

The Partnership for Maternal, Newborn & Child Health

in support of
Every Woman Every Child



Strategic Plan 2016-2020

 The Partnership
for Maternal, Newborn
& Child Health

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Table of Contents

Acronyms	4
Executive Summary.....	5
A new context: No One Left Behind.....	8
Vision and Mission	12
The Partnership's role in the EWEC Architecture.....	12
How will the Partnership work to accomplish its mission?	14
Alignment, Analysis, Accountability and Advocacy.....	14
Scope and Targets.....	16
Strategic Objectives	18
How were the Strategic Objectives derived?.....	18
Summary of the Strategic Objectives (SOs)	18
Summary of the Partnership's Results Framework	22
References	23
Annex A: Executive Summary of the Global Strategy	24
Annex B: Alignment with the Global Strategy Action Areas.....	26
Annex C: The Global Accountability Framework.....	27
Annex D: The Partnership's Theory of Change	28
Annex E: How the 4 As work together to drive results.....	29
Annex F: Strengthening Partner Engagement	30
Annex G: Deepening impact at country level	31
Annex H: Strategic Plan Development Process.....	32
Annex I: SDGs and targets most relevant to the Partnership's work	33

Acronyms

CoIA	Commission on Information and Accountability for Women's and Children's Health
CRVS	Civil registration and vital statistics
EWEC	Every Woman Every Child
GFF	Global Financing Facility in support of Every Women Every Child
H4+	UNAIDS; UNFPA; UNICEF; WHO; UN Women; World Bank
iERG	Independent Expert Review Group
MDG	Millennium Development Goal
ODA	Official development assistance
PMNCH	The Partnership for Maternal, Newborn & Child Health; The Partnership
SRHR	Sexual and reproductive health and rights
SRMNCAH	Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health
SDG	Sustainable Development Goal
SO	Strategic Objective

Executive Summary

Strategic Plan 2016 - 2020



Our vision

A world in which every woman, child and adolescent in every setting realises their rights to physical and mental health and wellbeing, has social and economic opportunities, and is able to participate fully in shaping prosperous and sustainable societies.

Our mission

To increase the engagement, alignment and accountability of partners, by creating a multi-stakeholder platform that will support the successful implementation of the Global Strategy for Women's, Children's and Adolescents' Health, enabling partners **to achieve more together than any individual Partner could do alone.**

Our focus

The Partnership deploys its **core functions** of **Alignment, Analysis, Accountability** and **Advocacy** in full support of the 2030 Survive, Thrive and Transform targets of the Global Strategy. Over the course of this Strategic Plan, the Partnership will:

- **Accelerate action on the unfinished business of the MDGs**, with a focus on equity to sustain efforts in countries that have fallen behind and to address the most marginalised, excluded and high burden populations and settings;
- **Accelerate action and gather the learning and evidence needed to tackle “frontier” and other critical challenges:** including stillbirths, fulfilling SRHR needs and rights of all, meeting adolescents' unique & varied needs, and inspiring action everywhere, in particular in humanitarian and fragile settings; and
- **Build knowledge and experience with inter-sectoral collaboration** among Partners and related sectors to address the drivers of ill health and inequity.

The Partnership is fully committed to all of the 2030 targets in the Global Strategy. During the life of this Strategic Plan, the focus will be on driving progress on the targets of direct relevance to the continuum of care across sexual, reproductive, maternal, newborn, child and adolescent health:

- Reduce global maternal mortality to 70 or fewer deaths per 100,000 live births [SDG3.1]
- Reduce newborn mortality in every country to 12 or fewer deaths per 1,000 live births [SDG3.2]
- Reduce under-five mortality in every country to 25 or fewer deaths per 1,000 live births [SDG3.2]
- 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

To achieve this progress, the Partnership will necessarily strengthen inter-sectoral outreach and collaboration on other Global Strategy and SDG targets, including but not limited to those that relate to nutrition, water and sanitation, education, and the rights of women and girls.

To pursue these Strategic Objectives

And deliver these
high level
Results



Prioritise engagement in countries

At the service of countries, focusing on populations and places with the highest burden, greatest need and most inequity

Multi-stakeholder processes align partners and most affected communities in inclusive dialogue to shape priorities, financing & programmes in places of greatest need



Drive accountability

Nurture a culture of open accountability to drive purposeful engagement & sustained commitment, tracking progress & holding each other to account

Unified, independent and mutual accountability processes hold partners to account for results, resources and rights with advocacy and follow-up action for impact



Focus action for results

Drive advocacy and share learning to accelerate & focus action and financing to deliver the Global Strategy for results

Policies, programmes & financing deliver outcomes especially for the excluded, marginalised and lagging, sustaining their needs and rights at the centre of the development agenda



Deepen Partnership

Engage & align a broad & inclusive range of Partners to deliver the full ambition of the Partnership for action & accountability

Collective action to drive effective policies, programmes, finance & accountability draws on the strengthened balanced and inclusive engagement of diverse and committed Partners

Monitored through

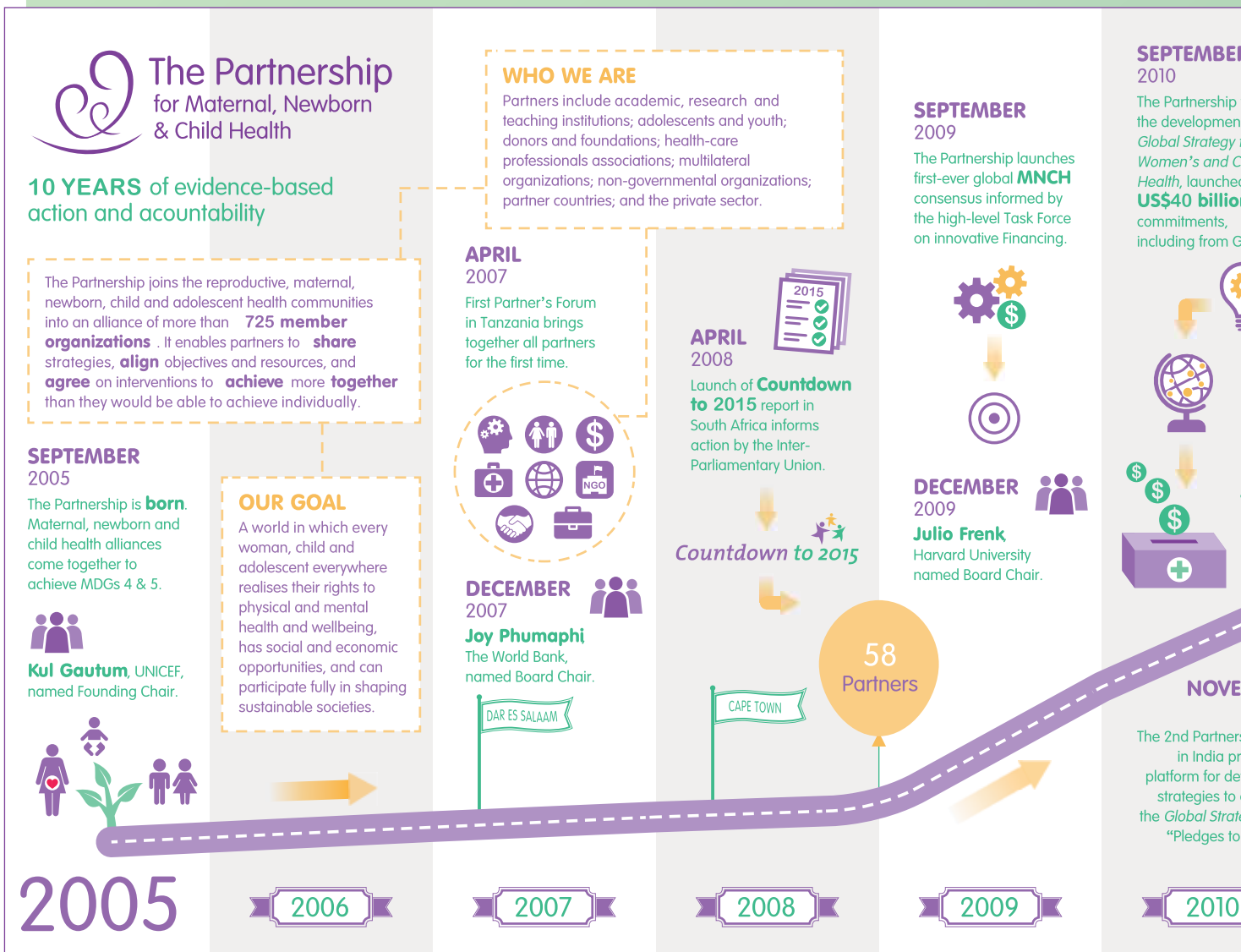
The Strategic Plan is implemented by the Partnership, under the direction of its Board, supported by its Secretariat delivering annual workplans in the context of an overarching Business Plan. During its first two years, opportunities will be taken to review often, learn quickly, and adjust where necessary, to ensure that Partnership objectives remain aligned with country priorities and the emerging global architecture.

