December 2, 2013

BR1-2013- ITEM2

Executive Director's Report, December 2013

Summary:

In the context of its ongoing 2012-2015 Strategic Framework, in 2013, PMNCH implemented a strategic workplan to deliver the following outcomes:

- Achieve political commitment at the highest possible level to women's and children's health.
- Improve coverage of essential interventions for women's and children's health.
- Promote accountability on commitments and processes towards improving women's and children's health.
- Strengthen partner engagement and alignment, globally, regionally and nationally.

This report highlights progress towards those outcomes and establishes the context for the forthcoming 2014 workplan based on the experience of 2013 and current priorities.

The report also describes the PMNCH funding situation, how it has evolved over time and what the requirements are for 2014, as well as highlighting key strategic opportunities and challenges for the Partnership in the year ahead.

Action required from the Board: For information and discussion

The Executive Director's report is provided to the Board for information and discussion.

1. Introduction

As recommended by the PMNCH Board (Johannesburg, June 2013), this second Executive Director's (ED) report has been provided in advance of the forthcoming Board meeting to allow the Board to get a detailed picture of progress, and replaces the previous practice of just doing a summary presentation. It draws on information from the PMNCH 2013 Progress Report, which will be provided to partners in early 2014.

Section 2 of the report provides an overview of key outputs in 2013 in support of PMNCH's four main outcomes: achieving political commitment, expanding the coverage of essential interventions, ensuring greater accountability for commitments, and promoting stronger partner alignment. This is presented in terms of recalling the guidance provided by the Board at its 13th meeting in Abuja, Nigeria (October 2012) and as highlights from key activities recommended by the Board, which were subsequently captured in the 2013 workplan. Two annexes support this section. Annex 1 describes in more detail some of the activities undertaken in the year 2013 to date[1]; and Annex 2 provides relevant lists of partners engaged in supporting the outputs, as reflected in the PMNCH members who have taken part in advisory and working groups integral to delivering the 2013 workplan. This responds to the Board's wishes to make the partner-centric nature of PMNCH more visible.

Section 3 describes the PMNCH funding situation over time, and how the evolving nature of this funding has shaped the Partnership's current workplan.

Section 4 looks ahead to the forthcoming evaluation of PMNCH and the role of board members and other partners in that process.

Section 5 sets the context for the new 2014 workplan and highlights key strategic opportunities and challenges for PMNCH in the year ahead. And Section 6 concludes.

2. Overview

At the 13th PMNCH board meeting, in Abuja in October 2012, the Board recommended that the 2013 workplan strike a balance between accelerating progress towards achieving MDGs 4 and 5, 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.

The Board also discussed the importance of supporting country partners in their efforts to design, finance and implement national health plans and accountability processes, building on the efforts of all stakeholders and constituencies.

As such, four main themes shaped the Partnership's work in 2013:

[1] A complete record of 2013 activities will be set out in the *PMNCH 2013 Progress Report*, to be published in Q1 of 2014.

- The unfinished **Millennium Development Goal (MDG) agenda** for women's and children's health, with a particular focus on the neglected aspects of the continuum of care, notably adolescent and newborn health.
- Positioning women's and children's health at the heart of the **post-2015 development agenda**, building on lessons learned in the MDG process to shape political commitments and measures of progress.
- **Supporting national and regional efforts** to improve women's and children's health, including coverage of essential interventions, through a multi-stakeholder approach.
- Strengthening **multi-constituency accountability platforms** for women's and children's health, increasingly recognized as a unique contribution of this community to global health and development.

Key activities delivered in 2013 as relating to each of these themes are described below.

2.1 Unfinished MDG agenda – Accelerating progress towards MDGs 4 and 5

With less than 800 days to 2015, PMNCH focused its efforts in 2013 on areas in which progress has stalled and where clear gaps remain in the coverage of essential interventions, i.e., adolescent health, family planning and newborn health.

Example: Ending child marriage

PMNCH took the political opportunity of the Commission on the Status of Women (CSW) meeting in New York to convene more than a dozen partners, including parliamentarians, donors, UN agencies, and NGOs from the health, rights and education sectors, to organize a major side event at the CSW to highlight the need for cross-sectoral action on child marriage – a major upstream determinant of maternal mortality. The event was hosted by the permanent representatives of the UN missions of Canada and Bangladesh, and was attended by the speaker of the Parliament of Namibia, the Minister of Health of Malawi, the heads of UN Women and UNFPA, the general secretary of YWCA, and the global coordinator of Girls Not Brides. The event was coordinated with a PMNCH-led media campaign on child marriage tied to International Women's Day on 8 March, which reached approximately 300 million people via TV, radio, print and online, and a further 4.6m people on Twitter. The event and the media campaign prompted the development of a joint statement on child marriage by several of the partners involved in the PMNCH-coordinated efforts, including Canada, Malawi and others. This strategic effort contributed to notably higher level of political engagement on the child marriage issue in 2013, as seen at the UN General Assembly this year.

To further leverage the capacities of PMNCH on adolescent health issues, PMNCH has now set up a working group to develop a PMNCH adolescent engagement strategy (see Annex 2 for members), which will report to the Board in early 2014.

Example: Newborn survival

Newborn mortality now accounts for 44% of all deaths among children under five. The global annual rate of reduction (1.8%) is far slower than that for older children age 1-59 months (at 2.5%), despite strong evidence about feasible, cost-effective interventions for prevention and care, including at the time of birth when gains are greatest. The need for a sharper global focus on the burden of newborn mortality and stronger national action and accountability is needed to improve survival and accelerate efforts to achieve MDG 4 (i.e., reduce deaths of children under age five by two-thirds by 2015).

In 2013, PMNCH expanded its commitment to newborn health, building on its successful efforts in 2012 as the lead advocacy partner for the *Born Too Soon* report on preterm birth. PMNCH is a founding member of the *Every Newborn* effort – a major new effort supporting the implementation of the Global Strategy for Women's and Children's Health and A Promise Renewed – and leads the advocacy strategy and workplan for *Every Newborn*, to be launched in June 2014 at the Partners' Forum in Johannesburg. In 2013, this has included the development of www.everynewborn.org website and the coordination of more than 70 international agencies involved in 2013 World Prematurity Day campaign, whose collective efforts reached an estimated global audience of nearly 1.4 billion through TV, radio, online, Facebook and Twitter, and included major events in nearly 60 countries (http://www.who.int/pmnch/media/events/2013/wpd/en/) as well as in New York at the UN and in Geneva.

2.2 Promoting women and children in the post-2015 development agenda

Recognizing the power of joint action and evidence for action, PMNCH undertook several key projects in 2013 to promote women and children in the post-2015 development agenda.

Example: Post-2015 Consensus Statement

PMNCH convened nearly 250 partners in 2013 to sign a powerful joint position statement on the centrality of women's and children's health to the post-2015 development agenda. A partner-led advisory group (see Annex 2 for members) guided the work, advised on approaches, and oversaw the development of the statement.

This statement was put forward to key members of the High-Level Panel of Eminent Persons on the Post-2015 Development Agenda, resulting in a strong endorsement in the final report of the panel for the arguments made in the PMNCH statement.

