Maternal & Newborn Health Fund
Start with her

UNFPA MATERNAL AND NEWBORN HEALTH FUND

ANNUAL IMPACT REPORT 2024

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ANNUAL IMPACT REPORT 2024
PUBLISHED JULY, 2025

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CONTENTS

32 PARTNER COUNTRIES

ASIA AND THE PACIFIC

Bangladesh
Lao People's Democratic Republic
Nepal
Timor-Leste

ARAB STATES

Somalia
Sudan

EAST AND SOUTHERN AFRICA

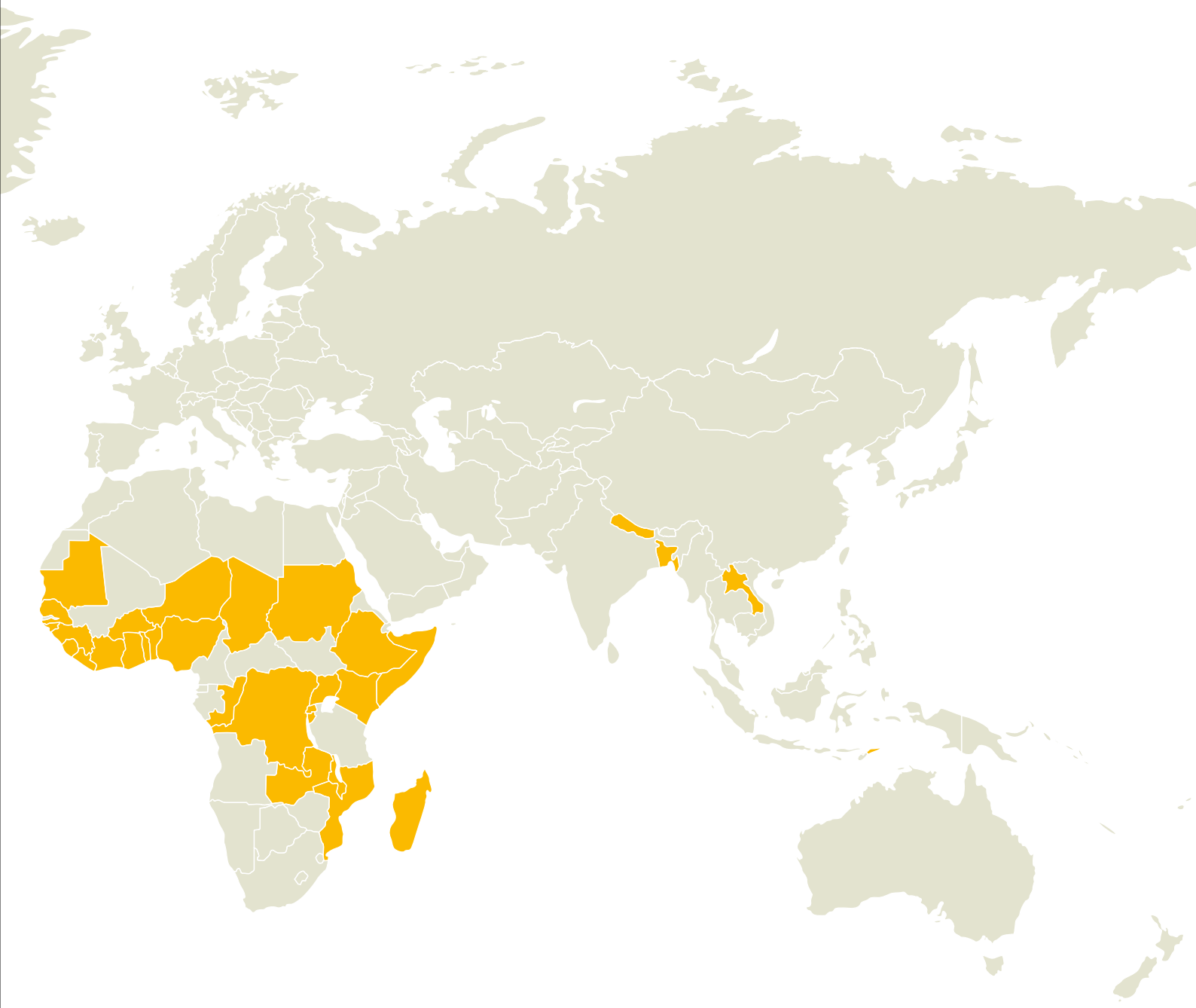
Burundi
Democratic Republic of the Congo
Ethiopia
Kenya
Madagascar
Malawi
Mozambique
Rwanda
Uganda
Zambia

LATIN AMERICA AND THE CARIBBEAN

Haiti

WEST AND CENTRAL AFRICA

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



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The Maternal and Newborn Health Fund is UNFPA's flagship initiative to end preventable maternal and newborn deaths.

The Fund delivers catalytic investments and targeted support to power country-led solutions that save lives, strengthen health systems, and turn national and global commitments into action.

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EXECUTIVE DIRECTOR'S MESSAGE

OUR WORK IS GROUNDED IN A SIMPLE BUT POWERFUL TRUTH: ***NO WOMAN SHOULD DIE WHILE GIVING LIFE.***

Most deaths and complications in pregnancy and childbirth are avoidable with the right services and care. Yet, around the globe, there is a silent emergency of preventable maternal mortality and morbidity, exacerbated by fragile and unequal health systems. Each day, over 700 women die from preventable causes related to pregnancy and childbirth.

The UNFPA Maternal and Newborn Health Fund exists to confront these challenges. In 2024, the Fund made key investments to ensure women most in need have access to life-saving care. The Fund worked to protect hard-won gains in maternal and newborn health, even as climate shocks, conflict and poverty stretched health systems to the breaking point.

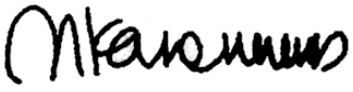
Last year, six million women received safer delivery care through Fund-supported efforts, bringing the total number of deliveries assisted to 37 million since the Fund's inception in 2008. The Fund also supported education and training for more than 226,000 midwives and enabled 9,400 women with obstetric fistula to receive treatment.

As we transitioned into Phase IV of the Fund in 2024, we carried forward our commitment to empower women with quality maternal health services and to leverage data for greater impact and accountability.

Now, we need decisive action and sustained investment in what works. Safer birth is possible when we increase access to quality maternal healthcare, build resilient health systems, and strengthen the global midwifery workforce.

Through this Fund, we can continue to make a lasting difference where it matters most – in communities, in health clinics, and in the lives of women and newborns everywhere.

Let us redouble efforts to ensure that every pregnancy is healthy, every childbirth is safe, and every newborn begins life with the right foundation to thrive. The urgency of the moment requires nothing less.



Dr. Natalia Kanem
Executive Director, UNFPA

MATERNAL AND NEWBORN HEALTH FUND **TARGETS FOR ACTION**

UNFPA TRANSFORMATIVE RESULT:
END PREVENTABLE MATERNAL DEATHS

3 GOOD HEALTH AND WELL-BEING

SDG 3.1
Reduce the global maternal mortality ratio to less than 70 per 100,000 live births

SDG 3.2
End preventable deaths of newborns and children under 5 years of age

SDG 3.7
Ensure universal access to sexual and reproductive healthcare services

SDG 3.8
Achieve universal health coverage

5 GENDER EQUALITY

SDG 5.2
Eliminate all forms of violence against all women

SDG 5.6
Ensure universal access to sexual and reproductive health and reproductive rights

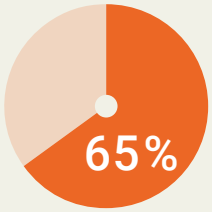
EVERY WOMAN EVERY NEWBORN EVERYWHERE (EWENE) COVERAGE TARGETS

Target 1
Coverage of four or more antenatal care contacts

Target 2
Births attended by skilled birth attendants

Target 3
Women and their babies receive postnatal care within two days of birth

Target 4
Access to emergency obstetric care and availability of Sick and Small Newborn Unit (SSNU) within two hours of travel time



Target 5
On broader determinants of maternal health, SDG 5.6.1 for informed and empowered decisions

KEY IMPACT RESULTS

Maternal and Newborn Health Fund 2024:

6 million

pregnant women received safer delivery care, totalling 37 million since 2008, an increase from 2.8 million in 2023

226,000

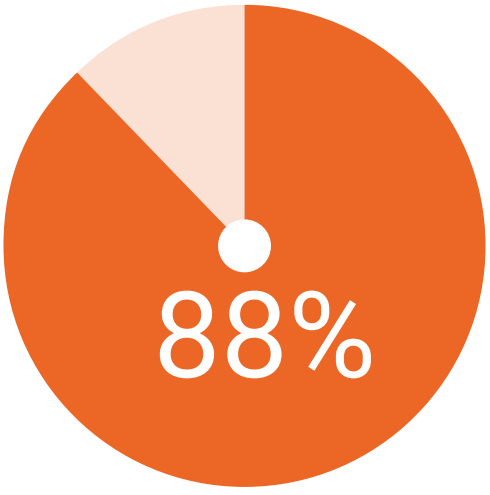
midwives gained professional skills with education and training, totalling 776,000 since 2008, an increase from 200,000 in 2023

9,400

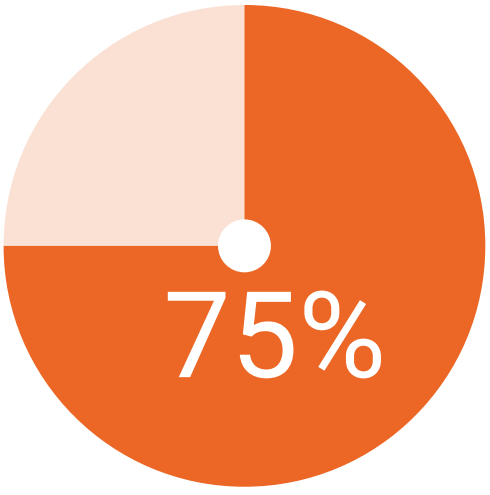
fistula surgeries gave women back their health and dignity, totalling 145,000 since 2003 when the Campaign to End Fistula launched, an increase from 8,100 in 2023

751

midwifery schools have been accredited to national or international standards as of 2024, an increase from 712 in 2023



88% of Fund-supported countries now have a national monitoring tool for maternal and perinatal death surveillance and response



75% of Fund-supported countries now have a national strategy to end fistula

EXECUTIVE SUMMARY

Every two minutes, a woman dies from causes related to pregnancy and childbirth, most of them entirely preventable. Nearly all of these deaths occur in low- and middle-income countries, where health systems remain overstretched and under-resourced. The global maternal mortality ratio sits stubbornly at 197 per 100,000 live births, almost three times higher than the Sustainable Development Goal target of 70. But the UNFPA Maternal and Newborn Health Fund is changing this trajectory: Since 2010, maternal mortality in Fund-supported countries has declined by 40 per cent on average, nearly twice the global average, averting an estimated 75,000 maternal deaths. Six million pregnant women accessed safer delivery care through Fund-supported services in 2024 across its 32 priority countries.

In 2024, the Fund transitioned into its fourth phase and the evidence remains clear: investment works. Political will, when matched with targeted financing, technical assistance and accountability, drives real results.

The Fund enhanced country leadership and accountability by providing strategic support for health workforce development, national policies related to maternal and newborn health and midwifery reform. In countries such as Ethiopia, Liberia, Madagascar and Rwanda, UNFPA helped incorporate maternal health priorities in national development plans and curricula, catalysing long-term systemic change. Government-led efforts in Bangladesh and Benin attracted major new investments, while public mobilization campaigns in Ghana and Niger unlocked new domestic and private sector resources. Data-driven actions in Ethiopia, Kenya, Madagascar, Malawi, Rwanda, South Africa, Uganda and Zambia translated commitments and policies into healthcare services by progressively integrating comprehensive sexual and reproductive health services into essential primary healthcare benefit packages.

The Fund continued to focus on the frontline: the midwives and healthcare workers who serve the most underserved populations. A total of 751 midwifery schools have achieved national or global accreditation standards with the Fund's support. Over 226,000 midwives were trained in 2024, and more than 35,000 graduated with diplomas or degrees with the support of UNFPA. Ethiopia, Somalia and Zambia made significant progress in digitalizing midwifery data systems and expanding emergency obstetric care, while Sudan maintained life-saving maternal services amid ongoing conflict. Emergency obstetric and newborn care networks in West Africa were strengthened, contributing to safer deliveries for over 4 million women in the region and the management of 600,000 obstetric complications.

Real-time data systems contributed to improving decision-making and service delivery. Mozambique, Somalia and Uganda advanced maternal health planning through digital dashboards and surveillance tools. Sierra Leone scaled a local pregnancy tracking app that identified high-risk cases and improved the network of care. By 2024, 88 per cent of Fund-supported countries had a national monitoring tool in place for maternal and perinatal death surveillance and response.

The Fund also supported 9,400 women to receive surgical fistula repair in 2024 and over 2,500 fistula survivors with reintegration support. As of 2024, approximately 75 per cent of supported countries have national strategies to eliminate fistula. Bangladesh and Nepal launched new national strategies and surveillance systems, while several countries expanded maternal morbidity tracking to include depression, anaemia and pelvic organ prolapse. A landmark United Nations General Assembly resolution drove global momentum to eliminate obstetric fistula by 2030.

To enhance effectiveness and efficiency, the Fund developed a new Phase IV Business Plan and realigned investments within its four-pillar results framework focused on: 1) policy and financing commitments, 2) service delivery, 3) empowerment of women and adolescent girls and 4) leveraging data and evidence. It implemented all recommendations from the 2022 mid-term evaluation and all Advisory Board decisions recommendations, it digitalized reporting, established a dedicated HQ fund management team to improve efficiency, and integrated planning with the UNFPA Supplies Partnership for 2025.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At the regional level, the Fund continues to support the continental and regional initiatives in Africa, in particular the African Union's expanded Campaign for Accelerated Reduction in Maternal Mortality in Africa (CARMMA Plus). The Fund also leveraged the SafeBirth Africa Initiative to improve the prevention and management of post-partum haemorrhage, which contributes to nearly one third of maternal deaths.

Eight donors contributed to the Fund in 2024, featuring new multi-year agreements and increased commitments from Belgium, Denmark and Takeda Pharmaceuticals. Contributions doubled compared with 2023, totalling over US$19 million. Of the $16 million allocated, 71 per cent was disbursed at the country and regional levels. By the end of 2024, $43.3 million had been raised towards the resource mobilization target of $210 million by 2028. Expenditures reached $12.5 million, with a 78 per cent implementation rate. Enhanced systems for programme monitoring were developed in 2024, to be implemented in 2025.

Lessons from 2024 are shaping smarter, evidence-based programming in Phase IV. The Fund will prioritize resilient systems, data-driven decision-making and sustainable investment to improve maternal and newborn health. Country experience confirms that system-wide coordination, community engagement and strong referral pathways are vital, especially in fragile contexts. Real-time data tools, such as digital midwifery registries and pregnancy tracking apps, support timely action and resource allocation. Periodic assessments for emergency obstetric and newborn care and maternal and perinatal death surveillance and response have improved service coverage, notably in Africa. Midwifery has proven foundational, with investments in education, regulation and deployment driving better care quality. In humanitarian settings, flexible funding, mobile outreach and rapid training ensure service continuity. Strategic partnerships and domestic financing have enabled large-scale change in countries like Bangladesh and Benin. Based on these lessons, in 2025, the Fund will deepen its focus on data for action, translating sexual and reproductive health and rights policies and commitments into services, midwifery models of care and digital innovation.

INTRODUCTION

Despite proven, cost-effective solutions, maternal and newborn mortality remains unacceptably high. Every day, around 700 women die from pregnancy-related causes. Humanitarian and fragile settings now account for 61 per cent of global maternal deaths. The greatest burden of maternal deaths globally is found in two regions: sub-Saharan Africa and Southern Asia.

GLOBAL GOALS AND PROGRESS

Since 2010, the 32 Fund-supported countries have reduced maternal mortality by 40 per cent on average – nearly double the global rate from 2010 to 2023 – and averted an estimated 75,000 maternal deaths, demonstrating that strategic, sustained investment produces life-saving impact.

While maternal mortality has declined by 40 per cent globally between 2000 and 2023, the pace is too slow to meet the Sustainable Development Goals target of fewer than 70 deaths per 100,000 live births by 2030. As of 2023, the global maternal mortality ratio (MMR) stood at 197 per 100,000 live births. Achieving SDG Target 3.1 will require an unprecedented annual rate of reduction of 15 per cent. The Every Woman, Every Newborn, Everywhere (EWENE) initiative complements the global goals with clear targets, including reducing maternal mortality by two thirds from 2010 levels and ensuring that no country exceeds a maternal mortality ratio (MMR) of 140 by 2030.

In response to stagnating progress, the 77th World Health Assembly (WHA77) adopted a landmark resolution in May 2024, led by Somalia and co-sponsored by 51 WHO Member States, calling for accelerated efforts to reduce maternal, newborn and child mortality (A77/A/CONF./5). The resolution reinforces global commitments to strengthen primary healthcare, expand access to urgent obstetric care, and close the equity gap for women and newborns, particularly in fragile and humanitarian settings. This global momentum is supported by the Fund's advocacy approach and reinforces the urgency of action in the push towards 2030.

Preventable causes of maternal death such as haemorrhage, sepsis, eclampsia, unsafe abortion and birth complications persist due to weak health systems, workforce shortages and inequality. For every maternal death, up to 30 more women suffer serious complications such as obstetric fistula – an often overlooked issue. The UNFPA Maternal and Newborn Health Fund (MNH Fund) directly tackles these challenges through catalytic investments that protect access, build systems and accelerate country leadership. In 2024, the Fund supported essential services in 32 high-burden countries, despite ongoing conflicts and crises.

TRANSITION TO PHASE IV

While the MNH Fund entered its fourth phase in 2024, it was a year of transition. As such, the achievements of 2024 are measured against the results framework for Phase III (2019–2023). A new results framework for Phase IV was developed during the year, with baseline and 2025 progress data to be reported jointly in the 2025 annual report. By the end of 2024, the Fund had completed its transition to Phase IV, which included a new resource allocation model that further prioritizes high-burden countries through an evidence-driven, performance-informed approach. As a result, several countries were transitioned out, having achieved significant progress.

For Phase IV, the focus is on improved governance and management, technical leadership and partner engagement. The priorities are clear: drive national commitments, expand access to quality care, empower women, and use data and evidence to improve accountability and impact. The goal remains as critical as ever: to ensure that every woman, adolescent girl and newborn not only survives, but thrives.

ABOUT THIS REPORT

This annual report presents a comprehensive overview of maternal and newborn health (MNH) progress in 32 countries supported by the MNH Fund in 2024. It draws on three types of data: contextual, programme-level and data attributable to interventions supported by the MNH Fund. Contextual indicators reflect the broader environment in which maternal and newborn health services are delivered. They are drawn from internationally recognized sources not limited to MNH Fund countries:

- Maternal mortality ratio (MMR) (SDG 3.1.1): UN MMEIG report, *Trends in Maternal Mortality: 2000–2023*.
- Skilled birth attendance (SBA) (SDG 3.1.2): Joint UNICEF/WHO database (2025).
- Neonatal mortality rate (NMR) (SDG 3.2.2) and stillbirth rate: UN IGME reports (2025).

These estimates rely on various methodologies, including civil registration and vital statistics (CRVS) systems, surveys, census data and modelling. As a result, they may differ from national sources due to the use of standardized global methods to ensure comparability across different regions. Countries may also incorporate national data in profiles when relevant. Full metadata is available at the United Nations SDG indicators metadata repository. Trend analysis includes changes in MMR, NMR and stillbirth rates between 2010 and 2023 – the most recent comparable estimates available. Country-level SBA trends are evaluated over two periods (2000–2019 and 2014–2024) due to the availability of data at country level and because reference years differ per country. Global trends are

assessed from 2010 to 2024. The year 2010 was chosen as the baseline year due to data availability across country, regional and global levels, along with its proximity to the Fund's inception. For maternal deaths averted, a counterfactual analysis was applied, using 2010 MMR levels to project 2023 live births, and compared projected and observed values. Country-level changes were averaged across the 32 MNH Fund countries and benchmarked against global trends.

Health expenditure data is sourced from the WHO Global Health Expenditure Database (GHED) 2025 and programme data is sourced from 2024 MNH Fund annual reports by UNFPA Country and Regional Offices, based on the MNH Fund Phase III results framework. It includes output- and outcome-level results directly linked to MNH Fund investments.

Cumulative programme data, such as women receiving safer delivery care or fistula surgeries performed, may span different timeframes due to staggered intervention start dates. Output-level data clearly indicates MNH Fund attribution; however, for impact-level results (e.g. reduced mortality), UNFPA recognizes contributions from governments, communities and partners, with the Fund acting as a catalytic supporter. Some countries report zero for certain indicators because the specific intervention is either not a national priority, not implemented with UNFPA support, or programmatic funds were not utilized for that intervention based on country-level decisions. Missing data for certain indicators may also reflect limited availability or lack of relevant interventions in specific countries, particularly for programme-specific results. Full programme data tables are available in Annex 1: 2024 country data reporting.


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WHY INVESTING IN MATERNAL AND NEWBORN HEALTH MATTERS

THE CHALLENGE

Maternal deaths remain a significant challenge in countries participating in the UNFPA MNH Fund.

- The global maternal mortality ratio remains at 197 per 100,000 live births, far from achieving the target of 70 set by the Sustainable Development Goals.
- Achieving a global MMR below 70 by 2030 will require an annual rate of reduction of almost 15 per cent.
- Five in eight global maternal deaths occur in countries supported by the MNH Fund.
- 163,000 women died from maternal causes in the 32 MNH Fund countries in 2023.

