

Introduction

This theme issue of *World Health & Population* is published at a time of global transition between the world's celebration of achievement of many of the 2015 targets established under the Millennium Development Goals (MDGs; United Nations 2015a) and the launch of the 2030 Sustainable Development Goals (SDGs; United Nations 2015b). The MDGs were focused on achievement of specific, globally equivalent benchmarks of progress. The SDGs amend this focus to emphasize policies and commitments that will underpin the sustainability of progress that can be made through global partnerships.

Jhpiego, a nongovernmental organization affiliated with Johns Hopkins University, has more than 40 years of history of working with countries and implementation partners around the globe to bring evidence-based solutions to the frontline, to develop and strengthen health systems and to prepare the health workforce to deliver high-quality, evidence-informed interventions in ever-expanding areas of need and interest. Jhpiego's initial work was focused on programming in family planning. The organization's mission evolved to embrace a focus on maternal and newborn health (MNH) and the intersection with cervical cancer and HIV prevention, care and treatment. This mission will continue to evolve as the organization aligns with the new global paradigm envisioned within the

SDGs and the updated Global Strategy for Women's, Children's and Adolescents' Health, which aims to bring evidence-based MNH interventions to scale (Every Woman Every Child and World Health Organization 2015).

The lived and learned experience of Jhpiego's work with country leaders and global partners is reflected in the lead article of this issue. Jhpiego's country program leaders and managers distill the lessons learned about the unique challenges of program implementation in the context of country-specific health systems, human resources and infrastructure. Illustrative case studies are then presented that explore a few of Jhpiego's experiences in more depth and in context, with an emphasis on how these programs were established and continue to unfold.

Some of these cases were unique in that they performed exceptionally well, in spite of anticipated challenges. The remarkable achievements of the maternal and newborn antiretroviral therapy program in Kenya is offered as an example of policy and programming working in synchrony to achieve almost universal coverage of the at-risk population. The clinical governance program implemented in 22 hospitals in Indonesia led to notable improvements in their preparedness to provide emergency obstetric and neonatal care and other key obstetrical interventions. The utility, efficiency and importance of monitoring progress of such interventions are

illustrated through the outcomes of a quality improvement methodology introduced in four countries in sub-Saharan Africa. The quality of service delivery, as measured by clinical performance standards, improved in every country following the intervention, demonstrating the high return on this investment.

Additional case studies are offered that highlight the value of replication of a proven intervention in a new setting or adapting the experience into a new program application. Three case studies provide insight into the benefits to student learning that resulted from amending the academic program of studies for students of the health professions. The first case study presents the value added by the adoption of technology into the curriculum of midwifery studies in Ghana; the second presents insight gained through use of task analysis to help identify critical gaps in curriculum content of a cadre of mid-level practitioners (Medical Licentiates) in Zambia. The third case study demonstrates the health workforce benefit derived from rural clinical placement experiences in Lesotho, which promoted positive student attitudes toward these settings as a place of employment. These case

study findings are augmented by the report of prospective research conducted in Ethiopia that highlighted factors that affected retention and turnover of nurses already in the workforce.

Important lessons can also be learned from the experience of implementing promising interventions that did not succeed as expected. A case study from Pakistan discusses the very limited gain achieved by a breastfeeding media campaign. The case study demonstrates the complexities of programming within a unique social context and culture.

We would like to acknowledge the Jhpiego technical staff who assisted in the various aspects of development of the articles in this special issue. We extend our thanks to Nancy Caiola, Catherine Carr, Linda Fogarty, Leah Hart, Peter Johnson, Adrienne Kols, Young-Mi Kim, Edgar Necochea, Jean Sack, Elizabeth Thompson and Alison Trump for their contributions to literature searches, editorial reviews and programmatic support. We would especially like to thank Judith Fullerton for her service in the role of Managing Editor.

Dr. Leslie Mancuso, RN, PhD, FAAN
President and CEO, Jhpiego

References

Every Woman Every Child and World Health Organization. 2015. *Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)*. Retrieved December 18, 2015. <<http://www.who.int/life-course/partners/global-strategy/en/>>.

United Nations. 2015a. "The Millennium Development Goals Report." Retrieved November 21, 2015. <http://www.un.org/millenniumgoals/2015_MDG_Report/pdf/MDG%202015%20rev%20%28July%201%29.pdf>.

United Nations. 2015b. "Sustainable Development Goals." Retrieved November 21, 2015. <<https://sustainabledevelopment.un.org/?menu=1300>>.