Example: Global Investment Framework for Women's and Children's Health

PMNCH convened a multi-stakeholder effort, together with WHO and the University of Washington, to create a robust case for investing in evidence-based packages of interventions to

guide national health investments and leverage maximum social and economic returns. The *Global Investment Framework for Women's and Children's Health* was published in the *Lancet* in November 2013 in association with the Lancet Commission on Investing in Health, marking the 20th anniversary of the 1993 *World Development Report: Investing in Health*. The Global Investment Framework responds to a key recommendation of the independent Expert Review Group in its first annual report (2012), and is the most significant effort on global health financing for women's and children's health that has been undertaken since the publication of the Global Strategy in 2010. It is now also the most comprehensive analysis of economic and social benefits of investing in women's and children's health to date, based on analysis from the 74 countries identified by the Countdown to 2015 effort as accounting for more than 95% of the world's burden of maternal and child deaths.

Example: Success Factors

'Success Factors: What Can We Learn About Making Progress on Women's and Children's Health?' is one of the most ambitious evidence projects convened by PMNCH in its eight-year history. The study, in progress since 2011, combines multi-partner, multi-country and multi-method efforts to identify key factors – within and beyond the health sector – that are correlated with quantifiable improvements in women's and children's health. The study is based on evidence from 136 countries over 50 years, and guides policymakers to policies and investments that have been proven successful for those countries now "on track" for reaching MDGs 4 and 5. The study points to the fundamental importance of integrating health and non-health sectoral approaches in reducing preventable maternal and child deaths, and improving reproductive health – a key lesson for the post-2015 era.

Key findings from the study were presented at the accountability event co-hosted by PMNCH, Countdown to 2015, and the independent Expert Review Group on the side of the UN General Assembly, and attended by more than 130 senior members of the global health and development community, including several ministers, the Director-General of WHO, and senior parliamentarians.

2.3 Supporting national and regional efforts to scale up essential interventions

In 2013, the Partnership continued to facilitate partner efforts at national and regional levels to promote coverage of essential interventions for reproductive, maternal, newborn and child health (RMNCH).

Example: Tools to enhance national implementation of essential RMNCH interventions

In 2013, PMNCH developed a 'tool-kit' to support national efforts in implementing policies and programmes related to essential RMNCH interventions. Tools included the development of a

'Policy Compendium', which highlights key policies that facilitate the implementation of RMNCH interventions, including non-health sector policies that influence the delivery of those services. An 'Evidence-Based Guide for Multi-Stakeholder Dialogue to Promote the Implementation of Essential Interventions for Women's and Children's Health' presents methods to facilitate multi-stakeholder policy dialogue and aligns partner implementation of essential RMNCH interventions. In 2014, these tools will be used to facilitate multi-stakeholder national and sub-national dialogue, action and accountability in support of government-led health plans. This process is underway in Uttar Pradesh in India, led by the Government of India with the Bill and Melinda Gates Foundation.

Example: Joint health professionals action to promote quality care (FIGO, ICM and IPA)

PMNCH has been the platform for the development of a '*Joint Initiative on Maternal and Newborn Health Essential Interventions in Indonesia and Uganda*', implemented by the International Federation of Obstetricians and Gynaecologists (FIGO), the International Confederation of Midwives (ICM), and the International Pediatric Association (IPA). The project aims to improve the quality of maternal and newborn care services in Indonesia and Uganda by enhancing the capacity of national health professional associations, NGOs and other partners in promoting the implementation of key recommendations in the '*Consensus on Essential Interventions for RMNCH* (2011)', produced by PMNCH together with WHO and Aga Khan University on the basis of a multi-year evidence review and consensus-brokering process.

Example: Regional policy briefs

At the request of the African Union, PMNCH produced a set of 10 policy briefs on women's and children's health for dissemination at the International Conference on Maternal, Newborn & Child Health, held in Johannesburg in August. Similarly, PMNCH responded to partner request to develop a set of RMNCH strategy briefs for the Inter-Ministerial Conference in Beijing, convened by Partners in Population and Development (PPD), which is a group of 25 countries from Asia, Latin America and Africa that together constitute around 60% of the world's population. PPD is currently chaired by India, with China as the vice-chair.

2.4 Holding ourselves accountable – multi-constituency accountability platforms

Greater accountability for women's and children's health is essential to progress. This has been recognized as a major area of work in the PMNCH workplan since 2010, and continues to shape PMNCH's contribution to both the MDG framework and post-2015 debate.

Example: The PMNCH 2013 Report on Commitments

For the third year, PMNCH has produced a major annual report on the status and implementation of commitments made in relation to the Global Strategy for Women's and Children's Health. The '*PMNCH 2013 Report on Analysing Progress on Commitments to the Global Strategy for Women's and*

Children's Health' is the only publication dedicated to tracking commitments made by more than 300 individual stakeholders, and as such, has become a key part of the global accountability architecture for women's and children's health. The 2013 report showed that disbursements of committed funds have more than doubled in the past year (i.e., from US$ 12 billion reported in 2012 to US$ 25 billion reported in 2013) – a figure now widely quoted by the UN Secretary-General's office and credited to PMNCH. The report was developed under the supervision of a partner advisory group (see Annex 2 for membership) chaired by the Canadian government. As noted above, PMNCH has also played a major role in taking forward the iERG recommendations, particularly in 2013, in the development of the Global Investment Framework for Women's and Children's Health.

Example: Handbook on MNCH for Parliamentarians

As a key member of the RMNCH technical reference group of the Inter-Parliamentary Union (IPU), PMNCH provided both technical and financial support for the development of the IPU's '*Handbook on MNCH for Parliamentarians*', launched at the IPU's autumn assembly, held in Geneva in October 2013. The handbook, available in both English and French, has been distributed to more than 120 national parliaments, and is an important tool in promoting the implementation of the IPU's 2012 landmark resolution on MNCH, which PMNCH helped to facilitate.

Example: Budget-tracking for parliamentarians, media and civil society

National budgets are a key policy lever to influence women's and children's health outcomes. Building on its work as lead advocacy partner in the implementation of the Commission on Information and Accountability (CoIA) workplan, PMNCH took the lead in convening a major regional workshop in August 2013 with WHO, Family Care International, Save the Children and other partners to build greater capacity among leading NGOs, media institutions and parliamentarians about budgets and expenditure processes to enhance effective advocacy and oversight. The Nairobi workshop was attended by more than 60 participations from five countries (Uganda, Tanzania, Kenya, Sierra Leone, and Nigeria), and leveraged PMNCH's 2012-13 work in supporting national civil society coalitions in those countries. Following the workshop, civil society coalitions from the five countries were invited to develop proposals for catalytic funds to apply the knowledge from the workshop to national budget advocacy plans.

3. Funding Partnership's workplans

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. This report provides further recognition of that support.

As noted below in more detail, grant funding for the Partnership's work has very helpfully been

moving towards a multi-year based funding structure, with a greater proportion of available funding now unspecified and directed at the entire workplan. This has enabled the Partnership to work more effectively and efficiently, and to plan better over a number of years as will be discussed below.