PROGRESS MADE

The 32 countries supported by the MNH Fund overcame challenges to achieve significant gains, even outpacing global averages:

- The maternal mortality ratio decreased by 40 per cent on average across supported countries, compared with a 22 per cent decline globally since 2010.
- The total number of maternal deaths decreased by 21 per cent on average in the 32 countries since 2010.
- From 2010 to 2023, Fund-supported countries averted 75,000 maternal deaths, reducing the 2023 toll from a projected 238,000 (had 2010 maternal mortality levels persisted) to 163,000.
- The stillbirth rate has decreased by 16 per cent on average, slightly below the global reduction of 18 per cent since 2010. Efforts to accelerate progress and scale up targeted interventions to prevent stillbirths will be prioritized going forward.
- Skilled birth attendance increased by 33 per cent on average across Fund-supported countries, compared with a 21 per cent increase globally between 2010 and 2024.

FIGURE 1

MNH FUND COUNTRIES OUTPACE GLOBAL AVERAGES

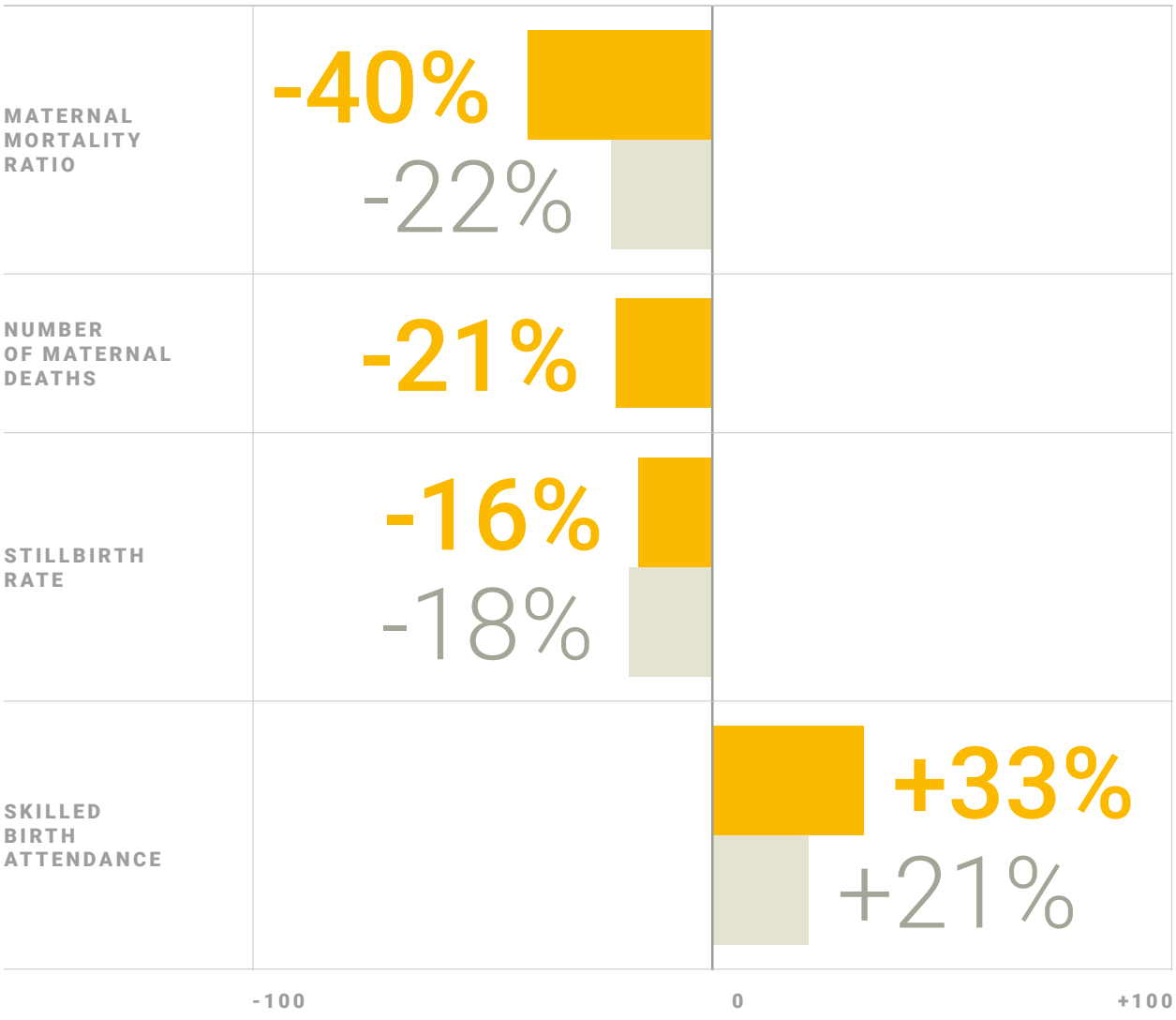
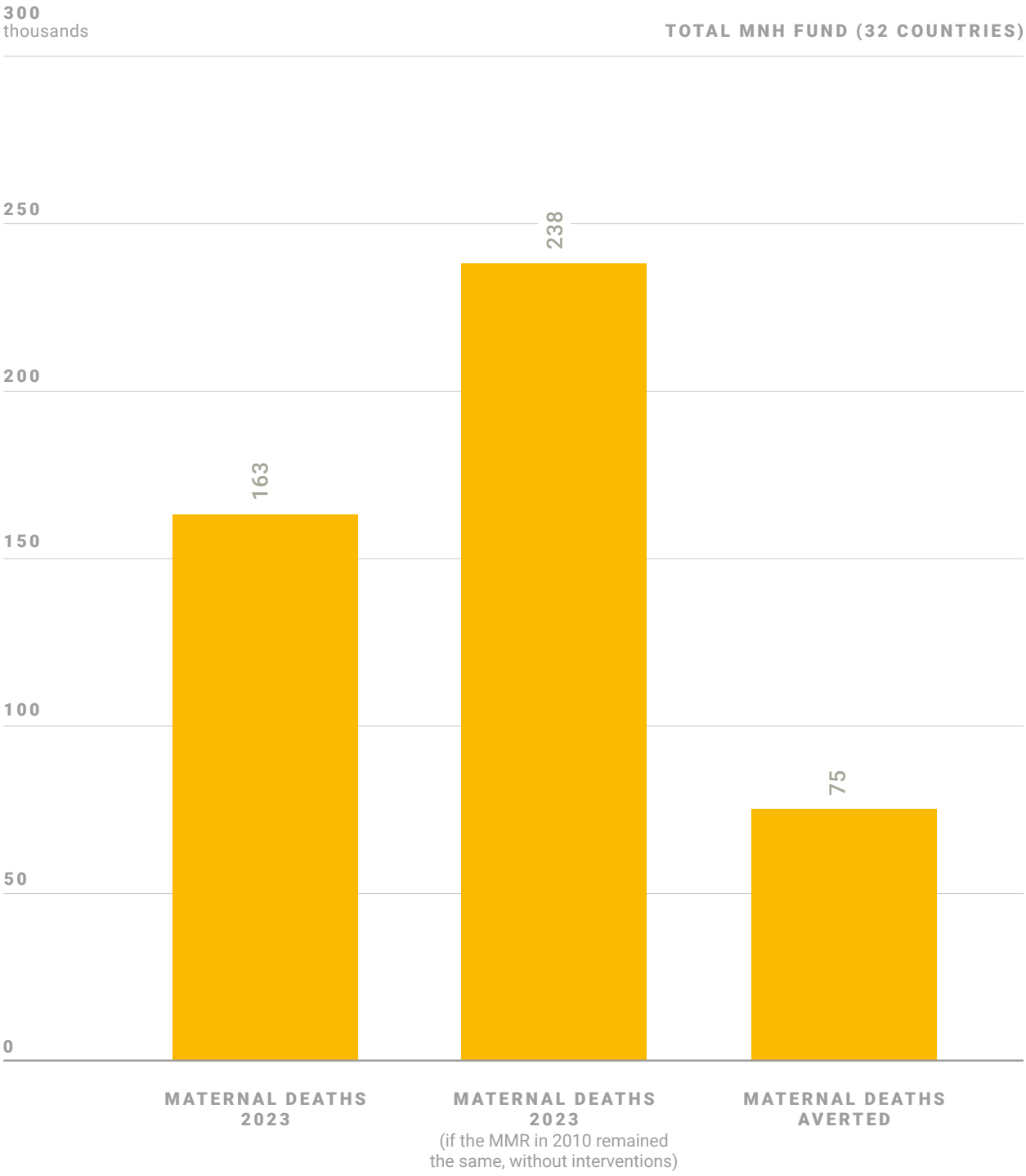


FIGURE 2

MATERNAL DEATHS IN FUND-SUPPORTED COUNTRIES (2010–2023)

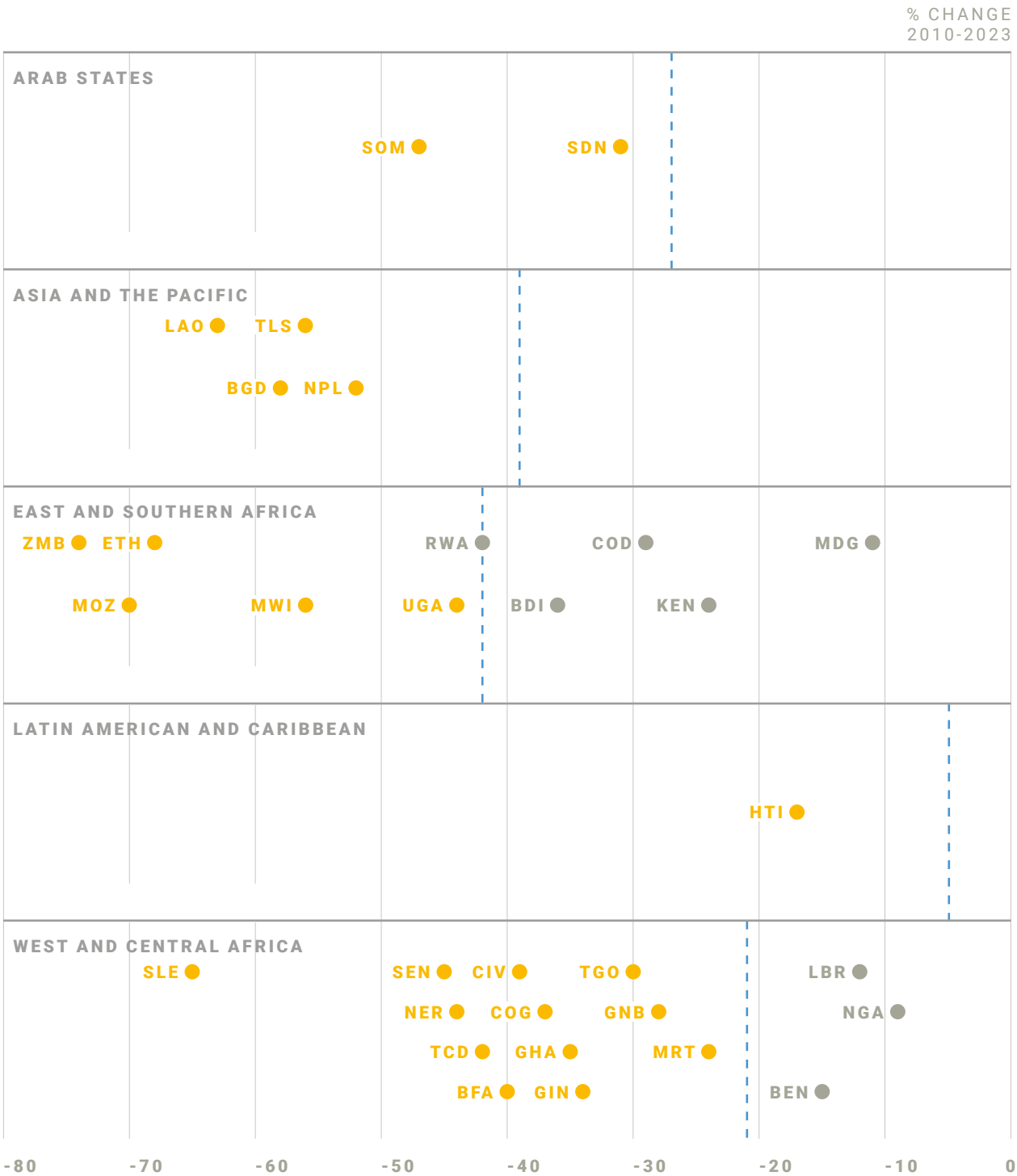


Note: Maternal deaths averted reflect the difference between the estimated number of maternal deaths in 2023 if the MMR from 2010 had remained unchanged, compared with the actual reported maternal deaths in 2023.

FIGURE 3

75% OF MNH FUND-SUPPORTED COUNTRIES OUTPACED THE REGIONAL AVERAGE AND ACHIEVED ACCELERATED REDUCTIONS IN MMR

Progress in Phase 3 countries compared with regional trends (2010–2023)



Note: This chart shows the percentage change in MMR from 2010 to 2023 across 32 MNH Fund-supported countries, grouped by UNFPA regions. Each dot represents a country, with the color indicating whether the country's MMR decline outpaced the decline in the regional aggregate MMR. Colored dots denote countries that performed better than their regional aggregate, while grey dots indicate those that did not. Vertical dashed lines represent the percentage change in regional aggregate MMR for each region.

2024: TRANSITIONING TO PHASE IV

In April 2024, the MNH Fund Advisory Board approved the MNH Fund Phase IV Business Plan 2025–2030. UNFPA introduced a new strategic results framework and realigned the Fund's investments around the four pillars of the new framework: 1) policy and financing commitments, 2) service delivery, 3) empowerment of women and adolescent girls and 4) leveraging data and evidence. This report marks the final publication under the Phase III results framework; from 2025 onward, reporting will be fully aligned with the Phase IV results framework.

In 2024, the Fund experienced a year of significant transition and increased efficiency. The year started without an approved programme document and a limited indicative budget of just over US$8 million, about half of what it had in previous years. Despite these obstacles, the Fund experienced a remarkable turnaround. By the end of the year, the number of contributing donors increased from six to eight. Funds received in 2024 alone totaled over $19 million (more than double the amount received in 2023), and operational efficiency improved, laying a stronger foundation for sustained impact under Phase IV.

The Fund completed all 33 action points outlined in the Management Response to the MHTF Evaluation 2022. Actions included publication of *Start with Her: UNFPA Strategy for Reproductive, Maternal, and Newborn Health and Well-being 2025–2030*, the development of a revised Theory of Change, an enhanced monitoring and evaluation framework, strengthened resource mobilization efforts, and key steps to improve governance, visibility and strategic direction.

UNFPA implemented all recommendations of the Advisory Board and provided timely dissemination of outputs. The revised Terms of Reference of the Advisory Board for Phase IV were developed and endorsed by the Advisory Board in December 2025. Deep-dives were organized, including sessions on the Monitoring and Evaluation Framework, the Safer Births Impact Estimation Model, the Resource Allocation Model – all of which were completed in 2024.

The Fund developed a joint resource allocation process and integrated budget and workplan with the UNFPA Supplies Partnership, to be implemented as of the 2025 financial year, promoting greater integration and efficiency across workstreams. The Supplies programme supports maternal health medicines and devices alongside MNH Fund health workforce priorities and emergency obstetric and newborn care.

A dedicated headquarters MNH Fund management team was established to coordinate performance, finance, governance and project management functions, with technical functions relieved of administrative burden. The headquarters MNH team was reorganized around the four pillars of the *Start with Her* strategy as part of UNFPA's new integrated Sexual and Reproductive Health and Rights Branch. To support MNH Fund reporting, the data collection system was digitalized. Regular monthly coordination calls with UNFPA Regional Offices strengthened coherence between global, regional and country-level implementation, while also fostering knowledge exchange and shared learning, as well as improved programme monitoring.

A CATALYST FOR CHANGE

The Maternal and Newborn Health Fund was established to drive targeted, catalytic investment in high-burden countries by securing political and financial commitments, fostering and scaling innovations, and brokering influential partnerships to advance these efforts globally and nationally. The ability to drive change was clearly demonstrated in 2024 through targeted advocacy, strategic collaboration and expert technical guidance, as reflected in the following results:

CATALYSED POLICY CHANGE AND GOVERNMENT OWNERSHIP

- In **Ethiopia**, the Fund supported the Ministry of Health in developing national guidelines for the management of hypertensive disorders of pregnancy and updated national maternal and perinatal death surveillance and response (MPDSR) training modules.
- In **Liberia**, advocacy interventions helped secure a renewed national commitment to reduce maternal mortality by 40 per cent by 2029, anchoring it in the national development agenda. The national fistula programme improved with the integration of key indicators into the national health information management system.
- In **Madagascar**, the Ministry of Health adopted a national midwifery curriculum, and over 500 midwives received mentorship across 15 regions. The National Midwives Association was strengthened, updating its code of ethics and strategic plan. In addition, Madagascar's first MPDSR report since 2020 was finalized, leading to a revitalized task

force and new national plan to strengthen maternal and perinatal death reviews and accountability.

- In **Rwanda**, the Fund partnered with the Ministry of Health to help validate the country's first Emergency Obstetric and Newborn Care (EmONC) facility network, comprising 155 designated EmONC sites. The Ministry also supported national midwifery education reform, including the development of a standardized midwifery curriculum aligned with international guidelines.
- In **Ethiopia**, **Kenya**, **Madagascar**, **Malawi**, **Rwanda**, **South Africa**, **Uganda** and **Zambia,** data driven actions were supported for translating maternal and newborn health and sexual and reproductive health and rights commitments and policies into services by progressively integrating comprehensive services for sexual and reproductive health into essential primary healthcare benefit packages.

CATALYSED FINANCIAL COMMITMENTS AND RESOURCE MOBILIZATION

- In **Benin**, the Ministry of Health developed a strategic, evidence-based approach to strengthen emergency obstetric and newborn care, with support from the Fund. Central to this effort was the creation of a national network of 109 maternity units, designed to ensure that most of the population could access life-saving care within one hour of travel. This network was reinforced through continuous monitoring of facility functionality, targeted capacity-building plans, and the introduction of clinical mentoring as a more effective and sustainable alternative to traditional classroom-based training.

  The Ministry of Health has formally adopted clinical mentoring as its national training model. Additionally, the EmONC network is now recognized as a reference framework for partners working to reduce maternal and newborn mortality. Building on the evidence generated, the World Bank launched a five-year "Program for Results" worth over US$80 million, using EmONC functionality and the availability of essential maternal health commodities as key performance indicators. In parallel, the Government of Canada pledged $17.5 CAD million to support human resources for maternal health. Although government health spending as a share of total health expenditure has fluctuated, Benin maintained a consistent commitment to maternal and newborn health. Benin's experience highlights the power of targeted technical support and government-led reform in mobilizing large-scale, multi-partner investment.
- In **Ghana**, the Fund supported the Partnership to End Obstetric Fistula in Ghana, a public-private alliance that mobilized over 10 times the initial funding target, raising more than US$450,000 to support fistula

programming. The Partnership has become a platform for collaboration among government, civil society and the private sector, directly enabling a 280 per cent increase in fistula repairs in 2024 compared with 2023. Through the Partnership, 168 women received life-restoring surgical repairs. The Partnership also provided seed funding and reintegration training for fistula survivors.

- In **Niger**, the Fund supported a national telethon that raised over $2.4 million to tackle preventable maternal and newborn deaths. The event followed a government-led National Forum on Preventable Maternal and Perinatal Deaths, where maternal mortality was officially declared a public health emergency. The forum culminated in the Niamey Declaration, signed by key stakeholders, which committed to increasing health budget allocations and strengthening oversight. The telethon drew widespread public engagement, mobilizing over 1,000 leaders across 33 social and professional groups, with more than 30 million SMS and voice messages disseminated in five languages. This mass mobilization reached nearly 8 million people nationwide, generating over 10 million media impressions and significantly raising the profile of maternal health as a national priority.

STRENGTHENED DIGITAL INNOVATIONS AND DATA SYSTEMS

- In **Sierra Leone**, UNFPA supported the national launch of PReSTrack, a locally developed Pregnancy Registration and Service Tracking app that helps identify high-risk pregnancies and improve referrals to care. This digital innovation enables frontline health workers to ensure women attend all prenatal and postnatal appointments and to refer high-risk pregnancies, thereby improving continuity of care in underserved areas. Following a decade of marked progress in reducing maternal mortality – from 1,018 to 354 deaths per 100,000 live births between 2010 and 2023 – the app's expansion, paired with a government-led launch, reaffirmed political commitment to local digital solutions aimed at sustaining and building on these gains in maternal health.
- In **Uganda**, UNFPA supported the launch of a national EmONC dashboard, enabling real-time tracking of maternal and newborn care across all districts to improve planning, coordination and emergency response. UNFPA also facilitated training for six national experts in "AccessMod" software to model how physically accessible existing health services are to the target population, followed by a joint planning workshop with government and partners, including the World Health Organization and Global Financing Facility to map a nationwide network of 24/7 EmONC facilities. Additionally, the Geographic Information System for Nurses and Midwives, upgraded with UNFPA support, was fully integrated into the Ministry of Health's human resources system to improve workforce deployment and data-driven decision-making.

CATALYSING SOUTH–SOUTH LEARNING

- The Fund catalysed South–South collaboration through the *Every Woman, Every Newborn, Everywhere* (EWENE) initiative, co-funded with additional support from the Gates Foundation. UNFPA, the World Health Organization and UNICEF convened three regional learning events across Africa and Asia and the Pacific, engaging 53 countries and over 490 stakeholders. These sessions advanced national maternal and newborn health strategies, strengthened country acceleration plans and shared updated normative guidances and tools such as the UNFPA EmONC framework, the new position paper on Midwifery Models of Care, and the Midwifery Accelerator initiative to drive rights-based, gender-transformative action.
- The Fund supported a midwifery technical exchange between Bangladesh and **Nepal** to improve training quality and professional regulation. This was part of a broader regional effort led by UNFPA to strengthen midwifery education, regulation and maternal death surveillance systems across **Asia and the Pacific**. Activities included training midwifery faculty in 15 countries, supporting the development of national MPDSR guidelines in five countries, and preparing the 2025 *State of the Midwifery Workforce* report with data from 21 countries to guide policy dialogue and workforce planning and benchmarking across the region.
- In **Rwanda**, the Fund helped mobilize $1.1 million from the Government of India by establishing South–South cooperation with India to strengthen midwifery. The investment will fund midwifery scholarships, capacity-building for the national midwives' association, implementation of the new midwifery curriculum, and cross-country learning exchanges.
- In **Zambia**, peer-to-peer support from South Africa enabled the rollout of a Confidential Enquiry into Maternal Deaths, enhancing national surveillance and accountability systems.

