorandum of Understanding between the Mauritius Institute of Health and UNFPA was signed to strengthen regional cooperation in the field of sexual and reproductive health and to build capacity in the field across sub-Saharan Africa. Training offered by the Mauritius Institute of Health included distance learning courses focused on family planning and maternal health, STIs/HIV AIDS, gender and security of reproductive health commodity supplies, among other topics, and was geared towards priority needs in countries of the region. Related research dealt with health systems, epidemiological studies and programme evaluations.

Experts at the Mauritius Institute of Health shared their knowledge with participants across the region. In turn, they also learned from the circumstances, challenges and progress of participants and their institutions.

NOMINATED BY

United Nations Population Fund (UNFPA)

COUNTRIES/REGIONS/TERRITORIES

Comoros, Eswatini, Lesotho, Madagascar, Mauritius, Namibia, Seychelles, Zambia

SUSTAINABLE DEVELOPMENT GOALS TARGET(S)

3.7; 5.1; 5.2; 5.3; 5.6

SUPPORTED BY

UNFPA

IMPLEMENTING ENTITIES

Mauritius Institute of Health

PROJECT STATUS

Completed

PROJECT PERIOD

January 2010 – December 2016

This mutual learning enabled the experts to improve their knowledge and improve the programme in a virtuous cycle, which is the essence of mutual learning in South-South Cooperation.

A total of 1,500 health personnel from the Comoros, Eswatini, Lesotho, Madagascar, Namibia, Seychelles and Zambia, as well as local health personnel in Mauritius, including the Institute’s training coordinators themselves, were trained by the Mauritius Institute of Health. Financial assistance was provided to support participation of selected candidates in various short-term and long-term courses.

To ensure that the specific needs of countries were addressed, the Mauritius Institute of Health tapped the expertise of UNFPA, WHO, ILO and various universities. Moreover, the Institute engaged additional partners, such as UNICEF, the Southern African Development Community and the Francophonie University Association.

The family planning centre of excellence was in a viable position to support partnerships among countries under the South-South cooperation framework. The challenge is to continue to innovate in order to sustain its comparative advantage both at the regional and global level.

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Scaling Up Care for Children with Severe Acute Malnutrition in South Sudan



Expanding quality health services
in a complex emergency context



CHALLENGE

Even before the upsurge of conflict in 2010, the prevalence of global acute malnutrition in Sudan was 22.7 percent, requiring an intensification of prevention and treatment of severe acute malnutrition (SAM) among affected populations. After the separation of South Sudan in 2011, the country faced a complex and protracted crisis, causing malnutrition to increase further. Political struggles and intercommunal conflicts have resulted in sustained poverty, with more than seven million people requiring humanitarian support and protection. Only a few civil society organizations continued to offer outpatient treatment, while many services collapsed or were suboptimal.

Between 2015 and 2018, the proportion of the population affected by food insecurity increased from 34 percent to around 60 percent. There was an urgent need to rapidly expand the reach of services for the early detection and treatment of children with SAM.

TOWARDS A SOLUTION

Sudan was one of the first countries in the world to use a community-based management approach to detect and treat children with SAM in 2001, with the services extended from inpatient health facilities to outpatient facilities. As the situation deteriorated and the number of children affected continued to escalate, the Government of South Sudan, UNICEF and partners intervened to scale up services for children with SAM to protect their future survival and nutritional well-being. In mid-2014, a joint nutrition scale-up plan for community-based management of acute malnutrition (CMAM) programme was launched to coordinate and leverage the comparative strengths of the partners to respond to the nutrition crisis. The plan aimed to scale up services and reach more than 235,000 children with SAM through 351 outpatient treatment sites in a highly complex and insecure operating environment.

NOMINATED BY

United Nations Children's Fund (UNICEF)

COUNTRIES/REGIONS/TERRITORIES

South Sudan

SUSTAINABLE DEVELOPMENT GOALS TARGET(S)

3.2; 3.8; 3.d; 2.1; 2.2; 4.2; 6.b

SUPPORTED BY

Government of South Sudan, UNICEF, World Food Programme (WFP); World Health Organization (WHO)

IMPLEMENTING ENTITIES

Government of South Sudan, UNICEF, WFP, WHO

PROJECT STATUS

Completed

PROJECT PERIOD

January 2014 – December 2019

During the programme's expansion between 2014 and 2018, the proportion of children with severe acute malnutrition being reached with life-saving treatment increased from 94,254 (40 percent) to 237,123 (77 percent). The number of outpatient treatment sites more than tripled, from 351 to 1,145 in 2019. The proportion of children who recover successfully from the programme has been consistently high, ranging from 78 percent in 2014 to 91 percent in 2019, meeting international programme performance standards. The proportion of children defaulting from treatment also declined steadily, from 17.4 percent in 2014 to 5.3 percent in 2019, while the rate of death has remained low at an average of 0.5 percent.

The CMAM concentrated on a community-based prevention approach, promoted continuum of care at nutrition sites, directly delivered nutrition interventions in hard to-reach areas, developed the capacities of partners and government, strengthened supply chain and pipeline management and enhanced needs analysis and coordination. Some innovative factors supporting quality scale-up include:

- ▶ guidelines and harmonization of treatment protocols endorsed by the government;
- ▶ a network of 40 partner organizations that jointly planned, implemented and monitored activities;
- ▶ a supervision pilot that assessed the quality of services several times a year, allowing supportive supervision and feedback so that timely corrective action could be taken; and
- ▶ Integrated Rapid Response Missions that screened children for acute malnutrition in hard-to-reach places so that they can be admitted for treatment.

Over time, the CMAM has been expanded as a part of comprehensive strategy integrated with nutrition, water, sanitation and hygiene (WASH), education, protection and early childhood development interventions. This included provision of child-friendly spaces, and early childhood development play and recreational materials, interventions to enhance food security and livelihoods, such as the distribution of seeds together with training to encourage dietary diversity, and systems-strengthening efforts used to reach mothers and children with preventative services, such as counselling to improve feeding practices and the delivery of essential micronutrients to young children.

South Sudan's experience shows that it is possible to scale up a resilient CMAM programme based on global guidance during an ongoing humanitarian crisis in a country of the South. Some lessons learned from the implementation include: political support and engagement from the highest levels of government for programme ownership, policymaking and accountability; government endorsement of guidelines and easy-to-follow tools; a government-United Nations-NGO partnership focusing on convergent inter-sectoral community based action; promotion of community awareness and engagement through community volunteers and mother-to-mother support groups; capacity building of skilled health workers through harmonized training packages; and a smooth supply pipeline for therapeutic foods with a tracking system and pre-position supplies.



South Sudan's experience in locally addressing severe acute malnutrition offers valuable lesson for other countries, especially those with far less confounding challenges. Documenting the experience and sharing this with other countries in Africa and globally was a first step to increase access of other countries to this solution, so it can be replicated through South-South and Triangular Cooperation.

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Shared Learning on Sexual and Reproductive Health and HIV Services



Productive Learning Exchange Visit between Botswana and South Africa



CHALLENGE

Sexual and Reproductive Health (SRH) services and HIV programmes are both typically delivered vertically, operating in parallel to national health systems. Such separate service delivery is considered a factor in why the reproductive health needs of women living with HIV remain unmet and, thus, are seen as missed opportunities to link these women to HIV treatment and care programmes.

In South Africa, although SRH and HIV integration was included in policies, it was not fully implemented as there was insufficient guidance on how service provision should be carried out in an integrated manner. This was compounded by a lack of human resources, as well as poor quality of services. Botswana, on the other hand, had made good strides in supporting and strengthening health facilities that provide integrated SRH-HIV services.