Promisingly, some new donors have also become supporters of the Partnership for the first time in 2013 (e.g. Governments of Germany and Finland), and a number of other donors are in discussions with the Partnership about ways in which they can support the anticipated work. This strengthens the resilience of PMNCH, and is another vote of confidence for this important multi-partner platform.

However, some existing grants are coming to an end in 2013, with resulting consequences for funding availability in 2014 and onwards, and the Partnership's ability to plan and deliver on its workplans.

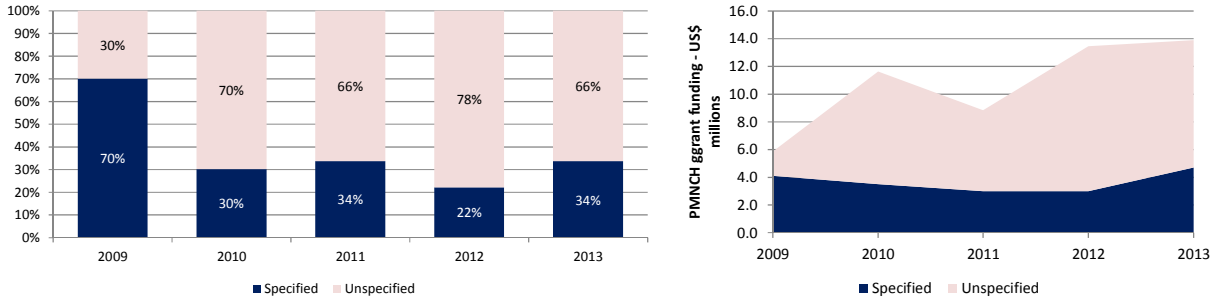
3.1 Funding for PMNCH workplans and its structure

The PMNCH Secretariat, supported by the Board and its committees, is managing the resource mobilisation efforts to ensure there are sufficient resources available for the implementation of Board approved workplans. This includes ongoing communication with existing and potential new donors to both manage current grants, as well as explore new funding opportunities. Since 2009, when the previous Strategy and Workplan commenced, the Partnership has succeeded in having all of its workplans fully funded. Since 2009, both the level of available funding, and its structure has changed, as summarised in Figures 3.1 and 3.2 below, and discussed below.

Reflecting both the growing recognition of how important women's and children's health is to the wellbeing of our societies, and the successes of the Partnership to deliver on that agenda, the Board has since 2009 agreed progressively more ambitious workplans. These have been met by a growing base of available funding, even in the face of one of the biggest financial crisis in the world's history. In 2012 and 2013, the donors and foundations community made available around US$ 13.5 and 14m respectively for the Partnership's work. The only exception to this upwards trend was the year 2011, when the 2009 to 2011 strategy and workplan came to an end, and before the 2012 to 2015 Strategic Framework was launched.

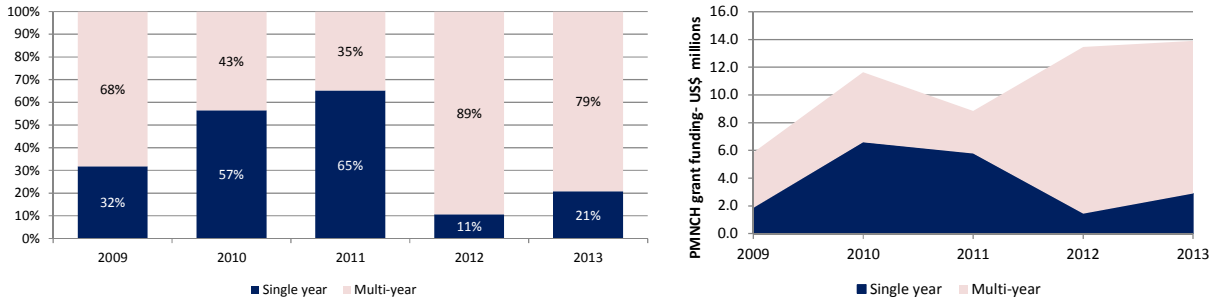
The structure of available funding has also changed since 2009. The proportion of funding that is made available as unspecified grants – i.e. grants that are supporting the Partnership's workplan as a whole (as opposed to specific activities within the workplan) – stood in 2013 at 66% of the total as compared to 30% in 2009, as shown in Figure 3.1 below.

Figure 3.1: Specified and unspecified grant funding to PMNCH



Similarly, there has also been a change in the duration of individual grants. More of the individual donors' and foundations' commitments to the work of the Partnership are now provided on a multi-year basis. In 2013, almost 80% of the funding that was available in this year was part of a multi-year grant, as shown in Figure 3.2 below.

Figure 3.2: Single year and multi-year grant funding to PMNCH



3.2 Lessons and challenges ahead

There a number of important lessons that can be drawn from this analysis, 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 shows that we need 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 2014.
- **Unspecified funding is critical to workplan implementation.** Delivery of such ambitious workplans to date was only possible as a result 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 undertaken 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 to 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 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 at the same time as the Partnership budget more than doubled).

- **Governance related resource needs have grown considerably.** The Partnership is now reaching almost 600 members, across seven different constituencies, and the partners are more engaged than ever before. This is one of the key reasons for the successes that the Partnership has witnessed, and we are all very committed to continuing to support partners in their engagement. At the same time, and reflecting many comments that have been received to date, it is also now time to rebalance the intensity of governance related activities that are required to keep the Partnership functioning. It will be suggested in the 2014 Workplan discussions that the Executive Committee and any constituency meeting meetings are planned for every two months (as opposed to every month), whilst giving members the opportunity to call a meeting more frequently if it is required. The Board will also be asked to consider whether having one face to face Board meeting a year is sufficient, with a virtual meeting in between times (as needed), given the maturity of Partnership's operations.

As the Partnership enters the year 2014, it carries forward around US$ 11m of available funding for the year's workplan. Assuming that the Board wishes to maintain the overall budget target of around US$ 14m, this means that there is a funding gap of around US$ 3m which would need to be raised early in 2014. Discussion on the 2014 workplan as part of the Board meeting will cover this in more detail.

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, are 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 a 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.

4. External evaluation of PMNCH: 2009 to 2013

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

As noted in Table 4.1, the evaluation is expected to commence in January 2014 and present its draft final report at the Board meeting that is adjacent to the Partners' Forum at the end of June 2014. The final report will then be presented shortly after that, to reflect any comments that the Board may have had at the time. Individual Board members will of course have an opportunity to interact with the consultants undertaking this work during the evaluation process. The Secretariat will do its utmost to support this process, whilst at the same time ensuring the agreed 'arms-length' approach to the evaluation for the obvious, potential conflict of interest, reasons.

Following Table 4.1, a summary of the evaluation's objectives is provided, together with the list of individuals who are sitting on the Committee.

