Draft Concept Note

PMNCH Strategy and Funding Beyond 2015

PURPOSE

This note has been developed to support and inform a dialogue among the EC members on PMNCH future prospects beyond 2015, including its strategy, structure and funding options. This discussion is necessary in preparation for the 2014 Partners' Forum and the forthcoming Board meeting. The current external evaluation of the Partnership will add perspective to this endeavour, particularly as the findings of the evaluation will be shared with the Board, during its meeting, on 2 July 2014.

PMNCH resource mobilization efforts are affected by its future strategy; it is not possible to raise funds beyond 2015. However, if PMNCH continues, it means that many major grants will all be finishing at the same time, leading to a funding crunch if this issue is not addressed well in advance. The donors and foundations community would like to see what direction the Partnership will take in the new strategic period. This shows that PMNCH needs to earlier anticipate a smoother transition into any post-2015 strategic period for the Partnership, with work on defining that value added for PMNCH commencing in 2015 and beyond.

POST-2015 DEVELOPMENT AGENDA AND PMNCH ROLE

Looking forward, the Partnership faces many challenges and opportunities, as it strives towards its mission and vision. It will need to continue to ensure that the global, regional and national stakeholders, keep focusing their efforts on the unfinished agenda of the MDGs, in these last months and days to 2015. At the same time, the Partnership will also need to continue to make and strengthen, the case for women's and children's health, in the very crowded space of worthwhile ideas and causes, as the global community debates its post 2015 goals and targets. The PMNCH Post 2015 Working Group, the Board, and the broader partnership, have throughout 2013 advocated for a people centric, human rights, equity focused and gender sensitive approach to development. In 2014, PMNCH continues to work under the guidance of the Post 2015 Working Group to promote the adequate reflection of women's and children's health in the Post 2015 framework.

Nevertheless, PMNCH Executive Committee and the Board need to consider the different possibilities in the Post-2015 development arena and discuss how best to plan and prepare for them.

FUNDING

The Partnership's workplans have continued to be supported by the donors and foundations community, in terms of grant funding as well as in-kind support. The Board has, on many occasions, recognized the importance of this engagement, without which the Partnership could not function.

In total 13 donors and foundations financially supported PMNCH in the year 2013, and these include: Government of Australia, Bill & Melinda Gates Foundation, Government of Canada, Commission on Information and Accountability, Government of Finland, Government of Germany, MacArthur Foundation, Government of Netherlands, Government of Norway, Government of Sweden, Government of the United Kingdom, Government of the United States of America, and the World Bank.

The Partnership goes into 2014 with around US$ 11m funding available for its workplan. Experience to date suggests that unless there is a significant change in the Partnership's mission and vision, its approach to delivering its workplans, and in particular, the size of its Secretariat, workplans with budgets of around US$ 13m to US$ 14m are at the very high end of what is possible to deliver. In fact, it would be fair to characterise a budget of around US$ 14m as very ambitious, given current Secretariat size and structure (which has only increased from 9 to 12 individuals while the Partnership's budget more than doubled).

The Partnership is continuing to pursue additional funding, from existing and new donors, and this will be an important activity in itself in 2014. The additional challenge, however, is the lower levels of available funding for the year 2015 (currently around US$ 8m) and potentially beyond. The external evaluation (as discussed below), work on the post-2015 development agenda, and the development of an outline for PMNCH strategic framework, in the years beyond 2015, will provide the context for ongoing discussions with existing and prospective funders about new and continued support.

EXTERNAL EVALUATION OF PMNCH: 2009-2013

The Board agreed, in June 2013, to institute an Independent Evaluation Sub-Committee (Committee) to oversee the evaluation of the Partnership. This Committee, together with the Partnership's Secretariat, has moved the process forward as per the agreed schedule.

The evaluation commenced in January 2014 and will present its final draft report at the Board meeting, on 2 July 2014. The final report will then be presented shortly after that, to reflect any comments, that the Board may have had at the time.

The scope of this evaluation is centred on six areas, namely: vision and mission; strategy; implementation; results; governance; and comparative analysis.

The results of this evaluation will feed into a separate forward looking strategic planning exercise, which will take place at some point in 2014, and which will seek to establish how the Partnership can best add value and ensure positive impact to 2015 and beyond in its endeavours to improve the health of women and children in high disease burden countries worldwide.