Box 1:

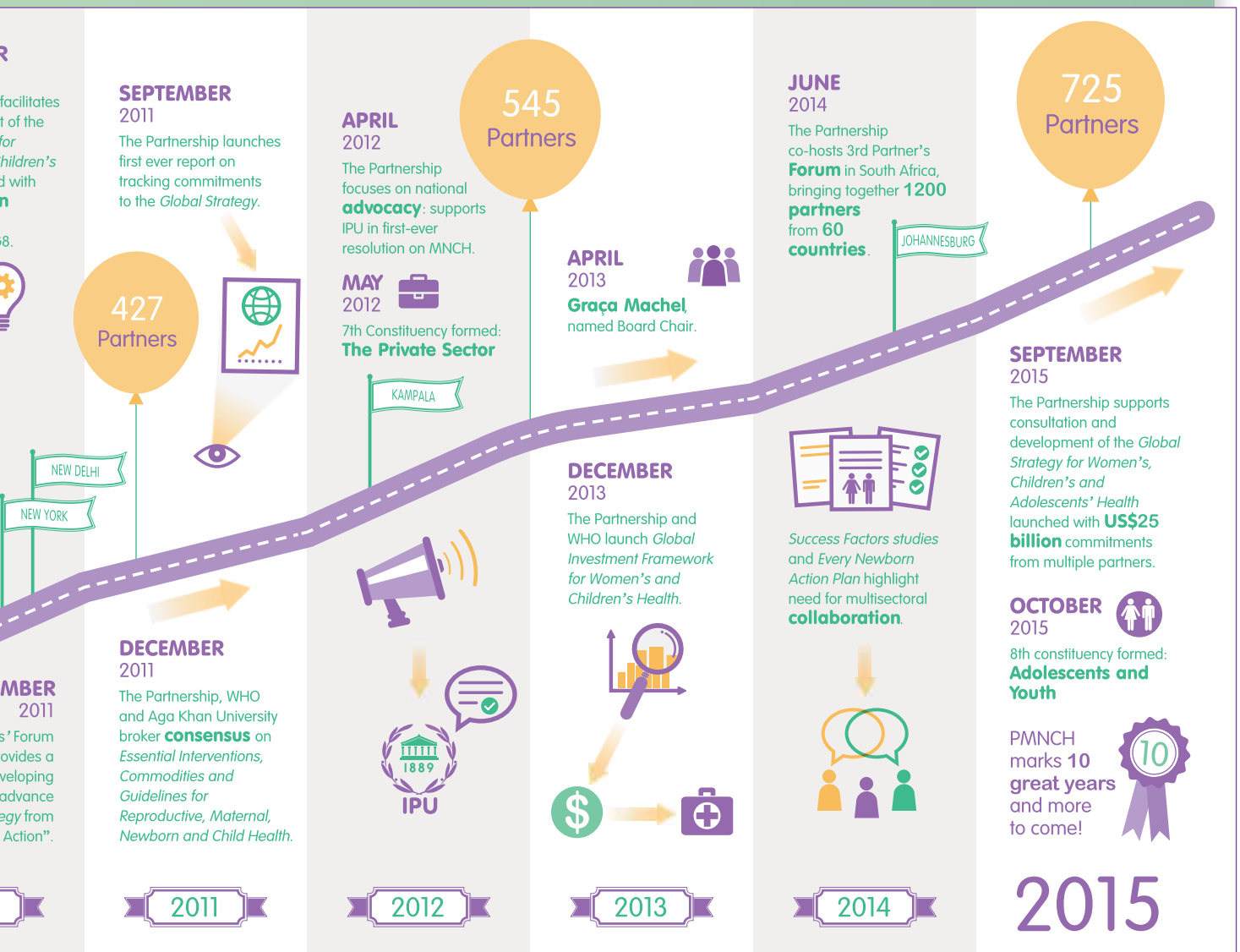
What is the Partnership for Maternal, Newborn & Child Health?

A decade ago, in 2005, the Partnership for Maternal, Newborn & Child Health (PMNCH, the Partnership) was formed on the strength of an idea: that we can achieve more together than any single organisation can achieve working alone. The Partnership joined together the reproductive, maternal, newborn and child health communities into an alliance of 80 Partner organisations in 2005 rising to over 700 Partner organizations in 2015 across seven constituencies: academic, research and training institutions; donors and foundations; health-care professional associations; multilateral organizations; non-governmental organizations; partner governments; and the private sector. An eighth constituency, of adolescents and youth, was incorporated in late 2015.

The Partnership's key achievements



The Partnership's founding mandate was to strengthen alignment and consensus building to support the achievement of the Millennium Development Goals (MDGs), especially 4 and 5, focusing particularly on the importance of delivering the full continuum of care spanning sexual and reproductive health needs and rights of women and adolescents, pregnancy care, safe births, first weeks of life and the early years. Since then, the Partnership has provided an inclusive multi-stakeholder platform for dialogue, action and collaboration in advancement of its vision.



A new context: No One Left Behind



The Partnership for Maternal, Newborn & Child Health is fully aligned with the Every Woman Every Child (EWEC) movement and the Global Strategy for Women's, Children's and Adolescents' Health. We share a vision of a world in which every woman, child and adolescent in every setting realises their rights to physical and mental health and well-being, has social and economic opportunities and is able to participate fully in shaping prosperous and sustainable societies. Collectively, we have the knowledge, the tools, and the capability to achieve this vision. The multi-stakeholder platform created by the Partnership engages, aligns and holds accountable the efforts of all Partners so that together, we can fully harness our collective capability to achieve more than any individual Partner could do alone.

Despite progress, much remains to be done. The collective effort to deliver the MDGs led to gains in lives saved, yet MDGs 4 and 5 (to reduce child and maternal mortality) were not achieved in most countries. Millions of women, children and adolescents are still unable to realise their rights to health and well-being; they cannot access affordable, quality services and care when they need them;¹ and a large number continue to be exposed to harmful practices, violence, gender discrimination and social, economic and political marginalisation.

Inequity within and between countries persists.¹⁻⁵ Little progress has been made in those places and countries with limited governance, or which are experiencing conflict and other forms of humanitarian crisis. More effort is required to address the direct and underlying causes of ill-health and preventable death if we are to reduce inequities between and within countries. Within a generation it is possible to reach global equity, where all countries achieve levels of maternal, newborn and child survival in line with those in richer countries today. This will require sustained and enhanced investment, principally from domestic financing, boosted by international support, to deliver the full range of quality programmes and policies that have the greatest impact.⁵⁻⁸ These efforts will require a better focus on data through investments in civil registration and vital statistics (CRVS) to count everyone and every life, as well as through stimulating the disaggregation of data.

The Sustainable Development Goals (SDGs), adopted by UN Member States in September 2015, set out a global vision for the world we want by 2030.⁹ The updated Global Strategy for Women's, Children's and Adolescents' Health (the Global Strategy, Box 2), launched alongside the SDGs, sets out clear priorities, targets and strategic action areas to end preventable deaths (Survive), ensure health and well-being (Thrive) and expand enabling environments (Transform). This framework (See Annex A) is designed to "complete the unfinished work of the MDGs, to address inequities within and between countries and to help countries begin implementing the 2030 Agenda for Sustainable Development without delay" (pp. 10-11).¹⁰

The SDGs are ambitious and multiple. As efforts are made and outcomes are achieved, priorities for further investment and action will need to be adjusted. Over the lifetime of the MDGs, the world evolved in several important ways. For example, middle-income countries are now providers of capital, technical assistance, and foreign aid, yet simultaneously are home to two-thirds of the world's people living in absolute poverty. In 2014, more than 60 million people were displaced by conflict and 200 million were affected by humanitarian disasters, of whom the majority were women, adolescents and children. The first Global Strategy for Women's and Children's Health pledged to save 16 million lives of women and children, yet only 2.4 million lives have been saved.

Box 2:

The Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)

The **Global Strategy for Women's, Children's, and Adolescents' Health, 2016-2030**, builds on the success of the first Global Strategy for Women's and Children's Health launched in 2010 by the UN Secretary General, which created *Every Woman Every Child (EWEC)*, a powerful multi-stakeholder movement for health.

This updated Global Strategy is much broader, more ambitious, and more focused on equity, applying to all people in all settings, taking a life course approach and recognising that health-enhancing sectors are essential to achieving the goals*. It reflects progress made with the MDGs but recognises the complexity of the challenges remaining: the imperative to address the underlying determinants of health (working cross-sectorally); the urgency of reaching those caught up in humanitarian and fragile settings; and keeping the locus of action in countries. And it places young people and adolescents in the centre of the continuum of care. The Global Strategy aims to enable women, children and adolescents everywhere realise their rights to:

- **Survive:** (by ending preventable deaths);
- **Thrive:** (ensuring health and well-being); and
- **Transform:** (expanding enabling environments).

Implementation will be guided by sequential five-year operational plans, with an Operational Framework being developed under the EWEC architecture. Accountability for action is critical to ensure the right action is taken. A unified global accountability framework will be implemented to monitor progress on delivering resources, results and rights for women, children and adolescents at local, country, regional and global level. An Independent Accountability Panel will collate and analyse information from existing sources to produce an annual State of Women's, Children's and Adolescents' Health report.

* **Annex A** presents the Global Strategy Executive Summary and **Annex C** provides a summary of the Global Accountability Framework, with more detail about the Partnership's role. Read the full Global Strategy here <http://globalstrategy.everywomaneverychild.org/>

Despite these challenges, rapid progress on improving health has never been more achievable. We have a much better understanding of cost-effective health and medical interventions and commodities, including how to encourage and use innovative and low cost approaches, the fundamental links between health and non-health sectors, the importance of adopting a life course approach to health addressing the full continuum of care, public-private partnerships and the value of multi-stakeholder engagement in strengthening health systems. There is increased capacity and more resources at the country level, better progress with strengthening political and economic institutions, much greater communication and knowledge sharing between and within countries, including South-South cooperation, and more porous movement of people, ideas, knowledge, skills and resources. The open data revolution will help drive quality improvement and accountability.

As the Partnership transitions from the MDG era to the 2030 agenda of the SDGs, it retains the vital mandate to engage, align and hold accountable multi-stakeholder action to improve the health and well-being of women, newborns, children and adolescents, everywhere. Using new evidence and building on experience and the lessons learned from its recent evaluation (see Box 3), the Partnership will concentrate on its core strengths - alignment, analysis, advocacy, and accountability - to support the EWEC movement and deliver the updated Global Strategy.

Working together as Partners and by mobilising organisations in different settings and communities, we can achieve the ambitious goals of the Global Strategy, opening new frontiers in critically neglected areas to leave no one behind. Global level commitment continues to be vital to keep sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCAH) high on the agenda, to mobilize sufficient domestic and external resources for innovative, quality services and programmes, and to share best practices. Leaders from all sectors and at all levels must be held accountable for the commitments they make, to achieve results, and to advance and protect rights.

Box 3:

Lessons learned and Evaluation findings

Since its launch, the Partnership has gained vital experience about and insight into its potential as a Partner-centric organisation striving for impact. This Strategic Plan has been shaped by these **lessons learned**, including:

Meaningful country engagement for greater impact requires stronger interface between the Partnership's global-level activities and in-country platforms and processes.

