

PMNCH PROGRESS REPORT

2011



ACRONYMS AND ABBREVIATIONS

APHA	Africa Public Health Alliance
CoIA	Commission on Information and Accountability for Women's and Children's Health
EWEC	Every Woman Every Child
HCPA	Health Care Professional Association
GHWA	Global Health Workforce Alliance
iERG	independent Expert Review Group
ICM	International Confederation of Midwives
IPU	Inter-Parliamentary Union
Global Strategy	Global Strategy for Women's and Children's Health
MNCH	Maternal, newborn and child health
NCDs	Non-communicable diseases
NGO	Non-governmental organisation
OVI	Objectively verifiable indicator
PA	Priority Action (for 2011 Workplan)
PMNCH	The Partnership for Maternal, Newborn & Child Health
QoC	Quality of care
RMNCH	Reproductive, maternal, newborn and child health
SO	Strategic Objective (for 2012-2015 Strategic Framework)
WHA	World Health Assembly

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Executive summary

The Partnership for Maternal, Newborn & Child Health (PMNCH) is committed to achieving universal access to high-quality reproductive, maternal, newborn and child health (RMNCH) care and services. The major emphasis in recent years has been on accelerating efforts towards achievement of the Millennium Development Goals – in particular MDGs 4 and 5, which refer specifically to reproductive, maternal and child health and which are not currently on-track for successful implementation.

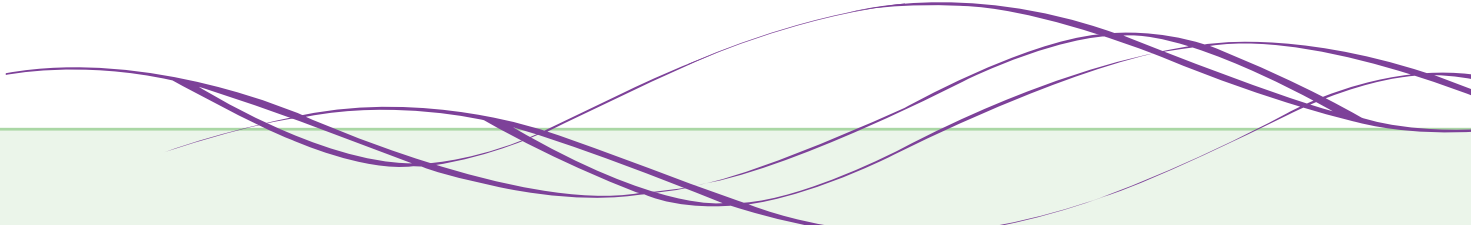
Since its launch in 2005, the Partnership has played a leading role in raising the profile of reproductive, maternal, newborn and child health (RMNCH) among global and national health advocates, donors and policy-makers at all levels. In 2010, it played a vital role in drafting the UN's Global Strategy for Women's and Children's Health. It continued these strong efforts in 2011, working towards ambitious goals and targets and meeting them in most areas.

The year's activities were driven by the 2011 Workplan. This was based in turn on the PMNCH 2009–2011 Strategy, which identified six Priority Actions (PAs) –

- PA 1: Maternal, newborn and child health (MNCH) knowledge management system
- PA 2: MNCH core package of interventions
- PA 3: Securing essential MNCH commodities
- PA 4: Strengthening human resources in MNCH
- PA 5: Advocacy for increased funding and better positioning of MNCH in the development agenda
- PA 6: Tracking progress and commitment for MNCH

The 2011 Workplan identified 20 outputs related to the six Priority Action areas. By the end of the year, the targets and expectations associated with over half of those outputs had been met or exceeded. Most of the remaining outputs were intended to be met over a two-year period and have therefore been carried forward into the 2012 Workplan. All targets associated with those outputs have been partially met and indications suggest that all will be successfully achieved in 2012. (PAs 1, 5 and 6 are fully on-track. Some outputs in the other three PAs due to be met in 2011 have only been partially been achieved. However, all are expected to be achieved in 2012.





