16 March, 2016

DRAFT COUNTRY SELECTION CRITERIA

The Partnership 2016-2018 Business Plan sets out Guiding Principles for the selection of countries, in particular as focal countries for SO1: Prioritise Engagement in Countries. Country Selection Criteria have been drafted drawing on these Guiding Principles (see Annex 3) and based on the discussions that took place during the Board Retreat, 1-2 March 2016, Johannesburg.

The EC is asked to review and approve the draft country selection criteria found in Annex 1.

Any updates to the selection criteria, as well as the annual selection of countries will be submitted to the EC for decision-making. For the first wave of focal countries, to be approached in 2016, the proposed criteria have been applied to the short list of 20 discussed at the Board Retreat, and expanded to include additional countries meeting the proposed criteria. A suggested selection of countries, organized as an "A list" and a "B list" are proposed to the EC for consideration.

The EC is asked to consider the proposed list of priority countries found in Annex 2, and provide guidance on the first wave of countries to be approached

NEXT STEPS

Once the country selection criteria are agreed, and guidance is received on the proposed priority countries, the Secretariat will reach out to the "A list" of countries to explore their interest in receiving support from the Partnership. Where countries are already members of the Partnership, the Secretariat would approach the current focal point to gauge interest and expectations. This process would identify if there is a potential niche for PMNCH, and how this would complement roles of existing stakeholders and partnership arrangements in place, including the status of existing or planned multi-stakeholder platforms. Additionally, the Secretariat will work with the relevant Steering Group to identify lead partners from the other seven constituencies that are active in the given countries.

ANNEX 1

Proposed Criteria for Country Selection

During the life span of the 2016-2018 Business Plan, the Partnership will build the capacity to focus on four to eight countries at a time. This will allow for balancing ambition for breadth with the realistic capacity to engage in a meaningful way. Selection of countries, the duration of engagement, and total number of countries selected will be guided by selecting countries that fulfil at least 75% of the following criteria:

- **Commitment to EWEC**: Countries that have made a political and/or financial commitment to Every Women Every Child Movement
- Related programmatic **commitment to APR, and/or FP2020**
- **GFF** Frontrunner, second wave or "Pipeline" **focal country**
- **Prioritizing countries where the burden is highest and the need greatest:** High burden, and thus off track to meet at least one of the four priority targets[1] identified in the Partnership's Strategic Plan. This will include consideration of:
    - Maternal Mortality Life time risk of under 250
    - Under Five Mortality Rate
    - Teenage pregnancy rate or adolescent fertility rate
    - Inequity RMNCH Composite Coverage Index
    - Weakened health systems due to conflict or disease outbreak for instance Ebola as a crosscutting issue
- **Country leadership:** The quality of leadership and extent of engagement is perhaps the most critical parameter. Demand from country or perceived value add of the Partnership's multi-stakeholder approach is a prerequisite for successful country engagement.
- **Added value:** countries where the Partnership's value-add is recognized and is in line with country-identified needs. An agreement from the partner government Ministry of Health (MoH) - or H6/development partner leads in the case of fragile states - is essential. In the interim, Membership of the Partnership is a proxy filter[2] and consequently **countries that are members** of the Partnership will have priority.

[1] The Partnership Strategic Plan and Business plan priorities:
a. Reduce global maternal mortality to 70 or fewer deaths per 100,000 live births [SDG3.1]
b. Reduce child mortality in every country to 25 or fewer deaths per 1,000 live births [SDG3.2]
c. Reduce newborn mortality in every country to 12 or fewer deaths per 1,000 live births [SDG3.2]
d. Achieve universal access to sexual and reproductive health and reproductive rights [SDG3.7/5.6]; Ensure at least 75% of demand for family planning is satisfied with modern contraceptives

[2] Ministries of health who have applied to become members of the Partnership and have been accepted. Currently

- **Partners**: countries in which two or more constituencies, including the partner government (or H6/development partner leads in the case of fragile states), are seeking engagement from the Partnership;

- **Multi-stakeholders platforms/processes**: countries where multi-stakeholders processes or platforms are existent, under way or planned, allowing the Partnership to complement ongoing efforts and building on existing national structures. This would include Ministerial representation, a focal point (typically a senior official of the country MoH), presence of multi-stakeholder partnerships and functional governance arrangements are in place.

