The Good News: Maternal & Child Health Can Be Improved

In the past decade, a wealth of research evidence and examples of good practice has become available to policy-makers and health planners worldwide. The good news is that improved maternal and child health outcomes can be achieved despite relatively low health expenditures and GDP per capita, and in the face of considerable political and socio-economic challenges.¹

Moreover, according to the World Health Organization (2014) and the Global Investment Framework for Women’s and Children’s Health, there is consensus on evidence-based, cost-effective investments and health sector interventions, and on enabling health and multi-sectoral policies. It is crucial to build these on locally-defined needs, priorities and capacities.

The HSA Partnership: Better Health Systems that Promote Sexual & Reproductive Health

At the end of 2015, the Health Systems Advocacy (HSA) Partnership was launched by Amref Flying Doctors/Amref Health Africa, the African Centre for Global Health and Social Transformation (ACHEST), Health Action International (HAI), Wemos and the Dutch Ministry for Foreign Trade and Development Cooperation.

¹ As documented in so-called “Success Studies” that analyse fast-track progress on maternal and child health in 10 countries. These findings are consistent with the “Good Health at Low Cost” studies, which show that health can be achieved with relatively few resources if these are used strategically.
The HSA Partnership will contribute to stronger health systems that enable people in Sub-Saharan Africa to equitably access high-quality sexual and reproductive health services. The HSA Partnership builds on the unique capacities and strengths of the participating organisations. It primarily focuses on two of the World Health Organization’s building blocks for strong health systems: strengthening human resources for health and essential health commodities, while also advocating for good governance and equitable health financing.

The HSA Partnership works from the premise that there is considerable interest in understanding and documenting what works to support national planning, to promote policy dialogue across different stakeholders and sectors, and to facilitate learning within and across countries and communities. The Partnership’s work has begun in Kenya, Uganda and Zambia and will eventually expand to other countries in Africa.

**HSA Partnership’s Added Value: Promoting Strong Civil Society & Health Stewards**

Improving access to high-quality health workers and sexual and reproductive health commodities is challenging. It requires a vibrant and influential civil society and network of health stewards (leaders in healthcare facilities, communities and countries) to initiate discussion and reform. Together, these individuals and organisations have the potential to act as watchdogs—to hold the private and public sectors to account—and to advocate for stronger health systems, share their expert knowledge in an effort to shape health policy, and represent the voices of fellow citizens who are unable to realise their right to health.

As a result, the HSA Partnership will work with partners in Sub-Saharan Africa to develop and strengthen the skills, processes and resources of civil society actors and key health stewards across the region. HSA partners will:

1. **Contribute to capacity building.** We will equip civil society actors and health stewards with the knowledge, technical skills and tools that are needed to develop and implement evidence-based advocacy strategies. This includes specialised training on sexual and reproductive health and rights issues, health systems strengthening, human rights, essential sexual and reproductive health commodities, national and international policies and agreements, leadership and networking, and policy research and analysis.

2. **Strengthen linkages between organisations and networks advocacy at the local, national, regional (European Union and African Region) and international levels, so decision-making on these issues can be addressed, and implementation monitored, in a coordinated manner.**

3. **Advocate in the Netherlands, the European Union, the African Region and internationally for strong health systems in Africa that promote sexual and reproductive health.**

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