Table 4.1: Summary of key milestones for the external evaluation of PMNCH

	KEY MILESTONE	STATUS	NOTES
1	Draft ToR for Independent Evaluation Sub-Committee (Committee) and Evaluation presented to Board	✓	Jun 2013: Board approved ToR, with some suggested adjustments.
2	ToR for Committee approved	✓	Aug 2013: Executive Committee agreed ToR
3	Consultants to support the Committee	✓	Oct 2013: CEPA (London) selected to support Committee
4	Committee establishment	✓	Oct 2013: Membership agreed
5	Chair and co-Chair of the Committee selection	✓	Nov 2013: Chair: Gary Darmstadt (BMGF), Co-Chair: John Good (IPPF)
6	Evaluation ToR agreed by committee and RFP documentation published	✓	Nov 2013: RFP published and procurement process commenced
7	Interest expressed by prospective consultants	✓	Nov 2013: 11 consultancy firms expressed interest in submitting a proposal
8	Proposal review		End December 2013
9	Evaluation commences		January 2014
10	Draft final of the evaluation report presented at the Partners Forum		End June 2014
11	Final evaluation report		TBC

4.1 The objectives and scope of the evaluation

The ToRs for the evaluation state that the consultant will consider the relevant planning processes and resulting visions and mission, and the subsequent implementation of the Partnership's work plans from 2009 through to 2013.

It is proposed that the scope of this evaluation will be centred on six areas, as set out below:

- *Vision and mission.* The consultant should provide an independent and reasoned view on the extent to which the Partnership's agreed vision and mission (and more generally the underpinning theory of change) were appropriate and relevant in the context of the Board's desire to add value to the efforts to achieve MDGs 4 and 5.
- *Strategy.* Assess the coherence, focus, and rationale for the strategy taken and the activities undertaken to achieve the strategy.
- *Implementation.* How well was the strategy and the supporting activities implemented?
- *Results.* What has been achieved? How effectively have the activities that were undertaken by PMNCH contributed towards realising its vision and mission, and achieving its stated outcomes and objectives? How effectively was impact and the process of implementation documented? To what extent do the donors feel that the outcomes they paid for were achieved? Evaluate existing approaches to measurement of impact, and propose, as may be necessary, any new systematic approaches to documenting and measuring results achieved by the Partnership.
- *Governance.* How effective are the governance mechanisms being utilized by the Partnership? Are the mechanisms appropriate for and supportive of achievement of the mission and strategic objectives?
- *Comparative analysis.* Undertaking a comparative analysis against other partnerships and/ or initiatives, including benchmarking performance and efficiency of operations. Evaluate the Partnership's effectiveness and value added to advancing RMNCH outcomes globally, and how it is perceived by the broader PMNCH membership and stakeholders at large. The consultant will need to propose the most suitable approach to measuring both the value and the value-added of the Partnership and its activities.

It is recognised that the evaluation will need to focus on a sample of carefully selected and representative areas of work undertaken by the Partnership over the years, so as to be able to identify impact and assess 'value', within the timeframe and resources available for this assignment. An indication of this approach should be included in the proposal, with a more detailed and refined approach to be developed as part of the Inception Report.

In setting in motion this evaluation process, the PMNCH Board recognised that evaluations have a tendency to highlight how things could have been done with the benefit of hindsight. This in itself,

however, is of limited benefit. The evaluation will need to balance both retrospective aspects (in terms of assessing PMNCH's activities and measuring the results achieved) and forward looking aspects in terms of the identification of any key lessons learned and recommendations for future action. Thus, the future of the Partnership, and not its past, should set the overall context and focus for the evaluation. It is currently proposed that the results of this evaluation will feed into a separate forward looking strategic planning exercise to take place at some point in 2014, 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.

4.2 Members of the PMNCH Independent Evaluation Sub-Committee

The members of this Committee are acting in their independent professional capacity, and not as representatives of their respective organisations. They include, in alphabetical order:

- Emmanuel Makasa, Permanent Mission, Republic of Zambia
- Frances Day-Stirk, International Confederation of Midwives
- Gary Darmstadt (Chair), Bill & Melinda Gates Foundation
- Jane Kiragu, African Women Leaders Network for Reproductive Health and Family Planning
- John Good (Co-Chair), International Planned Parenthood Federation
- Mickey Chopra, UNICEF
- Nyaradzayi Gumbonzvanda, World Young Women's Christian Association (YWCA)
- Wendy Graham, University of Aberdeen

The Committee is supported by an independent consultant, who is providing all administrative and logistical support so as to reduce the burden on the busy individuals making up this Committee, who have provided their time free of any remuneration.

5. Refocusing the Partnership's efforts in 2014

As noted earlier, there will be a separate session at this Board meeting that will enable a more detailed discussion on the proposed outline for the 2014 workplan. The proposed aim of the 2014 Workplan is to re-focus the efforts of the Partnership on the most value adding activities. This would entail moving away from the breadth of coverage in themes and activities that has been so important in 2012 and 2013 to get us to where we are today, and moving towards a deeper engagement on a fewer activities that continue to require Partnership's input. This will be both possible and desirable, given the immense progress that has been made in a number of areas that are now best suited for individual partners and other organisations to lead on, and whose transition the Partnership will manage as required.

The strategic focus in terms of activities that will define 2014 are best defined by six areas of work that will span across all of the outcomes, assuming that it is possible to fund the full PMNCH budget of around US$ 14m in 2014. These are:

- Focus attention on neglected parts of the continuum of care
- Improve coverage of essential RMNCH interventions
- Influence Sustainable Development Goal development process
- Learn lessons from the MDGs for the post-2015 era – Success Factors
- Track Every Woman Every Child commitments
- Hold the 2014 Partners' Forum

In case it is not possible to secure full funding, a prioritisation process has been proposed in the workplan paper for Board's decision, as well as a 'minima' scenario, where some of the activities will not be delivered.

6. Conclusion

The 2013 was a very broad and ambitious workplan, which is in the final stages of being implemented. This is a considerable achievement, which speaks to the exceptional dedication and engagement of many PMNCH partners and supporters, Partnership funders, and the small Secretariat staff hosted at the WHO. This effort has ensured that we have collectively increased political commitment to women's and children's health, expanding the coverage of essential interventions that will reduce morbidity and mortality of these populations, brought greater accountability for the many commitments that the community has made, and promoted stronger partner alignment and engagement more generally. It is therefore fitting that Dr Margaret Chan, Director General of the World Health Organisation, has only recently described PMNCH as the model partnership for the international community's efforts to improving health.

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. This balancing act must continue. To do so, our 2014 workplan must be focused and purposeful, and a platform for the partners to do those things that they are able to do most effectively working together and not individually.

Annex 1: PMNCH 2013 workplan and activities[2]

This Annex to the ED report initially provides an overview of the PMNCH 2013 Workplan and Budget as background, and then describes some activities that were delivered under each of the agreed outcomes for 2013. The latter are based on the still under-development PMNCH 2013 Progress Report, which will be completed and made available in early 2014 and once the full 2013 calendar year of operations has been completed. Activities noted below are in addition to those already highlighted in the ED report itself.

A1.1 Overview of PMNCH 2013 Workplan and Budget and Results Framework

In January, 2013, and on the recommendation of the Executive Committee, the Board approved the 2013 Workplan and Budget through a no-objection process. The overall workplan budget was set at US$ 14.74m, to fund delivery of activities across four Outcomes, as set out in Table 2.1 below. As in the previous years, activities in the workplan are delivered through a combination of in-house technical staff and externally sourced expertise, and supported by a relatively small core functions staff cohort.