Partnership implies a two-way relationship: The broad, inclusive multi-stakeholder platform is the Partnership's key strength. The Partnership can do more to ensure that being a Partner becomes more meaningful, with quality engagement and contributions fully galvanised.

Prioritisation and purpose: The Partnership has to prioritise carefully in order to balance the breadth required to address the full continuum of care with the depth needed to focus on 'leaving no one behind'.

Knowledge & analysis underpins all that the Partnership does. High quality and rigorous analysis focusing on neglected areas and gaps is highly valued by Partners.

Definition of future success requires clear metrics, outcomes and results which allow the Partnership to monitor and be held accountable for these results.

In response to the **2014 Independent Evaluation**, the Board made the following decisions:

Vision, mission and strategy: Ensure that the 2016-2020 Strategic Plan sharpens and clarifies the Partnership's focus; defines the Partnership's role at the country and regional level; strengthens the role and engagement of Partners; and defines roles and responsibilities.

Governance: Review the Board's composition and decision-making processes; consider options to expand membership and strengthen constituency engagement, especially of Partner governments and the Private Sector; and acknowledge the Partners' Forum as a flagship event.

Operations, monitoring and delivery: Use the Strategic Plan to clarify the roles and responsibilities of the Partnership, Partners, Board and Secretariat.

Performance and impact: Ensure that the Partnership continues to be a "one stop shop" for SRMNCAH knowledge; improve the availability and accessibility of this knowledge; retain and strengthen the Partnership's role in tracking commitments and supporting accountability.

The global agreement around the SDGs and the Global Strategy puts us all in new, unexplored territory. This Strategic Plan sets out the broad strategic priorities and objectives that will direct the work of the Partnership over the next five years (2016-2020), recognizing that the global SRMNCAH landscape will continue to evolve. As countries transition from the MDGs, the Partnership is consolidating its role, building on valuable lessons learned and adjusting its roles and responsibilities. We will review often, learn quickly, and adjust where necessary. During the first two years of this Strategic Plan, the Partnership will identify opportunities to pause, reflect and ensure that its Strategic Objectives are well-aligned with country priorities and the emerging global architecture.



Box 4:

How are Partnership roles defined and used in the strategy?

The Partnership: Used throughout this Strategy to refer to the whole Partnership as an institution, including all its Partners working together, and its governance, funding, technical and administrative bodies. This is a Strategic Plan for the Partnership.

Partners: The organisations working to improve the lives of women, children and adolescents that have joined the Partnership (currently about 700 in number) and who meet periodically. Partners shape, legitimise and deliver the Partnership's objectives and plans, particularly at the country level. They are the core of the Partnership, promoting and contributing to its collective values and action.

Constituencies: The Partners who have joined the Partnership gather together through constituencies, working in similar ways and domains. Currently there are eight constituencies: academic, research and training institutions; adolescents and youth; donors and foundations; health-care professional associations; multilateral organizations; non-governmental organizations; partner governments; and the private sector. Partners work within and across constituencies, with some constituencies organising their own workplans to drive collective action.

The Board: The governing body of the Partnership, the Board is drawn from among its Partners and provides strategy, direction and oversight as well as representing the movement working across the full continuum of care. The Board is chaired by the Board Chair and two Co-Chairs and also works through committees, in particular its Executive Committee, and working groups.

The Secretariat: Providing the technical and administrative functions of the Partnership, the Secretariat is responsible for supporting Partners to work together and for the delivery of activities. It serves the Partnership at large and is tasked by the Board, and its Executive Committee.

Vision and Mission

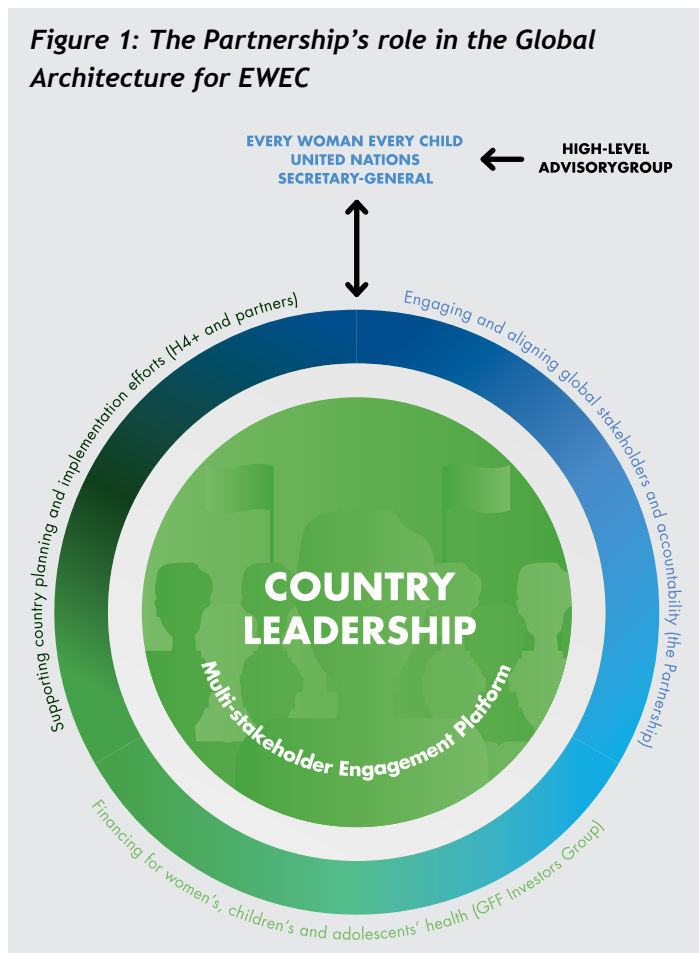
Our vision is a world in which every woman, child and adolescent in every setting realises their rights to physical and mental health and well-being has social and economic opportunities and is able to participate fully in shaping prosperous and sustainable societies.

This is the 2030 vision of the Global Strategy¹⁰ and the EWEC movement¹², reflecting the ambition of the SDGs that leaving no one behind means leaving no one out.

The Partnership's mission is to increase the engagement, alignment, and accountability of Partners, by creating a multi-stakeholder platform that will support the successful implementation of the Global Strategy, enabling Partners to achieve more together than any individual Partner could do alone.

The Partnership's role in the EWEC Architecture

The Partnership acts in support of the EWEC movement, and plays a central role in support of countries by engaging and aligning stakeholders and driving accountability in line with the global health architecture described in the Global Strategy (Figure 1). The EWEC architecture encompasses three key pillars that interconnect and work together to support the delivery of the Global Strategy, through support for country plan development and delivery, financing country plans and partner engagement and alignment. EWEC is led by the UN Secretary-General and supported by a new High Level Advisory Group. The Partnership puts itself at the service of countries, elevating the voices of the most affected communities to the global level, including the marginalised and excluded, enlarging participation in and commitment to the delivery of its targets, and playing a key role in alignment and accountability. There is a strong inter-relationship between the three pillars of the global architecture, and the Partnership plays an active role in support of the others including participation in the Investors' Group of the Global Financing Facility (GFF, Box 5) and through its Partners, which include the H4+ to support country planning and implementation.



Box 5:



The Global Financing Facility (GFF)

The GFF in support of Every Woman Every Child is a new financing platform for the Global Strategy*, launched at the Third International Conference on Financing for Development in July 2015. The GFF combines domestic and international funding, and catalyses innovative support for resource mobilization and delivery, including through the private sector, to provide smart, scaled and sustainable financing in support of country-led investment plans for women's, children's and adolescents' health. The GFF works as a facility that harnesses the strengths and financial resources of a wide array of partners, most importantly countries, that are committed to improving RMNCAH outcomes.

The GFF aims to secure universal access to essential services by supporting:

- **Smart** financing ensuring that **evidence-based interventions are prioritized and delivered** in an efficient, results-focused manner;
- **Scaled** financing, to realize universal coverage in an affordable way through domestic resources, new external support and improved coordination of existing assistance;
- **Sustainable** financing to provide countries with a smooth transition from traditional official development assistance (ODA) to more domestic financing as their economies grow, so they can sustain delivery of essential health interventions.

The GFF started with support from its Trust Fund for four front-runner countries, and identified a further eight second wave countries at the launch in July 2015.

* Read the GFF business plan here:¹¹

<http://pubdocs.worldbank.org/pubdocs/publicdoc/2015/7/598311437686176148/1515268-GFF-Business-Plan.pdf>

How will the Partnership work to accomplish its mission?

Alignment. Analysis. Accountability and Advocacy

In a complex, dynamic and rapidly changing environment, the Partnership engages its Partners and pursues its mission, deploying **four core functions: alignment, analysis, accountability, and advocacy**. These functions are determined by the Partnership's understanding that we achieve more together than any individual Partner could alone.

Alignment

The Partnership builds alignment among and across stakeholders, initiatives, and interests. This is the cornerstone: bringing a range of Partners together to focus on shared goals and objectives, amplifying the impact of the uniqueness of each Partner. The Partnership platform is a space for dialogue and debate around evidence, challenges and policy related to the full continuum of care. The platform encourages alignment of the broadest range of organisations, resources and initiatives to accelerate purposeful action, engagement and delivery at global, regional and local levels.

Analysis

The Partnership undertakes cross-cutting action on evidence and knowledge creation drawing on existing evidence, working to promote discussion and build consensus on emerging and established evidence around best practice; and to disseminate and communicate knowledge and experience. This promotes the use of evidence as the foundation of all strategies, actions and accountability. The multi-stakeholder platform is essential: the Partnership's role in analysis brings together the multiple disciplines and approaches to evidence, facilitates knowledge translation and sharing, builds inclusion in decision-making processes, and supports effective decision making. As a learning organisation, the Partnership works to encourage innovation and continual improvement, and to translate evidence into knowledge.