TOWARDS A SOLUTION

A South-South Cooperation initiative was conducted to learn lessons and good practices from Botswana on strengthening delivery of comprehensive and integrated SRH and HIV services. This was done through a well-designed learning exchange visit by a South African delegation from the Ministry of Health. The Ministry sought to identify service delivery models that could be implemented to strengthen SRH and HIV integration. The methodology of the learning exchange entailed a policy briefing at the national level and visits to two districts in Botswana. In the district visits, participants learned about the progressive implementation plan of the programme and made four site visits to examine three distinct service delivery models — the “kiosk” (where all services are provided in one room), the “one-stop shop” (where all services

NOMINATED BY

United Nations Population Fund (UNFPA) South Africa

COUNTRIES/REGIONS/TERRITORIES

Botswana, South Africa

SUSTAINABLE DEVELOPMENT GOALS TARGET(S)

3.1.2

SUPPORTED BY

UNFPA

IMPLEMENTING ENTITIES

Ministry of Health and Social Welfare, Botswana South Africa
National and Provincial Departments of Health

PROJECT STATUS

Ongoing

PROJECT PERIOD

2020 – Ongoing

URL OF THE PRACTICE

<https://botswana.unfpa.org/en>

are provided in the same room or facility) and the “mall” (where clients are referred to other rooms within the facility). Botswana’s learning programme for its relevant health personnel was also discussed. The visiting delegation observed the involvement of traditional leaders and the community.

In the truest spirit of South-South Cooperation, the learning was not a one-way street. The South Africans also shared with their Botswana hosts the design of their successful programme in addressing the health needs of sex workers. In addition, South Africa shared their “She Conquers” campaign, a programme aimed at providing every adolescent girl and young woman with the resources that they need to lead a healthy, happy and successful life. While observing in one health facility in Botswana that health care workers needed to complete nine registers (data collection tools) in the consultation room, the South Africans shared how they were able to reduce the number of registers to three.

There were benefits to all parties from this initiative. At the advocacy level, the South Africa Ministry of Health was inspired by what they observed and committed to institute service improvements. At the technical level, there were efficiencies gained by simply adopting and contextualizing what was learned instead of starting from scratch. Using the templates gained from Botswana, South Africa launched training programmes for its personnel and developed district implementation plans.

This practice demonstrates how two middle-income countries used the South-South Cooperation modality for mutual gain. It also showed how to design a successful learning visit. An important lesson here is that good preparatory work prior to the learning mission is crucial. Before drafting the concept note and agenda, it is vital to explicitly identify the good practices and what the office is hoping to learn from the intervention. This guides the mission focus, as well as the field visit to specific areas of interest.

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Social Return on Investment in Maternal Health



Applying SROI methodology to the institutional Thailand support for capacity development of Lao PDR's maternal health programme



CHALLENGE

In recent decades, Thailand's international development cooperation efforts have progressed considerably. UNFPA has supported the government to take a leading role in subregional, regional and global initiatives to exchange successful experiences and technical knowledge, especially on maternal health care and services. The Thailand Maternal Health Programme is globally recognized for its successful efforts to significantly reduce maternal mortality. With a rate of 24.6 maternal deaths per 100,000 live births, Thailand is already considerably below the Sustainable Development Goal target of 70 deaths per 100,000 live births.

For UNFPA, changes in the funding structure of the country programme in Thailand underscore the imperative to pursue more multilateral partnerships and co-financing. The programme aims to advocate for mobilizing resources for South-South Cooperation projects, including with civil society networks and private sector firms in Thailand and other countries.

TOWARDS A SOLUTION

To address issues of cost-effectiveness and programme impact, the Thailand International Cooperation Agency (TICA) and the United Nations Population Fund (UNFPA) started a collaboration to measure Social Return on Investment (SROI) with a view to demonstrating value for money and how that evidence can be used to mobilize additional resources.

For this specific case study, the midwifery programme in Lao PDR was selected for analysis with support from the Lao PDR government, TICA and UNFPA who had jointly invested in comprehensive programme management. The analysis included unpacking programme design, needs assessment, planning and implementation, monitoring and evaluation processes.

NOMINATED BY

United Nations Population Fund (UNFPA)

COUNTRIES/REGIONS/TERRITORIES

Lao PDR, Thailand

SUSTAINABLE DEVELOPMENT GOALS TARGET(S)

3.1.2; 5.6

SUPPORTED BY

Government of Thailand, UNFPA

IMPLEMENTING ENTITIES

Thailand International Cooperation Agency (TICA)

PROJECT STATUS

Completed

PROJECT PERIOD

July 2018 – April 2019

URL OF THE PRACTICE

www.tica.thaigov.net/main/en/home

Concerted collaboration on the human resources component of the midwifery programme in Lao PDR began in 2015 with a needs-based prospectus tailoring the initiative to national priorities. Between 2015 and 2017, through government cost-sharing, human resource skills and systems were improved. Participatory curricula were developed for human resource professionals, including a four-month course for 11 managers of midwifery schools and colleges and six-months of training for two groups of 52 midwifery educators from all 11 midwifery educational institutions. Monitoring and evaluation were undertaken periodically to adjust activities based on needs and demands. Lao's high-level officials made a study visit to Thailand to learn about its nurse midwifery systems and maternal health programme. The Faculty of Nursing at Thailand's Khon Kaen University became a major source of technical advice.

This analysis found a significant and substantial return of investment from the programme. The total investment of US\$ 450,000 created a social value of nearly \$ 1.8 million. Each dollar invested generated nearly four additional dollars. This value stemmed from 93 percent of trained Laos participants had increased self-confidence in the midwifery profession, 63 percent had greater capacity to contribute to their institutions, 29 percent had better job prospects and 24 percent had better abilities to contribute to their community.

The SROI further confirmed that the South-South Collaboration equipped midwifery educators in Lao PDR with knowledge and expertise in line with international standards. Nursing and midwifery institutions benefited greatly from improved skills and staff quality, and many innovations emerged. More specifically, the following initiative elements were highlighted and considered valuable: 1) the work with medical doctors to train midwives at health centres and district hospitals; 2) the exchange of teachers; 3) an exclusive breastfeeding project; 4) educational videos and micro teaching; and 5) a network of competent teachers. This latter network helped to stimulate interactions and provide technical updates among trained midwifery teachers, regular sharing of good practices and a collective approach to finding solutions and recommendations to strengthen policies on midwifery education.

The principles and methodology of SROI provides a more comprehensive and participatory framework than traditional cost-benefit analysis and applies financial proxies to measure socioeconomic outcomes. By investigating the views of multiple stakeholders in an easy-to-understand financial ratio, the framework made a convincing case for the value of the midwifery programme, shedding light on the social value created for each dollar invested. The SROI exercise drew on quantitative analysis of surveys and key informant interviews in order to probe the cost-effectiveness of the initiative and the value provided to different stakeholders and beneficiaries. Close coordination with key partners using a combination of meetings, interviews and a series of questionnaires helped ensure that stakeholders were in agreement with the SROI results.



The compelling findings of the SROI analysis provided TICA, UNFPA and the government of Lao PDR evidence to recommend continued investments in midwifery educators and institutional capacity development. Since the South-South model is effective and makes efficient use of Thailand's existing expertise as well as financial resources, it has potential over time to deliver long-term and sustainable results in a number of areas, not only in maternal health, but more broadly, in and sexual and reproductive health.