Priority Action 1: MNCH knowledge management system

- Output 1:** Mapping of existing knowledge resources, with links integrated into PMNCH website
- Output 2:** Knowledge system and web portal created and sustained
- Output 3:** Knowledge summaries and critical syntheses prepared and key gaps flagged to the PMNCH Board

Priority Action 2: MNCH core package of interventions

- Output 1:** Consensus on quality of care indicators for MNCH
- Output 2:** Gaps identified in research on effectiveness of core packages of interventions at different delivery levels; review of other potentially beneficial interventions for MNCH
- Output 3:** Consensus built on how to scale up implementation of core MNCH packages

Priority Action 3: Securing essential MNCH commodities

- Output 1:** Consensus reached on the supply component of evidence-based MNCH interventions and a basket of essential commodities defined
- Output 2:** Set of tools and guidance material agreed and used by partners for country MNCH commodity supply management
- Output 3:** Sustained supply of quality commodities to developing countries through innovation, efficiency and joint planning

Priority Action 4: Strengthening human resources in MNCH

- Output 1:** Ensure that MNCH aspects of human resources are adequately included in national health plans and human resource plans
- Output 2:** Analysis identified on MNCH content of human resources issues and research commissioned
- Output 3:** National Health Care Professional Associations strengthened and involved in MNCH policies, planning and initiatives at the country level

Priority Action 5: Advocacy for increased funding and better positioning of MNCH in the development agenda

- Output 1:** MNCH clearly prioritized and the health system investments needed to achieve MDGs 4 and 5 identified in key international and national documents and at key events
- Output 2:** Effective channels for funding and innovative ways to increase financial resources for MNCH identified and promoted
- Output 3:** Global advocacy strategy developed and implemented in line with PA 5's objectives, targeting key actors and policy-makers around high-level global events through mobilization and coordination of partners
- Output 4:** Regional and national advocacy strategy developed and implemented, targeting key actors and policy-makers around regional and national events through mobilization and coordination of partners

Priority Action 6: Tracking progress and commitment for MNCH

- Output 1:** Partners' financial commitments to MNCH monitored annually
- Output 2:** Common M&E framework agreed, disseminated and used in high priority countries
- Output 3:** Advocating the use of Countdown to 2015 products and information, and making them publicly available
- Output 4:** Tracking progress on MNCH

Knowledge

- Publication of *Essential Interventions, Commodities and Guidelines for Reproductive, Maternal, Newborn and Child Health* – a key outcome in the process of reaching consensus around essential interventions, human resources, commodities and guidelines for RMNCH;
- Publication on the new web portal of Knowledge Summaries on 16 key issues, bringing knowledge resources together across organizations and partners and offering user-friendly access;
- Wide distribution of the Knowledge Summary on non-communicable diseases at the UN's high-level meeting on NCDs in June 2011 and at the General Assembly in September, with the Partnership playing a key role in several related events;
- Creating the Knowledge Summary on midwifery *Save lives: invest in midwives*, and highlighting related human resource issues at a number of events, including the World Health Assembly and the Triennial Congress of the International Confederation of Midwives in Durban, South Africa;
- Identification of a consensus list of quality of care indicators to be pilot tested in selected countries in order to improve delivery of evidence-based interventions;
- Developing practical tools, including the resource *Decision-Making Pathways to Address Workforce Bottlenecks for MDG 5*.

Advocacy

- Supporting action by the Inter-Parliamentary Union (IPU), with agreement on developing a plenary resolution for 2012 on making policy and budget action on RMNCH a priority for all IPU members;
- Advocacy at the IPU on the Countdown analysis of coverage, equity, health systems and financing in 68 countries;
- Commissioning *Strengthening the Global Financing Architecture for Reproductive, Maternal, Newborn and Child Health* – an important study of aid architecture;
- Working closely with the Africa Public Health Alliance to secure inputs to the African Union's new Africa Integrated RMNCH Advocacy Strategy, and to deliver new policies through the Pan-African Parliament;
- Publishing *Investing in Health for Africa: The Case for Strengthening Systems for Better Health Outcomes*, developed in collaboration with Harmonization for Health in Africa, and used to advocate stronger African responses to MNCH;
- Reaching as many as 600 million people through a dynamic media strategy, generating coverage on all continents as well as through global networks.