Table 2.1: PMNCH 2013 workplan and budget

2013 Workplan Outcomes	**US$**
Outcome 1: Highest possible political commitment to women's and children's health achieved and maintained in the years to 2015 and beyond	2,782,820
Outcome 2: Increased and improved coverage and implementation of essential interventions for women's and children's health (in priority countries)	4,244,627
Outcome 3: Information to guide/ track investments and promote accountability on progress, commitments and processes towards improving women's and children's health synthesized and disseminated	2,795,576
Outcome 4: Strengthened Partner engagement and alignment nationally, regionally, globally	3,610,176
Secretariat core functions staff	850,000
Contingency	452,000
Total	**14,735,200**

Building on the workplan as agreed with the Board, the Secretariat, working closely with key partners, but especially colleagues at the Bill and Melinda Gates Foundation (BMGF), developed a Results Framework for the workplan. The Results Framework is a useful management tool, modelled on a logframe structure, which enables the Secretariat to monitor performance indicators and means of verification in delivering the workplan.

[2] The complete workplan document can be accessed at: www.who.int/pmnch/activities/advocacy/20130123_pmnch_workplan.pdf

A1.2 Outcome 1: *Highest possible political commitment to women's and children's health achieved and maintained in the years to 2015 and beyond*

Partner alignment for campaigns

PMNCH facilitated partner alignment for a number of important global advocacy opportunities in 2013, including:

- *World Economic Forum 2013 (January 2013, Davos):* PMNCH co-hosted a special event with the United Nations Secretary General Ban Ki-moon and business leaders in support of Every Woman Every Child (EWEC) global movement, launched in 2010 to improve women's and children's health globally. This high level event brought together leaders from industry and global organizations and governments to highlight successes, trigger new collaborations and provide sustainable solutions for women and children by creating shared value for all. The co-hosts of the event included the United Nations Foundation, Norwegian Agency for Development Cooperation (NORAD) and the UN Secretary General's Innovation Working Group. The event brought together approximately 100 distinguished guests with high level speakers and champions to catalyze new sustainable global and local partnerships and business models in today's interdependent and hyper-connected world.
- *Women Deliver (May 2013, Kuala Lumpur).* PMNCH undertook several activities at this conference to promote greater engagement in Every Woman Every Child and to introduce other key knowledge and advocacy activities. This included an introductory session on the Every Newborn Action Plan, as well as a press conference on child marriage. From the PMNCH booth, more than 1,000 hard and soft copies of the PMNCH Knowledge Summary library were disseminated during the course of the conference. PMNCH also had a significant online presence during Women Deliver and messages from the PMNCH Twitter account garnered more than 2.2 million potential impressions.
- *World Health Assembly (May 2013, Geneva).* PMNCH held an evening reception for ministers of health to share the latest knowledge products of PMNCH and to promote membership in PMNCH as a platform for joint action. The event was attended by about 75 ministers and country representatives, including from the Geneva missions.
- *Accountability for Results breakfast meeting (September 2013, New York).* www.who.int/pmnch/media/events/2013/unga/en/index.html

Media engagement

The Partnership worked on developing relationships with regional/ national media networks and associations to build institutional interest and sustained capacity to strengthen reporting on RMNCH issues. As part of this, and among others, workstreams included:

- *Joint news release on child marriages (March 2013, New York).* PMNCH released a news update jointly with the Every Woman Every Child, Girls Not Brides, UN the Foundation, UNFPA, UNICEF and others to bring attention on the critical issues of child marriages. Lancet Article/ Board Chair Child Marriage UNGA

- *Violence against women campaign (June 2013, Geneva).* PMNCH worked with partners, including WHO, the London School of Hygiene & Tropical Medicine and the South African Medical Research Council to launch a media campaign highlighting violence against women as a global health issue.

Parliamentary work

The Partnership continued to place considerable attention to working with parliamentarians, nationally and globally (through Inter-Parliamentary Union), with the aim to ensure that women's and children's health continues to be high on the agenda of key decision makers. As part of this work, some highlighted activities include:

- *The IPU Resolution on Women's and Children's Health (March 2013, Quito).* PMNCH provided technical and financial input to the IPU's first annual accountability report on its 2012 MNCH resolution. The accountability report was disseminated at the spring assembly of the IPU, and was accompanied by a presentation by PMNCH on the latest data and trends in RMNCH.

- *East African Community meeting (March 2013, Kigali).* PMNCH supported the five East African Community (EAC) partner states (the Republics of Burundi, Kenya, Rwanda, the United Republic of Tanzania, and the Republic of Uganda) to jumpstart progress on women's and children's health. The EAC launched the Open Health Initiative (OHI) to improve Reproductive, Maternal, Newborn and Child Health during the first annual EAC Health Ministers and Parliamentarians Forum on Health, which was presided over by Uganda's Minister for Health and Chairperson of the EAC Sectoral Council of Ministers of Health, Dr Christine Ondoa, on the sidelines of the fourth EAC Health and Scientific Conference.

- *2013 Pan African Parliament (PAP) Conference of African Women Parliamentarians on the theme of "Violence Against Women - From Legislation to Effective Enforcement" (November 2013, South Africa):* PMNCH supported the preparation of the meeting, including in developing the messaging for and around the conference, as well as providing relevant PMNCH publications (e.g. knowledge summaries on reaching child brides and human rights, and the African Union strategy briefs on the girl child and human rights, etc.).

Post-2015 development agenda inputs

PMNCH played an important role in promoting women's and children's health in the post-2015 discussions during the year. In particular:

- *PMNCH Position Paper on Women's and Children's Health.* The Post-2015 Working Group of Partners oversaw the development of a position paper positioning women's and children's health as a key health and development priority for the coming 15 years. Position paper submitted as part of the Health Thematic Consultation and used to advocate to various stakeholders in the health consultation, including members of the health group that met in Botswana in March 2013 and to participants of the World Bank and WHO Ministerial level Meeting on Universal Health Coverage held in February 2013 in Geneva.

Countdown to 2015 advocacy and Country Countdown Reports

The secretariat for *Countdown to 2015* is hosted by the Partnership. In addition to the hosting arrangement, the Partnership has actively supported the advocacy work emerging from Countdown to 2015 products and evidence, including:

- *Women Deliver (May 2013, Kuala Lumpur).* PMNCH provided global and national media support for Countdown in the launch of its latest accountability report "Accountability for Maternal, Newborn & Child Survival: The 2013 Update" in conjunction with the third global Women Deliver conference in Kuala Lumpur. PMNCH also supported Countdown in hosting six sessions on relevant themes during Women Deliver 2013.
- *Capacity building workshop (May 2013, Kuala Lumpur).* PMNCH supported Countdown to host an invitation-only capacity-building workshop on how to conduct a Country Countdown, on 31 May in Kuala Lumpur, the day after the Women Deliver conference. This provided participating country teams with an opportunity to learn more about the steps involved in carrying out a Country Countdown, understand the databases used by Countdown to develop country profiles and reports, and work together to develop a plan for initiating a Country Countdown upon return home to their respective countries.

It should be noted that PMNCH and Countdown to 2015 coordinated activities across many of the events noted earlier in the report. This joint attendance and facilitation continued to strengthen advocacy for keeping women's and children's health high on the national, regional, and global agendas.