DELIVERING RESULTS

The Maternal and Newborn Health Fund has supported 37 million women to access safer delivery care since its inception, including 6 million in 2024.

This report presents the 2024 results of the first year of Phase IV of the UNFPA Maternal and Newborn Health Fund, under the Phase III framework. These results are only possible thanks to the continued commitment of partner governments, donors and implementing organizations.

Results are organized around four key outcomes under Phase III's overarching goal:

GOAL

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

OUTCOMES

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

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

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

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

Outcome 1

Midwives deliver quality services

Outcome 1: Midwives deliver rights-based quality sexual and reproductive health information and services that are women-centred, equitable, accountable and accessible.

+900,000

MIDWIVES REQUIRED TO MEET GLOBAL NEEDS BY 2030

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Midwives are essential to delivering quality services along a continuum of care, from antenatal to postnatal services, and their expanded role is critical to achieving MNH Fund targets.

Already leading the Alliance to Improve Midwifery Education, in 2024, UNFPA played a pivotal role in shaping the Global Position Paper on Transitioning to Midwifery Models of Care and established a global coalition for the Midwifery Accelerator, which launched in 2025. Midwifery-led models optimize care before, during and after pregnancy – saving lives and enhancing more than 50 health outcomes for women and newborns. To meet global needs by 2030, an additional 900,000 midwives are needed.

Through the MNH Fund, UNFPA is supporting countries to scale up midwifery as a core strategy to reach Every Woman, Every Newborn, Everywhere (EWENE) coverage targets 1, 2 and 3, ensuring that at least 90 per cent of women receive four or more antenatal care contacts, 90 per cent of births are attended by skilled health personnel, and that 80 per cent of women and newborns receive early routine postnatal care within two days.

2024 RESULTS

- Supported **226,000** midwives with education and training in 2024, an increase from 200,000 in 2023, for a total of 776,000 since 2008.
- Of the 226,000 midwives, more than **35,000** graduated with a diploma (26,000) or bachelors (>9,000), masters (>100) or doctoral degree (<10), along with in-service midwives working in clinical practice or training schools.
- **751** midwifery schools have been accredited to national or international standards as of 2024, an increase from 712 in 2023.
- **Piloted an AI-powered** midwifery education tool in Ethiopia and Tanzania with Meganexus to advance digital learning in health training.
- Launched the Arab Regional Midwifery Advisory Group to lead regionally-driven advocacy, leadership and implementation of midwifery strategies.
- Translated **17 modules** (antenatal care, post-partum hemorrhage, neonatal resuscitation among others) on the Safer Delivery App into Arabic, Portuguese and Spanish to reach an additional 2,004 midwives in these languages with life-saving information.

751

midwifery schools accredited to national or international standards as of 2024

226,000

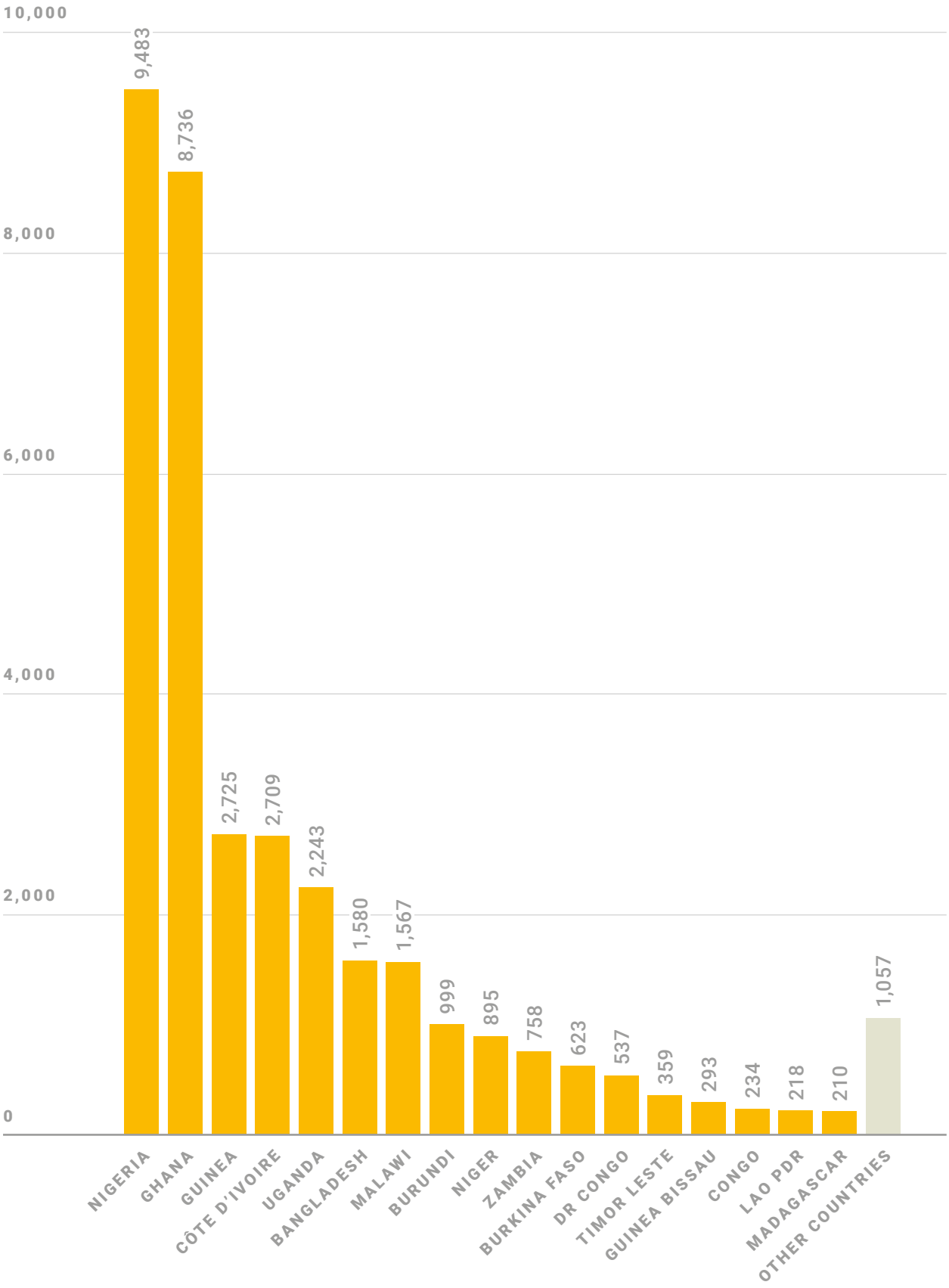
midwives supported with education and training in 2024

© UNFPA Mozambique/Mbuto Machil

FIGURE 4

35,000 MIDWIVES GRADUATED FROM PRE-SERVICE EDUCATION WITH MNH FUND SUPPORT, 2024

N = 31 COUNTRIES
WITH AVAILABLE DATA



GENERATING REGIONAL EVIDENCE TO ADVANCE MIDWIFERY

East and Southern Africa continues to face a critical shortage of midwives, with an estimated gap of 307,000 needed to meet demand in the region as of 2024. Without accelerated investment and policy reform, this shortfall is expected to persist through 2030, threatening access to quality sexual, reproductive, maternal, newborn and adolescent health services.

To catalyse solutions, UNFPA convened a regional dissemination and validation workshop in 2024, grounded in the findings of *The State of the World's Midwifery* regional report for East and Southern Africa. The event brought together nearly 90 stakeholders – including government and UNFPA representatives from 23 countries – to validate national data, prioritize findings and develop tailored action plans to strengthen midwifery education, regulation and deployment across the region. The report's findings showcase the scale and urgency of the challenge.

In most countries across the region, the need for midwives has increased since 2022 (figure 5), reflecting population growth and rising demand for essential reproductive, maternal and newborn health services. The data highlight a widening gap in many countries between the number of midwives available and the number needed to provide full coverage of essential interventions. While this trend is consistent across much of East and Southern Africa, there are notable exceptions and emerging patterns. Four countries (Botswana, Tanzania, Uganda and Zambia) stand out for accelerating their midwife availability in recent years. In four other countries, midwife availability appears to be getting worse: Kenya, Madagascar, Malawi and Zimbabwe have bigger shortages now than they did in 2022. These variations reinforce the urgent need for robust health workforce planning and investment in midwifery education, deployment and retention strategies, which is a core part of the MNH Fund's Phase IV approach.

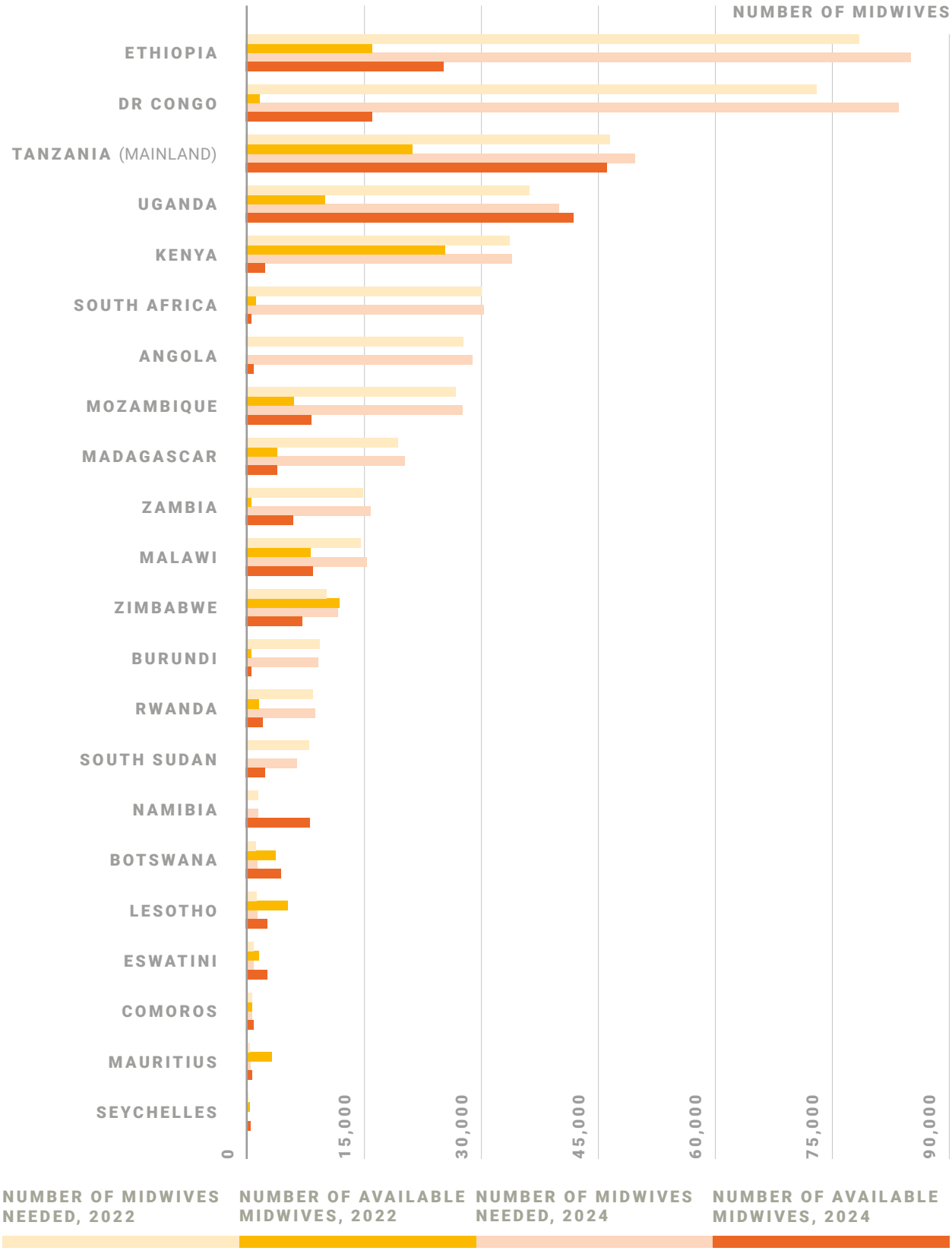
The evidence provided a powerful platform for targeted advocacy, enabling governments to better understand workforce gaps and commit to scaling sustainable, midwife-led solutions, advocacy now being brought to the country level.

The Fund also supported the launch of a midwifery education report supporting evidence-based advocacy across 12 countries in Eastern Europe and Central Asia. The report helps countries and territories across the region to address gaps in midwifery education and, ultimately, to improve the quality of care and the landscape of sexual, reproductive, maternal, newborn and adolescent healthcare.

FIGURE 5

THE NEED AND AVAILABILITY OF MIDWIVES IN EAST AND SOUTHERN AFRICA

From higher to lower level of need, for 22 countries in the region, including non-partner countries



Note: Adjusted to account for nurse-midwives not spending all of their time on midwifery.

HIGHLIGHT

Expanding midwifery leadership and quality care for women in Ethiopia

In 2024, Ethiopia took significant steps to elevate midwifery-led care as a crucial component of its maternal health system. Its national health policy was revised for the first time since 1993, alongside the development of key maternal health guidelines, including on hypertensive disorders, maternal death surveillance and a draft midwifery-led care model, set for finalization in 2025.

With support from the Fund, the midwifery workforce grew from 23,333 to 25,285, with 36 master's-level clinical midwives trained across six regions. These specialists collectively performed 430 caesarean sections and managed over 900 obstetric complications, expanding access to emergency care in underserved areas.

Midwives also played a central role in delivering integrated care. Over 1,900 women and girls received surgical treatment for obstetric fistula or pelvic organ prolapse, nearly 9,000 pregnant women were referred and transported to appropriate facilities, and more than 18,000 women were screened for cervical cancer, with 85 per cent of positive cases treated. Antenatal care (eight visits) coverage rose from 15 to 27 per cent, while early postnatal care coverage improved from 86 to 92 per cent.

© UNFPA Ethiopia

© UNFPA Somalia/Usame Nur Hussein

HIGHLIGHT

Smart solutions, safer births: Transforming midwifery in Somalia

In 2024, Somalia continued to face extreme maternal health challenges, with a maternal mortality ratio of 692 maternal deaths per 100,000 live births and just 21 per cent of women delivering with skilled care. Despite this challenging situation, the Fund enabled critical progress in strengthening the country's midwifery workforce and maternal health systems.

The Fund supported the development and rollout of the country's first electronic midwifery registration system in Puntland and Somaliland. This system made midwifery workforce records digital for the first time, registering over 1,800 midwives to date. UNFPA also facilitated training for health authorities and professional mentors to use and maintain the system, strengthening continuous professional development and workforce accountability. The system now enables real-time tracking of midwife qualifications and deployment, allowing health authorities to identify workforce gaps and improve distribution, now covering rural areas. This replaced previously fragmented and incomplete paper-based records, improving planning and reporting and Somalia's participation in global midwifery surveys.

Outcome 2

Emergency obstetric and newborn care

Outcome 2: Referral maternity facilities are staffed with skilled health personnel at birth and monitored to deliver quality and accessible essential sexual and reproductive healthcare, including emergency obstetric and newborn care.

TIMELY ACCESS

TO EMONC IS ONE OF THE MOST EFFECTIVE INTERVENTIONS TO REDUCE PREVENTABLE MATERNAL AND NEONATAL MORTALITY.

© UNFPA DRC

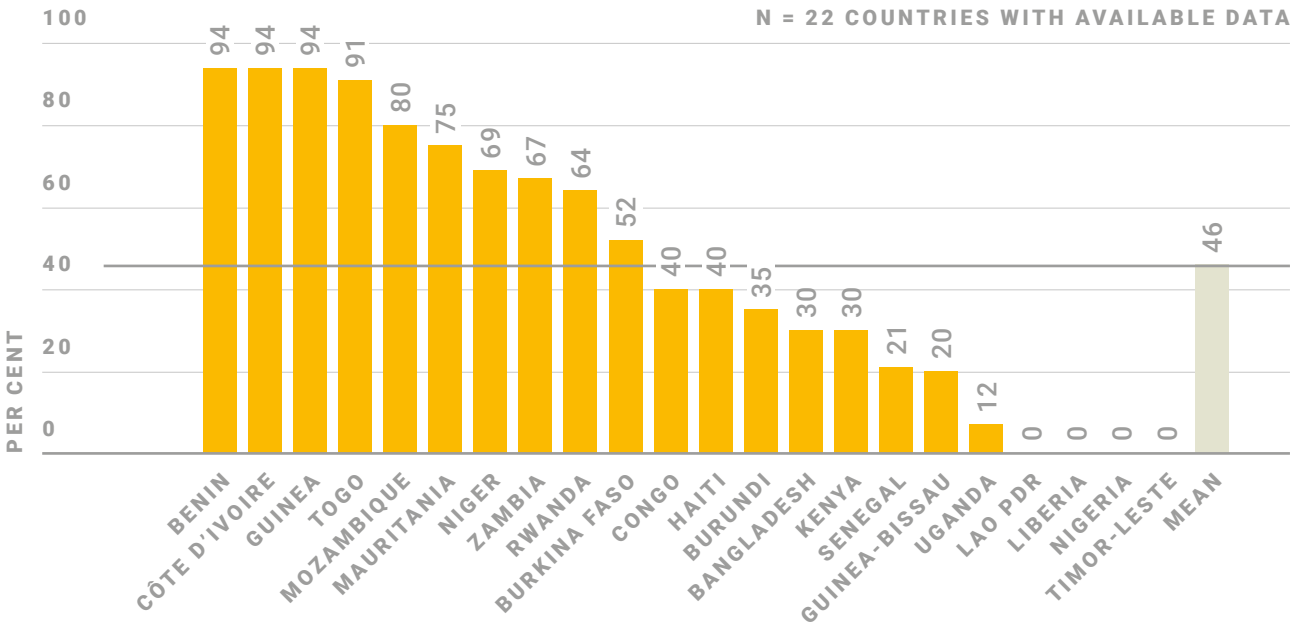
It is estimated that up to 15 per cent of pregnancies will experience complications requiring emergency care, yet millions of women still lack access to functioning Emergency Obstetric and Newborn Care (EmONC) services when they need them most. Timely access to EmONC is one of the most effective interventions to reduce preventable maternal and neonatal mortality. Referral-level maternity facilities play a critical role. They must be fully staffed, equipped and monitored to provide life-saving, rights-based sexual and reproductive health services. EWENE Target 4 aims to change this by ensuring that 80 per cent of the population can access EmONC services and a sick and small newborn unit within two hours of travel time, a benchmark that the Fund strives to achieve.

2024 RESULTS

- Managed **600,000** obstetric complications by supporting health facilities in 15 countries to provide comprehensive maternal and newborn care.
- Ensured EmONC facilities are **functioning 24/7 within 2 hours travel time** for over 90 per cent of the population in Fund-supported regions in Benin, Côte d'Ivoire, Guinea and Togo. The MNH Fund support created conditions for access to care with trained health service providers, life-saving maternal health medicines, essential supplies and equipment.
- By the end of 2024, **19 countries** were tracking EmONC annually, monitoring service availability and performance: Bangladesh, Benin, Burkina Faso, Burundi, Chad, Côte d'Ivoire, Democratic Republic of the Congo, Ghana, Guinea, Madagascar, Malawi, Mozambique, Nepal, Senegal, Sierra Leone, Sudan, Togo, Uganda, and Zambia.
- EmONC facility networks were reviewed and updated in Guinea and Senegal with MNH support, enabling the networks to integrate the newborn and the three levels of care (basic, comprehensive and intensive emergency obstetric and newborn care).
- Sudan expanded and sustained access to EmONC in 125 facilities, while Côte d'Ivoire introduced new post-partum haemorrhage drugs into EmONC protocols.

FIGURE 6

PROPORTION OF POPULATION WITHIN TWO-HOUR TRAVEL TIME TO FUNCTIONING EMONC FACILITIES, 2024



© UNFPA Côte d'Ivoire

HIGHLIGHT

Sudan delivering life-saving care amid crisis

Despite facing one of the world's most severe humanitarian crises, with over 11.3 million internally displaced people and deliberate attacks on health facilities and workers, UNFPA ensured the continued delivery of essential maternal and newborn care across Sudan. With support from the MNH Fund, several non-functional maternity facilities were rehabilitated and equipped with solar power, restoring access to EmONC in high-need areas.

The Fund supported the expansion of both emergency and community-based sexual and reproductive health services, supporting facilities in all states, deploying mobile clinics, distributing life-saving supplies and strengthening referral systems. Hundreds of midwives were trained and supervised, and the national supply chain was supported to maintain the flow of essential commodities.

In 2024, 84 per cent of reported maternal deaths in Sudan were also reviewed, marking significant progress in surveillance. The integration of maternal death surveillance into Sudan's national health information system has further enhanced data quality and accountability.

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Outcome 3

Maternal and perinatal death surveillance and response

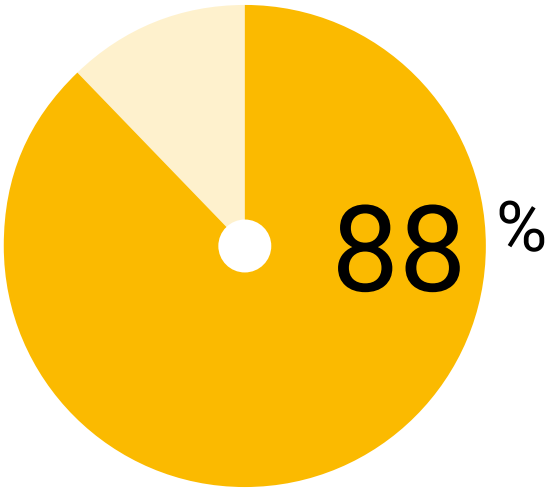
Outcome 3: Causes of maternal and perinatal deaths are identified and addressed through maternal and perinatal death surveillance and response to improve the quality of care.