Accountability

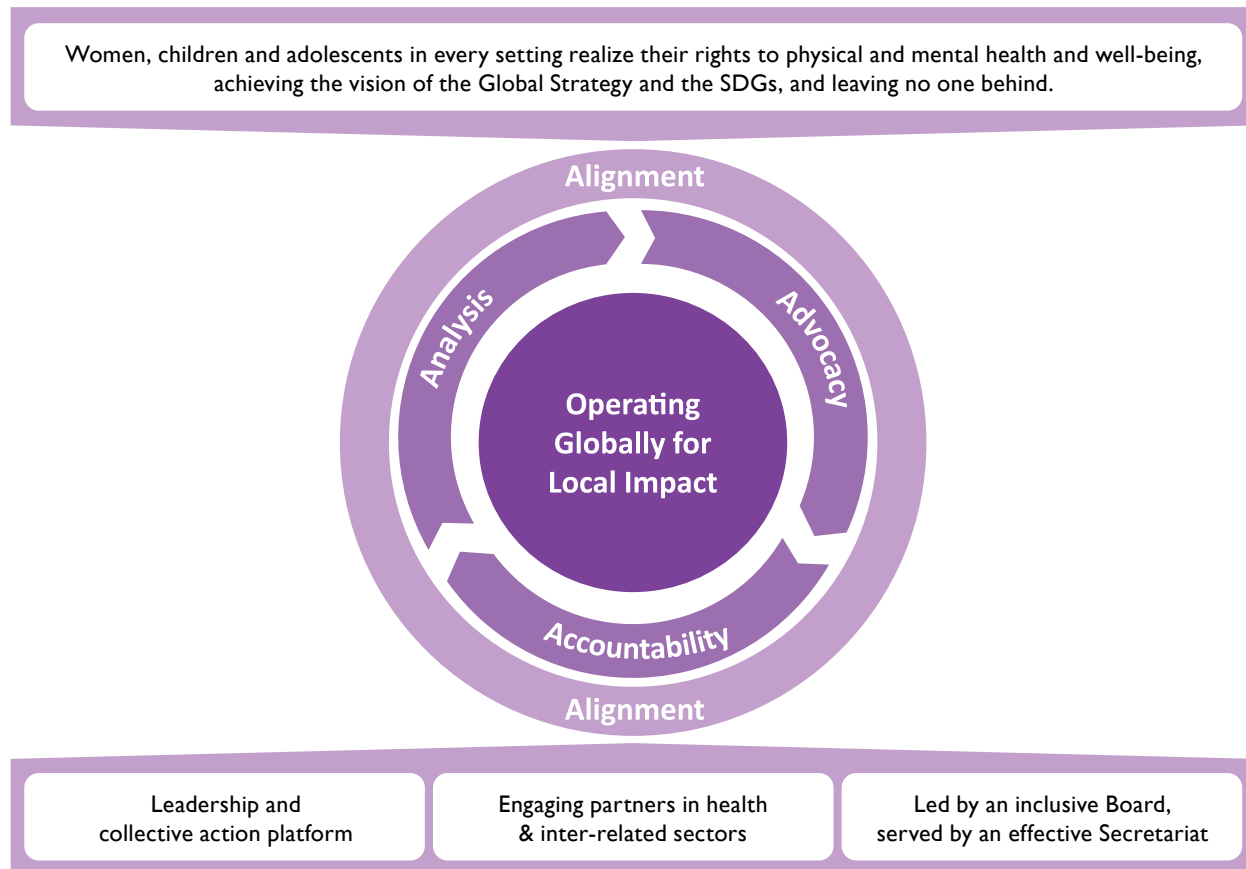
Defined by the Commission on Information and Accountability for Women's and Children's Health as "a cyclical process of monitoring, review and action that emphasises human rights principles of equality, non-discrimination, transparency and partnership", accountability is the dynamic process of tracking resources, results and rights to assess progress against a baseline (something in the past) and/ or against a target (something in the future). Accountability processes are most meaningful when they are rights based, mutual, and as independent as possible. To be most effective the active and meaningful participation of all stakeholders, including citizens, and particularly women and youth, needs to be secured at all stages. The full range of Partners needs to hold themselves and each other to account for commitments made and actions taken.

Advocacy

Advocacy is the vital process of galvanising effort, investment, focus and action in a defined direction, for a clear purpose and to effect change. It can be undertaken by individual Partners, but is most successful when multiple stakeholders align to advocate together, amplifying and nuancing perspectives. It works at several levels from political to community or grassroots but always with the aim to create sustainable change, increase knowledge and share experiences, strengthen commitment and focus, protect rights and grow participation. To be purposeful, an advocacy agenda and strategy will align partners to advance on a clear set of issues, gaps and challenges identified through a verifiable process, in particular through accountability processes.

Together alignment, analysis, accountability, and advocacy form a reinforcing cycle that continuously drives purposeful action. Figure 2 below shows how this cycle works within the context of the Partnership's mission.

Figure 2: How the four core functions work together



Box 6:

Values and guiding principles

The **core values** of Partnership lie at the heart of the choices and actions the Partnership makes, recognising that to be most effective partnerships must be evidence-led, results-focused, accountable, inclusive, collaborative, and committed to continuous learning and improvement. The Partnership is guided by a set of best practice principles that together underpin all its efforts. These **principles** help delineate the selection of priorities and can be used as a standard against which to test decision-making and choices about Partnership engagement. They include:

- A commitment to the continuum of care and life-course approach
- Country ownership and leadership
- Equity within and between populations
- The promotion and protection of human rights
- The promotion of gender equality
- Equal voice and engagement of Partners

Scope and Targets



The Partnership fully supports all the targets set out in the Global Strategy. Mobilising its diverse network of partners, and through its core functions (*Alignment, Analysis, Accountability, and Advocacy*), the Partnership aspires to contribute to all the targets set out under the Global Strategy's three objectives - Survive, Thrive and Transform - and to pay particular attention to lagging, marginalised, and excluded populations and those in humanitarian, conflict and fragile settings.

Drawing on its foundations, the Partnership continues to be oriented by and focused upon the improvement of the health and well-being of all women, newborns, children and adolescents everywhere. As such, and in all that it does, the Partnership will be driven by an urgency and ambition to:

- ▶ Reduce global maternal mortality to 70 or fewer deaths per 100,000 live births [SDG3.1]
- ▶ Reduce newborn mortality in every country to 12 or fewer deaths per 1,000 live births [SDG3.2]
- ▶ Reduce under-five mortality in every country to 25 or fewer deaths per 1,000 live births [SDG3.2]
- ▶ 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.

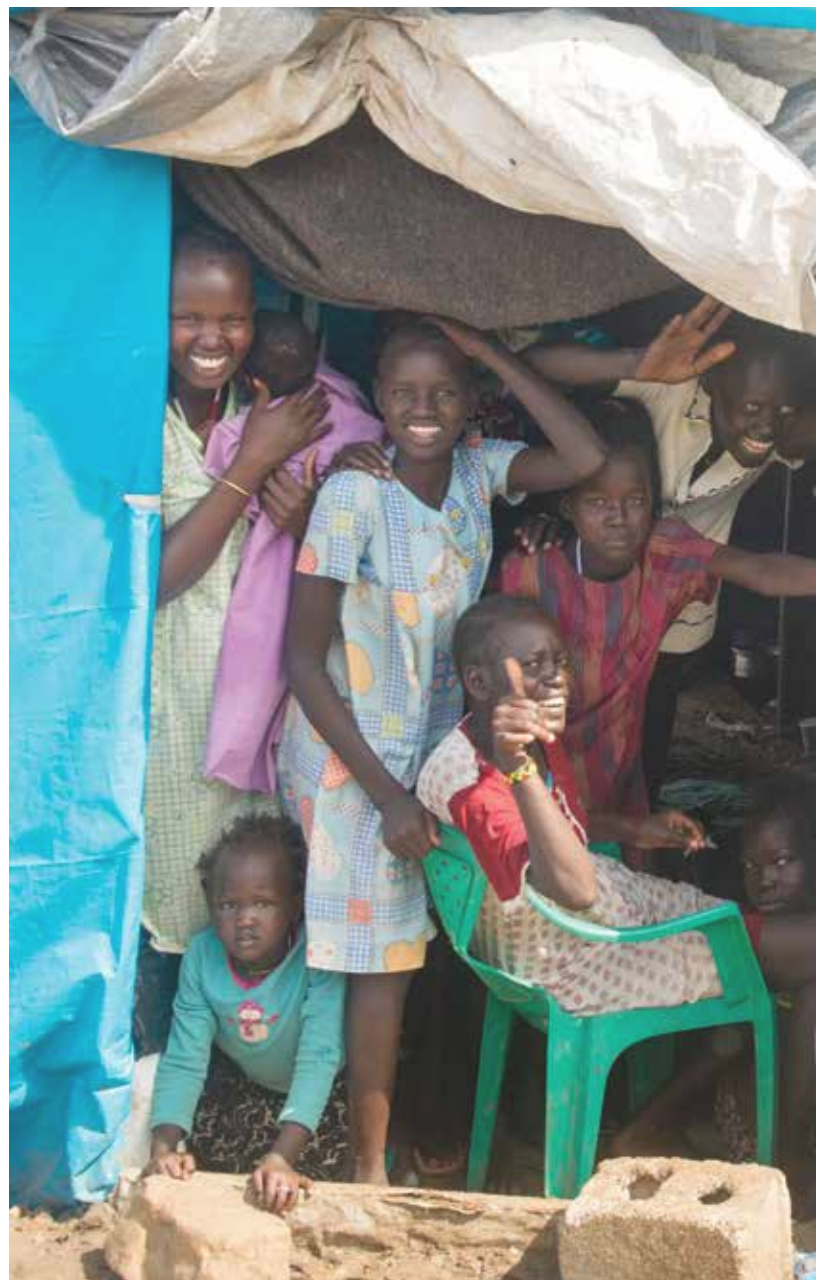
As the Global Strategy articulates, there is robust evidence to show that the achievement of these outcomes will require transformation in the lives of women, adolescents and children beyond the health sector. The evidence shows that ending preventable deaths and improving health will require substantial progress on many other SDG targets. Nutrition, for example, is inextricably linked to the survival and health of women, children and adolescents in a number of ways across the continuum of care and has intergenerational consequences. Especially where nutrition outcomes depend on health platforms (at facility and community level), the Partnership will need to ensure it is ready and able to provide support. Nutrition is a crucial corollary of health, and there are many other related areas as well, including actions to:

- ▶ Eliminate all harmful practices and end discrimination and violence against women and girls
- ▶ Eliminate early and forced marriage
- ▶ Achieve universal and equitable access to safe and affordable drinking water and to adequate sanitation and hygiene

Therefore, as needed, and periodically agreed, the Partnership will engage with other ‘beyond-health’ areas to advance its work on these core targets, and taking country priorities into account. The Partnership will maintain a state of continued flexibility, learning and adaptation as it strives to evolve its role. It will also gather evidence on working inter-sectorally, as well as how best to have impact in humanitarian and fragile settings. It will increase learning about working with, among and for adolescents and young people. An early review of the Strategic Plan (within 24 months) will provide an opportunity to reflect on the evidence and adjust the Partnership’s approach as needed.