The SROI analysis done on Lao PDR serves as a solid basis for applying the SROI methodology for maternal health programmes in the region. Similar South-South Cooperation initiatives in maternal health are currently being explored with other countries in the region, such as Bhutan and Timor Leste.

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South-South Cooperation to Benefit Maternal, Newborn and Child Health



Sharing resources and knowledge between developing countries so that more mothers and newborns can survive and thrive

CHALLENGE

Over the past three decades, the world has seen remarkable progress in child survival, cutting the number of children worldwide who die before their fifth birthday by more than half. But there has been slower progress for newborns. Babies dying in the first month accounted for 47 percent of all deaths among children under 5 in 2018, up from 40 percent in 1990. In 2018, 2.5 million newborns died in their first month of life, with around a third of these children dying on their first day. Sub-Saharan Africa remains the region with the highest under-five mortality rate in the world, with an average under-five mortality rate of 78 deaths per 1,000 live births in 2018. This translates to 1 in 13 children dying before their fifth birthday – 16 times higher than the average ratio of 1 in 199 in high income countries.

TOWARDS A SOLUTION

To help address maternal, newborn and child health challenges, UNICEF and the Government of China signed a funding agreement on “Improving Maternal, Newborn and Child Health in Eight African Countries.” China committed to providing US\$ 8 million to assist the Democratic Republic of the Congo, Ethiopia, Kenya, Niger, Nigeria, Sierra Leone, Sudan and Zimbabwe to increase access to quality health facilities and essential medicines for mothers and newborns. The programme helped build the capacity of health workers and communities, including by sharing China’s technical knowledge and best practices in this area.

This best practice addressed and contributed to SDG3, namely ensuring healthy lives and promoting well-being for all at all ages. The intervention also contributed to other SDGs related to child health and wellbeing, such as SDG 2 on eradicating hunger and malnutrition and SDG 6 on ensuring access to clean and safe drinking water and sanitation for all.



NOMINATED BY

United Nations Children’s Fund (UNICEF)

COUNTRIES/REGIONS/TERRITORIES

China, Democratic Republic of the Congo, Ethiopia, Kenya, Niger, Nigeria, Sierra Leone, Sudan, Zimbabwe

SUSTAINABLE DEVELOPMENT GOALS TARGET(S)

3.1; 3.2; 2.1; 2.2; 6.2; 6.a

SUPPORTED BY

Government of China

IMPLEMENTING ENTITIES

UNICEF

PROJECT STATUS

Completed

PROJECT PERIOD

January 2020 – December 2021

URL OF THE PRACTICE

www.brhth.com

Projects in the countries focused on the below approaches and activities.

- ▶ Procuring and delivering essential maternal, newborn and child health (MNCH) supplies.
- ▶ Improving maternal and newborn services, including the rehabilitation of hospital units, referral services and vaccinations.
- ▶ Capacity building and awareness raising activities for health workers, midwives, community health volunteers and families.
- ▶ Conducting training in MNCH for health workers and practitioners in partnership with China.

Initially, the plan was to organize in-person visits and training to share China's experiences in MNCH with the eight countries. However, the COVID-19 pandemic restricted travel, thus China's International Health Exchange and Cooperation Center of the National Health Commission and UNICEF China jointly developed an online learning platform (www.brhth.com) to deliver courses in MNCH and to conduct South-South knowledge sharing with the programme countries.

Training included a pre-training survey, six weeks of online learning in three modules, four online interactive sessions with trainees, a quiz, a post-course assessment and development of an action plan for each country. Second-phase projects will be pursued to support implementation of the action plans.

Replicability and ease of scale-up is embedded in the programme's design. While the needs and projects in each of the countries differ, the modality of cooperation is replicable for other developing countries, in particular sub-Saharan African countries. The technical exchange and knowledge sharing platform will continue to contribute to multilateral and bilateral cooperation. It will also be used more widely and will benefit a broader range of participants in the future.

By the end of 2021, the programme provided lifesaving MNCH supplies, services and training opportunities that benefited more than 4.6 million people as below.

- ▶ Improved availability of essential medicines, equipment, consumables and expanded coverage of services to contribute to treating more children for malaria, pneumonia and diarrhea and to reduce neonatal and child mortality rates.
- ▶ Rehabilitated maternal health facilities and newborn care units, including new Special Baby Care Units and Centres of Excellence of neonatology.
- ▶ Health workers with more skills and capacity at various levels, including in Integrated Community Case Management, emergency and referral services and skilled birth attendance.
- ▶ Stronger exchanges and sharing among China and the eight countries in MNCH.



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Strengthening Data for Children with Disabilities in the Pacific



Leaving no one behind

CHALLENGE

Children with disabilities remain one of the most marginalized and excluded population groups. Discrimination arises as a consequence of a lack of understanding and knowledge of the causes and implications of disability, fear of difference or even contagion, as well as negative cultural views on disability. It is further compounded by factors including poverty, social isolation, humanitarian emergencies, lack of services and support and hostile and inaccessible environments.

In the Pacific, the capacity to collect and analyse disability statistics is generally limited due to the small size of Pacific Island countries, and existing capacity varies widely across the countries. Very little evidence to support advocacy and serve as a baseline for interventions is available in the Pacific, as no systematic collection of credible disability data exists in a number of Pacific Island countries. Statistically sound and internationally comparable data for children with disabilities in the Pacific is essential for the targeting of resources to reach the SDGs and to meet the needs of all children and the most vulnerable.

TOWARDS A SOLUTION

UNICEF and its partners have been supporting Pacific governments to strengthen data for children with disabilities with the aim of:

1. promoting experience sharing in the collection, analysis and use of disability statistics;
2. building regional shared capacities to overcome the challenges of small island countries; and
3. improving the quality of disability data in the Pacific region, including statistical data on children with disabilities, through national censuses and surveys.

NOMINATED BY

United Nations Children's Fund (UNICEF)

COUNTRIES/REGIONS/TERRITORIES

Australia, Fiji, Kiribati, Palau, Samoa, the Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu

SUSTAINABLE DEVELOPMENT GOALS TARGET(S)

3.c; 4.5; 10.2; 17.16

SUPPORTED BY

Government of Australia, The Pacific Community

IMPLEMENTING ENTITIES

UNICEF Pacific Islands

PROJECT STATUS

Ongoing

PROJECT PERIOD

2013 – 2022

System strengthening is a key part of the approach, through building the capacity of officials, such as national statistics office staff and other national stakeholders. Parallel advocacy efforts took place to harness political commitment to ensure that Pacific countries adopted standardized tools and used a uniform approach to the collection and analysis of disability statistics (which also mitigates gaps that may occur due to staff turn-over).

Multiple Indicator Cluster Surveys (MICS), which include the Washington Group/UNICEF Module on Child Functioning that covers children between the ages of 2 and 17, are used to assess functional difficulties in different domains, including hearing, vision, communication/comprehension, learning, mobility and emotions.

The first cross-country transfer initiative began in 2013 after the Vanuatu Demographic and Household Survey for the first time included a module on child functioning and disabilities, using internationally recognized questions validated by the UNICEF-Washington Group. UNICEF Pacific Islands facilitated a South-South Cooperation mission for Samoan government representatives to learn from the experiences of Vanuatu. Since then, country experience sharing has continued through regional mechanisms.