Tracking progress

- Vital support for the Commission on Information and Accountability for Women's and Children's Health (CoIA) from its establishment in January 2011, with PMNCH Chair Julio Frenk serving on the Commission and participating fully in both its meetings;
- Release of *Analysing Commitments to Advance the Global Strategy for Women's and Children's Health*, a report designed to promote accountability around the Global Strategy and based on 78 interviews with institutions with commitments to it;
- Monitoring efforts towards achievement of MDGs 4 and 5 through a key role in Countdown to 2015 – providing secretariat support, promoting Countdown products at all major advocacy events and ensuring that Countdown is seen as integral to the CoIA follow-up through the independent Expert Review Group;
- Work through Countdown to 2015 to produce country guidelines for use in Countdown surveys in selected countries during 2012.

Underpinning all of this work in the Priority Action areas are PMNCH's core functions – the activities that allow it to act as convener, coordinator and facilitator for its partner organizations. These core functions are explicitly recognized in the 2012 Workplan. Without them, the “partner-centric” model on which PMNCH is based would be unable to operate. There were notable successes and changes in this area in 2011, with new initiatives started and rolled out aimed at enhancing the support PMNCH offers its partners, allowing it to fulfil its overall mission as effectively as possible.

Alongside this, the Secretariat saw a change in leadership in early 2011. Flavia Bustreo handed over as Director to Carole Presern, with Andres de Francisco ably managing the transition period. It is significant how smoothly this change was accomplished, with the work of the Partnership continuing undisrupted throughout. A new administrative officer, Nick Green, joined in March 2011. Invaluable continuity was provided by Board Chair Dr Julio Frenk, who remained in place throughout 2011. Two co-chairs, Dr Purnima Mane and Professor Vinod Paul, left at the end of 2011.

Notable achievements in core functions in 2011 include –

- Raising all the funding required to carry out the 2011 Workplan, and securing interest from a larger number of donors for longer-term and unearmarked funding;
- Development, through a highly consultative and collaborative process, of the 2012 Workplan and the 2012–2015 Strategic Framework – mapping a course for the critical years up to 2015 and the culmination of efforts to achieve the MDG targets;
- A significant increase in the number of visitors to the PMNCH website and the number of hits recorded, with further developments to the site;
- A searchable online calendar of key events, cross-referenced with events posted on the Every Woman Every Child (EWEC) website, developed in collaboration with WHO to improve partner relations and integration;
- Addition by the Board of the private sector as the Partnership's seventh constituency, helping to increase the number of partners to some 460 – a 50% increase in the past two years;
- Engagement of new partners and networks, including the Inter-Parliamentary Union and the European Commission.

The coming years will be shaped by the 2012–2015 Strategic Framework. This lays out key priorities and objectives aimed at maximizing PMNCH's effectiveness and impact and was formulated with vital input from partner organizations. At its core are three Strategic Objectives (SOs), which will guide the development of individual outputs and activities over the next four years –

SO 1: Broker knowledge and innovation for action

SO 2: Advocate for mobilizing and aligning resources and for greater engagement

SO 3: Promote accountability for resources and results

The 2012–2015 Strategic Framework also emphasizes two cross-cutting areas: work related to the Countdown to 2015; and governance and administration of PMNCH.

While the approach is different, the Strategic Objectives for 2012–2015 are intended to ensure linkages and continuities with activities undertaken in the six Priority Action areas that have guided PMNCH work from 2009–2011, many of which are ongoing. Both systems represent highly articulated approaches aimed at enhancing the partnership model while building greater support and resources for RMNCH around the world. ■



1. About PMNCH

The Partnership for Maternal, Newborn & Child Health consists of some 465 partners drawn from seven main constituencies: academic, research and training institutions; implementing partner countries; donor governments, agencies and foundations; the private sector; health care professional associations; non-governmental organizations; United Nations agencies and other multilateral organizations with a health mandate related to MDGs 4 and 5.

PMNCH is governed by a Board comprising no more than 25 members selected from among the partners, and has two permanent committees – the Executive and Finance Committees. All seven main constituencies are represented, with a view to achieving geographical diversity and a balance between reproductive, maternal, newborn and child health expertise, and between national and international institutions. The Secretariat – a team of nine people – is hosted by WHO. (See Annex 1.)