© UNFPA Sudan

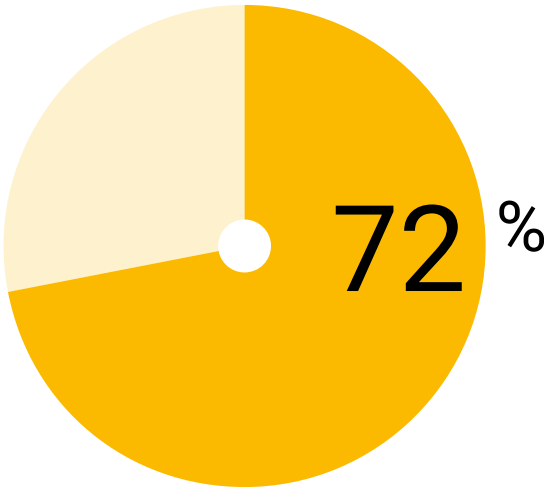
Despite progress, too many women and newborns continue to die from preventable causes during pregnancy, childbirth and the postnatal period. Understanding why these deaths occur is critical to preventing them. Maternal and perinatal death surveillance and response (MPDSR) is a life-saving, evidence-based approach that identifies and reviews maternal and newborn deaths and stillbirths to uncover root causes and trigger action. By systematically reviewing each case and acting on the findings, MPDSR helps health systems address gaps in service delivery, delays in care and systemic barriers, thereby strengthening the quality of care and building a culture of accountability and continuous learning. The MPDSR process, from identification and notification to review and response, is endorsed by UNFPA, the World Health Organization and partners as an essential tool for improving maternal and newborn health outcomes.

2024 RESULTS

- **88 per cent** of Fund-supported countries now have a national system to track maternal and perinatal deaths, a critical tool for accountability and action.
- **72 per cent** have fully adopted all four pillars of the global MPDSR framework.
- Countries led the way in maternal death reviews, e.g. Kenya (100% of maternal deaths were reviewed) as well as Bangladesh, Ghana, Sierra Leone and Uganda (90%)
- An average of **55 per cent** of maternal deaths are now reviewed across countries with available data, with 58 per cent assessed against recognized quality-of-care standards to make relevant analysis on the causes of death.
- **15 countries** have published national MPDSR reports that include analysis of the quality of death reviews and progress on concrete actions implemented in response to review recommendations.
- South–South learning accelerated progress, with cross-country exchanges between China, Eswatini, South Africa and Zambia, helping to build smarter surveillance systems.
- Globally, the Fund contributed to advancing measurement tools for sexual and reproductive health and rights, including updates to the UN Inquiry on Population and Development survey instrument by revising the list of essential reproductive medicines to align to latest WHO guidance to be implemented in 2025, and tracking progress towards Sustainable Development Goal Target 5.6 on universal access to sexual and reproductive health.



88 per cent of Fund-supported countries now have a national system to track maternal and perinatal deaths



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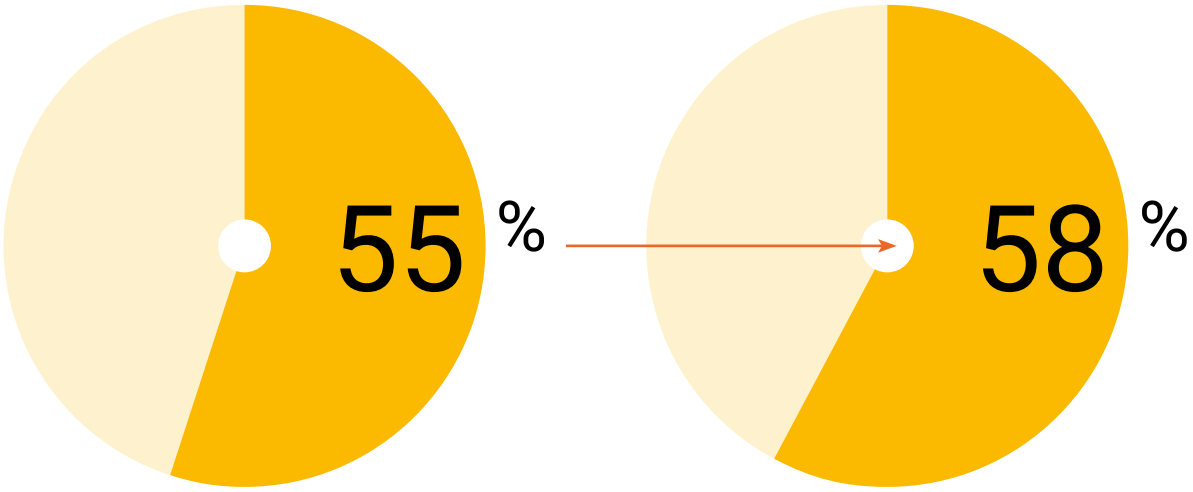
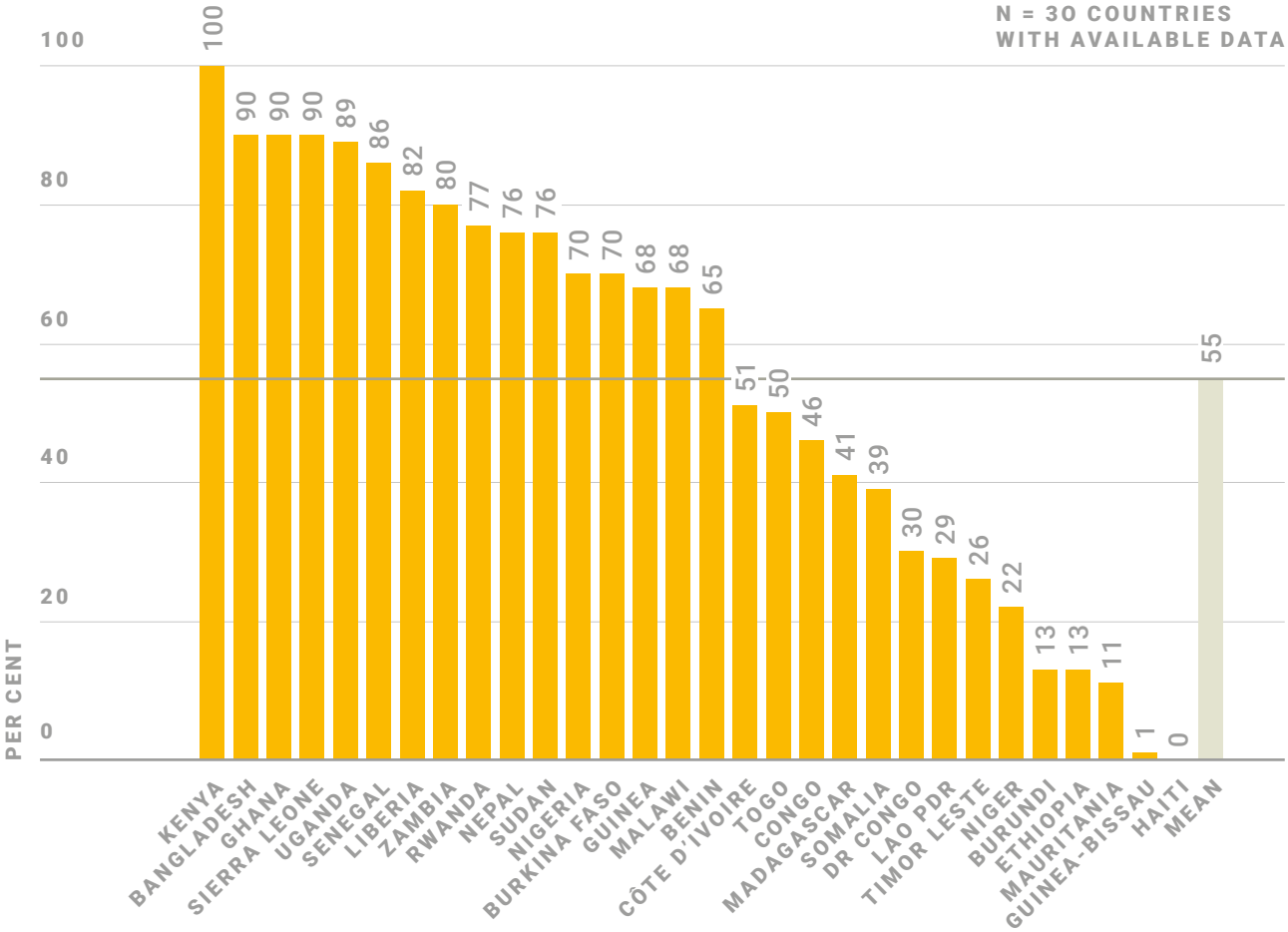


On average, **55 per cent** of maternal deaths are now reviewed in MNH Fund countries → with **58 per cent** assessed against recognized quality-of-care standards to make relevant analysis on causes of deaths

FIGURE 7

MATERNAL DEATH REVIEW RATE, 2024



HIGHLIGHT

Strengthening accountability to reduce maternal deaths in Sierra Leone

In 2024, Sierra Leone made significant progress in improving the quality of maternal care by strengthening the tracking and addressing of maternal and perinatal deaths. With support from the Fund, the Government developed national MPDSR guidelines and installed review committees at both national and sub-national levels. For the first time, data from maternal death reviews is being consistently used to inform policy and improve service delivery.

Following the President's declaration of maternal mortality as a public health emergency, a Maternal and Child Health Situation Room was established to provide real-time tracking and response. Supported by the Fund, a locally created digital app called PReSTrack enabled real-time pregnancy registration and high-risk tracking, bringing innovation directly into maternal health monitoring.

These improvements are reinforced by long-term investments in the midwifery workforce. The number of midwives has increased from 100 in 2010 to over 1,800 in 2024, with 283 trained in 2024 alone. In Sierra Leone, skilled birth attendance has reached 87 per cent, antenatal care from a skilled provider is now at 98 per cent and 79 per cent of women receive at least four antenatal visits. In parallel, the introduction of the "Safe Motherhood and Reproductive Health Bill" demonstrates continued political will to advance reproductive rights and reduce preventable maternal deaths.

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HIGHLIGHT

Sofala Province cuts maternal deaths by 23% through stronger surveillance in Mozambique

Despite a year marked by political unrest, healthcare worker strikes and the devastating impact of Cyclone Chido, Mozambique made measurable progress in strengthening maternal and perinatal death surveillance. With support from the Fund, the country revised national death notification forms to improve functionality and completeness, in collaboration with provincial authorities, the World Health Organization and other partners.

In Sofala province, maternal and perinatal death review committees found that most deaths were preventable, highlighting the need to improve labour monitoring, emergency obstetric care and referral systems. Between January and September 2024, maternal deaths in Sofala fell from 44 to 34, and neonatal deaths dropped from 186 to 135 compared with the same period in 2023.

Nationally, supervisory visits in Maputo province led to targeted recommendations, including improved cold chain storage, better documentation and hands-on training in postpartum care. A national maternal health meeting reinforced these actions, prioritizing antenatal care adherence, data quality and post-partum IUD insertion.

Outcome 4

Sexual and reproductive health and ending fistula

Outcome 4: Quality sexual and reproductive health information and services are accessible to prevent and treat obstetric fistula and other obstetric morbidities.

© UNFPA Mozambique/ Mbuto Machil

For every maternal death, 20 to 30 more women suffer a severe maternal morbidity and disability, such as obstetric fistula, with devastating impacts on their overall health and well-being. Obstetric fistula is a severe injury from childbirth that occurs due to prolonged, obstructed labour without timely medical intervention. This condition results in chronic incontinence and has devastating physical, psychological and social impacts on affected women and girls. Iatrogenic fistula, caused by medical errors during obstetric or gynecological procedures, is also a growing concern, highlighting gaps in the quality of obstetric and surgical care. An estimated 500,000 women and girls currently live with obstetric fistula, with thousands of new cases occurring annually. The global community has recognized the urgency of this issue. UNFPA and partners launched the global Campaign to End Fistula in 2003, which is supported by the MNH Fund.

The Fund supported countries to address a broader range of maternal morbidities. As of 2024, at least 19 out of the fund supported 32 countries (59%) tracked additional obstetric and reproductive morbidities in their national health information systems, including hypertensive disorders, post-partum depression, prolonged and obstructed labour, anaemia, cervical cancer, malaria, HIV and AIDS, pelvic organ prolapse, incontinence and sexually transmitted infections, aligned with national priorities. This marks a shift towards standardized data collection, case tracking and treatment planning across facility and programme levels.

2024 RESULTS

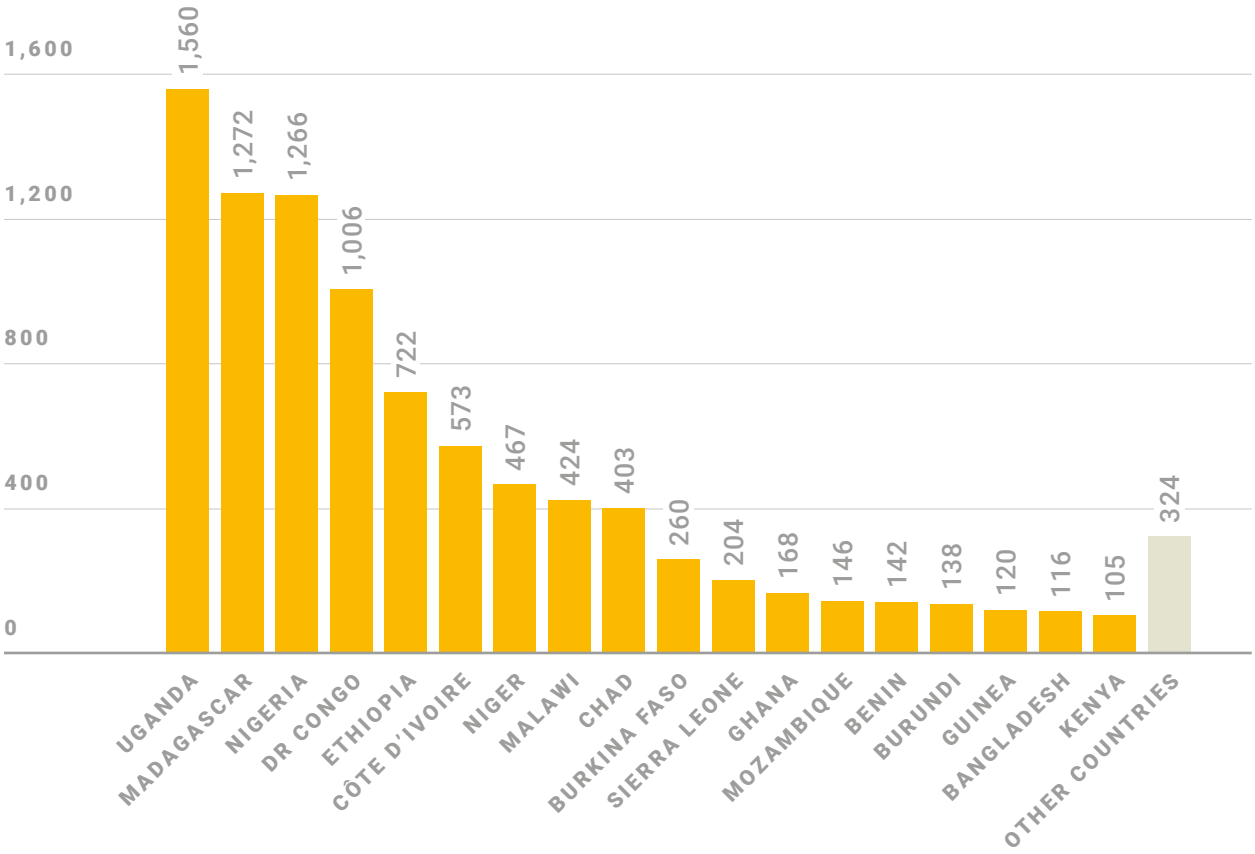
- **75 per cent** of Fund-supported countries had a national strategy to end fistula in 2024.
- **9,400** fistula surgeries gave women back their health and dignity in 2024, compared with 8,100 in 2023, bringing the total to 145,000 fistula surgeries since 2003.
- **2,500** fistula survivors have received comprehensive reintegration and rehabilitation support post-surgery (17,000 since 2019).
- UNFPA authored the *2024 United Nations Secretary-General's report on intensifying efforts to end obstetric fistula within a decade* and supported the adoption of the landmark United Nations General Assembly Resolution on Ending Fistula (A/RES/79/155).
- **3,600** women were screened for breast cancer and 1,500 for cervical cancer in the Democratic Republic of the Congo, showcasing how non-communicable disease screening is integrated into reproductive and maternal health services.
- **7,300** midwives and sexual and reproductive healthcare professionals in Europe, Latin America and the Caribbean accessed and upskilled their competencies from online modules in perinatal mental health, safe abortion care to the full extent of the law* and modern contraception.

© UNFPA Bangladesh/ Fahim Hasan

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

FIGURE 8

9,400 WOMEN AND ADOLESCENT GIRLS LIVING WITH OBSTETRIC FISTULA RECEIVED SURGICAL REPAIR, 2024



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3,600

women were screened for breast cancer in the Democratic Republic of Congo

1,500

women were screened for cervical cancer in the Democratic Republic of Congo

© UNFPA Bangladesh/Fahim Hasan

HIGHLIGHT

Advancing government leadership in fistula elimination in Bangladesh

In 2024, Bangladesh strengthened national leadership in maternal health with support from the Fund, driving forward both policy and implementation. A key milestone was the government-led finalization of the Third National Strategy on Obstetric Fistula, reaffirming the country's commitment to eliminate fistula by 2030. This was reinforced through hosting and active participation in global platforms, including the International Society of Obstetric Fistula Surgeons Conference and the Biennial International Obstetric Fistula Working Group Meeting in Dhaka.

At the operational level, government-led fistula case identification campaigns in three districts enhanced early detection and referral systems. In total, 173 women were referred for surgical care, with 116 receiving surgical repair. Following treatment, 97 survivors (83.8 per cent) accessed rehabilitation and social reintegration support.

HIGHLIGHT

Global coordination meeting on Start with Her strategy and Phase IV

UNFPA convened its first in-person global maternal health meeting in over five years. Held in Saly, Senegal 24-27 November 2024, it was after with the EWENE West and Central Africa regional meeting. The UNFPA Global Reproductive, Maternal and Newborn Health Coordination meeting brought together 84 technical experts and representatives to coordinate and align on operationalizing the UNFPA strategy, *Start With Her*, and to accelerate the impact of Phase IV of the Fund.

Key strategies were aligned under four pillars: 1) policy and financing commitments, 2) service delivery, 3) empowerment of women and adolescent girls and 4) leveraging data and evidence.

Country-led innovations and lessons learned enabled meaningful knowledge exchange and peer learning across regions. Liberia and Nepal shared breakthroughs in midwifery reform, while Senegal presented strides in EmONC. Bangladesh highlighted integrated fistula care and Uganda showcased the power of maternal death surveillance data to inform real-time response. Rwanda demonstrated successful integration of sexual and reproductive health services, advancing health system resilience. New areas of the strategy such as increased focus on normative agenda, including policy and advocacy as well community engagement were co-created with country offices.

© Ethiopia, Kenya, Madagascar and Senegal UNFPA country representatives

The meeting also marked the official launch of the MNH Fund's Phase IV Business Plan, which introduces sharper results tracking through 45 new indicators validated at the meeting and streamlined planning tools.

What emerged was a unified commitment to action among senior leadership including the UNFPA Regional Director for West and Central Africa and champion UNFPA Country Representatives from Ethiopia, Kenya, Madagascar, Senegal and Zimbabwe, and technical colleagues from 23 countries. The group affirmed that accelerating progress means shifting from funding to long-term financing, from fragmented services to integration at primary healthcare level to community leadership. Strong partnerships, including EWENE and the UNFPA Supplies Partnership, will be key accelerators.

The *Start with Her* strategy was formally launched by the UNFPA Executive Director alongside the regional directors of West and Central Africa, Asia and the Pacific, and the Arab States on the sidelines of the UNFPA Executive Board in January 2025.

RESOURCE MANAGEMENT

Over $16 million was allocated to the 32 countries of the MNH Fund through UNFPA Country Offices, six UNFPA Regional Offices, and two headquarters units in 2024. The above amount includes 7 per cent of indirect costs. In 2024, the Fund exceeded its annual resource mobilization target by over 27 per cent in terms of cash received. Accounting for the allocation of excess funds into future years for programming due to the multi-year nature of agreements, the MNH Fund received 93 per cent of its budget needs in 2024. With a total of $43.3 million raised for Phase IV, the Fund is at 20.7 per cent of the $210 million target by 2028.

FUNDING CONTEXT AND ALLOCATION MODEL

All UNFPA funding is voluntary and divided into core and non-core resources. As the second-most flexible funding instrument after core contributions, thematic funds are a crucial tool to complement core resources, given declining share of core resources in overall funding.

The pooling of resources towards key intervention areas of the UNFPA Strategic Plan 2022–2025 reduces transaction costs and enables long-term planning and predictable funding across national, regional and global levels. This allows thematic funds to have an indirect cost rate of 7 per cent versus 8 per cent for earmarked contributions, resulting in a higher share of the budget being allocated to programme activities on the ground. The Fund specifically allows partners to dedicate resources to flexibly support key activities related to maternal and newborn health. In 2024, funds were allocated to 32 countries and six regional offices (Arab States, Asia and the Pacific, East and Southern Africa, Latin America and the Caribbean, Eastern Europe and Central Asia, and West and Central Africa).