The support has established key baseline data on persons with disabilities through the use of internationally-recognized standardized tools and strengthened partnerships and collaborations. Specific results have included: Samoa successfully collected data on children with disabilities in the country's 2014 Demographic and Health Survey and 2016 Population and housing census; six countries (Kiribati, Palau, Samoa, Tonga, Tuvalu, Fiji) have included the Washington Group Short Set of Questions in their last census round; disability monographs prepared in Kiribati, Palau, Samoa and Tonga (2017-2019); and creation of an informal group to support the collection and utilization of disability statistics in the Pacific (2016) followed by the first regional meeting of the more formal Pacific Group on Disability Statistics in July 2020. MICS Findings Reports highlight detailed information on how the SDG indicators differ by disability status in the countries where MICS have been implemented.

The support is being expanded by replicating the collaborative approach with key regional players as well as the use of the Washington Group short set which is now part of the core census modules and inclusion of Washington Group questions in other surveys to enable disaggregation of key indicators by disability (Household Income and Expenditure Survey in the Marshall Islands and MICS in Fiji, Kiribati, Samoa, Tonga and Tuvalu).

Challenges have included funding fragmentation, affecting the frequency and consistency of surveys. Funding is also very costly due to the geographic dispersion of the island countries as well as other factors such as natural disasters. The COVID-19 pandemic has implications for in-country support, which is critical to the implementation of surveys. Due to travel and other restrictions, additional factors such as unreliable connectivity have become a challenge for further cooperation. Remote support turns out to be the primary option during this period.

The 2016-2025 Pacific Framework for Rights of persons with disability includes a specific focus on disability research, statistics and analysis (Goal 5). This regional commitment ensures long term sustainability of the practice.

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Strengthening National and Regional Antimicrobial Resistance Detection and Surveillance in CARICOM Member States



Building networks and supporting horizontal partnerships

CHALLENGE

Antimicrobial resistance (AMR) is a major public health problem and development issue because, in addition to its impact on morbidity and mortality, it has a huge economic impact. Accurate, reliable and timely laboratory testing for AMR is an essential component of effective disease surveillance, prevention and management.

The capacity for the detection of AMR is heterogeneous within CARICOM Member States, as are the susceptibility testing methods and the quality assurance standards used. To obtain useful and timely data for decision-making, it is necessary to develop an efficient surveillance system with standardized protocols, strict quality assurance standards, clear information flow and sustainable stewardship activities. Mitigating AMR has been identified as an area that requires strengthening in CARICOM Member States.

TOWARDS A SOLUTION

To address the issue, PAHO/WHO brokered a partnership between CARICOM and Argentina to leverage the latter's best practices on antimicrobial resistance, which led to the development of the project Strengthening Antimicrobial Resistance Detection and Surveillance at the National and Regional Level in the CARICOM Member States. The project is strengthening capacity to conduct high-quality testing for the detection of AMR, collate and analyze AMR laboratory data and use the laboratory results to monitor trends, improve prescribing practices and AMR prevention activities. Technical expertise and solutions are being shared between Argentina and 14 independent CARICOM member states to guide public health interventions. The objectives include improving the capacity for diagnosis and characterization of AMR in clinical, veterinary and food laboratories, establishing



NOMINATED BY

Pan American Health Organization/World Health Organization (PAHO/WHO) Argentina

COUNTRIES/REGIONS/TERRITORIES

Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Dominica, Grenada, Guyana, Haiti, Jamaica, St Kitts Nevis, St Vincent and the Grenadines, Saint Lucia, Suriname, Trinidad and Tobago

SUSTAINABLE DEVELOPMENT GOALS TARGET(S)

3.3; 3.d

SUPPORTED BY

PAHO/WHO, CARICOM, Government of Argentina

IMPLEMENTING ENTITIES

CARICOM, CARPHA, Ministry of Health of Argentina, Ministry of Foreign Affairs of Argentina, National Food Safety and Quality Service (SENASA) of Argentina, World Organisation for Animal Health (OIE)

PROJECT STATUS

Ongoing

PROJECT PERIOD

December 2019 – December 2021

URL OF THE PRACTICE

www.paho.org/en/amr-detection-surveillance-caricom-member-states

national programmes for external quality assurance of AMR diagnosis, implementing a system of AMR data sharing in the Caribbean region and promoting and enhancing the use of AMR data for public health actions.

As a result of this exchange, nine Caribbean countries received support for the appropriate use of supplies and reagents provided to detect resistance mechanisms of clinical importance. To strengthen human resource capacity, personnel in 12 countries were enrolled in virtual training on laboratory capacity building for AMR detection and surveillance. The training included: (a) standards for internal quality control of susceptibility testing; (b) capacity-building to detect and differentiate among resistance mechanisms; (c) detection of emerging resistance mechanisms; (d) different approaches and techniques for identifying and susceptibility testing of Gram-positive cocci and some fastidious organisms; (e) knowledge on bloodstream infection diagnosis; and (f) remote support for the installation and use of WHONET software for AMR surveillance, data entry and data analysis.

Due to the COVID-19 pandemic, the adaptation of the workplan to virtual activities allowed greater interaction with many Caribbean laboratory technicians and a broader scope and audience, resulting in the participation of nearly 120 human and veterinary laboratory professionals interested in the diagnosis and surveillance of AMR. These virtual initiatives with a broader scope were well received, as AMR is not limited only to bacteria, but also is about training and laboratory capacity for the detection of AMR in fungal infections.

In line with the project strategy to promote horizontal partnerships by working in networks, the leading thematic network, ReLAVRA (la Red Latinoamericana de Vigilancia de la Resistencia a los Antimicrobianos) was expanded to integrate the Caribbean countries and renamed ReLAVRA+. Twelve laboratories in CARICOM member states are participating in an external quality assessment programme and eight received training after follow-up surveys that identified needed performance improvements. Ultimately, two countries in the Caribbean have been able to detect outbreaks of AMR bacteria in a timely manner.

The national authorities of the countries commit appropriate and sufficient human resources to this project to ensure that the expertise gained will be available beyond the duration of the project to maintain the AMR surveillance capacities acquired or strengthened. During the implementation period, sustainability plans will be developed to facilitate the smooth transition of activities from project to national and sub-regional programmes, taking into consideration that capacities have been built at national and sub-regional levels and that the work through existing networks will complement national capacity requirements.



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Strengthening Reproductive Health in Humanitarian Settings



Developing capacities in service delivery in emergency situations



CHALLENGE

In 2017, it was estimated that 13.5 million people in the Syrian Arab Republic, including 4.1 million women of reproductive age and 360,000 pregnant women, needed humanitarian support. Seven years of crisis had led to some 5.1 million people living in hard-to-reach and besieged areas with limited access to basic health services, including reproductive health. Furthermore, more than 50 percent of health facilities were destroyed completely or partially.

The on-going crisis had adversely affected the delivery of quality reproductive health services. The need for skilled human resources, especially qualified and trained midwives, was huge. The majority served in major cities and more than a quarter of them would be retiring within the next two years. Moreover, many midwives have either perished or forcibly displaced, or have left the country.

To cover maternal health care needs across the Syrian governorates, the current midwifery cadre should increase by 40 to 50 percent. There was also a need to strengthen the capacities of midwives, who were not only saving lives in difficult circumstances but at the same time contributing to a long-term solution to maternal mortality and a sustainable health system.