In addition, country focused countdown related work continues to be an important part of our joint work. In particular, Tanzania, Kenya, Burkina Faso, Uganda, and Zambia are currently in varying stages of developing their plans for a country Countdown. Several case studies are also currently underway (Tanzania, Afghanistan/Pakistan, Peru, Ethiopia, Malawi). All case study countries, to be completed by May 2014, have dissemination plans via a country Countdown event.

A1.3 Outcome 2: *Increased and improved coverage and implementation of essential interventions for women's and children's health (in priority countries)*

Assessing implementation needs in selected countries using a multi-stakeholder approach

- *Development of a Policy Compendium to support the implementation of essential RMNCH interventions.* The development of the Compendium has been implemented as planned, including detailed partner consultations and review of policy documents. The compendium provides a snapshot of key policies directly related to the implementation of RMNCH interventions or multi-sector policies, which influence RMNCH services and results. Similar to the Essential Interventions document, the compendium will be co-branded by a range of partners who will use it in their RMNCH activities and advocacy efforts (partners include BMGF, Countdown to 2015, LSHTM, OHCHR, PMNCH, UNICEF, WHO and others to be confirmed). The compendium will complement and be used in conjunction with a range of RMNCH tools and activities, including Countdown to 2015 country profiles and RMNH Alliance implementation analyses.

- *Development of an Evidence-Based Guide for a Multi-Stakeholder Dialogue Process to Promote the Implementation of Essential Interventions for Women's and Children's Health.* The first complete draft of the guide is ready, and is currently being reviewed. The guide presents tools and methods intended to assist conveners and facilitators in managing multi-stakeholder dialogue processes on policy issues related to the implementation of essential RMNCH interventions and related inter-sectoral interventions.

- *Government of India RMNCH+A strategy.* PMNCH is supporting the implementation of the RMNCH+A strategy of the Ministry of Health and Family Welfare, Government of India. The two areas of work are: a) collate a toolkit of evidence-based RMNCH+A tools and resources to support the implementation of essential interventions and multi-stakeholder collective action, and help organize an exposition for National Rural Health Mission (NRHM) managers; and b) apply and assess the RMNCH+A 'toolkit' and an aligned multi-stakeholder approach in two of the 19 High Priority Districts in Uttar Pradesh (UP). This activity would be led by the NRHM and the Government of UP, with BMGF as the lead developmental partner in the state.

Promoting implementation through multi-stakeholder action to address identified needs

- *Development of CSO National Advocacy Plans.* PMNCH have supported the development of 10 national RMNCH CSO budgets and workplans through providing catalytic financial and technical support provided by PMNCH to support greater alignment and collaboration to create common advocacy platforms, messages and activities. PMNCH initiated this programme in 2012 to promote greater capacity of CSOs for local, national and regional mobilization and accountability. A June 2013 progress report on these coalition is available at:

http://www.who.int/pmnch/knowledge/publications/cso_report/en/index.html. In August 2013, several of these CSO coalitions took part in a budget-tracking advocacy capacity building workshop in Nairobi, responding to demand expressed in the national CSO plans during 2012-2013. The workshop has resulted in the development of five national CSO-led budgets and workplans on budget advocacy to be carried out over the coming year.

- *Accelerating progress for women's and children's health.* PMNCH commissioned a new report, published by RAND Europe, titled 'Options for effective mechanisms to support evidence-informed policymaking in RMNCH in Asia and the Pacific'. The report focuses on the need for systematic collation and synthesis of country experiences to address evidence needs and support evidence-informed policymaking. The work was conducted through a rapid evidence assessment, key informant interviews, and in-depth case studies in four countries: Bangladesh, India, Indonesia and Nepal. The report discusses considerations to be taken into account in the development of future mechanisms to provide timely, reliable and high-quality evidence to inform decision-making.

Development of evidence products to inform action, advocacy, and accountability

- *Development of knowledge summaries.* Eight Knowledge Summaries were developed with Partners during 2013 (with others still in development), including: (i) Civil registration and vital statistics; (ii) Nutrition; (iii) Food Security and climate change; (iv) Access to family planning; (v) Strengthen national financing; (vi) Reaching child brides; (vii) Human rights and accountability; and (viiii) The economic benefits of investing in women's and children's health.

Countdown to 2015 Country Coordination and technical work

- *Countdown to 2015 technical work.* Countdown is continuing its activities in the areas of global monitoring and country level engagement to promote accountability and action for RMNCH. The second annual Accountability publication showcasing the 11 core Commission on Information and Accountability indicators and one-page profiles for each of the 75 priority countries was launched at the Women Deliver conference in Kuala Lumpur on 28 May 2013.

A1.4 Outcome 3: *Information to guide/ track investments and promote accountability on progress, commitments and processes towards improving women's and children's health synthesized and disseminated*

Global investment framework, including economic benefits

- *Economic returns of investing in nutrition.* PMNCH is overseeing work to undertake studies on the Short- and Long-Term Consequences of Maternal and Child Malnutrition for Economic Development in Low- and Middle- Income Countries. These systematic reviews are providing sizable evidence that investments that improve maternal and child nutrition are critical for effective economic growth policies in low-income countries.

Human rights and health linkages for accountability

- *Strengthening national legal and policy environments.* The Office of the High Commissioner for Human Rights (OHCHR), PMNCH, and WHO have developed a joint project (2013-2014) to strengthen national legal and policy environments that support improving women's and children's rights and health outcomes. The project is developing an evidence based approach in a number of selected countries (based on most suitable fit in terms of harmonisation of partners' in country activities) to promote the implementation and impact of a rights based approach for women's and children's health. Key activities include: a regional workshop (18-20 November) to promote the implementation of a human rights based approach to maternal and child health, in preparation for country analysis; development of assessment tools (e.g. human rights and RMNCH rapid assessment tool) to support country analysis of legal and policy environments for RMNCH and human rights and implementation gaps; development of country briefs for the iERG and human rights bodies on RMNCH and human rights progress; and multi-stakeholder dialogue to develop national human rights and RMNCH plans to align advocacy, action and accountability.

Progress on improved processes and harmonisation of action

PMNCH has been actively engaged in the work related to improved processes and harmonisation of action, particularly in relation to financing for RMNCH. PMNCH is an active participant and contributor to a number of harmonisation initiatives:

- *PMNCH Financing Harmonisation Group.* At the 13th meeting of the PMNCH Board in October 2012 in Abuja, it was concluded that the work undertaken by the Partnership in the years to 2012 has had a very positive influence on encouraging discussion and exchange among stakeholders and the resulting emergence of new initiatives/ financing mechanisms aimed at supporting the global efforts towards improving women's and children's health in high-disease burden countries. But the Board also recognized the need for greater clarity and further encouragement of stakeholders towards greater harmonization of these

mechanisms. In response, the Board proposed that a group of partners be established to support harmonisation and coordination efforts. This group, provisionally called the PMNCH Financing Harmonisation Group, will report to the PMNCH Board. It will also provide inputs into other initiatives, as relevant. The group is co-Chaired by Neema Rusibamayila (Tanzania) and Ann Starrs (FCI).