This is a critical time of transition from the MDGs to the SDGs. The Partnership’s ambition over the next 15 years will be driven by the imperative to ‘*Leave no one behind*’. In line with its commitment to this fundamental equity objective, **over the 2016-2020 strategic period** the Partnership will focus particular attention on strategies, tactics and actions that:

- (a) **Accelerate action on the unfinished business of the MDGs** with a clear focus on equity, to sustain efforts in countries that have fallen behind and to address the most marginalised, excluded and high burden populations and settings;
- (b) **Accelerate action and gather the learning and evidence needed to tackle “frontier” and other critical challenges:** including stillbirths, fulfilling the sexual and reproductive health and rights (SRHR) of all, meeting the unique and varied needs of adolescents and youth, and inspiring action everywhere, in particular in humanitarian and fragile settings; and
- (c) **Build knowledge and experience with inter-sectoral collaboration** among Partners and related sectors to address the drivers of ill health and inequity.



Strategic Objectives





To achieve these targets, the Partnership has agreed four strategic objectives. These set direction and identify the results that the Partnership will reach for in the first 5 years of the Global Strategy, aiming to achieve more together than any individual Partner could do alone.

How were the Strategic Objectives derived?

The strategic objectives of the platform are shaped by its core functions, bounded by its values and guiding principles, and respond to the SDG imperative to leave no one behind. The strategic objectives have been identified as those where collective action is most needed to drive efficiency and effectiveness. This core value directly drives each strategic objective. For example -

- Resources can be allocated more efficiently and effectively when they are aligned and considered collectively
- Mutual accountability is only possible at a common table where partners are willing and empowered to hold each other to account
- Advocacy is far more effective with a shared purpose, a common message and multiple voices
- The power of any partnership is strengthened by its diversity and the inclusion of all voices

Summary of the Strategic Objectives (SOs)

 <p>Prioritise engagement in countries</p> <p>SO 1: Working through its network of partners, put the Partnership at the service of countries, focusing especially on the populations and places where the burden is highest, the need greatest, and inequity most acute.</p> <p>Strengthen multi-stakeholder platforms and processes to align partners and financing to deepen commitment to the health outcomes of women, children and adolescents, promoting equity and human rights in every setting.</p>	 <p>Drive accountability</p> <p>SO 2: Nurture a culture of open accountability among all Partners, including adolescents and youth, championing purposeful engagement and a robust, sustained commitment to tracking progress and holding each other and ourselves to account for delivery of the Global Strategy. Coordinate the Global Accountability Framework, support the Independent Accountability Panel and put into action recommendations from its annual report on the “State of Women’s, Children’s and Adolescents’ Health”.</p>	 <p>Focus action for results</p> <p>SO 3: Drive advocacy and share learning to shape sub-national, country, regional and global efforts of Partners to</p> <ol style="list-style-type: none"> (a) ensure the full financing and implementation of the Global Strategy, (b) sustain momentum and complete the unfinished business of the MDGs, (c) expand commitment to frontier issues and promote action on health in related sectors inspiring action everywhere, particularly in vulnerable, fragile and humanitarian settings. 	 <p>Deepen partnership</p> <p>SO 4: Deepen the meaningful engagement of Partners by aligning incentives with contributions to strengthen collaboration, by identifying and recruiting Partner organisations whose voices are missing from the dialogue - for example, among adolescents and youth, and by expanding the Partnership purposefully, to be fully inclusive, balanced across constituencies and geographies to deliver the full ambition of the Partnership.</p>
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SO 1: Prioritise engagement in countries

The Partnership will be at the service of countries, focusing especially on the populations and places where the burden is highest, the need greatest, and inequity most acute.

The Partnership supports the development and strengthening of multi-stakeholder processes and platforms, and defines best practices for these processes to amplify sub-national, national and regional voices, to foster inclusivity of diverse Partners and to facilitate dialogue and alignment among the broadest range of stakeholders at global, regional, national and sub-national levels to align around country-led actions and priorities.

Governments create and lead the necessary policy, prioritization and delivery environment. However, countries are more than their governments. Through its Partners, the Partnership creates an inclusive environment and facilitates dialogue and interaction among different stakeholders from across the SRMNCAH and health-enhancing sectors at all levels to build alignment and strengthen the agenda for action in countries. The participation and cooperation of a broad and inclusive range of stakeholders is vital to success, to drive evidence-led policies, programmes and financing; to support advocacy for equity and human rights, and to strengthen independent and mutual accountability.

The Partnership will focus on countries and settings with the greatest need during this Strategic Plan with the aim that by 2030, all countries will have fully operational multi-stakeholder processes that help build the resilience of health systems and expand the delivery of universal SRMNCAH health coverage to everyone, everywhere.

Box 7:

Country views about Partnership engagement

Country partners identified the following areas where the Partnership's engagement could add value:

- **Promote mutual accountability**, by facilitating alignment on Global Strategy reporting requirements or tracking implementation of SRMNCAH interventions
- **Promote multi-sectoral platforms** to foster coordination, share knowledge and experience, align country partners around common objectives, and reduce duplication of effort
- **Support the mobilisation of resources** for countries in need
- **Facilitate high-level advocacy** on priority topics, including adolescent health, unfinished MDG agenda, transitional and conflict-affected countries, data management systems
- **Facilitate alignment on prioritisation of countries** which are lagging behind, to draw lessons and design remedial strategies
- **Promote country leadership** and ownership of development programmes
- **Broker SRMNCAH negotiations** between countries and international stakeholders on policy, programming and financing
- **Assist development of country-level SRMNCAH strategies** through knowledge and evidence



SO 2: Drive accountability

Effective accountability processes drive continuous improvement. Robust accountability begins with the commitments that Partners make to each other and to the people they aim to serve. Accountability requires an open, transparent forum in which Partners and stakeholders hold themselves and each other accountable for their commitments, actions and the results that follow. The Partnership will nurture a culture of open accountability among its Partners to drive purposeful engagement and sustained commitment.

The Partnership will drive accountability efforts in three different ways. Firstly, it will take on a formal role in the Global Strategy architecture, by coordinating the Global Accountability Framework (Annex C),¹⁵ and aligning accountability efforts. This will include the provision of support for the Independent Accountability Panel (IAP). The Partnership will also work more broadly and in various ways to foster and champion the accountability of duty bearers to rights holders including through citizen voice. The Partnership will support processes and products that promote accountability and equip partners and stakeholders to engage, including through contributing evidence to the IAP, making use of, and commenting on, the IAP's findings and recommendations. The Partnership will also ensure it is held to account for its own delivery of agreed plans, commitments, value for money and contribution to results.

In line with its formal role, and at the request of the global SRMNCAH community, the Partnership will support the IAP which will prepare an annual accountability report on the State of Women's Children's and Adolescents' Health providing a comprehensive synthesis of the implementation of the Global Strategy at country, regional and global levels, focusing on resources, results and rights. The accountability cycle (monitor-review-act) will identify where (and why) there is progress and requires Partners and stakeholders to regularly recalibrate and focus their efforts to address gaps, promote continuous learning, and respond to emerging evidence or challenges. The Partnership will focus its advocacy around the findings of these accountability processes, and will identify opportunities to ensure that remedial action is taken.

Box 8:

Global Accountability processes

Global accountability for the implementation of the Global Strategy will be brought together in a unified framework (Annex C). This framework emerges from and has been informed by the global accountability processes of the past five years, namely:

The Commission on Information and Accountability for Women's and Children's Health (CoIA) was convened in 2010 to track resources and monitor results in support of MDGs 4 and 5. It defined accountability as a cyclical process aimed at learning and continuous improvement and involving three principal stages: **monitor, review and act**. The CoIA placed the focus for action "soundly where it belongs: at the country level" but acknowledged that accountability is the responsibility of all partners and spans across the local, country, regional and global levels.

One of the recommendations of the CoIA was the establishment of the **independent Expert Review Group (iERG)** to function between 2012 and 2015. The remit of the iERG was to focus on the results and resources related to the Global Strategy and on progress in implementing CoIA's recommendations. The updated Global Strategy sought to build on these global accountability arrangements by developing a unified approach. This was designed to facilitate countries to identify specific targets, to extend monitoring and review to include the realization of health related rights, to ensure links to strengthening information systems and to improve unified data collection and transparency.

Read more at:

www.who.int/life-course/partners/global-strategy/accountability-report-2015-no-isbn.pdf?ua=1

and www.everywomaneverychild.org/accountability/independent-expert-review#sthash.wHu75P7B.dpuf



SO 3: Focus action for results

The Partnership will drive advocacy and share learning to accelerate and focus action for results through the financing and delivery of policies, programmes, services and care from an ever-growing number and range of Partners. This focus on action for results will be designed to support sub-national, country, regional and global levels to deliver the goals of the Global Strategy through effective advocacy and sharing learning in the areas that will achieve most impact.

The Partnership will do this with a focus on equity, the most vulnerable and marginalised, those in difficult or challenging contexts, including humanitarian, conflict-affected and fragile settings. The Partnership will adjust its approach in response to the findings from accountability processes to prioritise actions which ensure that women, children and adolescents remain at the heart of the global development agenda, and have their rights and needs met.