THE PARTNERS' FORUM

The 2014 Partners' Forum comes at a crucial time in defining PMNCH's future strategy and the global development agenda post-2015. The Forum is an opportunity to:

(i) Take stock of lessons learned and progress made since 2010;

(ii) Assess and coordinate our efforts to accelerate progress towards attainment of the MDGs; and,

(iii) Ensure that women's, adolescents', children's and newborn's wellbeing, equity and accountability are at the heart of the Post-2015 development agenda.

It is important for the Partnership to utilize the Partners' Forum as a platform for discussions and forecasting of PMNCH future proposition.

LESSONS AND CHALLENGES

There a number of important lessons that can be drawn from PMNCH experience to-date, and it is necessary to consider these lessons when thinking about PMNCH's future, including:

- **Plan early for transition from one strategic period to another.** The reduction in available funding in 2011 was a reflection of the fact that PMNCH was transitioning from one Strategy and Workplan period to another, and understandably the donors and foundations community waited to see what direction the Partnership will take in the new strategic period. This demonstrate that, we need to work from an early stage to define and hence ensure added value to the Partnership's work in 2014 and beyond .
- **Unspecified funding is critical to workplan implementation.** Delivery of such ambitious workplans to date was only possible, because of the noted shift from specified to unspecified funding; it would simply not have been possible otherwise. Workplans tend to be much more fragmented if they are underpinned by specified funding, whilst the associated transaction and administrative costs (in terms of time, effort, and financial resources) make their implementation very inefficient and ultimately not as effective.

- **Multi-year grants are more efficient and enable planning.** Multi-year funding creates an environment, in which, the Partnership is able to plan and undertake activities (examples of which were noted earlier) over a number of years, thus better supporting the partners in working towards the overall. It also reduces transaction costs of both the Partnership and its funders.
- **Budgets in the region of US$ 13m to US$ 14m are ambitious.** Experience to date suggests that unless there is a significant change in the Partnership's mission and vision, its approach to delivering its workplans, and in particular the size of its Secretariat, workplans with budgets of around US$ 13m to US$ 14m are at the very high end of what is possible to deliver. In fact, it would be fair to characterize a budget of around US$ 14m as very ambitious, given current Secretariat size and structure (which has only increased from 9 to 12 individuals while the Partnership's budget more than doubled).
- **Governance related resource needs have grown considerably.** The Partnership is now reaching almost 750 members, across seven different constituencies, and the partners are more engaged than ever before. This is one of the key reasons of the success which the Partnership has witnessed, and the Partnership is very committed to continue supporting the partners in their engagement. In the meantime, while reflecting on many comments which have been received to date, it is time to rebalance the intensity of governance related activities, which are required to keep the Partnership functioning. It will be suggested, in the 2014 Workplan discussions that the Executive Committee, and all constituency meetings, should be planned every two months (as opposed to every month), whilst giving members the opportunity, to call a meeting more frequently if required. The Board will also be asked to consider, whether having one face to face Board meeting per year is sufficient, with a virtual meeting in between (as needed), given the maturity of Partnership's operations.

BACKGROUND

The Partnership for Maternal, Newborn and Child Health has been operational since February 2006. To ensure that the Partnership is functioning adequately, the PMNCH Board called for an external evaluation at its meeting, late in 2007. The evaluation was conducted during April to June 2008 and the results presented to the mid-year Board meeting, in July 2008.

Based on the evaluation results and the Board decisions, PMNCH embarked in 2009 to adopt a new Strategy and Workplan, and the Partnership has succeeded in having all of its workplans fully funded. Since then, both the level of available funding, and its structure has changed towards more unspecified funding, and funding which is available for multiple years.

With just two years left until 2015 and the end of the current Millennium Development Goals (MDG) era, The Partnership took a pragmatic decision in 2013 to strike a balance between accelerating progress towards achieving MDGs 4 and 5 on child and maternal health, taking account of other related MDGs, while looking ahead to the post 2015 development agenda and promoting the role of women and children in that global agenda. PMNCH continue to mount a robust case for women's and children's health in the post-2015 goals and targets, serving as a unified platform for partners to speak with a common voice and to be heard.