PMNCH focuses on areas where it can add discernible value to the work already being done by its partners. Far from being an implementing entity, it convenes, coordinates and facilitates the work of its partners and identifies gaps in the ongoing effort to improve the health of women and children. In this way, PMNCH can secure a more harmonized, effective and synergistic response, achieving more than its partners on their own would be able to accomplish. The mission of PMNCH is to help partners to align their strategic directions and to catalyse collective action with the aim of achieving universal access to comprehensive, high-quality reproductive, maternal, newborn and child health care and services. The core emphasis is on accelerating efforts towards the health MDGs (particularly MDGs 4 and 5 – the furthest off-track) through 2015 and beyond.

Since it was launched in 2005, the Partnership has played a leading role in the effort to raise the profile of RMNCH – an effort that has enjoyed considerable success. The progress that has been made in making RMNCH a global health priority underscores the importance and effectiveness of the partnership approach for maximizing and leveraging impact. Millions of women and children have benefited from these efforts, which continue to increase in scope and reach even in an uncertain global economic environment. ■



2. PMNCH in 2011: achievements, progress and challenges



2.1 Priority Actions and outputs

The 2009–2011 PMNCH Strategy and the 2011 Workplan were the basis for the year's activities. The Workplan, approved by the Board in November 2010, included a series of outputs specific to the six Priority Actions identified in the three-year strategy.

The summary below shows outputs and progress in 2011 related to each PA. It should be noted that this is not an evaluation. It is intended as a progress report for partners. A full evaluation is scheduled for 2012.

It is also important to note that many initiatives were intended to go beyond 2011, so the completion of some outputs is not expected until 2012 or even beyond. Finally, it should be remembered that single achievements can be associated with more than one output within an individual PA, or with outputs across different PAs. Such cross-cutting instances reflect the linkages across all aspects of PMNCH's work.

Priority Action 1: MNCH knowledge management system

Progress in women's and children's health depends on how efficiently knowledge on effective strategies and interventions can be translated into policies and action. In 2011, significant efforts were made to synthesize, organize and make available to partners key RMNCH knowledge resources. A "one-stop" online portal – <http://portal.pmnch.org> – was developed as a gateway to these resources for PMNCH's 400-plus partner organizations, and to provide links to other key RMNCH information, including journals and news media.

PMNCH also develops specific products to address knowledge gaps identified by partners. Notably, PMNCH Knowledge Summaries synthesize scientific evidence in a short, user-friendly format to inform advocacy, policy and practice. Knowledge Summaries are now available on a range of topics and have been developed for, and disseminated at, a variety of events including the World Health Assembly, the UN General Assembly summit on non-communicable diseases and the congress of the International Confederation of Midwives.

One of the main challenges for the knowledge support function is increasing demand – for Knowledge Summaries in association with policy and advocacy events, for example, and for material on evidence and innovations related to RMNCH.

To address this challenge, PMNCH plans an assessment of its strategic approaches to knowledge support. Ways ahead include: diversifying the commissioning and development of required knowledge products; facilitating stronger engagement of PMNCH's academic, research and training and health care professional associations constituencies, particularly in regional and national contexts; regular prioritization of knowledge products required across the 2012 Workplan. The main objective of this area of PMNCH's work is to continue brokering knowledge and innovation towards achieving MDGs 4 and 5 and improving women's and children's health.

Output 1:

Mapping of existing knowledge resources, with links integrated into PMNCH website

- Knowledge resources and links to all partner organizations' websites were integrated into the PMNCH portal, building on work carried out in 2010 to map RMNCH knowledge resources. These resources had previously been disseminated in a range of ways. In 2011, PMNCH facilitated a number of new linkages to support different partner organizations' work. This included continued support for the process of harmonizing tools used to estimate the costs and impact of interventions. This work led to the creation of: the PMNCH costing tools website (www.who.int/pmnch/topics/economics/costing_tools/en/index.html); the economics and financing section of the PMNCH portal (<http://portal.pmnch.org/economics-and-financing>); and monthly electronic newsletters. In addition, PMNCH has regularly updated partners and the broader RMNCH community about progress on the OneHealth Model, a joint UN costing tool.