Recognising the substantial impact of health-enhancing sectors on maternal, newborn, child and adolescent health, the Partnership will engage across sectors, including through the Alliance of Alliances to identify links and opportunities to work together,¹² and advance the 2030 Agenda to secure smart and effective investments through shared learning, advocacy and action for results. This will not mean expanding the scope of the Partnership, or recruiting Partners from other sectors during the life of this Strategic Plan. Rather this will involve securing a human rights-based, people-centred approach that locates “health in all policies”, to reflect the broader determinants of health and health inequalities, through galvanising linkages and action with nutrition, water and sanitation, gender empowerment, education and other related sectors.



SO 4: Deepen partnership

The Partnership will engage, include and align a broad range of Partners for action and accountability to deliver the Global Strategy. The Partnership is, and will continue to be, the platform through which the whole movement comes together. Diversity, scale, balance and meaningful engagement are central to the strength of the Partnership fostering collective action and energising the EWEC movement. The Partnership will scale up and build momentum throughout the life of this Strategic Plan, engaging more Partners in this effort, focusing on balance, depth and quality of contributions across the range of Partners, and with a particular focus on those Partners that have the greatest impact at country level, as well as those focused on equity and rights.

The Partnership will bring together and elevate voices engaged in SRMNCAH in a purposeful way and across all constituencies. The voices of the most marginalised and excluded, including those of adolescents and youth, will be brought to the centre of the Partnership; they are critical to delivering the Global Strategy and will keep it forward leaning. The core of the Partnership is inclusivity and Partners will be supported to maintain strength through balance and a focus on maximising the distinct contribution of each partner.

Recognizing the critical value of the private sector, the Partnership will build structures and processes to strengthen the participation and influence of partners from all elements within the private sector in order to harness private sector value.

The approach to Partner engagement and recruitment will identify clearly defined benefits and expectations of being a Partner; create space for key voices perceived as absent or disenfranchised in the movement - starting with adolescents and youth; and leverage best practices and lessons learned in the continuous cycle of building and improving local multi-sectoral platforms. (See Annex F for a fuller approach to Partner engagement).

Summary of the Partnership's Results Framework*

Overarching results by Strategic Objective



Prioritise engagement in countries

Multi-stakeholder platforms and processes, align all stakeholders and most affected communities in ongoing inclusive dialogue and planning to shape priorities, policy, financing; programme decision-making in countries and places with the highest burden and need.



Drive accountability

Unified, independent and mutual accountability processes and platforms hold all partners to account for results resources and rights, building accountability by duty bearers to rights holders, and driving advocacy and action for impact.



Focus action for results

Programmes, policies and financing deliver health and well-being outcomes for women, newborns, children and adolescents, especially the marginalised, excluded and those lagging behind, sustaining their needs and rights at the centre of the development agenda.



Deepen Partnership

Collective action to drive effective policies, programmes, finance and accountability draws on the strengthened balanced and inclusive engagement of diverse and committed Partners.

High level activities and outcomes by Strategic Objective

Stronger, more inclusive decision-making and priority setting in country platforms engaging a wider range of voices made possible by governance structures that standardise and optimise inclusive, balanced representation and collaboration.

Enhanced capacity for multi-stakeholder participation, alignment and action at country, regional and global levels including the identification, synthesis and dissemination of replicable best practices to facilitate the implementation of effective multi-stakeholder partnerships in countries.

Windows of opportunity identified and effectively pursued to sustain and deepen commitment, address bottlenecks and strengthen accountability through multi-sectoral dialogue and action.

Strategic links made with other sectors (and across the SDGs) to support comprehensive efforts to invest in health outcomes in women, children and adolescents.

Increased capacity, willingness and expectation to strengthen mutual accountability year on year (at global, regional, country and sub-national levels).

Holistic, unified global accountability framework, with multi-stakeholder inclusion and participation, focused on equity, and driving action and redress.

Independent Accountability Panel established, and producing widely-read and acted upon annual reports on the State of Women's Children's and Adolescents' Health that track results, resources and rights and focus action.

Accountability processes lead to remedial action (and follow-up monitoring) focused on leadership, policy, commitment, financing, and actions that support results, resources, and rights.

Citizen-led accountability processes championed and in place, especially in high burden and other priority countries and places.

Governance structures and processes in place by end 2016, and functioning effectively throughout the life of the Strategic Plan, to enable the delivery of orchestrated partner responses to the results of a unified global accountability framework.

Domestic and global political and financial commitment and engagement sustained and enhanced at all levels to drive impact.

Knowledge building with associated communication and advocacy to set the agenda, deepen commitment, and strengthen dialogue around emerging priorities and new or challenging contexts.

Advocacy based on accountability findings drives stronger impact, and facilitates "redress".

Advocacy focused on equity, leaving no one behind, and focusing action and policy to enhance impact, particularly in humanitarian and conflict affected settings.

Analysis, advocacy and alignment around inter-sectoral challenges that have a significant and measurable impact on health, delivering on the unfinished business of the MDGs and the Global Strategy agenda of Survive, Thrive and Transform

The newly formed 'Alliance of Alliances' supports inter-sectoral knowledge building, communication, coordination and cross-sectoral accountability opportunities to enhance delivery of the Global Strategy objectives.

Clear articulation of agreed entry criteria for participation in the Partnership, to be agreed and implemented in 2016.

Execution of a targeted, data-driven and balanced Partner engagement strategy rooted in the delivery of shared value.

Successful and balanced recruitment of representative voices across constituencies to enable equitable, inclusive dialogue.

Increasing Partner satisfaction and participation across the duration of the Strategic Plan and ensuring a balanced partnership base.

Convene Partners regularly across and within constituencies - leveraging existing meetings and conferences where possible - to mobilise, build alignment and plan action on implementation priorities.

* A full results framework will be included in the Partnership Business Plan

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13. The Alliance of Alliances is a forum for collaboration among Partnerships, Associations and Alliance organisations that themselves bring together partners from across a specific sector. The founding organisations are: Energy for All Partnership; Girls not Brides; Global Alliance for Clean Cook Stoves; Global Partnership for Education; Global Water Partnership; International Alliance of Patients' Organisations; International HIV/AIDS Alliance; Let Girls Lead; NCD Alliance; PMNCH; Sanitation and Water for All; Scale Up Nutrition; Together for Girls; Stop TB Partnership.
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Annex A

Executive Summary of the Global Strategy

AT A GLANCE:

THE GLOBAL STRATEGY FOR WOMEN'S, CHILDREN'S AND ADOLESCENTS' HEALTH (2016-2030)

VISION

By 2030, a world in which every woman, child and adolescent in every setting realizes their rights to physical and mental health and well-being, has social and economic opportunities, and is able to participate fully in shaping prosperous and sustainable societies.

OBJECTIVES AND TARGETS aligned with the Sustainable Development Goals (SDGs)



SURVIVE End preventable deaths

- Reduce global maternal mortality to less than 70 per 100,000 live births
- Reduce newborn mortality to at least as low as 12 per 1,000 live births in every country
- Reduce under-five mortality to at least as low as 25 per 1,000 live births in every country
- End epidemics of HIV, tuberculosis, malaria, neglected tropical diseases and other communicable diseases
- Reduce by one third premature mortality from non-communicable diseases and promote mental health and well-being



THRIVE Ensure health and well-being

- End all forms of malnutrition and address the nutritional needs of children, adolescent girls, and pregnant and lactating women
- Ensure universal access to sexual and reproductive health-care services (including for family planning) and rights
- Ensure that all girls and boys have access to good-quality early childhood development
- Substantially reduce pollution-related deaths and illnesses
- Achieve universal health coverage, including financial risk protection and access to quality essential services, medicines and vaccines



TRANSFORM Expand enabling environments

- Eradicate extreme poverty
- Ensure that all girls and boys complete free, equitable and good-quality primary and secondary education
- Eliminate all harmful practices and all discrimination and violence against women and girls
- Achieve universal and equitable access to safe and affordable drinking water and to adequate and equitable sanitation and hygiene
- Enhance scientific research, upgrade technological capabilities and encourage innovation
- Provide legal identity for all, including birth registration
- Enhance the global partnership for sustainable development

HIGH RETURN ON INVESTMENTS

Implementing the *Global Strategy*, with increased and sustained financing, would yield tremendous returns by 2030:

- An end to preventable maternal, newborn, child and adolescent deaths and stillbirths
- At least a 10-fold return on investments through better educational attainments, workforce participation and social contributions
- At least US\$100 billion in demographic dividends from investments in early childhood and adolescent health and development
- A “grand convergence” in health, giving all women, children and adolescents an equal chance to survive and thrive

ACTION AREAS



Country leadership

Reinforce leadership and management links and capacities at all levels; promote collective action.



Financing for health

Mobilize resources; ensure value for money; adopt integrative and innovative approaches.



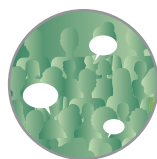
Health system resilience

Provide good-quality care in all settings; prepare for emergencies; ensure universal health coverage.



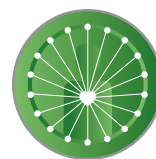
Individual potential

Invest in individuals' development; support people as agents of change; address barriers with legal frameworks.



Community engagement

Promote enabling laws, policies and norms; strengthen community action; ensure inclusive participation.



Multisector action

Adopt a multisector approach; facilitate cross-sector collaboration; monitor impact.



Humanitarian and fragile settings

Assess risks, human rights and gender needs; integrate emergency response; address gaps in the transition to sustainable development.



Research and innovation

Invest in a range of research and build country capacity; link evidence to policy and practice; test and scale up innovations.



Accountability

Harmonize monitoring and reporting; improve civil registration and vital statistics; promote independent review and multi-stakeholder engagement.

GUIDING PRINCIPLES

- Country-led
- Universal
- Sustainable
- Human rights-based
- Gender-responsive
- Evidence-informed
- Partnership-driven
- People-centred
- Community-owned
- Accountable
- Aligned with development effectiveness and humanitarian norms

IMPLEMENTATION

Country-led implementation supported by the Every Woman Every Child movement and an Operational Framework. The power of partnership harnessed through stakeholder commitments and collective action. We all have a role to play.