PARTNER CONTRIBUTIONS

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

UNFPA is particularly grateful for the increased support received from partners in 2024. Five new agreements were signed, amounting to a total contribution of $28 million. These included new commitments from Belgium and Denmark, as well as additional funding from Germany, Poland and Sweden. All agreements were multi-year in nature, providing vital support for long-term programme planning. In 2024 alone, UNFPA received over $19 million – more than double the amount received in 2023. The flexibility offered by these multi-year agreements enabled UNFPA to allocate funding strategically across both current and future programming, with more than 93 per cent of the 2024 budget needs successfully met.

In support of *Start with Her*, the UNFPA reproductive, maternal and newborn health strategy, the MNH team also implements a number of additional partnerships including the Joint Unitaid-UNFPA Programme SafeBirth Africa Initiative to improve the prevention and management of post-partum haemorrhage, which contributes to nearly one third of maternal deaths, dedicated support from the United Kingdom FCDO for the Midwifery Accelerator under the UNFPA Supplies Partnership, and funding support from the Gates Foundation to support midwifery and maternal health commodity acceleration and to ensure alignment of the United Nations system under the Every Woman Every Newborn Everywhere partnership.

OPERATING BUDGET

At the beginning of 2024, a budget ceiling of $8.2 million ($8,248,042, including indirect costs) was allocated, given the limited funds available. By mid-2024, with the Phase IV approved by the Advisory Board, an additional $7.8 million ($7,843,322 including indirect costs) was allocated for implementation.

The total operating budget for 2024 was $16 million ($16,091,364). This was to ensure a reserve for the beginning of 2025 as agreed with partners. In accordance with the International Public Sector Accounting Standards, transactions are recorded as expenses when services or goods have been procured or executed by the implementing partner.

EXPENDITURE

The 2024 budget of $16 million was allocated to the UNFPA Country Offices of the 32 countries of the MNH Fund, six UNFPA Regional Offices and two headquarters units. Expenditure per cost-centre is available in Annex 2.

HQ had an expenditure rate of 74 per cent, while the SRHR Branch noted an expenditure rate of 73 per cent. This low rate is largely explained by an initial human resource budget disproportionate to the overall budget, where human resource costs were more evenly distributed across a number of project- and programme-based funding, resulting in significant savings at HQ level.

UNFPA Regional Offices in Latin America and the Arab States achieved implementation rates of 97 and 95 per cent, respectively, with Asia and the Pacific at 80 per cent, East and Southern Africa at 75 per cent, followed by Eastern Europe and Central Asia at 69 per cent during its first year with its Regional Office in the MNH Fund. West and Central Africa noted a low implementation rate at 33 per cent. Despite the strategic engagement and collaborative efforts of the UNFPA Regional Office for West and Central Africa in 2024, the implementation rate remained low due to a combination of structural and contextual challenges. These factors disrupted health service delivery, delayed planning processes and limited absorptive capacity, ultimately slowing down the pace of implementation.

At the country level, implementation rates reflect strong momentum. Of the total MNH Fund countries, 78 per cent (25 countries) have achieved implementation rates above 75 per cent. An additional 3 countries have reached implementation levels between 50 and 75 per cent, while 3 countries fall within the 25 to 49 per cent range. Only one country has an implementation rate below 25 per cent. In addition, South Sudan, a new country in Phase IV scheduled to be included for programming in 2025, had already received funds in 2024 to support the maternal health modules in the Multiple Indicator Cluster Surveys (MICS). However, this activity was subsequently pushed to 2025. As a consequence, they recorded no expenditure. As noted above, with the new fund management team and regular meetings with Regional Offices, with new systems for programme monitoring, more support will be provided to ensure countries are fully utilizing the MNH Fund, as well as reallocation across cost centres as needed.

In 2024, country and regional activities accounted for a total of 71 per cent of expenditure, with global activities accounting for 22 per cent, and a total of 7 per cent for indirect costs (Table 1). Most global funds were spent on technical assistance to country and regional offices, capacity-building workshops, global implementing partners supporting UNFPA Country Offices and global advocacy.

Of total expenditure, 12 per cent or $1.5 million was disbursed via non-governmental organizations; 17 per cent or $2.1 million via a governmental partner; 0.1 per cent was disbursed via other United Nations agencies; 64 per cent, or $8 million via UNFPA; and the corresponding 7 per cent for indirect costs. Of the total amount spent, $2.9 million ($2,962,851), or 23 per cent, was spent on procuring goods and services.

Regionally, West and Central Africa accounted for the highest proportion of maternal and newborn health expenditures, at 39.5 per cent of the total. As noted above, this is partly a consequence of the Takeda support to Benin, Côte d'Ivoire and Togo. East and Southern Africa accounted for 22 per cent; the Arab States for 4 per cent; Asia and the Pacific for 3 per cent; Latin America and the Caribbean for 2 per cent and Eastern Europe and Central Asia for 0.5 per cent. Headquarters' expenses were 22 per cent with indirect costs of 7 per cent (figure 10). At the close of 2024, the UNFPA end-of-year balance was $3.6 million ($3,610,140).

TABLE 1

EXPENDITURE PER CATEGORY

Department category	US$	Proportion of expenditure
Global	2,790,699	22%
Regional Office	734,191	6%
Country Office	8,139,818	65%
Indirect cost	816,529	7%
Grand total	**12,481,227**	**100%**

TABLE 2

GLOBAL AND REGIONAL (REGIONAL OFFICE AND COUNTRY OFFICE) EXPENDITURES

Global	US$	Proportion of expenditure
Headquarters	2,790,699	22%
Corporate (IC)	816,529	7%
Total	**3,607,227**	**29%**

Regional	US dollars	
Arab States	471,818	4%
Asia and the Pacific	389,537	3%
Eastern Europe and Central Asia	51,433	0.5%
East and Southern Africa	2,786,268	22%
Latin America and the Caribbean	237,623	2%
West and Central Africa	4,937,321	39.5%
Total	**8,873,999**	**71%**
Grand total	**12,481,227**	**100%**

FIGURE 9

EXPENDITURES BY IMPLEMENTING AGENCY

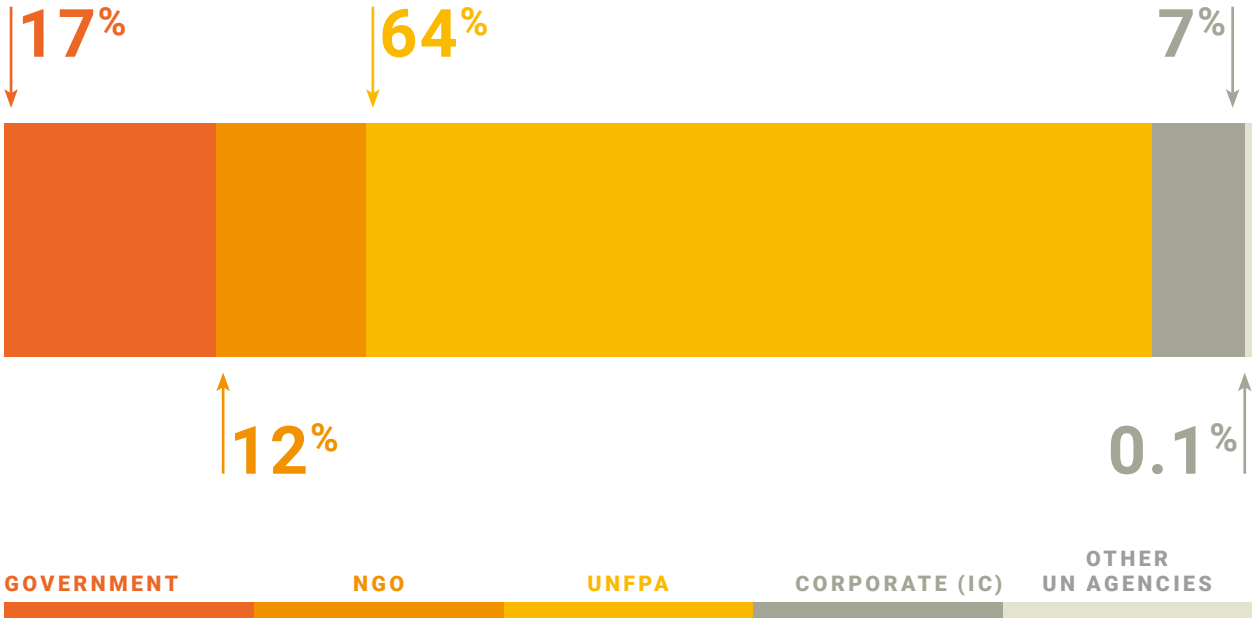
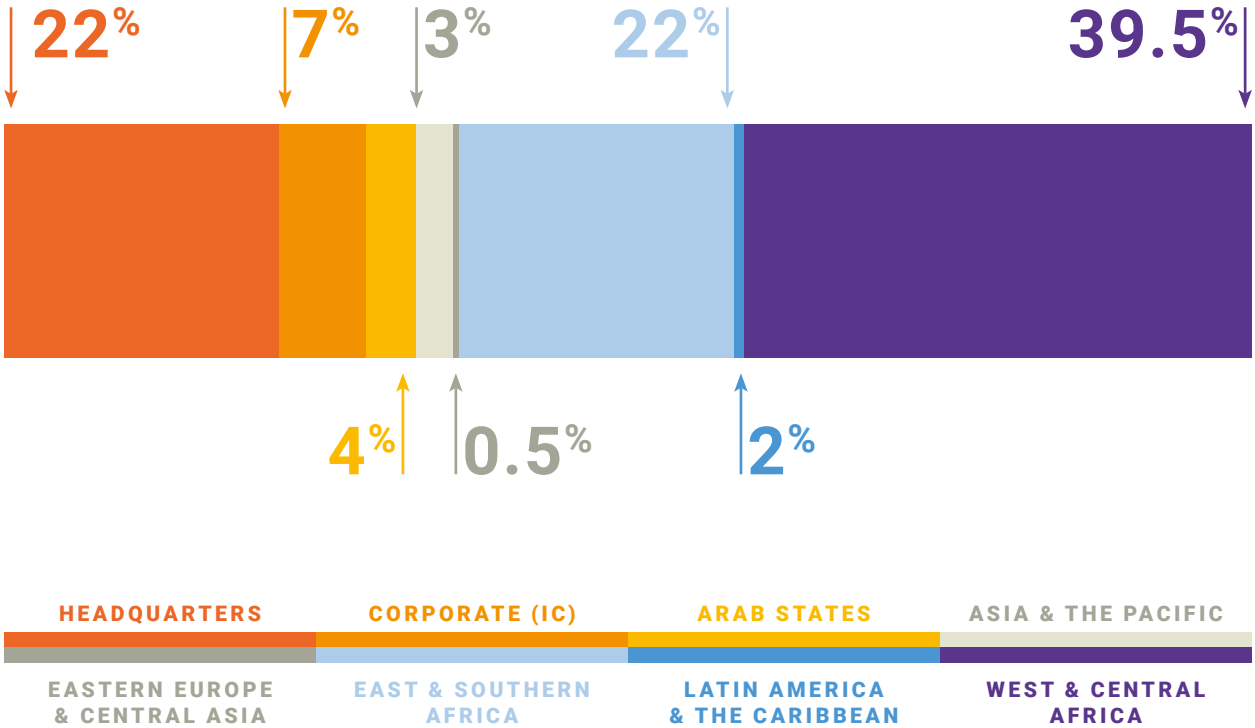


FIGURE 10

EXPENDITURES BY REGION



LESSONS THAT SHAPE 2025

The lessons of 2024 are actively shaping how countries prioritize investments, strengthen midwifery, reach vulnerable women and prepare for future crises.

Redesigning systems for resilience and taking a holistic approach

Maternal and newborn health programmes must go beyond clinical interventions to emphasize system-wide resilience, prioritizing readiness and functionality of primary healthcare delivery systems. In various contexts, from Guinea-Bissau to Sudan, progress depended on strong coordination mechanisms, supply chains to ensure last mile availability of essential life-saving reproductive health commodities, skilled providers and community engagement. Lessons from EmONC assessments, fistula response programmes and maternal death reviews demonstrated that facilities alone cannot save lives; systems must work in unison, including communities, to promote maternal health, identify and prevent risks, ensure readiness and functionality of the primary healthcare delivery systems, and establish robust referral systems, particularly in fragile and emergency settings. Through its renewed focus on the the humanitarian–peace–development continuum, the Fund will support readiness assessments for the Minimum Initial Service Package (MISP) for sexual and reproductive health in crisis situations in priority countries as part of Phase IV.

The power of real-time data

Countries that invested in digitalized midwifery registration and maternal and perinatal death surveillance reporting, such as Mozambique and Somalia, improved not only coverage, but the precision of their maternal health planning. In Sierra Leone, the national scale-up of a locally developed pregnancy registration and service tracking app also helped identify high-risk pregnancies and improve referrals to care. Real-time data allowed governments and health workers to identify gaps, adapt quickly and deploy resources where they were needed most.

Midwifery is the foundation of maternal health

Midwifery programmes consistently delivered results in each of the six UNFPA regions. From clinical mentoring in Senegal to electronic registration in Ethiopia and Somalia, to strengthening Midwifery Associations in Chad, Congo (Brazzaville), Ethiopia, Uganda and Zambia – countries that invested in midwives saw measurable improvements in emergency obstetric care, skilled birth attendance and system accountability. Where professional regulation, education and deployment were weak, maternal outcomes stagnated. In 2024, UNFPA and partners invested in building the Midwifery Accelerator to increase policy action and financing to scale midwifery models of care.

Strategic adaptation in humanitarian crises

Humanitarian settings from Haiti to Sudan showed that flexible planning, rapid training and mobile service delivery are essential to navigate insecurity, displacement and infrastructure collapse. Country teams adapted quickly, pre-positioning supplies, building rosters, training midwives in crisis response and protected continuity of care. The Fund's flexible, multi-year funding enables rapid and responsive reprogramming to meet country needs.

Partnerships and domestic investment unlock sustainable scale

In Bangladesh, Benin and Sierra Leone, targeted technical support combined with government leadership mobilized multi-million-dollar investments from the World Bank, Canada and other bilateral partners. These cases proved that catalytic funds, when paired with strong national ownership and evidence, can unlock sustained, large-scale change. In low- and lower-middle-income countries, domestic public spending on health declined in 2022 following COVID-19 pandemic-era surges but remained slightly above pre-pandemic levels, primarily due to increases in overall government spending rather than a higher prioritization of health. Amid growing uncertainty around the future of external aid, this underscores the urgent need to strengthen domestic commitment to health financing in order to sustain progress and build long-term resilience in health systems. Sustainable financing and investment will also be a major focus of the Fund in 2025.

Evidence must lead

Countries delivered more targeted and sustainable results when they used insights from maternal and newborn health and sexual and reproductive health and rights in essential healthcare benefit packages, including in national health insurance schemes, maternal death reviews, facility assessments, EmONC network analysis and cost-effectiveness data. Stronger evidence systems are required to ensure every investment achieves its maximum potential. This is why data for action and accountability is a core priority and delivery pillar in Phase IV of the Fund.

THANK YOU

ADVISORY BOARD MEMBERS AND FUNDING DONORS

- Government of Belgium
- Government of Denmark
- Government of France
- Government of Germany
- Government of Luxembourg
- Government of Poland
- Government of Sweden
- Takeda Pharmaceuticals

PARTNERS

- AlignMNH
- Alliance to Improve Midwifery Education and the Partnership for Maternal and Newborn Child Health (AIME)
- Every Woman Every Newborn Everywhere (EWENE), in particular the co-chairs of the management team: UNICEF and the World Health Organization
- Engenderhealth
- H6 partnership (WHO, UNFPA, UNICEF, UN Women, UNAIDS, and the World Bank)
- Human Reproduction Programme (HRP)
- International Confederation of Midwives (ICM)
- International Federation of Gynaecology and Obstetrics (FIGO)
- International Society of Obstetric Fistula Surgeons (ISOFS)
- International Obstetric Fistula Working Group
- Jhpiego, Johns Hopkins Program for International Education in Gynecology and Obstetrics
- Liverpool School of Tropical Medicine
- Maternity Foundation
- Operation Fistula
- Partnership on Maternal, Newborn and Child Health (PMNCH)
- United States Agency for International Development (USAID)
- MOMENTUM Safe Surgery in Family Planning and Obstetrics project
- Woodrow Wilson Center
- World Continuing Education Alliance

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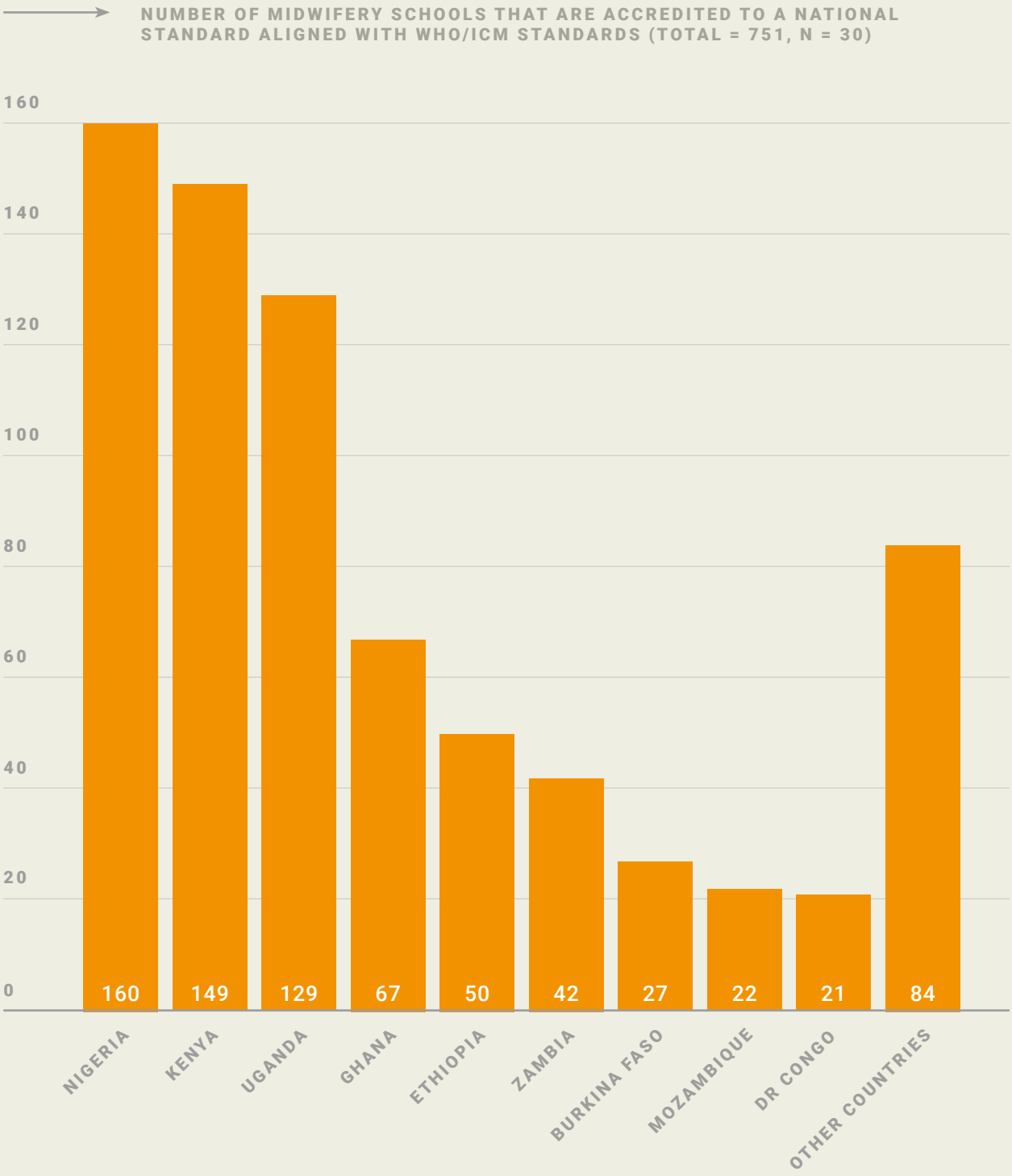
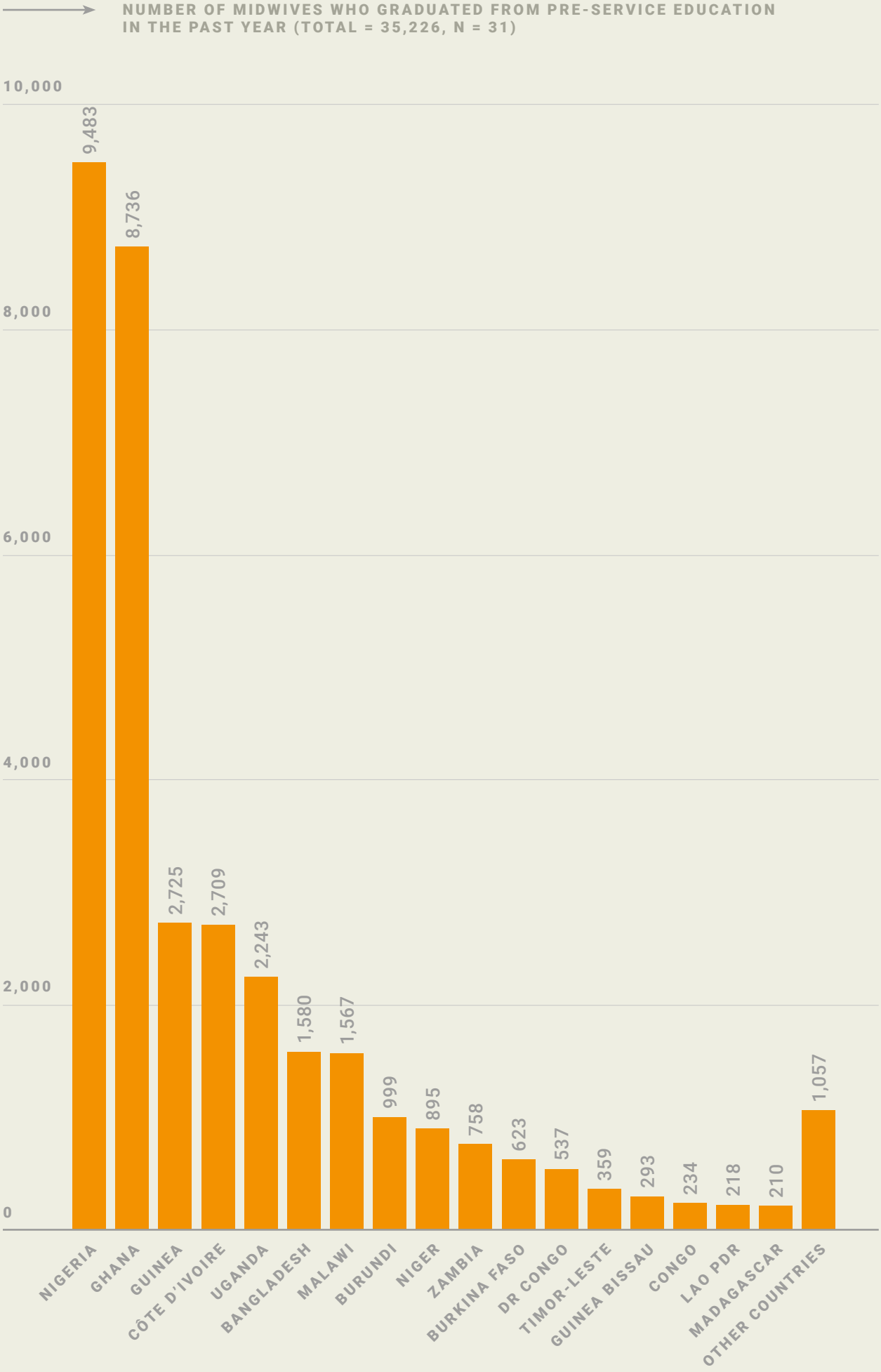
ANNEX 1: **2024 COUNTRY DATA REPORTING**