- *RMNCH Steering Committee.* PMNCH is represented on the Committee in terms of the overlap of board members and the Executive Director's participation. The Committee is co-Chaired by Geeta Rao Gupta (UNICEF) and Tore Godal. It has a broad and evolving membership, which overlaps significantly with the PMNCH Board (over 50%). Its overall ambition is to identify funding gaps within existing RMNCH plans in an evolving number of countries, and 'match' these gaps to existing financing flows.
- *Family Planning 2020.* PMNCH is represented in the FP2020 Reference Group by the presence of board members as well as the Executive Director, Dr. Carole Presern. Further, members of the PMNCH Secretariat and the Board are also represented on the Monitoring and Accountability working group of FP2020.

A1.5 Outcome 4: *Strengthened Partner engagement and alignment nationally, regionally, globally*

Hosting Secretariats

- *Countdown to 2015.* The secretariat of the Countdown to 2015 initiative is hosted by PMNCH. Countdown to 2015 is a multi-disciplinary, multi-institutional collaboration that tracks, stimulates, and supports country progress on maternal, newborn, and child survival. It presents data on coverage levels, trends, and equity of coverage for health interventions proven to improve reproductive, maternal, newborn and child health, as well as on critical determinants of coverage including health systems functionality, health policies, and financing.
- *Innovation Working Group.* In terms of our work to support innovation across the areas of RMNCH, the Partnership, working through and hosting the Secretariat for the Innovation Working Group (IWG), has been focusing on the gaps in the RMNCH response. PMNCH continues to support the work of the IWG as a global hub for innovation, catalyzing the initiation and enabling the scaling up of cost-effective innovations across technological, social, financial, policy and business domains. IWG launched three reports in September 2012, compiling two years of research with multi-sectoral inputs and recommendations through the following work streams: Medical Devices, Checklists, Sustainable Business Models, and Innovative Financing. As part of a grant by the Gates Foundation, PMNCH supported the follow up work to these reports, as they are carried forward by the IWG Secretariat in 2013 in close collaboration with the chairs of the task forces behind the reports, who are functioning as advisory groups. Work is also underway to establish IWG Asia, which will be

a new regional hub for innovation and action in the United Nations Every Woman Every Child global initiative, and will be reported on in the next reporting period.

mHealth and ICT implementation framework and scale up

- *ICT and mHealth framework.* PMNCH worked with partners and members, including GSMA, WHO, mHealth Alliance, and others to develop a readiness framework for ICTs & mHealth to facilitate a multi-stakeholder dialogue on the key factors that need to be considered before implementing ICTs & mHealth solutions. The readiness framework builds on existing knowledge and the frameworks that have already been developed by partners and members. It is developed as a work in progress that may be developed further by interested stakeholders.

Partner involvement in delivering the workplan

PMNCH is a partner-centric Partnership. It supports Partners to deliver the Partnership's objectives, without replacing or replicating Partners' work or their internal governance or accountability processes. An important way in which the Partnership has managed to harness the strengths and resources of its Partners has been through the establishment and support of multi-constituency partner working groups. These groups are often formed around particular deliverables, or process, and as such provide a mechanism to involve partners in the delivery of the workplan.

We list below a number of advisory groups have been set up or are in the process of being set up by PMNCH (or with PMNCH co-involvement) and in direct response to the discussions and subsequent decisions by the Board. In addition to these groups, a range of other Partner groups exist around specific products or processes to guide the work of the Partnership in delivering its 2013 Workplan (e.g. policy systems and compendium, Innovation Working Group, mHealth and ICT readiness checklist tool, etc.)

- *PMNCH Financing Harmonisation Group for RMNCH Initiatives.* As will be discussed in a separate Board paper on this issue, the objectives of this Advisory Group are to: (i) monitor and gather information on the existing and emerging global RMNCH financing initiatives, drawing on its constituency representatives and other sources for information; (ii) analyse emerging information to identify synergies and possible areas of overlap, as well as opportunities for further harmonisation between the various initiatives' financing activities; and (iii) put in place an information sharing and advisory mechanism that will provide recommendations to the PMNCH Board and the RMNCH Steering Committee on how to better coordinate global financing efforts, and make publicly available information on how various initiatives operate and what interested stakeholders need to do in order to access resources related to the goals of various RMNCH initiatives.
- *Advisory Group for the 2013 Report on the Implementation of Commitments to the Global Strategy.* The objectives of this group are to: (i) review proposed objectives, scope and structure of

the PMNCH 2013 Report and advise on additional areas of analysis, as may be relevant – this will include ensuring that the planned analysis will meet the audience requirements (e.g. iERG); (ii) comment and advise on the proposed methods for data collection and analysis to ensure they are technically sound and rigorous; (iii) review any initial/ emerging findings and drafts of the report; and (iv) advise on how the relevance and impact of the report's analysis and findings can be maximized to improve the delivery and impact of commitments to the Global Strategy.

- *Advisory Group on ensuring women's and children's health is reflected in post-2015 development agenda.* Building on the work that has been done to date, advise on approaches to working with senior decision makers to ensure women's and children's health is included and maintained in the post-2015 development agenda.
- *Working Group of Partners for developing PMNCH adolescent engagement strategy.* At its meeting in Abuja, in Oct 2012, PMNCH Board requested the Executive Committee to set up Working Group of Partners to develop a strategy for Partnership's youth engagement. Board members voiced support to promote the continuum of care and increase coordination between disparate actors, especially those focused on activities relating to early adolescence, where attention is most needed to ensure the greatest impact.
- *Global Investment Framework – Study Group / Advisory Panel.* Objectives of this group are to advise on the strategic focus of the Global Investment Framework for women's and children's health and harmonization and alignment with ongoing initiatives and political processes.

Innovation Working Group (IWG)

In support of the Global Strategy for Women's and Children's Health, the IWG is the global hub for innovation in the UNSG's Every Woman Every Child initiative. PMNCH serves as the Secretariat for the IWG. IWG launched three reports in September 2012 on Checklists, Medical Devices, and Sustainable Business Models. In 2013, selected recommendations from these reports will be operationalized. This work will be carried forward by the IWG secretariat in close collaboration with the chairs of the task forces behind the reports, who will function as advisory group.

The IWG launched its Asia chapter (aIWG) at the Women Deliver conference in Kuala Lumpur on 28th May, 2013. The priorities of aIWG will be aligned with those of the IWG at the global level, but with a regional focus. These are likely to include: Nutrition, South-South Collaboration, Demand and utilization (for Essential Commodities), and Technology (mHealth/eHealth/Telemedicine).

The IWG is a catalytic partnership which includes nearly 183 individual members representing 79 institutions; including 20 NGOs/non-profits, 22 private sector, 12 UN organization, seven academic institutions, and 14 ministries and government organisations. The aIWG will also be working towards expanding its membership base in the Asia region.

Annex 2: Membership of working groups

This annex provides relevant lists of partners that have been engaged over the last year in supporting the outputs in the workplan, as reflected in the PMNCH members who have taken part in advisory and working groups integral to delivering the 2013 workplan. This responds to the Board's wishes to make the partner-centric nature of PMNCH more visible. This is of course just a set of examples of all the partners that were involved in the work of the Partnership in 2013.