TOWARDS A SOLUTION

To strengthen access to quality maternal health care, UNFPA in partnership with the Ministry of Health of the Syrian Arab Republic, organized a cross-country exchange of knowledge and experience mission for reproductive health professionals to the Islamic Republic of Iran. The objective was to enhance the understanding of the participants on best practices in reproductive health service delivery, especially by midwives in an emergency and humanitarian context, as well as

NOMINATED BY

United Nations Population Fund (UNFPA)

COUNTRIES/REGIONS/TERRITORIES

Iran (Islamic Republic of), Syrian Arab Republic

SUSTAINABLE DEVELOPMENT GOALS TARGET(S)

3.1; 5.6

SUPPORTED BY

UNFPA Iran; UNFPA Syria

IMPLEMENTING ENTITIES

Ministry of Health, Syrian Arab Republic; Ministry of Health, Islamic Republic of Iran; Ministry of Higher Education, Syrian Arab Republic

PROJECT STATUS

Ongoing

PROJECT PERIOD

January 2016 – December 2021

in a post-crisis era. The choice of the Islamic Republic of Iran was based on the country's revitalized reproductive health programme, particularly its well-developed midwifery programme, as well as the uncomplicated travel procedures for Syrians.

The Syrian health professionals, especially the midwives, have benefitted from the Iranian experiences in reproductive health service delivery in both developmental and humanitarian contexts. These include, among others, pre-natal, post-natal and safe deliveries in hospitals and facilities, neonatal care and resuscitation, when needed, and emergency obstetric care services. The Iranian Red Crescent Society's experience in reproductive health service provision in emergencies was especially useful. On the other hand, the exchange enabled the Iranian health professionals to understand and appreciate the roles, conditions of work and security risks that Syrian health workers face on a day-to-day basis, among other challenges.

As a result of the mission, an agreement between the Government of the Syrian Arab Republic and the Government of the Islamic Republic of Iran was initiated to support the health system in the Syrian Arab Republic, including reproductive health. Moreover, the visits to academic and medical institutions in the Islamic Republic of Iran led to a comprehensive and thorough review and updating of the Syrian midwifery curriculum. Academic and operation research relating to reproductive health and service delivery is also being discussed with the University of Tehran.

The success of this exchange is based on its participatory approach, including the active engagement of high-ranking officials in the Ministry of Health of both countries. The Minister and Deputy Minister of Health in the Syrian Arab Republic were involved right from the beginning in planning and overseeing the study tour up to the follow up phase of the mission. Likewise, for learning to be incorporated into practice, the participation of Syrian senior staff in the cross-country exchange, such as the Head of Autonomous Hospital and the Head of Nursing and Midwifery Programme, was vital.

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Strengthening Surveillance Capacities in the Americas Region



Building capacities in epidemiological surveillance in the context of COVID-19

CHALLENGE

Of Brazil's 5,570 municipalities, 588 are located in border areas. One of the characteristics of the population living in these border areas is an intense daily movement of people across the border from their home to workplaces, schools, healthcare services and leisure activities, known as "pendulum migration." This movement impacts the occurrence of diseases, as well as the functioning of health systems on both sides of the border.

Thus, pendulum migration must be explored when planning health services and actions due to its influence on health technology needs, on adherence to treatments and therefore on the prognosis of patients. Healthcare-oriented pendulum migration is common worldwide. In Brazil, the offer of universal free-of-charge health services through the Sistema Único de Saúde (SUS) may increase cross-border patient mobility, especially regarding foreigners residing in twin cities located in border areas.

In Brazil, health planning is based on the principle of territoriality. Thus, foreign populations are not accounted for during planning and for financial transfers to health systems. As a result, healthcare-oriented pendulum migration affects the management and organization of health services both in Brazil and in the border countries. In particular, such migration poses challenges for the surveillance and control of diseases, programming vaccination activities, calculating population coverage estimates and patient treatment monitoring. In this context, the border areas are considered to have great vulnerability.

NOMINATED BY

Pan American Health Organization/World Health Organization (PAHO/WHO)

COUNTRIES/REGIONS/TERRITORIES

Argentina, Bahamas, Barbados, Bolivia, Brazil, Chile, Colombia, Costa Rica, Ecuador, Guatemala, Haiti, Honduras, Jamaica, Mexico, Panama, Paraguay, Peru, Uruguay

SUSTAINABLE DEVELOPMENT GOALS TARGET(S)

3.8; 17.6; 17.9; 17.18

SUPPORTED BY

PAHO/WHO

IMPLEMENTING ENTITIES

Ministry of Health of Brazil, Oswaldo Cruz Foundation (Fiocruz)

PROJECT STATUS

Ongoing

PROJECT PERIOD

February 2021– February 2026

URL OF THE PRACTICE

- <https://formacaovigisaude.fiocruz.br/vigifronteiras>
- www.paho.org/en/news/21-7-2021-regional-genomic-surveillance-network-tracks-covid-19-virus-variants-throughout

TOWARDS A SOLUTION

At the end of 2019, the Brazilian Ministry of Health's Secretariat for Health Surveillance (SVS-MS), along with the Oswaldo Cruz Foundation (Fiocruz), with support from the Pan American Health Organization/World Health Organization (PAHO/WHO), launched the postgraduate Educational Programme on Health Surveillance at Borders (VigiFronteiras). The first edition of the programme provided courses (M.Sc. and Ph.D. training) for 75 public health workers from Brazil and neighbouring countries, free of cost.

The expected results are to strengthen health surveillance actions and services in border regions of Brazil and in neighbouring South American countries, to improve and qualify health surveillance activities in the regions along the land border, to train professionals in health systems in regions along the border of Brazil and to collaborate in developing collaborative networks to act collaboratively in response to common health problems and public health emergencies of national and international concern. Already positive results have been seen during the COVID-19 pandemic.

Since the beginning of the COVID-19 pandemic, laboratory diagnosis and knowledge of the circulation of the SARS-CoV-2 virus have been fundamental for the development of surveillance and control activities as well as the organization of the care service network. The SARS-CoV-2 has been changing over time, and some mutations or combinations may provide the virus with a selective advantage, which contributes to increased transmissibility or the ability to evade the host's immune response. The successful interruption of the chain of transmission of the virus, supported primarily by vaccination efforts and early detection of cases, also depends on the ability to timely detect new mutations of the virus and a potential emergence of variants of concern (VOC) and interest (VOI). The more viruses circulate, the more they may change, increasing the probability of a new VOI or VOC arising. Thus, laboratories worldwide have been tracking genomic changes in the virus at a speed and scale never seen before.

The COVID-19 Regional Genomic Surveillance Network, established in 2020 and Brazilian health authorities throughout the Fiocruz-Amazonas, with PAHO/WHO support, developed a new genome sequencing protocol and a RT-qPCR probe for rapid detection of variants such as Gamma, Alpha, Beta and Lambda of the SARS-CoV-2, allowing a massive monitoring of VOCs. The protocol was validated using more than 100,000 samples from the states of Alagoas, Minas Gerais, Pernambuco, Paraná, Rio de Janeiro, Rio Grande do Sul and Santa Catarina.

As of August 2021, around 800,000 full SARS-CoV-2 genomes were sequenced worldwide - 0.6 percent of the COVID-19 confirmed cases. In Brazil, only around 0.04 percent of COVID-19 cases were submitted to genomic sequencing. Yet, the country accounted for 59.6 percent of genomic sequencing copies in South America.