Annex B

Alignment with the Global Strategy Action Areas

How will the Strategic Plan help the Partnership to deliver the Action Areas of the Global Strategy?

The Global Strategy Action Areas are set out on the left; the components that the Partnership will particularly address are identified on the right. Qualifications are in parentheses.

Global Strategy Action Areas	Partnership contributions
<p>1. Country leadership. Reinforce the links between political and administrative leaders; strengthen leadership and management capacities; develop multi-stakeholder accountability and oversight.</p>	<p>SO1 focuses on this, and all other SOs are geared to support country leadership. The Partnership will use its <i>advocacy, analysis</i> and <i>alignment</i> functions to strengthen and support global and country leadership. The Partnership will play a key role in supporting multi-stakeholder accountability and oversight at country level through the global framework.</p>
<p>2. Financing for health. Mobilize sufficient and sustainable resources; ensure value for money while increasing financial protection for women, children and adolescents living in poverty; adopt integrated and innovative approaches to financing.</p>	<p><i>Advocacy</i>, linked to <i>accountability</i>, will focus on mobilising sufficient and sustainable resources and effective use of these resources. SOs 1 and 2 contribute to supporting domestic and international resource mobilisation in support of national plans.</p>
<p>3. Health system resilience. Equip the health workforce everywhere to provide good-quality, non-discriminatory care; prepare all parts of the health system to cope with emergencies; ensure universal coverage of essential health interventions and life-saving commodities.</p>	<p><i>Knowledge building, dialogue, accountability</i> and <i>advocacy</i> will all be leveraged in support of health system resilience, (and how to implement/ scale-up and to ensure health professional associations are engaged)</p>
<p>4. Individual potential. Invest in childhood and adolescent health and development; support women, children and adolescents as agents for change; remove barriers to realizing individual potential and protect from violence and discrimination.</p>	<p>Inclusive <i>dialogue, knowledge building, advocacy</i> and <i>accountability</i> in support of individual potential.</p>
<p>5. Community engagement. Promote laws, policies and social norms that advance women's, children's and adolescents' health; strengthen inclusive community action that recognizes the roles of different groups; ensure women and girls can fully participate and engage men and boys in health programming.</p>	<p>Strengthen inclusive community action and participation through <i>dialogue, knowledge building, advocacy</i> and <i>accountability</i></p>
<p>6. Multisector action. Adopt a multisector approach to improving health and well-being of women, children and adolescents; build governance and capacity to facilitate multisector action and cross-sector collaboration; monitor the impact of multisector action and cross-sector collaboration on health and sustainable development.</p>	<p><i>Advocacy</i> and <i>knowledge sharing</i> to build governance and capacity to facilitate multisector action and cross-sector collaboration; <i>Accountability</i> and <i>dialogue</i> to monitor the impact of multi-sector action and cross-sector collaboration on health.</p>
<p>7. Humanitarian and fragile settings. Support use of health risk assessments, human rights and gender-based programming to better protect the specific needs of women, children and adolescents in humanitarian settings; fully integrate emergency response into health plans and provide essential health interventions; address gaps in the transition from a humanitarian setting to sustainable development.</p>	<p>Support action to address knowledge gaps and <i>advocate</i> for greater actions and sustained focus on humanitarian and fragile settings.</p>
<p>8. Research and innovation. Invest in a wide range of research, prioritizing local needs and capacities; link evidence to policy and practice. Invest in and nurture the cycle of research, knowledge, policy and programming; test and take innovations to scale.</p>	<p>Build capacity to use research evidence for effective <i>accountability</i> and <i>advocacy</i></p> <p><i>Advocacy</i> and <i>knowledge building</i> to link evidence to policy and practice.</p>
<p>9. Accountability. Harmonize monitoring and reporting; strengthen civil registration and vital statistics; promote multi-stakeholder engagement to Monitor, Review and Act.</p>	<p>Unified <i>Accountability</i> Framework, and related <i>advocacy</i> to harmonize monitoring and reporting; promote multi-stakeholder engagement to Monitor, Review and Act.</p>

Annex C

The Global Accountability Framework

This Annex sets out the Global Accountability Framework, the Independent Accountability Panel and its report, the Secretariat and other aspects of the proposed monitoring and accountability architecture post-2015 (see page 70-73 of the Global Strategy).

The “State of Women’s, Children’s and Adolescents’ Health” annual report and the Independent Accountability Panel

Global accountability for the implementation of the Global Strategy will be brought together in a unified framework. In an effort to harmonize global reporting, minimize the reporting burden on countries and support cost-effectiveness, a comprehensive synthesis report of the **State of Women’s, Children’s and Adolescents’ Health** will be produced using information routinely provided from United Nations agencies and independent monitoring groups. This annual report will be developed in an independent and transparent manner and will provide the global community with the best evidence for progress on women’s, children’s and adolescents’ health towards achieving the Global Strategy objectives and the SDGs. The report will provide recommendations and guidance to all stakeholders on how to accelerate progress for improved health outcomes for women, children and adolescents.

The **Independent Accountability Panel** will take the lead in writing the annual report with support from a small secretariat housed at the Partnership. The annual report should not require additional data collection. Each report will have a theme based on the findings of the previous year’s report and be submitted to the United Nations Secretary-General. Member States and other stakeholders will be encouraged to discuss the report at the High-level Political Forum on Sustainable Development, which will be reviewing progress on the SDGs, the World Health Assembly, meetings of human rights treaty bodies and other high-level political assemblies and events, and to take appropriate actions.

Figure C.1: The Global Strategy’s Accountability Framework



Source: *The Global Strategy for Women’s Children’s and Adolescents’ Health, 2015.*

Annex D

The Partnership's Theory of Change

As a multi-stakeholder platform the Partnership is more than the sum of its parts. The drivers that the Partnership is uniquely placed to influence (and shift) are those where shared attitudes and actions are critical to making a difference. The four Strategic Objectives drive action by the partners working collectively. All stakeholders engaged in delivering results for women, newborns, children and adolescents have choices about when, how, where and for how long they engage. The Partnership effects change through its core functions (alignment, analysis, accountability and advocacy) to shape attitudes and understanding, build and sustain a strong sense of purpose and commitment, and drive alignment and delivery around concrete actions. The integrated functions of the Partnership support the cyclical reinforcement of listening and responding to needs, reinforcing engagement and taking the decision to act. The Theory of Change focuses on this vital element of the results chain.

How the Partnership effects Change

To address the **problem** that millions of women, newborns, children & adolescents across the world are denied their right to live full & healthy lives...

...the Partnership uses its **unique role** to engage through these **drivers**



...and working to **stimulate**



...to prompt purposeful, directed **actions** that



...leading to **fundamental change** in support of the **Global Strategy**



Annex E

How the 4 As work together to drive results

The Success Factors Study is an example of one of the Partnership's achievements in the last five years. The figure below shows how all the four core functions: Alignment, Analysis, Accountability and Advocacy, can be deployed in an integrated way to deliver results. The figure shows the stages of developing the *Success Factors for Women's and Children's Health: Multi-sector Pathways to Progress* study, from the origin of the idea to development, delivery, and (in anticipation) follow-up.

Figure E.1: Success Factors study - How the Partnership uses the four core functions to achieve more through its partners



Annex F

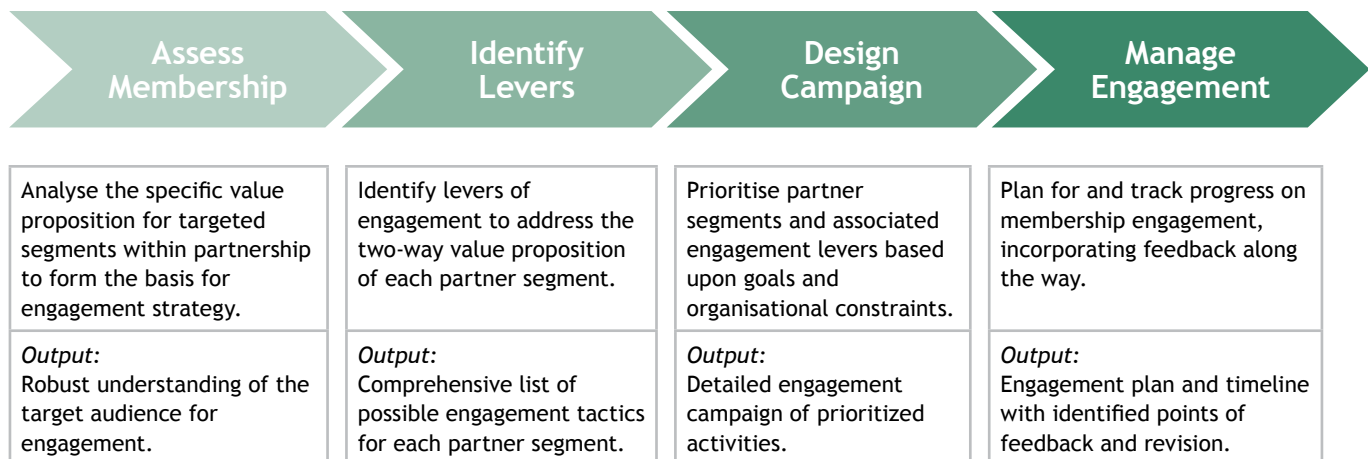
Strengthening Partner Engagement

The successful delivery of the Strategic Objectives will rely heavily on increased engagement of Partner organizations, participating in decision-making and coordinated action. As the Partnership drives collaboration in the inclusive, sector-wide EWEC movement, there is also strength in its numbers. Therefore, the Partnership will continue to welcome participating organisations that demonstrate commitment to and alignment with the Global Strategy. Recognising the need to clarify the distinct meaning of what belonging to the Partnership entails, and in line with Strategic Objective 4, the Partnership commits to taking action to advance the following next steps:

1. Define Partner expectations—entry criteria—for participation. For example, to
 - a. Require that Partners formally document a commitment to the Global Strategy in order to participate, or
 - b. Require that Partners sign a simple pledge, or code of conduct.
2. Define, document, and promote Partner benefits to participation in The Partnership
3. Eliminate the option to be affiliated with the Partnership without meeting the entry criteria (signing up)
4. Establish a programme to drive and manage Partner engagement

Once this foundation is established, a structured Partner engagement approach will be designed taking into account diversity of needs and contributions of Partner organisations while also focusing on creating a mutually beneficial experience that is targeted, data driven, and leads to collaboration within and across constituencies.