Output 2:

Knowledge system and web portal created and sustained

- The RMNCH knowledge portal was successfully developed and completed in 2011. It provides access to relevant materials from all partner organizations, including through an automated search function. The portal also provides critical syntheses of key information across a range of themes, including effective interventions, essential commodities, human resources, economics/financing, and accountability and tracking.
- A number of advocacy products, including factsheets and presentations, were developed to promote and highlight essential and effective RMNCH interventions. It is envisaged that in 2012, knowledge management work will feed into advocacy work, including through communication via mobile technologies with the mHealth Alliance. This will increase the visibility and alignment of RMNCH advocacy messages, while addressing the information needs, among others, of policy advisers and media outlets.

Output 3:

Knowledge summaries and critical syntheses prepared and key gaps flagged to the PMNCH Board

- At the core of the newly completed RMNCH knowledge portal are 16 Knowledge Summaries, synthesizing scientific evidence from trusted sources in a short, user-friendly format to inform policy and practice. The list of these Summaries is as follows: *Understand the burden; Enable the continuum of care; Cost and fund RMNCH programmes; Prioritize proven interventions; Provide essential commodities; Support the workforce; Assure quality care; Strive for universal access; Address inequities; Foster innovation; Engage across sectors; Deliver on promises; Make stillbirths count; Save lives: invest in midwives; Non-communicable diseases; Parliamentarians.*
- The Knowledge Summary *Non-communicable diseases* was distributed extensively at the time of the UN's 2011 high-level meeting on non-communicable diseases (NCDs), where PMNCH co-hosted and participated in several side events with titles including "Integrating NCDs: the next frontier in women's health", "Gender responsive approaches to NCDs" and "Women connect for health & education".
- A number of knowledge gaps were flagged to the Board, in particular concerning understanding of aid architecture and the lack of fast financing options for RMNCH. This led to a range of steps reported in detail under Priority Action 5 below, including the publications *Strengthening the Global Financing Architecture for Reproductive, Maternal, Newborn and Child Health* and *Investing in Health for Africa: The Case for Strengthening Systems for Better Health Outcomes*.

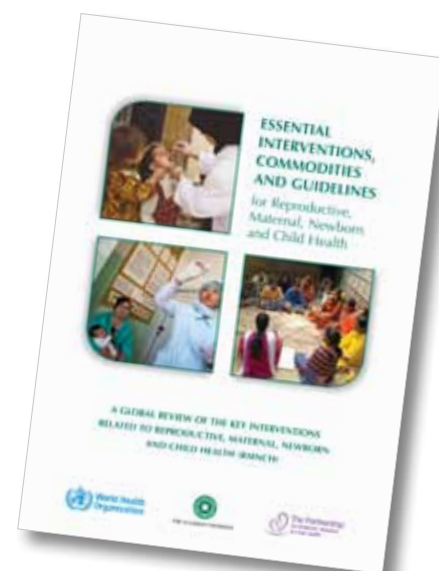
Priority Action 2: MNCH core package of interventions

The lives of women and children can be saved through the provision of certain key interventions. However, coverage for these interventions remains uneven. This is due in part to a lack of consensus on which interventions should be scaled up. In an effort to correct this, the Partnership together with WHO and the Aga Khan University and 15 partners undertook a three-year global study and a consensus-building process. This led to the identification of 56 key evidence-based interventions that need to be available to all women and children to reduce mortality and morbidity. Partners also identified the commodities, human resources and guidelines required to implement these interventions.

The resulting document, *Essential Interventions, Commodities and Guidelines for Reproductive, Maternal, Newborn and Child Health*, serves as a tool to facilitate decision-making in low- and middle-income countries about how to allocate limited resources for maximum impact on the health of women and children.

Extensive dissemination of this document is continuing in 2012. The Partnership will also support additional research around gaps identified during this exercise and will organize workshops on implementation bottlenecks experienced for these interventions.