Based on Results Framework Phase III

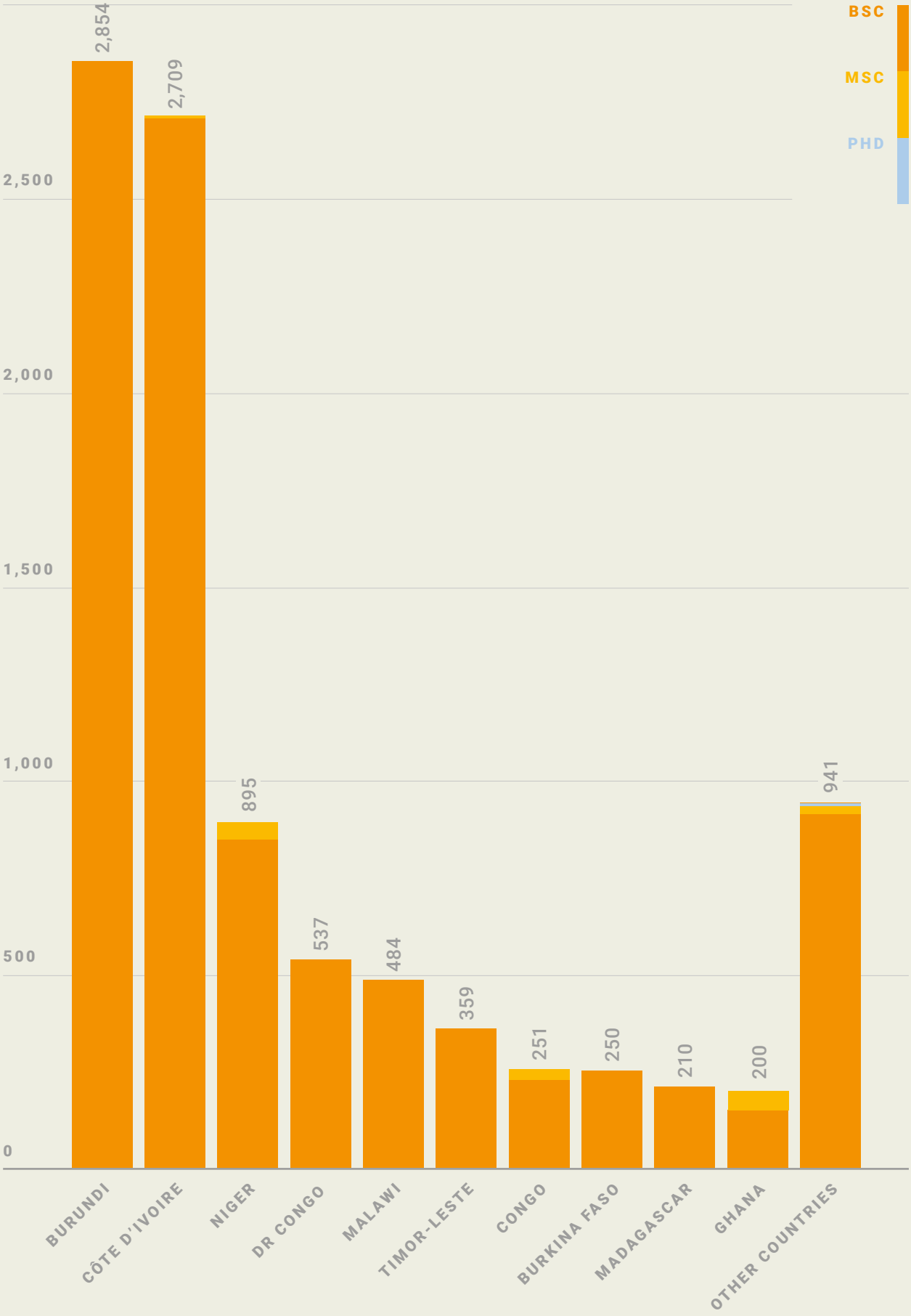
OUTPUT 1

STRENGTHENED EDUCATION OF MIDWIVES




NUMBER OF MIDWIVES WHO GRADUATED FROM PRE-SERVICE EDUCATION IN THE PAST YEAR (TOTAL = 35,226, N = 31)
10,000
8,000
6,000
4,000
2,000
0
9,483
8,736
2,725
2,709
2,243
1,580
1,567
999
895
758
623
537
359
293
234
218
210
1,057
NIGERIA
GHANA
GUINEA
CÔTE D'IVOIRE
UGANDA
BANGLADESH
MALAWI
BURUNDI
NIGER
ZAMBIA
BURKINA FASO
DR CONGO
TIMOR-LESTE
GUINEA BISSAU
CONGO
LAO PDR
MADAGASCAR
OTHER COUNTRIES

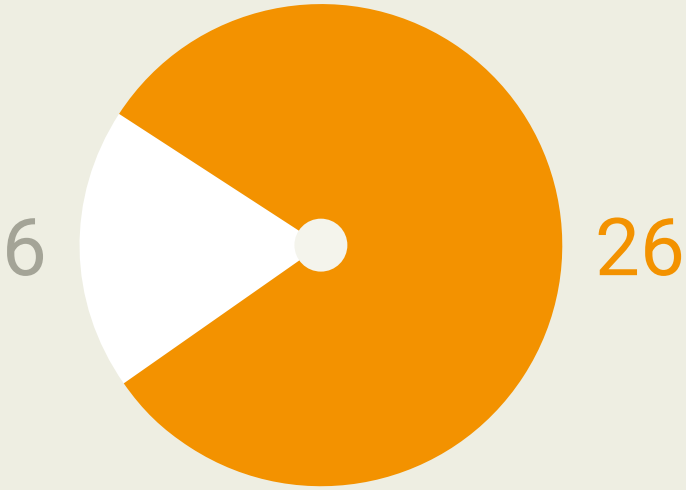
NUMBER OF MIDWIVES WHO GRADUATED FROM BSC, MASTERS, AND/OR PHD LEVEL EDUCATION (TOTAL = 9,690 [BSC = 9,543, MSC = 144, PHD = 3], N = 30)



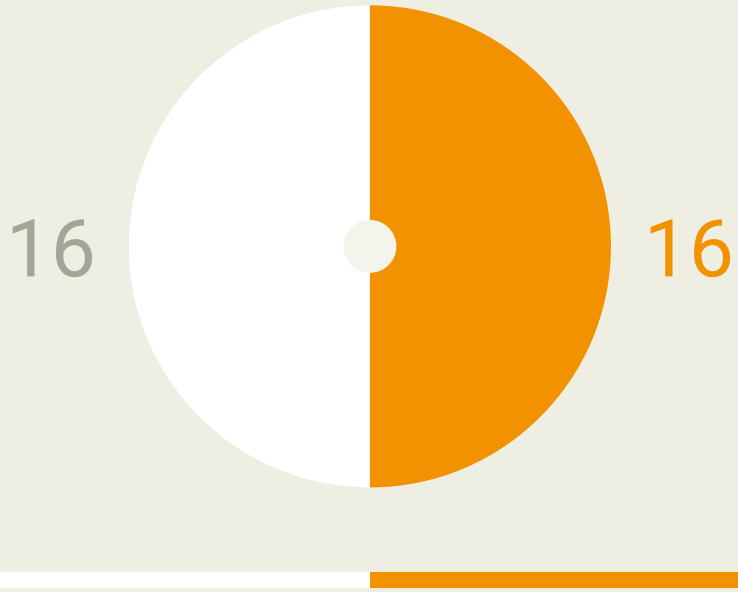
OUTPUT 2

STRENGTHENED REGULATION OF MIDWIVES

A COMPLETE REGULATORY FRAMEWORK FOR MIDWIFERY IS AVAILABLE (SCOPE OF PRACTICE, CODE OF CONDUCT, ACCREDITATION MECHANISMS FOR SCHOOLS, REGISTER OF MIDWIVES) (N = 32)

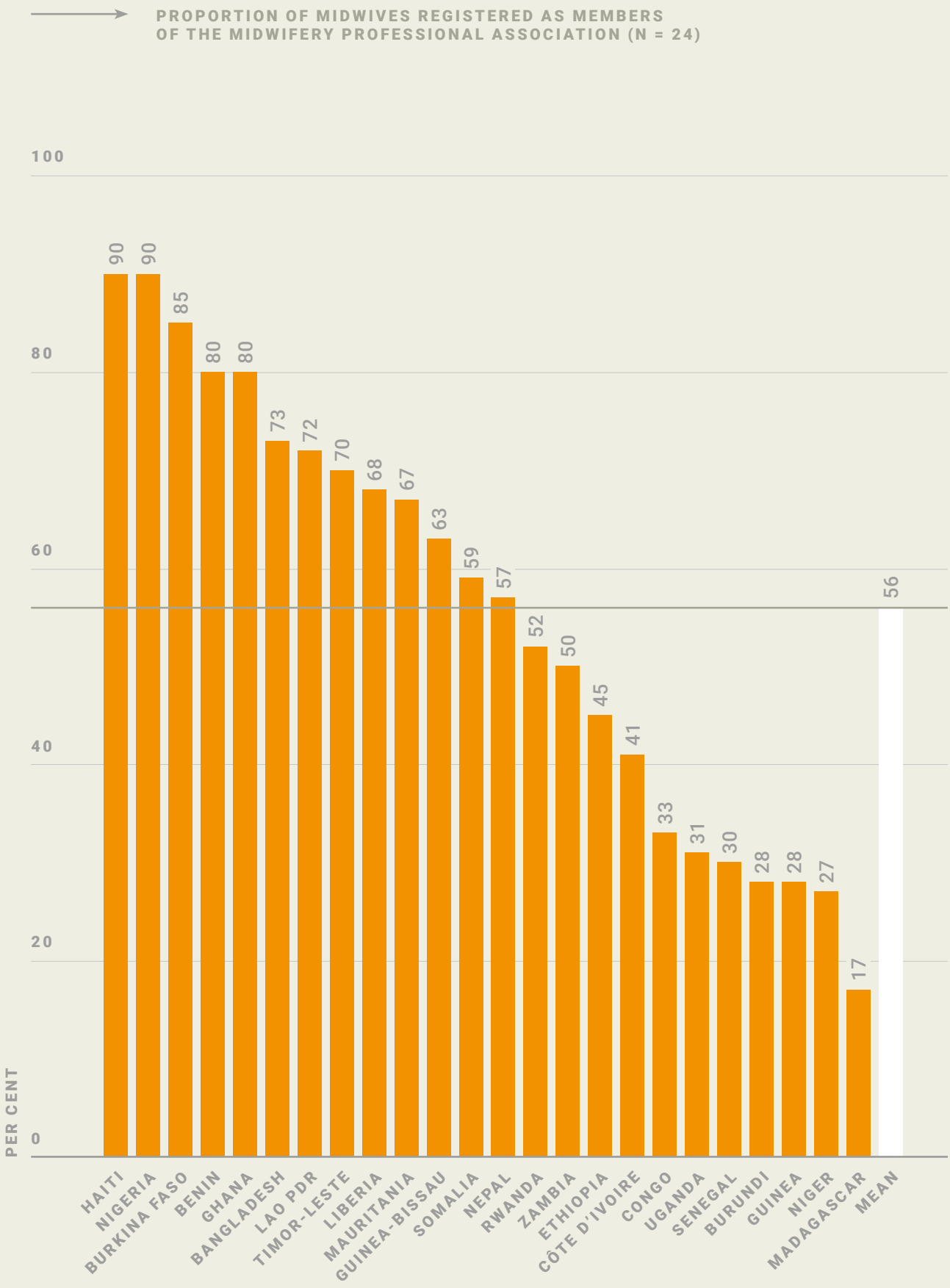


A PROFESSIONAL ELECTRONIC REGISTER OF MIDWIVES WHICH IS UPDATED ANNUALLY IS AVAILABLE (N = 32)



OUTPUT 3

STRENGTHENED CAPACITY OF MIDWIFERY ASSOCIATIONS

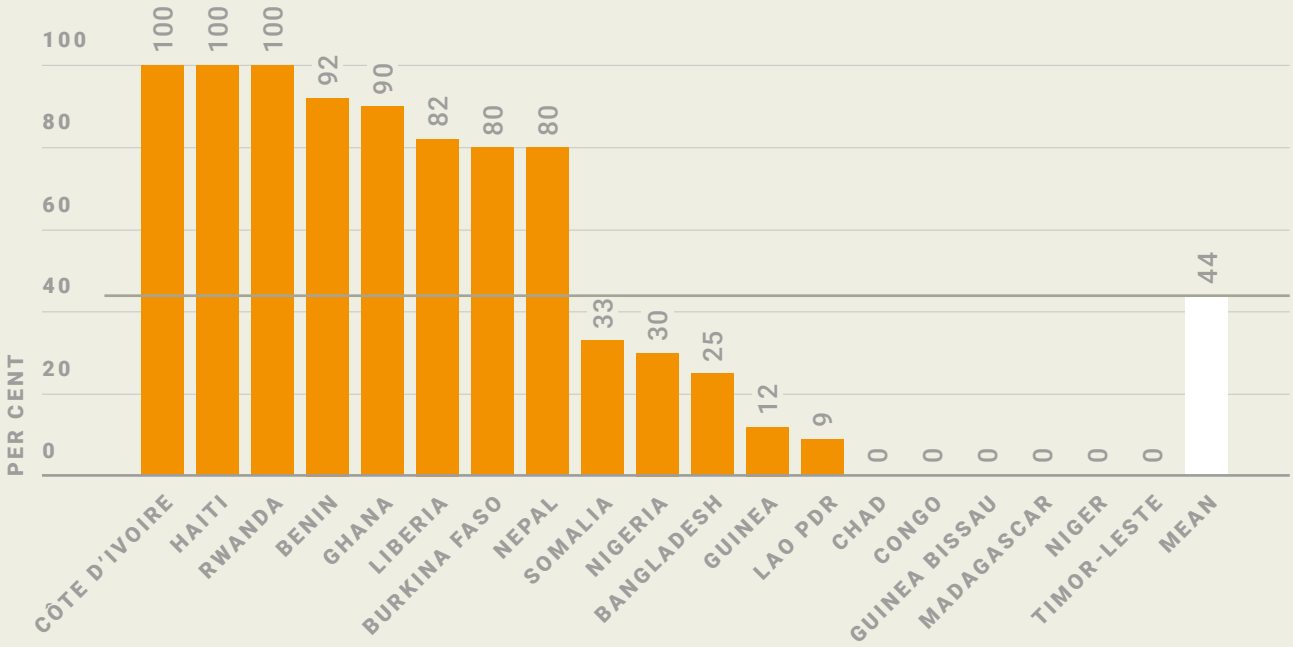


OUTPUT 4

STRENGTHENED MIDWIFERY WORKFORCE STRATEGIES THROUGH INCREASED USE OF GENDER-SENSITIVE POLICIES, STRATEGIES AND PLANS TO RECRUIT, DEPLOY AND RETAIN MIDWIVES

MIDWIFERY IS MAINSTREAMED IN NATIONAL HUMAN RESOURCES FOR HEALTH POLICIES OR A STAND ALONE MIDWIFERY POLICY/STRATEDY EXISTS (N = 32)

PROPORTION OF NEWLY GRADUATED MIDWIVES WHO ARE DEPLOYED IN THE PUBLIC AND PROVATE SECTOR WITHIN 1 YEAR OF GRADUATION (N = 19)

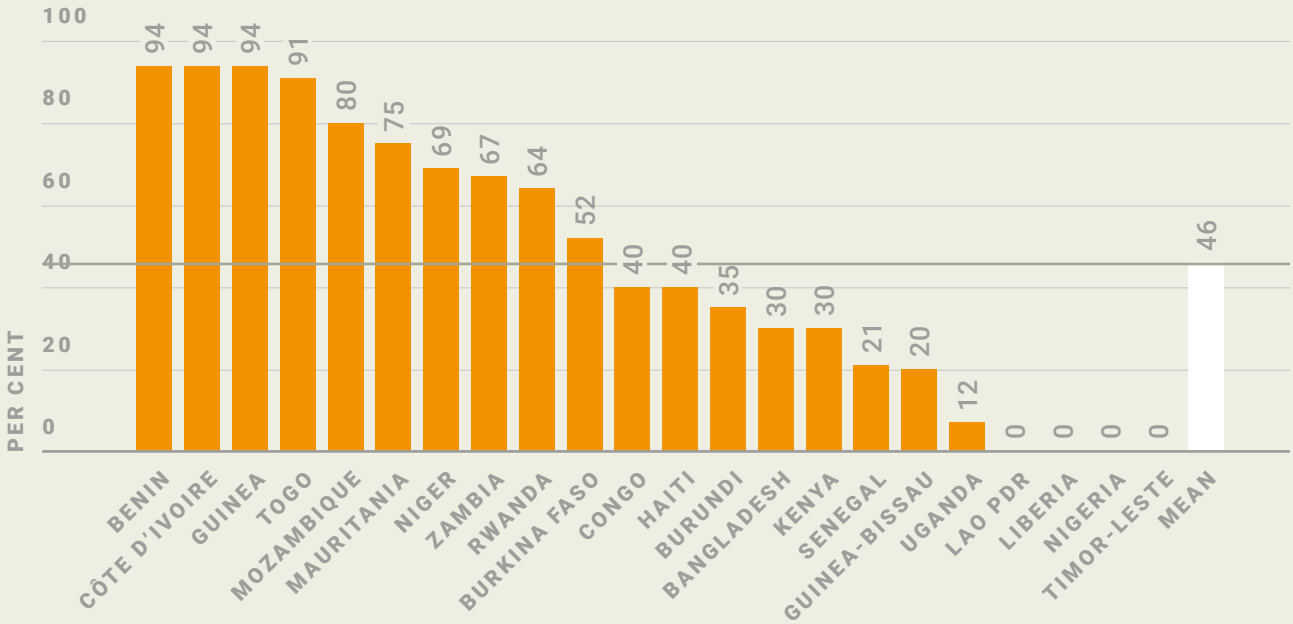


OUTPUT 6

DEFINED AND MONITORED NATIONAL NETWORK OF EMONC FACILITIES AND STRENGTHENED REFERRAL LINKAGES WITHIN THIS NETWORK

EMONC (RAPID) ASSESSMENT REPORT IS AVAILABLE (N = 32)

PROPORTION OF POPULATION COVERED BY FUNCTIONING EMONC FACILITIES (AT 2H TRAVEL TIME - USING GIS) (N = 22)