The ultimate output of this approach will be a simple, targeted set of messages and activities designed to maximise the incentives and contributions of specific clusters of Partner organisations. Engagement does not happen in isolation, but can be thought of as a ‘push’ mechanism to drive participation of Partners in a range of Partnership activities to deliver the Strategic Objectives. In 2016, the Partnership’s Ad Hoc Strategy Group, will also address the ‘pull mechanisms’ to incentivise engagement by strengthening governance processes and structures in ways that will facilitate and catalyse partner engagement.



Annex G

Deepening impact at country level

Reaching the health outcomes anticipated in the Global Strategy will require the full participation and engagement of all constituencies at country and regional levels. The Partnership will work with countries to support engagement in a range of ways, building on its past experience and reaching out through its Partners, to deepen its knowledge of and relationships with both country governments and country-based Partners. How the Partnership can add the most value at the country level will depend on the country and its needs and ambitions. The Partnership's scope to support country outcomes will in part be linked to the changing global architecture of a post-2015 world and the Board will review this regularly, taking advice or inputs from the Executive Committee, the Secretariat and, if requested, a specially convened Partnership Working Group on country engagement. As such, identifying and prioritising country-level actions, collaboration and alignment of Partners will be an important focus of the first two years of the Strategic Plan, to ensure that actions are targeted and orchestrated to have the greatest impact.

Whilst the Partnership does not anticipate opening country offices, the Partnership will maintain a clear focus and line of sight on how its efforts have impact at the local level. The Partnership will mediate its proposed role and activities in each country in line with the Partnership's Strategic Objectives and core functions, building on what is there already, working through its Partners and not overlapping with others.

Priority countries, places and populations: The Partnership will initially prioritise focus on countries, places and populations with the highest burden of unmet need and maternal, newborn and child deaths. The criteria for selecting such countries and the duration of such arrangements would be agreed by the Board, taking into account the proposed approach to working in countries outlined above.

Approaches include:

- (a) **Fostering multi-stakeholder dialogues:** While governments lead and create the necessary policy and delivery environment, the participation and cooperation of a broad range of stakeholders is vital to success. The Partnership will work to support multi-stakeholder engagement at country level through:
 - Advocacy for participation from the widest range of stakeholders;
 - Encouraging multi-stakeholder dialogue in support of the development and delivery of SRMNCAH investment plans, aligned with GFF processes;
 - Strengthening independent and mutual accountability processes;
 - Advocacy for equity and for evidence-led policies, programmes and financing;
 - Communicating knowledge, for example the Success Factors study, to support decision-making and prioritization; and
 - Broadening multi-country, inter-sectoral and cross constituency working.
- (b) **Leveraging Partners to support countries:** The Partnership will use its global leverage to support countries overcome particular challenges by purposefully convening those Partners needed to address a specific country issue.
- (c) **Facilitating two-way dialogue and promoting country and regional priorities** in global action—in particular within the EWEC architecture—to ensure that global processes address country needs.
- (d) **High level championing** of issues, processes or needs in support of continuous improvement and building commitment where needed.

Annex H

Strategic Plan Development Process

The Partnership's Strategic Plan has been developed through a consultative process, incorporating the views of Partners and key stakeholders, as well as the findings and feedback provided through a range of targeted consultations on specific issues. This Annex presents an overview of this process.

Figure H.1: Overview of Strategic Plan development approach and timeline



Date	Key steps
Q4 2014	<ul style="list-style-type: none"> Initial consultations by PWC on developing the Strategic Plan
Q4 2014	<ul style="list-style-type: none"> 2014 External Evaluation findings and the accompanying Board's response
Dec 2014	<ul style="list-style-type: none"> Outcomes of the Board Retreat discussions on the strategic direction
Q1 2015	<ul style="list-style-type: none"> Outcomes of the Executive Committee discussions on the Strategic Plan
Q2 2015	<ul style="list-style-type: none"> Creation of the Ad Hoc Strategy Group to steer the Strategic Plan development process, following May 2015 Board recommendation
May 2015	<ul style="list-style-type: none"> Following recommendations from the May 2015 Board for the Secretariat to consult more intensively with country Partners to understand countries' needs and expectations, the following interactions were held with 39 country representatives:* <ul style="list-style-type: none"> Consultations with ministries of health representatives during the regional consultation on the Global Strategy in South Africa, May 2015 Consultations with ministries of health delegations during the World Health Assembly in Geneva, May 2015 Briefing session for Permanent Missions to the UN in Geneva, June 2015
June 2015	<ul style="list-style-type: none"> The Partnership consulted with all members on its proposed Vision and Mission, Scope, and Values: which served as building blocks for the Strategic Plan
Sept 2015	<ul style="list-style-type: none"> During September, a draft Strategic Plan was shared with all Partnership members for their review and input
Sept 2015	<ul style="list-style-type: none"> Executive Committee and Ad Hoc Strategy Committee joint review of Strategy and Governance
Oct 2015	<ul style="list-style-type: none"> Presentation to the Board
On-going through 2016	<ul style="list-style-type: none"> Conclusion of the governance strengthening process with Board review and decision of ASG recommendations
End of 2017	<ul style="list-style-type: none"> Review of the Strategic Plan and course correction as determined by the Board.







* The 39 Countries were: Afghanistan, Angola, Azerbaijan, Bangladesh, Bhutan, Botswana, Brazil, Burkina Faso, Burundi, Cameroon, Chile, China, Congo, Cote d'Ivoire, Djibouti, Egypt, Ethiopia, Ghana, Haiti, India, Indonesia, Kenya, Mauritania, Mexico, Mozambique, Nepal, Niger, Nigeria, Qatar, Saudi Arabia, Senegal, Sierra Leone, Sudan, Tajikistan, Tanzania, Togo, Uganda, Zambia, Zimbabwe.

Annex I

SDGs and targets most relevant to the Partnership's work

This Annex presents the SDG targets that are most relevant to the Partnership's work.

Table I.1: Detail of 9 SDGs most relevant to the Partnership's work

SDGs	Global Strategy Targets
	<p>1.1 By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than \$1.25 a day</p>
	<p>2.2 By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons</p>
	<p>3.1 Reduce global maternal mortality to less than 70 per 100,000 live births</p> <p>3.2 Reduce newborn mortality to at least as low as 12 per 1,000 live births in every country</p> <p>3.2 Reduce under-five mortality to at least as low as 25 per 1,000 live births in every country</p> <p>3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases</p> <p>3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being</p> <p>3.7 Ensure universal access to sexual and reproductive health-care services (including for family planning) and rights</p> <p>3.8 Achieve universal health coverage, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all</p>
	<p>4.1 By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes</p> <p>4.2 By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education</p>
	<p>5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation</p> <p>5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation</p>
	<p>6.1 By 2030, achieve universal and equitable access to safe and affordable drinking water for all</p> <p>6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations</p>

SDGs Global Strategy Targets



- 9.1** Develop quality, reliable, sustainable and resilient infrastructure, including regional and transborder infrastructure, to support economic development and human well-being, with a focus on affordable and equitable access for all
- 9.2** Promote inclusive and sustainable industrialization and, by 2030, significantly raise industry's share of employment and gross domestic product, in line with national circumstances, and double its share in least developed countries
- 9.3** Increase the access of small-scale industrial and other enterprises, in particular in developing countries, to financial services, including affordable credit, and their integration into value chains and markets
- 9.4** By 2030, upgrade infrastructure and retrofit industries to make them sustainable, with increased resource use efficiency and greater adoption of clean and environmentally sound technologies and industrial processes, with all countries taking action in accordance with their respective capabilities
- 9.5** Enhance scientific research, upgrade the technological capabilities of industrial sectors in all countries, in particular developing countries, including, by 2030, encouraging innovation and substantially increasing the number of research and development workers and public and private research and development spending
- 9.a** Facilitate sustainable and resilient infrastructure development in developing countries through enhanced financial, technological and technical support to African countries, least developed countries, landlocked developing countries and small island developing States
- 9.b** Support domestic technology development, research and innovation in developing countries, including by ensuring a conducive policy environment for, inter alia, industrial diversification and value addition to commodities
- 9.c** Significantly increase access to information and communications technology and strive to provide universal and affordable access to the Internet in least developed countries by 2020



- 10.1** By 2030, progressively achieve and sustain income growth of the bottom 40 per cent of the population at a rate higher than the national average
- 10.2** By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status
- 10.3** Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard
- 10.4** Adopt policies, especially fiscal, wage and social protection policies, and progressively achieve greater equality 14
- 10.5** Improve the regulation and monitoring of global financial markets and institutions and strengthen the implementation of such regulations
- 10.6** Ensure enhanced representation and voice for developing countries in decision-making in global international economic and financial institutions in order to deliver more effective, credible, accountable and legitimate institutions
- 10.7** Facilitate orderly, safe, regular and responsible migration and mobility of people, including through the implementation of planned and well-managed migration policies
- 10.a** Implement the principle of special and differential treatment for developing countries, in particular least developed countries, in accordance with World Trade Organization agreements
- 10.b** Encourage official development assistance and financial flows, including foreign direct investment, to States where the need is greatest, in particular least developed countries, African countries, small island developing States and landlocked developing countries, in accordance with their national plans and programmes
- 10.c** By 2030, reduce to less than 3 per cent the transaction costs of migrant remittances and eliminate remittance corridors with costs higher than 5 per cent



- 17.6** Enhance North-South, South-South and triangular regional and international cooperation on and access to science, technology and innovation and enhance knowledge sharing on mutually agreed terms, including through improved coordination among existing mechanisms, in particular at the United Nations level, and through a global technology facilitation mechanism when agreed upon complemented by multi-stakeholder partnerships that mobilize and share knowledge, expertise, technology and financial resources, to support the achievement of the sustainable development goals in all countries, in particular developing countries

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