Considering the challenges imposed by the rapid spread and high prevalence of VOCs, the use of this protocol allowed greater agility in the identification of the circulation of these variants, with an increase in the number of samples sent for identification and sequencing, in addition to the simplification of work processes in laboratories. With the support of PAHO/WHO, Brazil transferred this technology and knowledge to other South American and Caribbean countries with more than 30 public health laboratories training in this new technology in a short period of time (Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bermuda, Bolivia CENETROP, Bolivia INLASA, Cayman Islands, Colombia, Costa Rica, Cuba, Dominica, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Dominican Republic, St. Kitts, St. Lucia, St. Vincent and Grenadines, Suriname, Uruguay and Venezuela). The Ministry of Health, Fiocruz and PAHO/WHO also facilitated the distribution of reagents to implement the test. Thanks to this effort the number of variants and copies identifying in South American countries increased three times (from 14,222 to 42,414) between 1 February 2021 and 31 August 2021.

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Strengthening Systems for Organ, Tissue and Cell Donation and Transplantation



Saving lives by sharing Argentina's best practices with Ecuador, Paraguay and Peru



CHALLENGE

In recent years, the transplantation of human cells, tissues and organs has been one of the most cost-effective therapies for the treatment of a large number of chronic diseases and has led to continuous improvement in patient survival rates and quality of life.

In the Americas region, the capacity to perform transplants varies from country to country. Barriers to making transplant therapy increasingly available in many countries include a lack of institutionally integrated and consolidated national programmes, adequate infrastructure and human resources with relevant skills and training. Transplantation needs to be developed equitably in the region. Some countries in the Americas need to prioritize and promote procurement activity as part of national health agendas. Many countries have been requesting support to help put the issue on their agendas and move forward with local initiatives.

TOWARDS A SOLUTION

The Instituto Nacional Central Único Coordinador de Ablación e Implante (INCUCAI) in Argentina, in partnership with the Pan American Health Organization/World Health Organization (PAHO/WHO) and the Ministry of Foreign Affairs, International Trade and Worship of Argentina, is working with counterparts in Ecuador, Paraguay and Peru on a transplantation cooperation project, called the Strengthening National Systems for Organ, Tissue and Cell Donation and Transplantation in Ecuador, Paraguay and Peru. INCUCAI is a decentralized agency of Argentina's Ministry of Health and the country's national coordinator of ablation and transplant activity. INCUCAI has an outstanding track record of international cooperation, in addition to working to strengthen the countries' donation and transplant systems and has worked with PAHO/WHO as a Collaborating Center since 2017.

NOMINATED BY

Pan American Health Organization/World Health Organization (PAHO/WHO) Argentina

COUNTRIES/REGIONS/TERRITORIES

Argentina, Ecuador, Paraguay, Peru

SUSTAINABLE DEVELOPMENT GOALS TARGET(S)

3.8; 17.6

SUPPORTED BY

Instituto Nacional Central Único Coordinador de Ablación e Implante (INCUCAI/Argentina), PAHO/WHO

IMPLEMENTING ENTITIES

PAHO/WHO; Ministries of Health of Argentina, Ecuador, Paraguay and Peru

PROJECT STATUS

Ongoing

PROJECT PERIOD

2019 – ongoing

URL OF THE PRACTICE

<https://iris.paho.org/handle/10665.2/51392>

The project launched in 2019, following PAHO/WHO's approval of Resolution CD57/R11, drafted with the participation of countries in the region. Its Strategy and Plan of Action serve as a roadmap for development of this project. The initiative for the strengthening of the donation and transplantation system, takes into account the realities of the hospital networks and the need to develop information systems that provide the bases for communication and outreach activities.

At the start of the project, virtual meetings were held among senior authorities of the agencies involved. The project's objectives and work methodology were consensually agreed upon and formulated, which was fundamental to ensure ownership at the country level and provide the necessary political support to make structural changes in the donation and transplantation systems of the countries. Three technical working groups were organized, with activities to be carried out and a schedule for completing them.

As a result of this exchange, the countries have been able to prioritize at the national level the strengthening of their donation and transplant institutions, starting from a mapping of the health care facilities with the capacity to perform complex interventions, which is a pillar to develop a sustainable network, particularly in the context of a pandemic. Because the current health emergency prevents in-person activity, the hope is to be able to organize missions to the countries to define the rest of the activities to be carried out.

The strengthening of donation and transplant agencies has been successfully included among these countries' national priorities. Mapping has been completed of hospitals with the capacity to generate donors to establish the network, and measures have been taken to maintain these services in the pandemic context.

INCUCAI has a track record in the field and seeks to share what it has learned with its counterparts, taking advantage of the similarity of the health systems in the three countries involved. Because of its federal organization, Argentina has extensive experience with subnational work in diverse contexts. INCUCAI has been working with its jurisdictions to develop local capacities – experiences that can be shared with the three countries in the project, and in turn with other countries in the region.

Already, this partnership has achieved the following:

- ▶ improvements in communication and public awareness of donation and transplants;
- ▶ baselines built on health care networks available in the countries, as well as national capacities, providers and types of financing for these services; and
- ▶ strengthening the stewardship and governance of donation and transplantation systems in the countries.



One of the advantages of having three counterpart countries is that the process will transfer capacities among them, in addition to those contributed by INCUCAI. This project will facilitate achievement of at least three of the progress indicators of the Strategy and Plan of Action on Donation and Equitable Access to Organ, Tissue, and Cell Transplants 2019-2030. Achievement of the objectives will have an impact on SDG 3.4 by improving access to therapies for chronic noncommunicable diseases and on SDG 3.8 by improving access to essential quality health care services, in addition to contributing to meeting SDG 17.

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Towards Better Maternal Health Outcomes



Maternal health training for countries/territories in the Balkans

CHALLENGE

The countries/territories in the Balkans faced common challenges related to the health of mothers and babies. Moreover, even though the rate of women dying from pregnancy or childbirth-related conditions has nearly halved in the region since 1990, the numbers are still unacceptably high. Much remained to be done to improve the health care that pregnant women and new mothers received. Most of these deaths could be averted with basic and effective low-cost interventions, even where resources were limited and even more importantly there needed to be an understanding of why they happen and how they could be prevented.

Countries in the region recognized the importance of strengthening the capacity of health professionals, health care planners and managers working in the area of maternal and newborn health in order to improve the quality of care provided. Sharing of knowledge, including better understanding of maternal deaths and complications, between and among countries in the region was deemed important to achieving better maternal health outcomes.

TOWARDS A SOLUTION

The United Nations Population Fund (UNFPA), in collaboration with the World Health Organization (WHO) and the Regional Development Center on Public Health Services in North Macedonia, organized an inter-country workshop on maternal mortality and morbidity with a focus on the principles and methodology espoused in the WHO guidance document, "Beyond the numbers: Reviewing maternal deaths and complications to make pregnancy safer." Eight countries and territories participated in this initiative: Albania, Armenia, Azerbaijan, Bosnia and Herzegovina, Georgia, Serbia, North Macedonia and Kosovo.