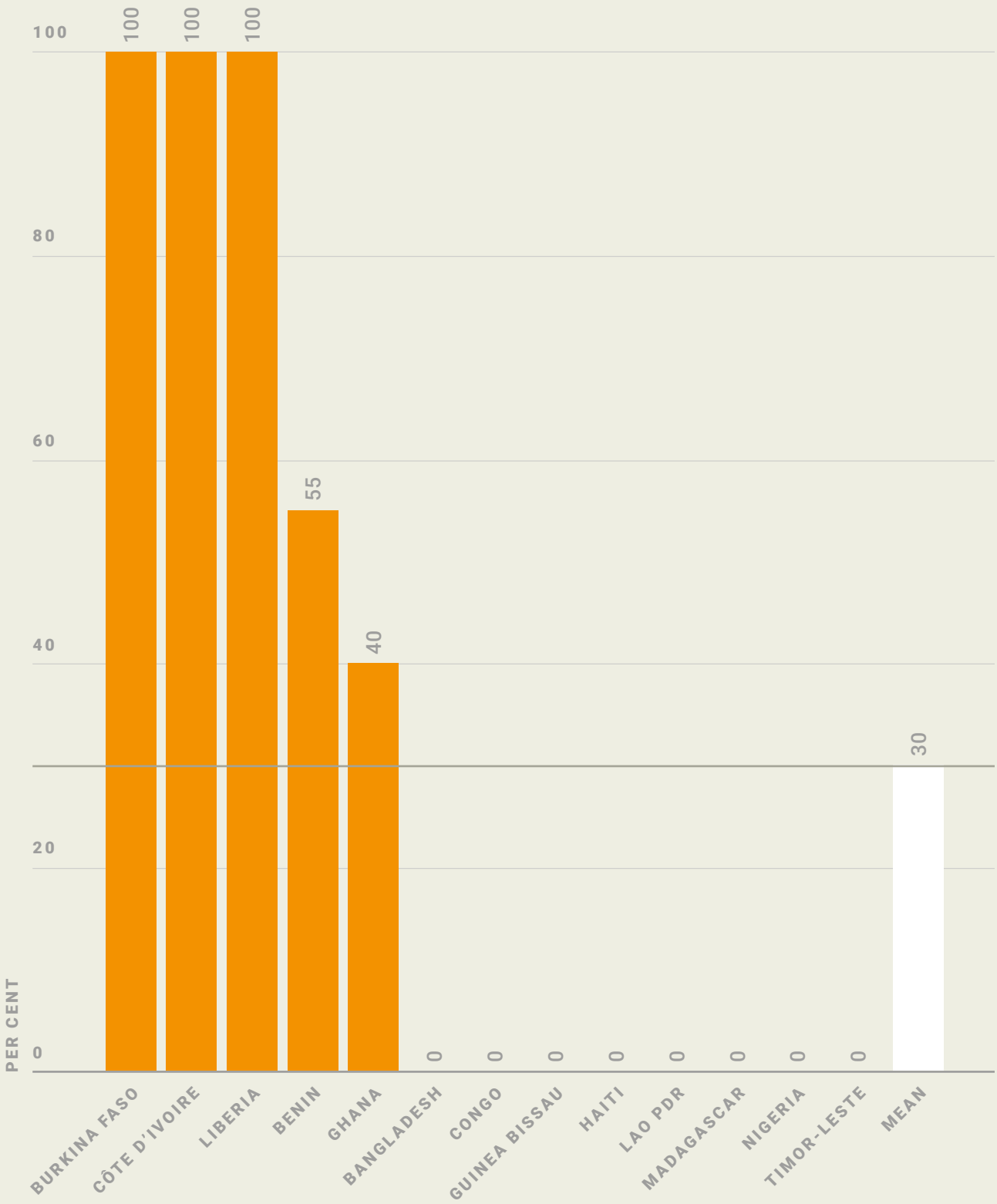
EMONC SET OF INDICATORS IS AVAILABLE ON YEARLY BASIS (N = 32)

OUTPUT 7

STRENGTHENED CAPACITIES OF SKILLED ATTENDANTS AT BIRTH WORKING IN EMONC FACILITIES FOR THE PROVISION OF QUALITY SEXUAL AND REPRODUCTIVE HEALTH

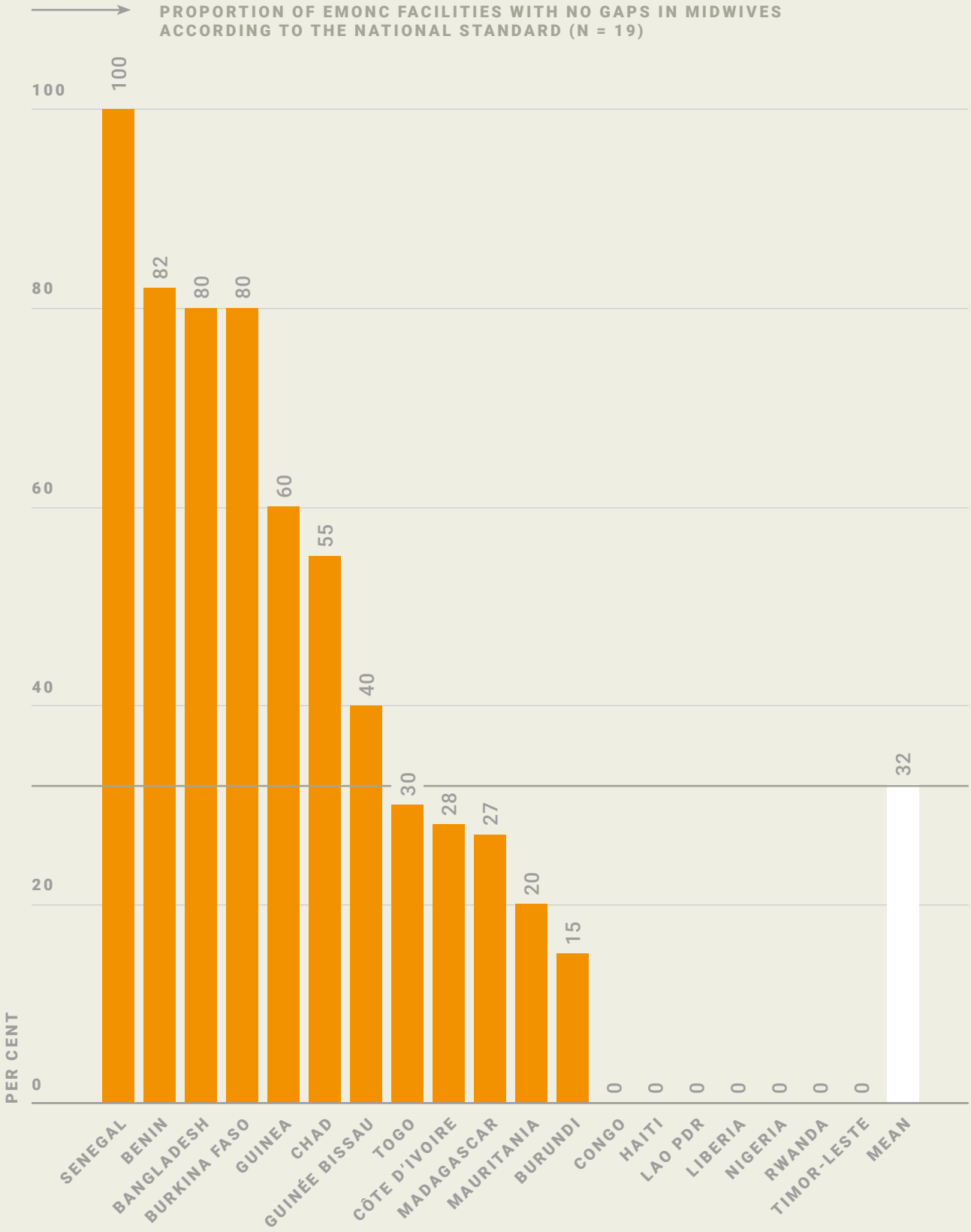
ANNUAL REPORT ON NATIONAL MENTORSHIP PROGRAMME IS AVAILABLE (N = 32)

PROPORTION OF GRADUATED NURSE ANESTHETISTS DEPLOYED EVERY YEAR IN COMPREHENSIVE EMONC FACILITIES (N = 13)



OUTPUT 8

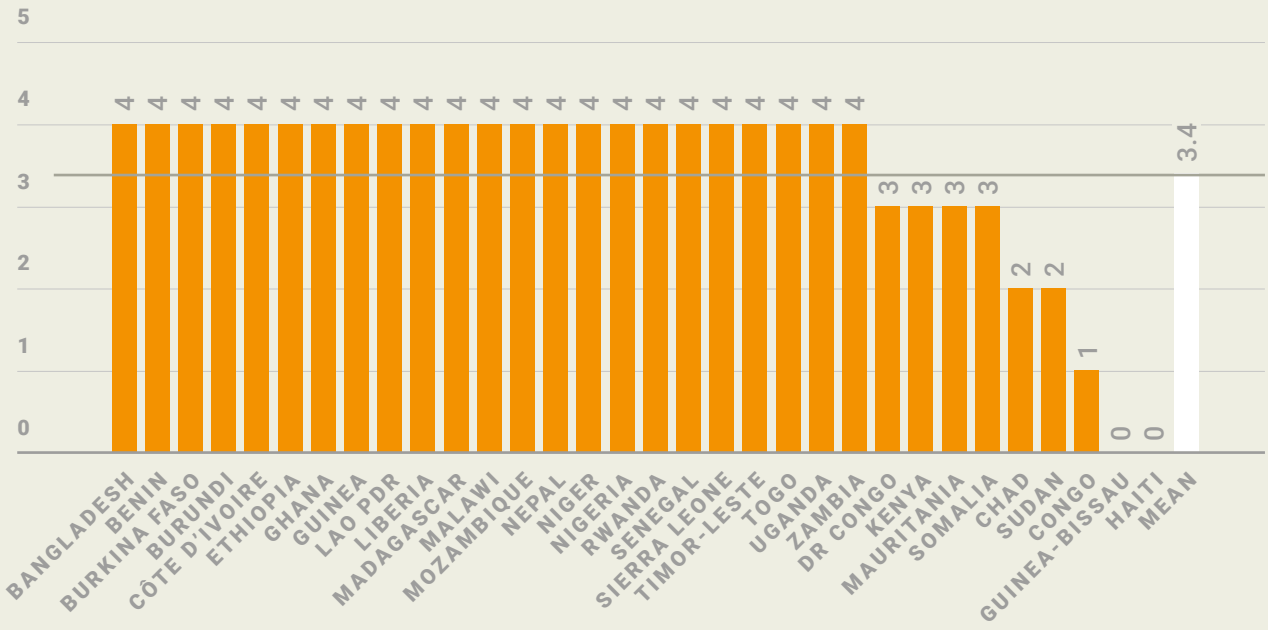
INCREASED FUNCTIONING OF THE NATIONAL NETWORK OF EMONC FACILITIES TO PROVIDE SEXUAL AND REPRODUCTIVE HEALTH SERVICES



OUTPUT 10

STRENGTHENED MPDSR PROGRAMME FRAMEWORK AND COORDINATION

NUMBER OF KEY COMPONENTS OF THE MPDSR PROGRAMME FRAMEWORK THAT ARE IMPLEMENTED (OUT OF 4) (N = 32)

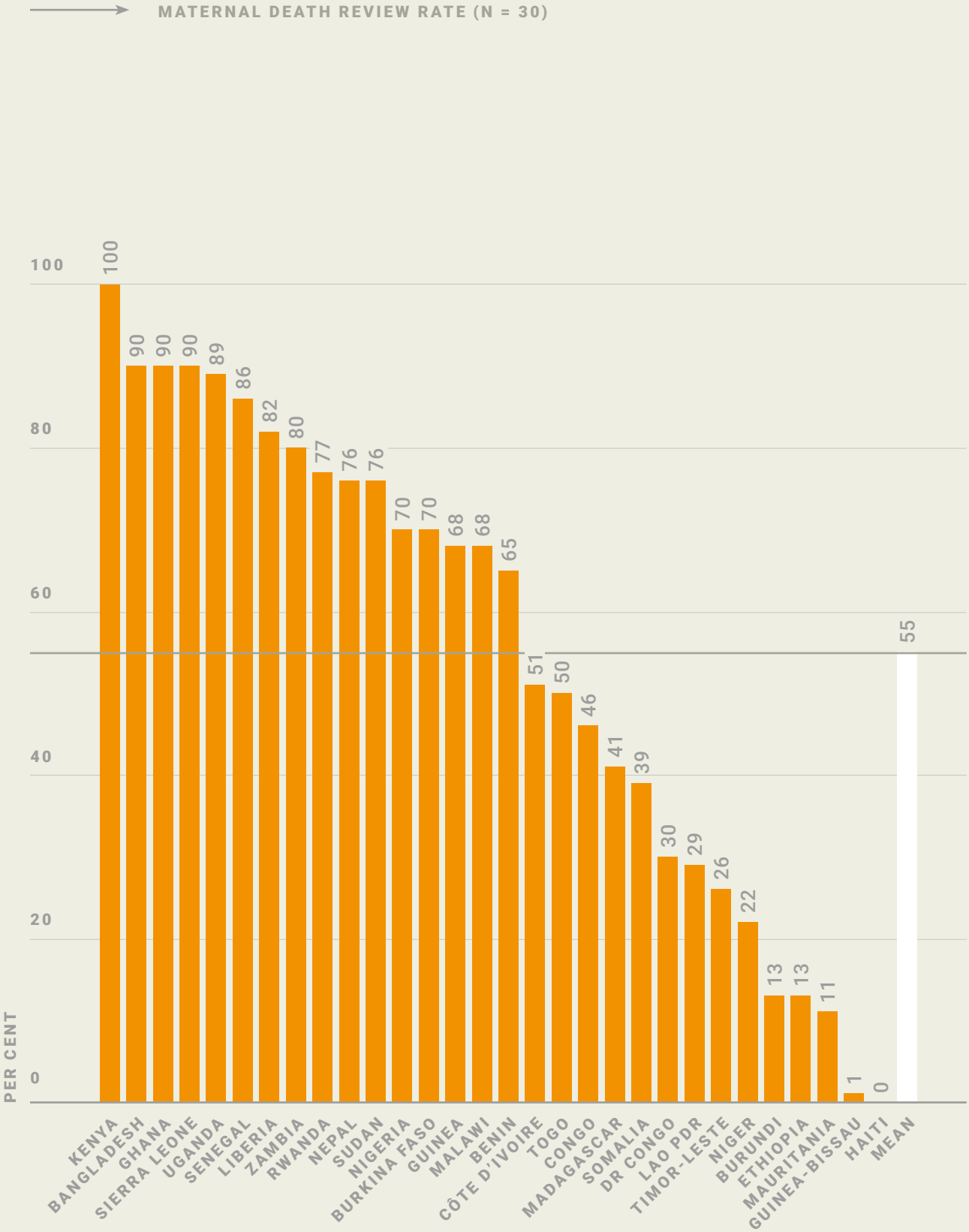


A NATIONAL MONITORING TOOL A) EXISTS AND B) IS UTILIZED TO TRACK PROCESSES IMPLEMENTATION (INCLUDING MPDSR FRAMEWORK COMPONENTS) AND RESULTS AT NATIONAL AND SUBNATIONAL LEVEL (N = 32)

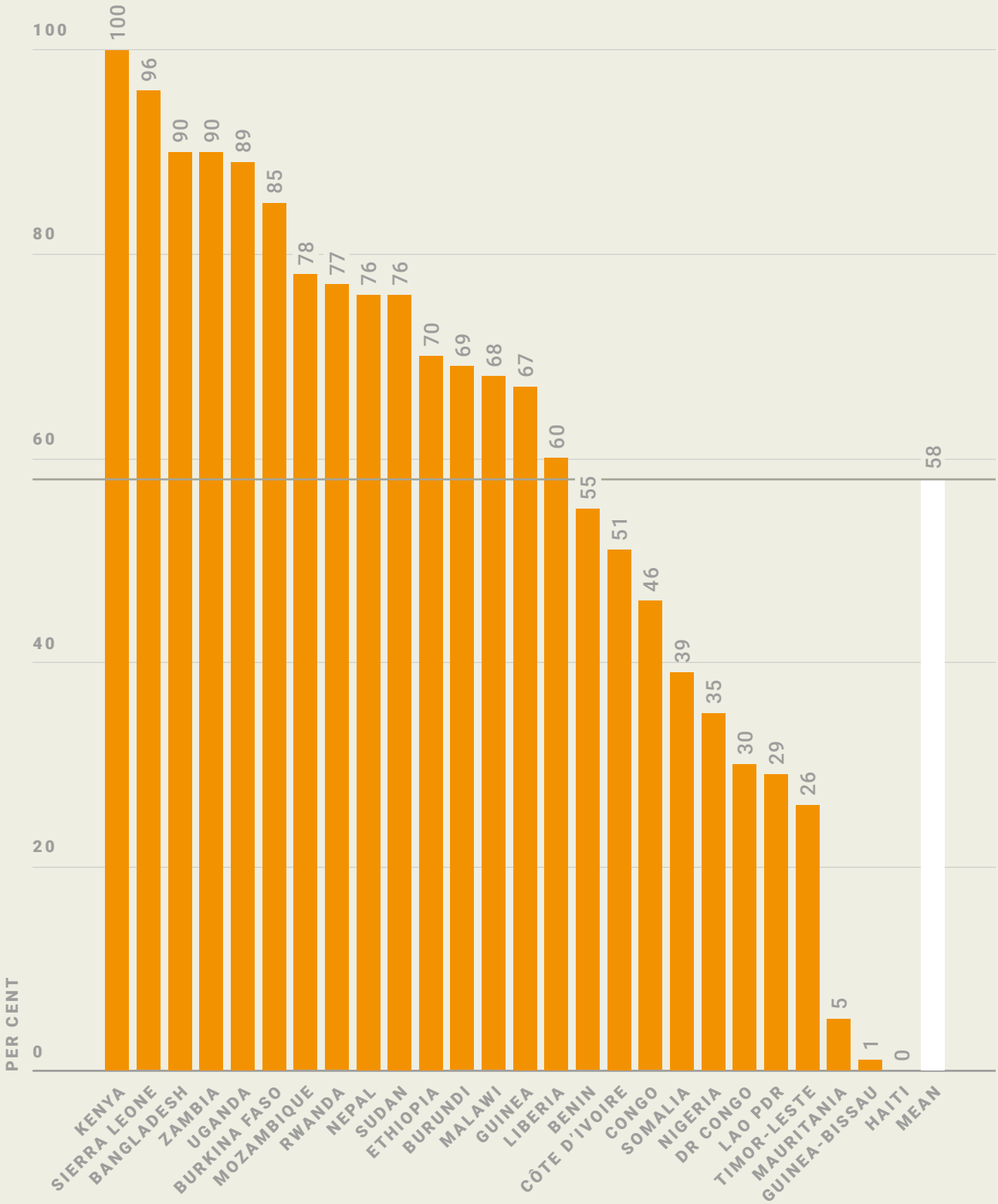
TOOL EXISTS AND USED | TOOL EXISTS BUT NOT USED | TOOL DOES NOT EXISTS

OUTPUT 11

STRENGTHENED CAPACITY FOR IMPROVING THE QUALITY OF MATERNAL DEATH REVIEWS AND IMPLEMENTATION OF RESPONSES



PROPORTION OF MATERNAL DEATHS REVIEWED WITH QUALITY STANDARD TO MAKE RELEVANT ANALYSIS ON THE CAUSES OF DEATH (N = 26)

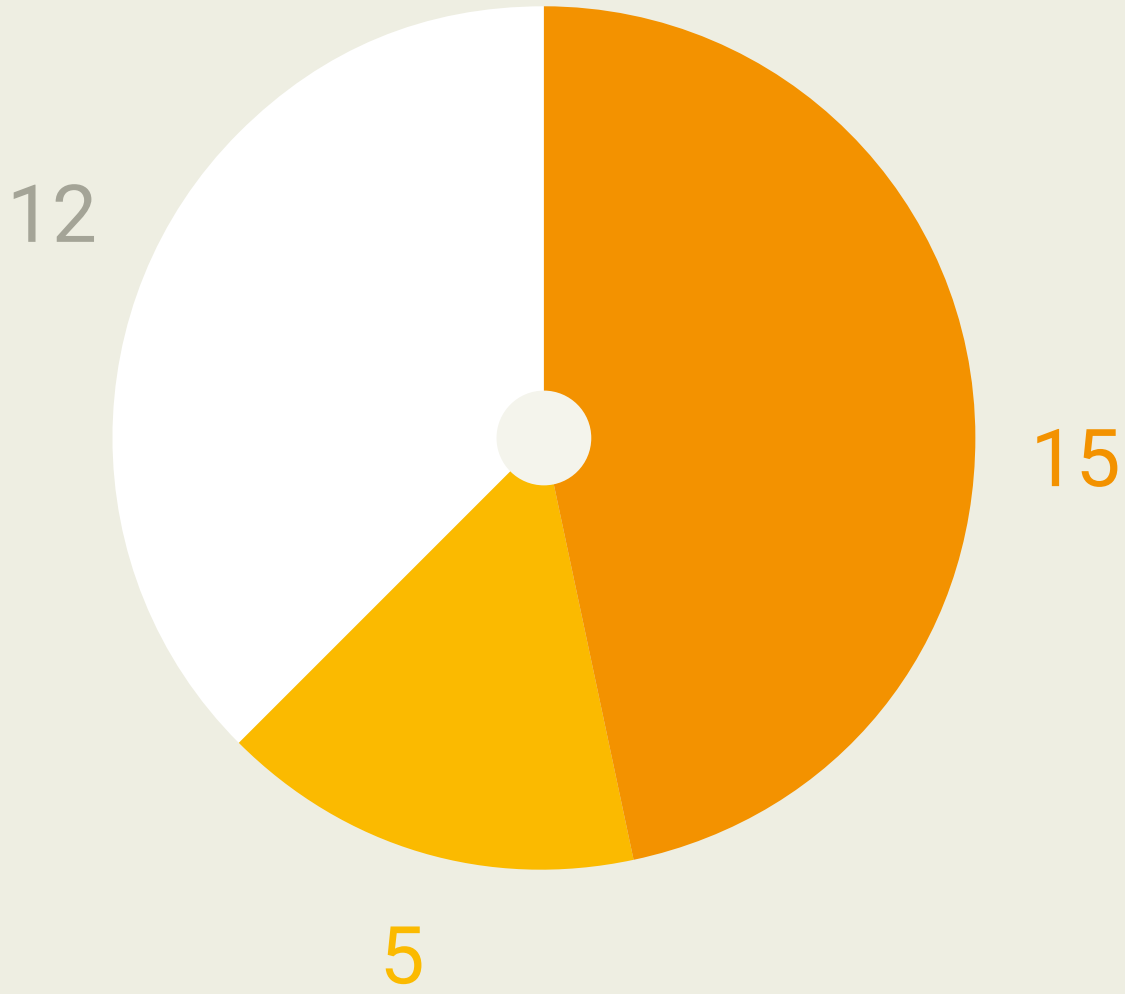


OUTPUT 12

STRENGTHENED REPORTING AND OPERATIONAL RESEARCH OF THE IMPLEMENTATION OF THE MPDSR PROGRAMME

(processes and results on notification, review and response)

→ AN MPDSR NATIONAL REPORT IS AVAILABLE, INCLUDING A) AN ANALYSIS OF THE QUALITY OF THE REVIEWS AND B) PROGRESS ON THE IMPLEMENTATION BY THE HEALTH SYSTEM OF THE RECOMMENDATIONS FROM THE PREVIOUS REPORT (N = 32)

