PMNCH's Post 2015 Strategy

Note for the Executive Committee

The purpose of this note is facilitate a discussion of key risks and challenges which the Board and the Secretariat may need to address during the preparation of the post-2015 PMNCH strategy. It takes into account some of the findings of the recent external evaluation of PMNCH for the period 2009-13. Given the very short timeline for preparation, the note makes no pretense at being comprehensive. Instead it tries to highlight a few key risks and challenges faced by the Partnership. Its purpose is to stimulate a discussion of strategic options as a basis for a much more detailed examination in the run up to the new Strategy. With the short timeline for preparation, it has not been possible to consult with key respondents.

The PMNCH Partner's Forum in June 2014 was certainly a high point for the Partnership. The forum brought together about 1200 partners and many global health leaders, at a time when numerous other demands were vying for their attention. The Forum demonstrated the considerable success the Partnership has had in advocacy, in mobilizing new partners from the public and private sectors and foundations, in knowledge generation and dissemination and in developing tools for accountability. As the PWC report noted, "PMNCH has achieved significant visibility for the RMNCH cause. PMNCH has established a clear added value in bringing all partners together around a common agenda."

The fact that the Partnership can celebrate its successes makes this a good time to **analyze the risks and challenges going forward**. Some, but not all of these challenges are noted in the PWC evaluation. Over the next few months, a clearer picture will emerge on the post-2015 SDGs, but whatever the final result, the health of women and children will need to remain front and center of development. The following five interconnected risks and challenges are discussed in that context as the Partnership begins the process of preparing the post-2015 PMNCH strategy:

1. **Overall strategy: Comparative advantage in an increasingly crowded RMNCH space.** Despite the best of intentions enunciated at numerous international meetings to increase harmonization and coherence in the global development architecture, new initiatives in RMNCH, not all of which bring new resources to recipient countries, proliferate. The management burden on recipient countries of handling multiple and sometimes overlapping initiatives has probably not been given sufficient attention, although the development partners have recognized the issue at the global level though the creation of new coordination mechanisms such as the RMNCH Steering Committee and through initiating discussions such as on the Global Financing Facility. The linkage between these ad-hoc coordination mechanisms and existing efforts to coordinate and harmonize development resources is unclear. But these new coordinating mechanisms almost certainly add additional complexity to the global RMNCH architecture. *What is PMNCH's role in efforts to harmonize and simplify the global RMNCH architecture? How does is relate to these new initiatives? How does it relate to existing and new global coordinating mechanisms?*

    a. **Strategic focus and unfunded mandates**. The Partnership has in the past demonstrated considerable agility and versatility in responding to new demands and new strategic opportunities. This responsiveness brought PMNCH visibility and reach, but also posed challenges for strategic planning. The continued imbalance between demand and resources is a major risk. The very success of the Partnership in its work on advocacy, knowledge and accountability risks ever broader demand on the Secretariat without commensurate human and financial resources. In theory, it is the Partnership, rather than the Secretariat that should undertake the majority of the agreed work-plan.

In practice, with over 600 partners, many of which have very limited resources of their own, this has proved to be very challenging. *How can PMNCH develop a strategic process that provides the necessary focus, ensures sufficient partner participation, while at the same time preserving the commendable agility to respond to new demands?*

2. **Governance: Voice and participation of different constituencies and sectors**. The PWC report notes that implementing countries appear to have a rather weak voice in PMNCH. While it is quite natural for the donor countries and other funders to have a strong voice in the deliberations of the Partnership, the weak voice of other key groups risks the long-term credibility and relevance of PMNCH. This is particularly the case as many countries transition to middle income status and the importance of donor resources to finance RMNCH services and investments starts to diminish. *How can PMNCH, with limited resources, more effectively engage the low and middle income countries? Can the Partnership help establish country level PMNCHs as suggested at the last Board meeting? PMNCH has developed a set of resources to facilitate multistakeholder engagement in support of country-led health plans, including a Multistakeholder Dialogue Guide.*
   a. As a subset of the discussion on voice and participation, the **BRICS countries** are moving to set up a new investment bank which may in time become an alternative source of development finance for low and middle income countries. *How will the Partnership engage with the BRICS countries, which together contain a large bulk of the world's poor people and the associated burden of disease, but are also emerging as donors to countries and global health institutions?*
   b. **Reaching out to the health enhancing sectors.** Another major challenge for PMNCH will be to broaden the dialogue between the health community responsible for the delivery of RMNCH services and the much broader community engaged in the health enhancing sectors. *Should membership be expanded to include for example representatives from education? How can the Partnership work to ensure that investments in water supply and sanitation are much more closely linked to improved health of the recipient population?*

3. **Knowledge generation and dissemination**. During the last few years, PMNCH has moved successfully into knowledge generation (e.g. through the evidence synthesis on Essential RMNCH interventions, the Policy Compendium, Knowledge Summary series and the Success Factors studies). Knowledge dissemination and facilitating partner consensus on these topics are also key tasks. With its very small Secretariat and resources, there are risks here in terms of over-extension, quality control etc. Choosing a few path-breaking topics for the next strategy period, where PMNCH has a clear comparative advantage and the Secretariat has the necessary skills to manage and oversee the tasks, will be very important. One such example may be to follow up on the Success Factors studies. The SF studies identified that about 50% of the improvements in reducing child mortality in low and middle-income countries since 1990 came from investments and factors outside the health sector. While we now know much more about the range of these investments and factors, we know much less about how to "join up" these health enhancing investments to maximize health outcomes. *Should this be the next phase of knowledge generation on multi-sector inputs? Are there other priority areas where the Partnership has a comparative advantage?*

4. **Advocacy and partner mobilization.** Advocacy has been the cornerstone of the Partnership's work. Highly successful and visible advocacy efforts have included mobilizing support for the UN Secretary-General's Global Strategy for Women's and Children's Health and Every Women Every Child, positioning RMNCH at G8 summits, and the Born too Soon campaign and Every Newborn Action Plan. A majority of the advocacy focused on global events, but there has been some regional focus with the African Union and national focus with national NGO coalitions and budget tracking workshops.

Following the external evaluation's recommendations, *What should be PMNCH's focus or "niche" role in advocacy given the crowded advocacy space with multiple events and partners? How can the advocacy activities of the Partnership link more strongly with the governance, knowledge and accountability activities (currently carried out by different groups of partners and for different events)?*

5. **Enhancing Accountability for RMNCH.** PMNCH has tracked the commitments made to RMNCH since the issuance of the UN Strategy on Women and Children's Health in 2010. This work, while useful, is also time consuming and expensive, relying as it does on the willingness of the development partners to provide information. The response rate has steadily diminished and the utility of continuing this process is questionable. Other organizations monitor resource flows and outcomes and it is not clear that this is a cost-effective use of PMNCH's limited resources. *Should the new strategy revisit the role of the Partnership in accountability?*

The process of preparing the new strategy needs consideration. On the one hand, there needs to be adequate consultation with the partners to ensure ownership. On the other hand, as noted in the PWC report, there is a risk that this process can lead to blurred objectives and accountabilities. In this context, the Executive Committee, representing the full board, has a crucial role to play in ensuring voice to partners, including the countries. The Secretariat will need to use the full panoply of modern communications to ensure adequate feedback, particularly from some of the more silent partners. The proposed Board retreat should discuss the process for preparation of the strategy, as well as the key elements that the strategy should address.