NOMINATED BY

United Nations Population Fund (UNFPA)

COUNTRIES/REGIONS/TERRITORIES

Albania, Armenia, Azerbaijan, Bosnia and Herzegovina, Georgia, Kosovo as per UNSCR 1244, North Macedonia, Romania, Serbia

SUSTAINABLE DEVELOPMENT GOALS TARGET(S)

3.2; 5.6

SUPPORTED BY

UNFPA Eastern Europe and Central Asia Regional Office (EECARO); UNFPA Romania

IMPLEMENTING ENTITIES

East European Institute for Reproductive Health, Romania; World Health Organization Regional Office for Europe; University College London; Institute for Public Health, Bosnia and Herzegovina; Agency for quality and accreditation in health care in Bosnia and Herzegovina (AKAZ); University Clinical Center Banja Luka; Ministry of Health and Social Welfare, Bosnia and Herzegovina; University Clinical Hospital Mostar; Public Health Institute of the RS; University Clinical Center Sarajevo; University Clinic for Gynecology and Obstetrics, Skopje; Specialized Obstetrics and Gynecology Hospital, Skopje General Hospital, Struga; Department for Public Health, Ministry of Health, Serbia; Department for Planning, Institute for Public Health, Serbia; Department for Pediatric and Adolescent Gynecology, Family Planning Center, Mother and Child Health Care Institute "Dr Vukan Čupić," National Institute of Public Health, Kosovo; Obstetrics/Gynecology Clinic, Pristina; Ministry of Health, Kosovo

PROJECT STATUS

Ongoing

PROJECT PERIOD

January 2016 – December 2021

Based on the outcome of the workshop, UNFPA, in partnership with the East European Institute for Reproductive Health in Romania, embarked on an initiative to roll out a maternal death review exercise in the region. The objectives of the initiative were to develop a training curriculum and a training package on reviewing maternal deaths and complications, to conduct a training course for trainers and to assess the quality of maternal care mechanisms, implementation and clinical audits.

Health care participants in the training-of-trainers course benefited from the lectures, exchange and sharing of knowledge, specifically on methods in conducting an in-depth and systematic reviews of various cases of maternal death and complications, severe maternal morbidity and “near misses,” the use of clinical guidelines and audits to improve quality of care.

This transferable initiative contributes to the implementation of the United Nations Secretary-General’s “Global Strategy for Women’s, Children’s and Adolescents’ Health” in support of the Sustainable Development Goals framework, to the WHO Regional Office for Europe “Action Plan for Sexual and Reproductive Health: Towards Achieving the 2030 Agenda for Sustainable Development in Europe – Leaving No One Behind” and to the implementation of the new Antenatal Care Guidelines.

Through lessons learned in the implementation of principles and practice of making pregnancy safer, countries have a deeper appreciation of the need to improve emergency care, national clinical guidelines on major obstetric complications, use of updated standards and facility-based protocols, teamwork around childbirth, as well as enhancing the role of midwives.

Strengthening the capacity of and empowering health care professionals, especially those working in the area of maternal and newborn health, is an important step in the right direction. With the traditional system of audit of maternal deaths often not based on evidence in most countries in the region, there is a growing and concerted effort to undertake evaluation of current practices through evidence-based professional case reviews to improve the quality of maternal health.



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Training Midwives to Support Maternal Health in Refugee Settlements



Collaboration between universities in Afghanistan and Iran



CHALLENGE

The 2010 Afghan Mortality Survey placed Afghanistan's Maternal Mortality Ratio (MMR) at 638 for every 100,000 live births. Only 58 percent of deliveries were reported to be attended by skilled birth attendants in 2016, and a significant number of deaths among women of reproductive age stemmed from pregnancy-related causes. It was also estimated that Afghanistan had approximately 5,000 midwives to serve a population of 30 million, way below the recommended one midwife per 175 women.

On the other hand, Iran (Islamic Republic of) continues to host the largest population of Afghan refugees in the world (approximately 3 million), with more than two-thirds of them not registered and exposed to health risks. When this initiative started in 2016, up to 48 percent of pregnant women were delivering at home in some refugee settlements, without skilled birth attendance. While the Iranian government is actively encouraging repatriation of Afghan refugees, the health needs of this community continue to require attention, especially among pregnant women.

TOWARDS A SOLUTION

A request was made from the Ministry of Higher Education of Afghanistan for the training of Afghan midwives to help the country address maternal health, including Afghan refugees residing in Iran. Iran had clear achievements in maternal health: it had a hundred-year track record in midwifery education and between 1990 and 2016, Iran's maternal mortality ratio decreased from 120 to 19.7 per 100,000 live births, mainly the result of systemic improvements in the Iranian primary health care structure. Thus, a collaboration on midwifery education was developed in 2016 between the United Nations Population Fund (UNFPA) country offices in Afghanistan and Iran, funded by the Government of Italy.

NOMINATED BY

United Nations Population Fund (UNFPA)

COUNTRIES/REGIONS/TERRITORIES

Afghanistan, Iran (Islamic Republic of), Italy

SUSTAINABLE DEVELOPMENT GOALS TARGET(S)

3.1.2; 17.9

SUPPORTED BY

UNFPA, Government of Italy

IMPLEMENTING ENTITIES

Iran University of Medical Sciences, Kabul Medical University

PROJECT STATUS

Completed

PROJECT PERIOD

2016 – 2019

The project was jointly implemented by the Iran University of Medical Sciences and Kabul Medical University. The initiative had three components: 1) Iran-Afghan academic collaboration on midwifery; 2) training of Afghan refugees as midwives; and 3) developing an Afghan-friendly maternity ward in a selected hospital.

The Iran-Afghan academic collaboration in midwifery was renewed a couple of years later, with a request from the Ministry of Higher Education of Afghanistan for the sharing of Iranian expertise in the development of the Afghan midwifery curriculum, and to further strengthen the capacity of the faculty of the Nursing and Midwifery Department of Kabul Medical University. The faculty development plan was approved by Kabul Medical University and is currently being used in the Midwifery department.

To further enhance the capacity of the nursing and midwifery department of Kabul Medical University, five Afghan midwives were enrolled in a two-year master's training programme at the Iran University of Medical Sciences. After their training as community level midwives, they returned to Afghanistan to further contribute to skills development of midwives in their home country.

This South-South Collaboration highlights a good practice accomplished under the first component, academic collaboration. The formal collaboration was completed in 2019, but exchanges continue between the two countries.



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Upgrading Midwifery Education Programme and Services



Sudanese policymakers and experts visit Morocco to learn about their midwifery programme



CHALLENGE

In Sudan, nearly three quarters of birth deliveries occur at home, and most of these are assisted by midwives. The country, however, lacks a skilled and competent cadre of midwives that meets the International Confederation of Midwives global standards for midwifery education. The capacity of “community midwives,” in particular, is limited and, hence, is not capable of providing the full range of family planning services or any type of emergency obstetric care in the absence of medical professionals in the field. Gaps exist in the quality of care provided by midwives in villages, as well as in health facilities.

At 311 deaths per 100,000 live births, Sudan has a very high maternal mortality ratio, and it is higher for women living in rural areas and among poorer communities. The neonatal mortality rate is also high, ranging from 34 to 47 per 1,000 births. Studies revealed that the majority of neonatal mortality occurred at home, where unskilled birth attendance was utilized. The Government of Sudan recognizes that it is imperative to build local midwifery capacity to provide quality maternal and newborn health care services.

TOWARDS A SOLUTION

Aware of the need to ensure that midwives can provide skilled quality attendance, the Government of Sudan, with technical and financial support from UNFPA, embarked on a South-South Cooperation initiative with Morocco to help build its midwifery education programme and services.

Morocco had been successful in improving maternal health in general and, more specifically, in delivering improved midwifery services. Having some culture similarities with Sudan, Morocco sharing its experience with Sudanese counterparts through study tours, was deemed beneficial, especially in addressing the three pillars of the midwifery programme: education, regulation and association.