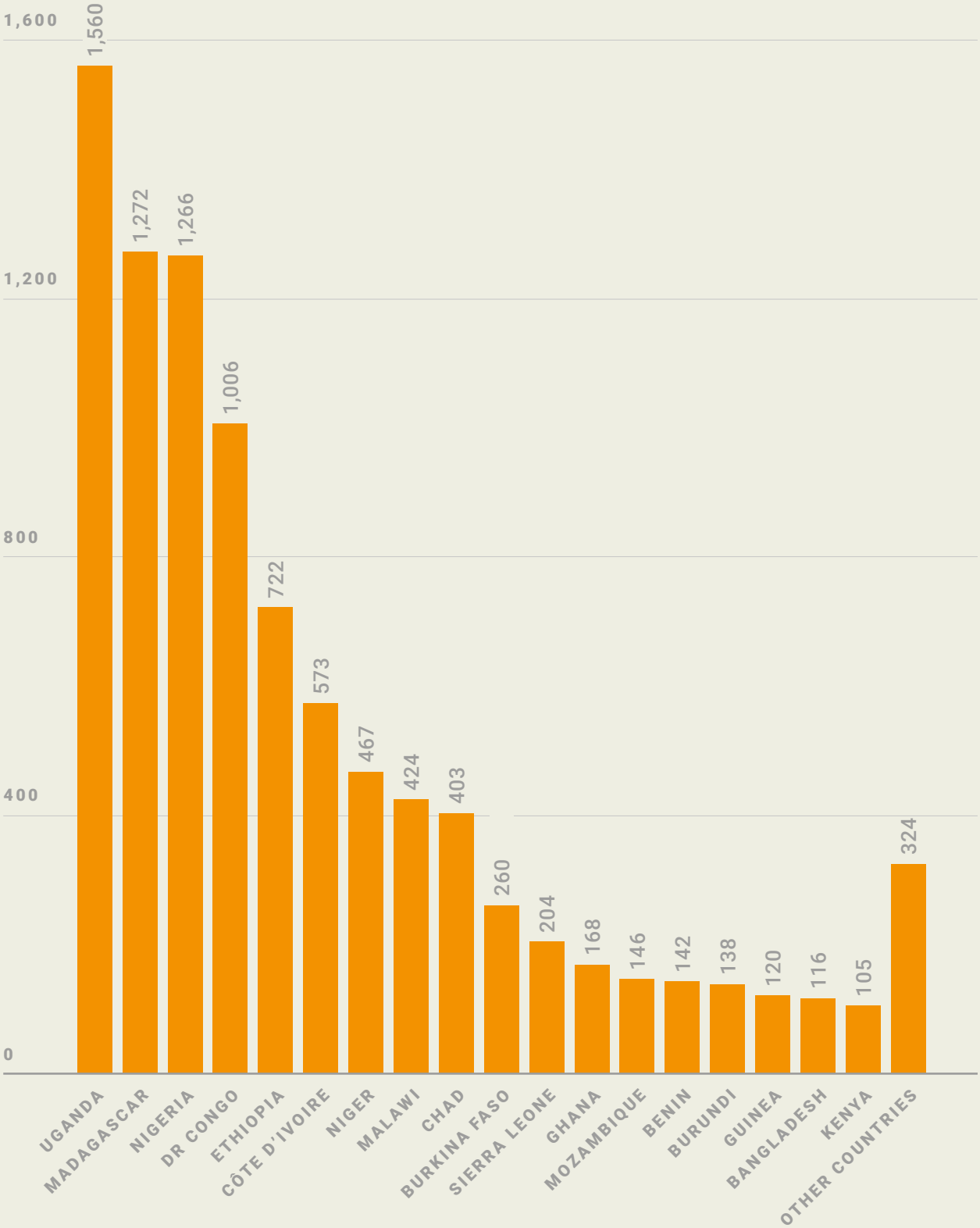


REPORT WITH FULL CONTENT | REPORT WITHOUT IMPLEMENTATION TRACKING | NO REPORT AVAILABLE

OUTCOME 4

OBSTETRIC FISTULA AND OTHER MORBIDITIES

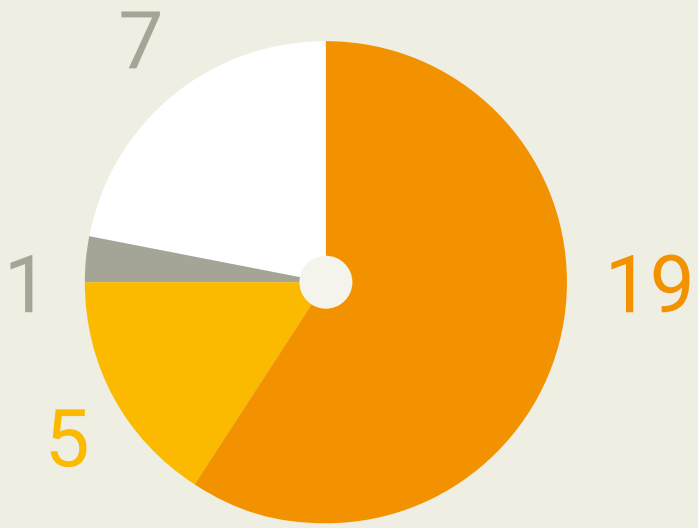
NUMBER OF WOMEN AND ADOLESCENT GIRLS LIVING WITH OBSTETRIC FISTULA WHO RECEIVE SURGICAL REPAIR (TOTAL = 9,416, N = 32)



OUTPUT 13

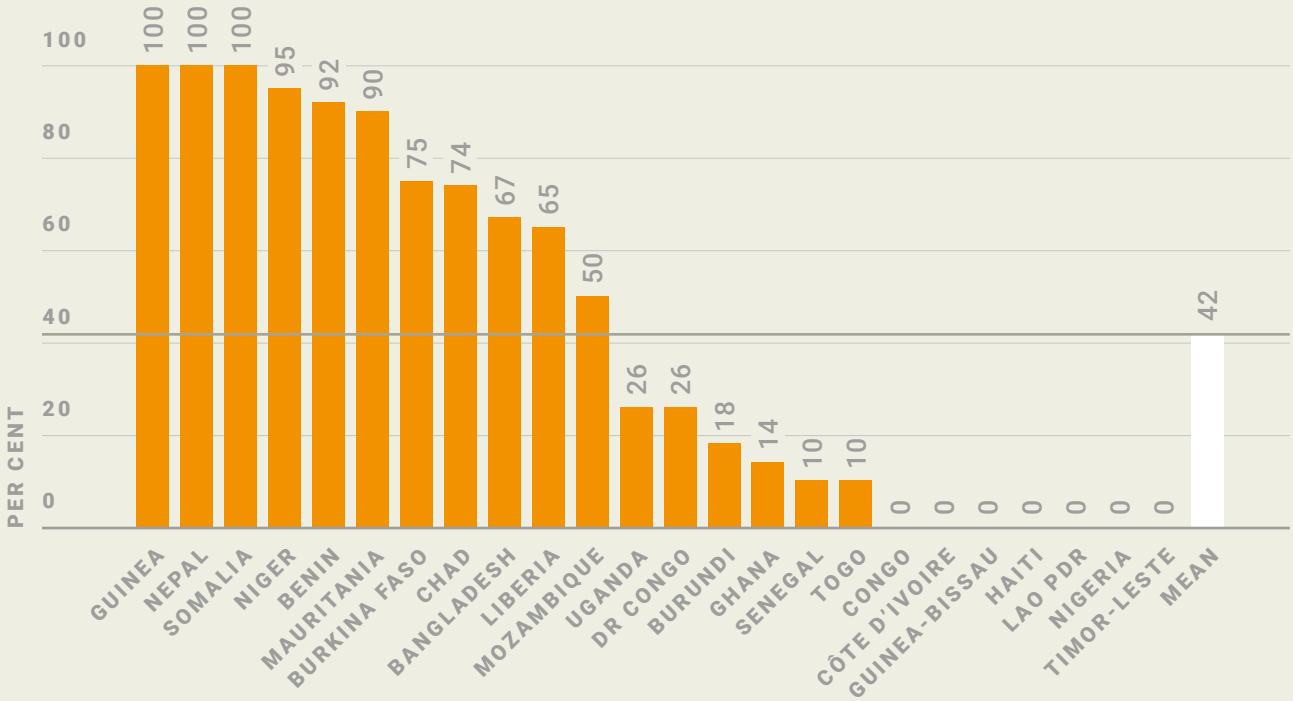
STRENGTHENED HEALTH SYSTEMS TO PREVENT OBSTETRIC FISTULA AND TO EXPAND ACCESS TO QUALITY TREATMENT FOR OBSTETRIC FISTULA

A COSTED NATIONAL STRATEGIC PLAN FOR ENDING FISTULA (STANDALONE OR INTEGRATED IN NATIONAL HEALTH STRATEGIC PLAN) AND A COSTED OPERATIONAL PLAN ARE AVAILABLE (N = 32)

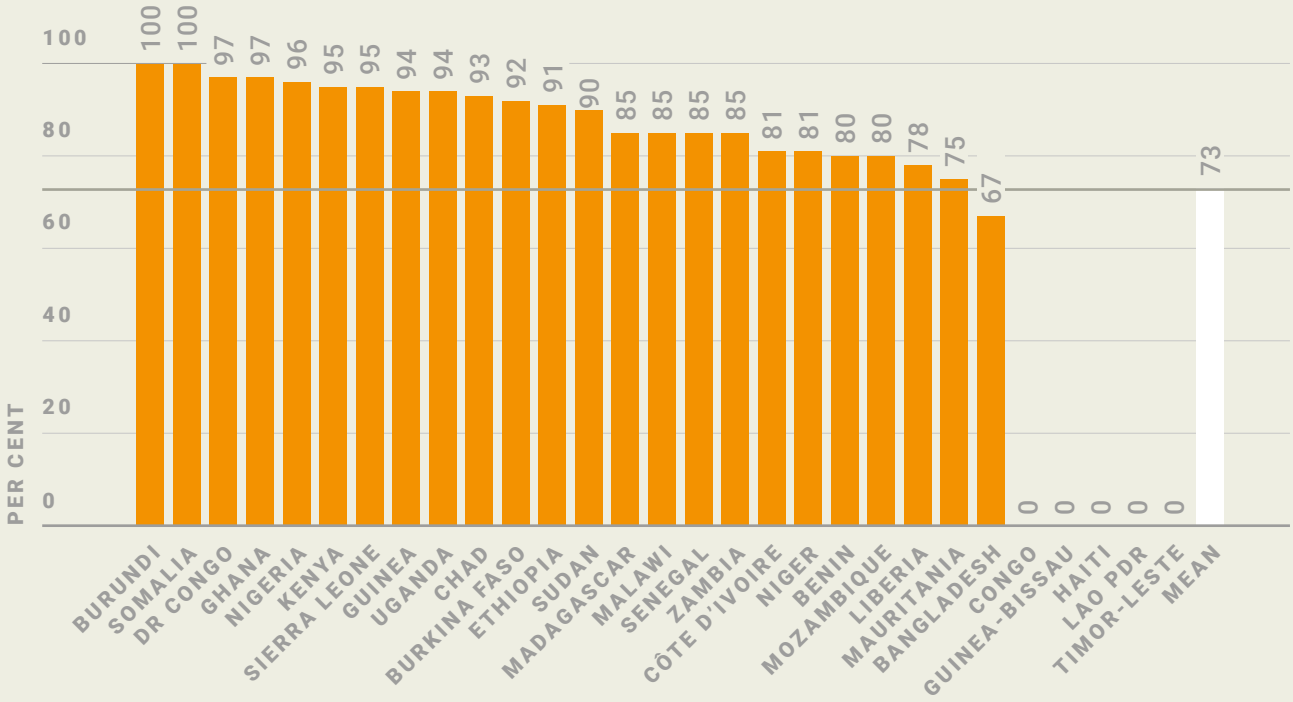


STRATEGIC AND OPERATIONAL PLANS AVAILABLE | STRATEGIC PLAN ONLY | OPERATIONAL PLAN ONLY | NO COSTED STRATEGIC OR OPERATIONAL PLAN

PROPORTION OF NEWLY IDENTIFIED OBSTETRIC FISTULA CASES (WITHIN THE YEAR) HAVING SURGICAL REPAIR (N = 24)



PROPORTION OF OBSTETRIC FISTULA REPAIRS WITH SUCCESS AT DISCHARGE AND AT A FOLLOW-UP PERIOD ACCORDING TO THE NATIONAL STANDARD (N = 29)

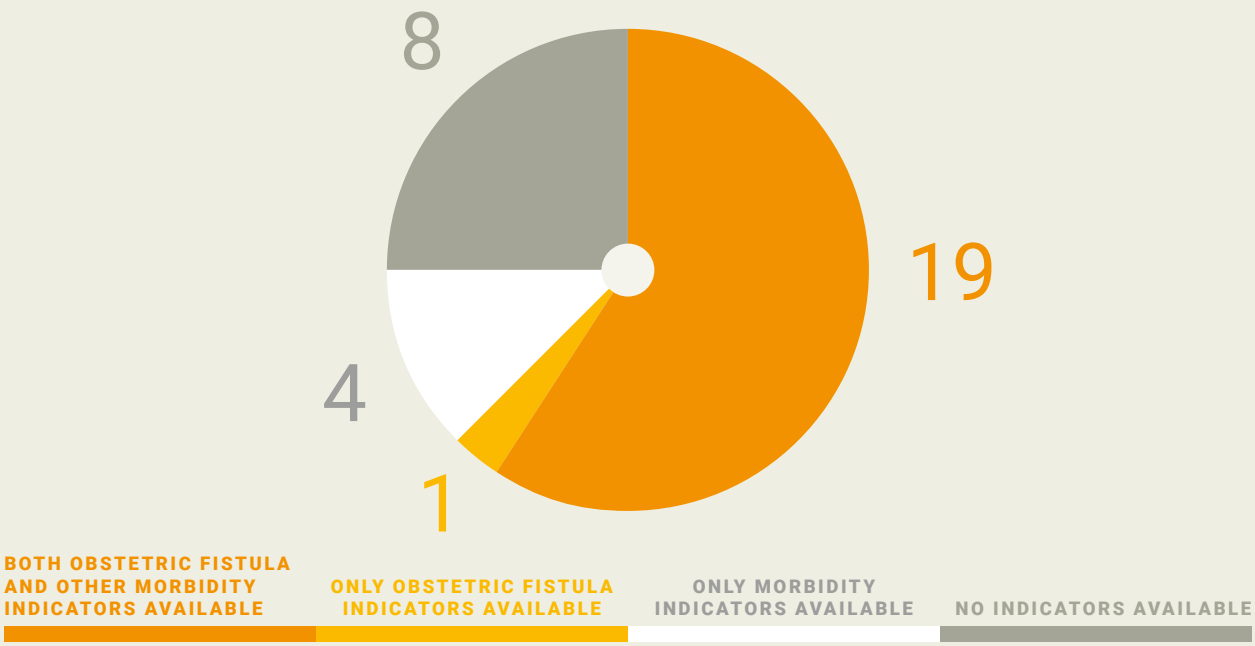


OUTPUT 14

FOSTERED AND ENHANCED NATIONAL LEADERSHIP, OWNERSHIP, AND ACCOUNTABILITY ON ENDING FISTULA AND OTHER OBSTETRIC MORBIDITIES

AN ANNUAL REPORT ON THE IMPLEMENTATION OF THE OBSTETRIC FISTULA PROGRAMME IS AVAILABLE (N = 32)

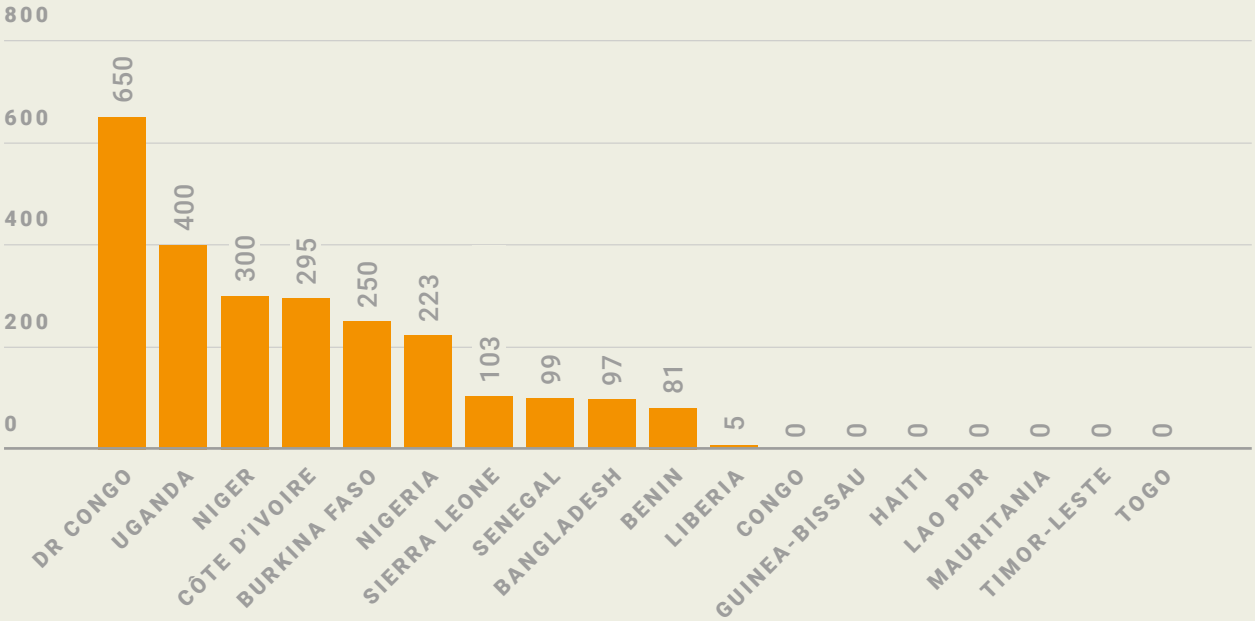
A SET OF OBSTETRIC FISTULA INDICATORS AND INDICATORS ON OTHER OBSTETRIC/ REPRODUCTIVE MORBIDITIES IS AVAILABLE ON YEARLY BASIS IN HMIS (N = 32)



OUTPUT 15

STRENGTHENED QUALITY OF SOCIAL REINTEGRATION/ REHABILITATION PROGRAMMES FOR OBSTETRIC FISTULA SURVIVORS

NUMBER OF FISTULA SURVIVORS WHO BENEFIT FROM AN EVALUATED SOCIAL REINTEGRATION/REHABILITATION PROGRAMME (TOTAL = 2,503, N = 18)



ANNEX 2: **EXPENDITURES**

COST CENTRE DESCRIPTION	2024 APPROVED PLANNING FIGURES
Sexual & Reproductive Health Branch	3,610,788
Strategic Resource Planning Branch	128,965
Regional Office Arab States	100,000
Regional Office Asia and the Pacific	200,000
Regional Office East and Southern Africa	250,000
Regional Office Eastern Europe and Central Asia	75,000
Regional Office Latin America and the Caribbean	150,000
Regional Office West and Central Africa	289,200
Bangladesh	51,019
Benin	1,434,188
Burkina Faso	350,000
Burundi	350,001
Chad	350,000
Congo	161,017
Cote D'Ivoire	1,453,771
Democratic Republic of Congo	350,000
Ethiopia	350,000
Ghana	425,000
Guinea - Conakry	350,000
Guinea-Bissau	30,000
Haiti	60,000
Kenya	350,000
Lao	124,164
Liberia	350,000
Madagascar	350,000
Malawi	350,000
Mauritania	77,401
Mozambique	100,000
Nepal	55,000
Niger	350,000
Nigeria	350,000
Rwanda	350,000
Senegal	350,000
Sierra Leone	350,000
Somalia	55,000
South Sudan	150,000
Sudan	350,000
Timor Leste	30,000
Togo	1,439,450
Uganda	425,000
Zambia	100,000
Programmatic Activities	**16,574,964**
Indirect Costs at 7%	**1,160,247**
Grand Total	**17,735,211**

TOTAL 2024 FUNDS TRANFERRED	2024 EXPENDITURES USD	BALANCE	UTILIZATION RATE
3,631,576	2,660,145	971,431	73%
128,965	130,553	-1,588	101%
100,000	95,136	4,864	95%
200,000	159,617	40,383	80%
250,000	187,671	62,329	75%
75,000	51,433	23,567	69%
150,000	144,771	5,229	97%
289,200	95,554	193,646	33%
51,019	44,802	6,217	88%
959,184	565,118	394,066	59%
350,000	337,086	12,914	96%
350,001	325,016	24,986	93%
350,000	333,906	16,094	95%
161,017	99,195	61,822	62%
911,877	854,674	57,203	94%
350,000	321,469	28,531	92%
350,000	348,451	1,549	100%
425,000	396,123	28,877	93%
350,000	331,323	18,677	95%
30,000	25,907	4,093	86%
60,000	92,852	-32,852	155%
350,000	301,188	48,812	86%
124,164	118,746	5,418	96%
350,000	123,335	226,665	35%
350,000	341,015	8,985	97%
350,000	52,664	297,336	15%
77,401	68,782	8,619	89%
100,000	98,036	1,964	98%
55,000	54,691	309	99%
350,000	346,201	3,799	99%
350,000	351,951	-1,951	101%
350,000	299,379	50,621	86%
350,000	94,743	255,257	27%
350,000	372,378	-22,378	106%
55,000	53,060	1,940	96%
150,000	0	150,000	0%
350,000	323,622	26,378	92%
30,000	11,680	18,320	39%
899,255	541,045	358,210	60%
425,000	417,617	7,383	98%
100,000	93,761	6,239	94%
15,038,659	11,664,698	**3,373,961**	**78%**
1,052,706	816,529	**236,177**	
16,091,365	12,481,227	**3,610,138**	

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United Nations Population Fund
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