- **Diversity**: The selection of countries should reflect diversity in terms of humanitarian setting; conflict; federal structure; population size; range of SRMNCAH challenges; weakened health system (eg recovering from Ebola); geography.

the Partnership has the following countries as members: Afghanistan, Bangladesh, Bhutan, Bolivia, Cambodia, Cameroon, Chile, Ethiopia, Georgia, India, Indonesia, Liberia, Mali, Mozambique, Namibia (in process), Nepal, Nigeria, Pakistan, Senegal, South Africa (in process), Uganda and the United Republic of Tanzania.

ANNEX 2

Proposed Focal Countries for 2016

PROPOSED SHORTLIST (A and B - in alphabetical order):

The proposed Country Selection Criteria have been applied and two shortlists, A & B, with 8 countries each, are proposed for the Partnership's engagement in 2016. The Secretariat will reach out first to List A, and List B will then be considered for countries in list A who do not show interest to engage with the Partnership.

When applying the selection criteria to develop these lists, the following factors were taken into consideration:

- The two lists provide considerable diversity, although limited regional diversity, with a mix of African and Asian countries.
- There are three federal countries, a handful of smaller countries and a mix of Lusophone, Francophone and Anglophone African countries.
- Half of the countries (marked *) are GFF front-runner or second-wave countries.
- Afghanistan is a humanitarian setting, Nigeria faces conflict in the North East.
- For the weakened health systems criterion, two countries recovering from Ebola who are not yet partner country members are proposed. There is a significant presence of engaged PMNCH partners in these countries: Sierra Leone and Liberia.
- Political leaders (Presidents or Health Ministers) from four countries have already asked the Partnership to engage: Gambia, Malawi, Namibia, South Africa, and there are strong indications from other partners and key stakeholders in other countries (eg Bangladesh, Nigeria, Senegal) that the government would welcome the Partnership's engagement.

	List A		List B
1	Afghanistan	1	Angola
2	Bangladesh *	2	Gambia
3	Cameroon *	3	India *
4	Ethiopia *	4	Liberia *
5	Malawi	5	Namibia

6	Nigeria *	6	Senegal *
7	Sierra Leone	7	Sudan
8	South Africa	8	Uganda *

ANNEX 3

Guiding Principles for Country Selection[3]

The Partnership seeks to prioritise and deepen engagement in Partner Countries and has, since 2009, been explicit that it is a Partner-centric organization. The Partnership's role complements the work and accountability processes of its individual members, enabling them to deliver more collectively than alone. The overall focus of the Partnership's work is to achieve results and impact in the countries where the need is greatest.

The Partner-centric approach mobilizes, engages and empowers different implementing partners. It allows them to coordinate their actions and activities, and encourages and promotes mutual accountability. Partners continue to have the capacity and responsibility to implement specific activities; the opportunity to coordinate with others increases the effectiveness and efficiency of these actions. This may be reflected in, for example, inculcating a culture of "one nation one plan", common metrics for all development partners, improved coordination in aid flows, agreement by health-care professionals on common implementation policies, and alignment of messages and practices by the NGO community.

Guiding Principles

During the life span of the 2016-2018 Business Plan, the Partnership will build the capacity to focus on four to eight countries at a time. This will allow for balancing ambition for breadth with the realistic capacity to engage in a meaningful way. Selection of countries, the duration of engagement, and total number of countries selected will be guided by the Board in consideration of the following principles:

- **Commitment to EWEC**: countries that have made a commitment to EWEC **prioritizing countries where the burden is highest[4] and the need greatest,** with consideration of the **added value of Partnership engagement in GFF focal countries;**
- **Added value:** countries where the Partnership's value-add is recognized and is in line with country-identified needs;
- **Partners**: countries in which two or more constituencies, including the government, are seeking engagement from the Partnership;
- **Multi-stakeholder platforms and processes**: countries where multi-stakeholders processes or platforms are existent, under way or planned, allowing the Partnership to complement ongoing efforts and building on existing national structures;
- **Geography**: the Partnership will aim for a balance among the selected countries and regions;
- **Impact on the four priority targets:** the Partnership will aim for a balance across the four targets among the selected countries;
- **Countries that are members** of the Partnership will have priority; at the same time the Partnership will be open to other countries that wish to engage.

[3] The Partnership's 2016-2018 Business Plan.
[4] High burden in at least one of the four priority target areas (maternal, child and newborn health, as well as family planning).