NOMINATED BY

United Nations Population Fund (UNFPA)

COUNTRIES/REGIONS/TERRITORIES

Morocco, Sudan

SUSTAINABLE DEVELOPMENT GOALS TARGET(S)

3.1; 5.6

SUPPORTED BY

UNFPA

IMPLEMENTING ENTITIES

Ministry of Health, Morocco; Mohammed VI University of Health Sciences, Morocco; Federal Ministry of Health, Sudan; Academy of Health Sciences, Sudan

PROJECT STATUS

Ongoing

PROJECT PERIOD

2017 – Ongoing

URL OF THE PRACTICE

<https://sudan.unfpa.org/en>

The interactions between the countries involved many institutions. A team of technical experts and decision-makers from Sudan, including representatives from the National Reproductive Health Programme, the Academy of Health Sciences, the Primary Health Care Expansion Project of the Ministry of Health and midwifery educational institutions, participated in exchange and learning visits to Morocco that included meetings with relevant departments in the Ministry of Health of Morocco, the Higher Institute for Nursing and Health Techniques, the Maternity Hospital and the midwifery and family planning associations.

Following the exchange and learning visits to Morocco, the Ministry of Health of Sudan, with technical support from UNFPA, developed an action plan for strengthening the midwifery programme. A series of meetings were organized with policy-makers in the Ministry of Health and Ministry of Higher Education to advocate for adopting the Moroccan model of midwifery education. The efforts succeeded, and a decision was made to discontinue the community midwife education programme and replace it with a professional education programme that follows the International Confederation of Midwives global standards.

The learning visits covered various aspects of a midwifery programme, including educational institutions and curriculum, regulatory frameworks, work settings, quality assurance and supervision, practice standards, retention and motivation of midwives, as well as organization and activities of midwifery associations. Strategic and guiding documents on midwifery were shared by the Moroccan team with permission to use them to guide the development of similar programmes in Sudan. Furthermore, the two governments agreed to further strengthen their collaboration in midwifery and other health programmes.

A midwifery programme gap analysis was conducted and specific areas that need improvement have been identified. The Ministry of Health of Sudan mobilized resources from the Carter Center, in addition to UNFPA resources, to support the preparation of the new midwifery programme. A new midwifery curriculum was developed and four schools in different states of Sudan were selected and equipped to host the new programme, which was launched in September 2018. In addition, two universities have started a midwifery diploma programme.

Shared culture, values and norms between two collaborating countries, such as Sudan and Morocco, is important particularly in dealing with sensitive issues relating to sexual and reproductive health. In addition, the support and commitment of top leadership are vital in building and strengthening local midwifery capacity that meets international standards and in the establishment of quality midwifery educational institutions.



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Youth4Youth Forum: China-Africa Conference on Population and Development



Providing a platform for the aspirations
of African and Chinese young leaders



CHALLENGE

The population of Africa is the youngest in the world. African youth are among the most vulnerable groups and are often excluded from policy and decision-making. In addition, young women are treated differently by society than their male counterparts, and often in ways that bring stigma and rejection when they speak out about issues that affect their development. There is a need to address the limited participation of youth in governance and the absence of youth-friendly spaces together with limited knowledge on sexual and reproductive health (SRH) and access to SRH services that result in poor reproductive health outcomes, such as child marriage, obstetric fistula, teenage pregnancy and HIV, among others.

China is the largest developing country in the world. Comprehensive sexuality education and youth-friendly sexual and reproductive health services for its young people are limited in coverage and content. At the same time, youth are largely excluded from decision-making, especially those from marginalized communities. The rights of persons with disabilities and persons who are lesbian, gay, bisexual, transgender, questioning and intersex (LGBTQI) to comprehensive SRH services remain largely neglected.

Thus, young people from the African continent and China face similar social and economic challenges that prevent them from realizing their full potential. They need avenues to discuss and create lasting solutions and form strategic partnerships and collaborations, locally and internationally.

TOWARDS A SOLUTION

Through multi-stakeholder consultations, the organizers of the China-Africa Conference on Population and Development decided that young people should lead their own dialogues, foster relationships and build networks that would result in opportunities for growth and development. Thus, a 'Youth4Youth' Forum

NOMINATED BY

United Nations Population Fund (UNFPA)

COUNTRIES/REGIONS/TERRITORIES

Burkina Faso, Cameroon, Chad, China, Côte D'Ivoire, Democratic Republic of the Congo, Eswatini, Ethiopia, Ghana, Kenya, Malawi, Morocco, Nigeria, South Sudan, Uganda, Zambia

SUSTAINABLE DEVELOPMENT GOALS TARGET(S)

3.1; 3.7; 5.1; 5.2; 5.7

SUPPORTED BY

UNFPA

IMPLEMENTING ENTITIES

Youth Leaders Fellows of UNFPA Ghana, UNFPA China, AfriYAN Ghana, China Youth Network, Ministry of Planning of Ghana

PROJECT STATUS

Completed

PROJECT PERIOD

January 2019 – June 2019

URL OF THE PRACTICE

<https://bit.ly/30JeSJe>

was held between 23 and 26 June 2019 in Accra, Ghana, as part of the 3rd Africa-China Conference. The United Nations Population Fund (UNFPA) China and Ghana Country Offices organized this first Forum, hosted by the Government of Ghana through the Ministry of Planning and the National Population Council. UNFPA offices across Africa and in China mobilized youth organizations and provided financial and technical support. The Youth4Youth Forum attracted 345 young leaders from 17 countries in Africa, in addition to China. The Forum highlighted the aspirations of youth to inform national and global development policies.

The Youth4Youth Forum:

- ▶ created a youth-led avenue for dialogue;
- ▶ improved young people's awareness of the Programme of Action of the International Conference on Population and Development (ICPD) and of the Sustainable Development Goals (SDGs);
- ▶ provided a platform to showcase youth-led interventions and innovations; and
- ▶ built networks to influence national decisions towards the realization of gender equality;

Pre-Forum awareness activities ensured that the inputs of young people, even those who could not be in the actual Forum, were fully reflected. The organizers utilized a participatory approach ensuring that a diverse group of Forum participants included rural youth, youth from marginalized sectors, including persons with disabilities, as well as in and out-of-school young people. The one-day event was open to the media. Social media platforms served as key avenues to ensure continuous interactions between young people participating in the Forum and those who could not attend in person. As part of the follow-up, a declaration document was disseminated and used as a tool to engage stakeholders. UNFPA Ghana also facilitated additional learning events for the young Chinese participants by arranging visits to the University of Ghana and the Disability Village.

The Forum used innovative ways to elicit the views of young people. These included a call for video submissions where young people stated problems they faced in their countries and ideas on how they could be solved. The videos were compiled into the State of the Youth Address that was further deliberated on during the Forum. There was also an online event prior to the Forum to create awareness. The same online platform was utilized during the Forum as an efficient way to elicit inputs from participants.

Other technology-enabled approaches included a 'Tweet Meet' session, which engaged youth on Twitter to offer their views, answer a variety of questions and exchange ideas on how to engage rural youth and how to exploit South-South cooperation, among other topics. An exhibition session allowed young entrepreneurs to showcase innovations in technology, arts and crafts, among others. To bridge the gap in access to youth-friendly sexual and reproductive health and services, there were mobile health booths.



As a result of the Forum, youth organizations became enthusiastically involved in achieving International Conference on Population and Development goals. In Ghana, for example, young people's inputs became part of Ghana's ICPD commitments, presented at the 2019 Summit in Nairobi. Many youth participants joined a youth-led national march during the observance in Ghana of the 16 Days of Activism Against Gender-Based Violence.

This initiative is sustainable and can be replicated by being held on the sidelines of future China-Africa Conferences on Population and Development as the youth component. It is equally possible to replicate this activity in other countries or regions.

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