Working Group of Partners for developing PMNCH adolescent engagement strategy

Working Group of Partners for developing PMNCH adolescent engagement strategy	
Name	**Organisation**
Barbara Kloss-Quiroga	Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), Germany
Friday Okonofua	Ford Foundation – West Africa Office
Hendrica Okondo	World YWCA
Ivens Reis Reyner	International Youth Coalition for Sexual and Reproductive Rights
Jane Ferguson	WHO
Kelly Thompson	International Federation of Medical Students Associations IFMSA
Lakshmi Sundaram	Girls not Brides Global Partnership
Michelle Hindin	Department of Population, Family and Reproductive Health, Johns Hopkins University
Rita Badiani	Pathfinder-Mozambique
Satvika Chalasani	UNFPA
Shireen Jejeebhoy	Poverty, Gender, and Youth Program, Population Council
Yemurai Nyoni	Youth 4 CARMMA

Advisory Group on ensuring women's and children's health is reflected in post-2015 development agenda (includes members of the expanded group)

Advisory Group on ensuring women's and children's health is reflected in post-2015 development agenda	
Name	**Organisation**
Agnes Soucat	African Development Bank
Anuradha Gupta	Ministry of Health and Family Welfare of India
Barbara Kloss Quiroga	Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)
Diah Saminarsih	Office of the Special Envoy of the President of the Republic of Indonesia for MDGs
Francesco Aureli, Patrick Watt, Lara Brearley	Save the Children
Geeta Rao Gupta	UNICEF

Advisory Group on ensuring women's and children's health is reflected in post-2015 development agenda	
Name	**Organisation**
Gillian Mann	UK Department for International Development
Guido Schmidt-Traub	Sustainable Development Solutions Network
Jennifer Requejo	Countdown to 2015
Jill Sheffield	Women Deliver
Joško Miše	International Medical Students Association
Julian Schweitzer	Results for Development
Kate Eardly	World Vision UK
Kate Gilmore	UNFPA
Liliana Hisas	Universal Ecological Fund
Lola Dare	CHESTRAD
Maria Neira	WHO
Miguel Pestana	Unilever
Sharon d'Agostino	Johnson and Johnson.
Susan Myers	UNF
Tariq H. Cheema	World Congress of Muslim Philanthropists
Tinuola Taylor	Federal Ministry of Health of Nigeria,
High Level Panel – NY Mission of Liberia and Magda Roberts, Adviser to Mrs Machel	
Open Working Group – NY Missions of: China, India, Colombia, Brazil	

Advisory Group for the 2013 Report on the Implementation of Commitments to the Global Strategy

Advisory Group for the 2013 Report on the Implementation of Commitments to the Global Strategy	
Name	**Organisation**
Geoff Black (Chair)	Foreign Affairs, Trade and Development Canada
Rebecca Affolder	Executive Office of the UN Secretary-General
Ann Starrs and Martha Murdock	Family Care International
Peter Berman	Harvard School of Public Health
Julia Bunting	International Planned Parenthood Federation
Joy Lawn	London School of Hygiene & Tropical Medicine
Lene Lothe	Norwegian Agency for Development Cooperation
Julian Schweitzer	Results for Development
Louise Holly	Save the Children

Advisory Group for the 2013 Report on the Implementation of Commitments to the Global Strategy	
Name	**Organisation**
Richard Horton	The Lancet
Nel Druce	UK Department for International Development
Jane Ferguson and Tessa Tan-Torres	World Health Organization
Stefan Germann	World Vision International

PMNCH Financing Harmonisation Group for RMNCH Initiatives

PMNCH Financing Harmonisation Group for RMNCH Initiatives	
Name	**Organisation**
Ann Starrs	Family Care International
Benedict David	Government of Australia
Geeta Rao Gupta	UNICEF
Hong Wang	Bill & Melinda Gates Foundation
Joy Lawn	London School of Hygiene & Tropical Medicine
Kate Gilmore	UNFPA
Lola Dare	CHESTRAD
Neema Rusibamayila	Government of Tanzania
Nicole Klingen	World Bank
Rachel Wilson	PATH
Santiago Cornejo	GAVI Alliance
Sylvia Mulinge	SafariCom
Tinu Taylor	Government of Nigeria
Vincent Snijders	Government of Netherlands
Wolfgang Holzgreve	University Hospital Bonn

Global Investment Framework – Study Group / Advisory Panel

Global Investment Framework – Study Group / Advisory Panel	
Name	**Organisation**
Tedros Adhanom Ghebreyesus	Honourable Minister of Foreign Affairs, Ethiopia
Kenneth Arrow	Stanford University, CA, USA
Sir Sabaratnam Arulkumaran	President, International Federation of Gynaecology and
Obstetrics	
Elena Baybarina	Government of Russian Federation,

Global Investment Framework – Study Group / Advisory Panel	
Name	**Organisation**
Seth Berkley	GAVI Alliance
David Canning	Harvard School of Public Health, MA, USA
Ray Chambers	UN Special Envoy for Malaria and UN Special Envoy for Financing of the Health Millennium Development Goals
C O Onyebuchi Chukwu	Honourable Minister of Health, Nigeria
Mariam Claeson	Bill & Melinda Gates Foundation
Robert Clay	USAID
Jamie Cooper-Hohn	Children's Investment Fund Foundation
Lola Dare	Centre for Health Sciences Training, Research and Development
Benedict David	Department of Foreign Affairs and Trade, Australia
Frances Day-Stirk	International Confederation of Midwives
Mark Dybul	Global Fund to Fight AIDS, Tuberculosis and Malaria
Jane Edmondson	UK Department for International Development
Helga Fogstad	Norwegian Agency for Development Cooperation
Julio Frenk	Harvard School of Public Health, MA, USA
Kate Gilmore	UNFPA
Tore Godal	Government of Norway
Catherine Gotani Hara	Honourable Minister of Health, Malawi
Geeta Rao Gupta	UNICEF
Richard Horton	The Lancet, UK
Paul Hunt	University of Essex, UK
Diane Jacovella	Department of Foreign Affairs, Trade and Development, Canada
Anders Johnsson	Inter-Parliamentary Union
Nila Moeloek	Office of the President of the Republic of Indonesia, Indonesia
Patricia Moser	Asian Development Bank
Anders Nordstrom	Government of Sweden, Sweden
Robert Orr	Executive Office of the Secretary-General, UN
Ariel Pablos-Mendez	USAID
Joy Phumaphi	African Leaders Malaria Alliance
Peter Piot	London School of Hygiene and Tropical Medicine, UK
Carolina Schmidt	Honourable Minister-Director of the National Women's Service, Chile
Bernhard Schwartlander	UNAIDS
Julian Schweitzer	Results for Development
Awa Marie Coll Seck	Honourable Minister of Health, Senegal

Global Investment Framework – Study Group / Advisory Panel	
Name	**Organisation**
Jill Sheffield	Women Deliver
Mustapha Sidiki Kaloko	Commissioner for Social Affairs, African Union Commission
Agnes Soucat	African Development Bank
Ann Starrs	Family Care International
Andrew Steer	World Resources Institute
Boi-Betty Udom	Roll Back Malaria
Cesar Victora	Federal University of Pelotas, Brazil
Sarah Zeid	RH Princess of Jordan