Consensus building among partners represents one of PMNCH's key strengths and one of its constant challenges. It is hoped that the appointment of coordinators for the Partnership's Strategic Objectives under the 2012–2015 Strategic Framework will strengthen leadership, helping to support the involvement of partners from all constituencies.



Output 1:

Consensus on quality of care indicators for MNCH

- In September 2011, PMNCH convened a meeting in Geneva aimed at beginning an in-depth examination of quality of care (QoC) indicators. The eventual hope is to link work on QoC to efforts on essential interventions. A list of QoC indicators emerged from the meeting and will be pilot tested in selected countries. This meeting represents a critical step towards delivering evidence-based interventions, which are in turn vital for improving MNCH outcomes: by definition, essential interventions are those proven most likely to save lives. As noted under Output 3 below, a major outcome of the work on essential interventions was the release in December 2011 of *Essential Interventions, Commodities and Guidelines for Reproductive, Maternal, Newborn and Child Health*, a landmark study coordinated and supported by PMNCH in collaboration with WHO and the Aga Khan University. The key to this project was the consensus achieved across all constituencies.
- Work in this area will continue in 2012.

Output 2:

Gaps identified in research on effectiveness of core packages of interventions at different delivery levels; review of other potentially beneficial interventions for MNCH

- As a result of the consensus built on essential interventions (see Output 3 below), PMNCH identified six areas requiring additional information to ascertain potential impact. These formed the basis for six research projects being coordinated by WHO. Results are expected in 2012 and will inform the next statement of essential RMNCH interventions.

Output 3:

Consensus built on how to scale up implementation of core MNCH packages

- Agreement on package of essential interventions: PMNCH together with WHO and the Aga Khan University undertook a three-year global study designed to facilitate decision-making in low- and middle-income countries about how to allocate limited resources for maximum impact on the health of women and children. The assessment, contained in a 700-page report, was based on a review of scientific evidence on the impact of over 140 RMNCH interventions. This process led to a shorter list of 56 high impact interventions recommended across the continuum of care, together with information on the range of health workers required to deliver the packages and on the commodities required. Two meetings over the three years ensured agreement across all PMNCH constituencies.
- Consensus: In September 2011, a consensus workshop reviewed the document described above. The meeting included officials from the "H4" (UNFPA, UNICEF, WHO and the World Bank), developing country representatives, academics and researchers, health care professionals, civil society members, the private sector and donors. The discussions led to a final document, published in December 2011 – *Essential Interventions, Commodities and Guidelines for Reproductive, Maternal, Newborn and Child Health*. This publication is a key outcome of the PMNCH-supported process aimed at reaching consensus around essential interventions, human resources, commodities and guidelines for RMNCH.

Priority Action 3: Securing essential MNCH commodities

Poor access to high-quality commodities hampers the provision of services to women and children. Work to improve access to RMNCH commodities has been under way for some time, but a consensus on which commodities were most important was until recently missing. In 2011, the Partnership identified a list of essential commodities, based on essential RMNCH interventions. These commodities now feature in *Essential Interventions, Commodities and Guidelines for Reproductive, Maternal, Newborn and Child Health*, a document developed to support planning for RMNCH.

The Partnership has also developed an Excel-based resource to support planners in their efforts to secure RMNCH commodities. It helps planners identify the tools they need at each stage of the procurement and supplies management cycle: demand generation; planning, budgeting and forecasting; procurement; manufacturing; delivery and clearance; inspection and quality; warehousing; distribution to beneficiary; service provision and rational use; monitoring and evaluation.

At the end of 2011, the UN Commission on Life-Saving Commodities for Women's and Children's Health was being discussed to advocate at the highest levels for improved access to commodities and to build consensus around priority actions. This work took over some of the planned activities under Output 3 below.

PMNCH hopes and expects that its work on essential interventions and commodities will provide a vital underpinning for the activities of the new commission. The challenge in the years ahead will be to achieve adherence to the consensus that emerges from the commission's work.

Output 1:

Consensus reached on the supply component of evidence-based MNCH interventions and a basket of essential commodities defined

- As stated under PA 2 above, PMNCH organized a consensus meeting on essential interventions, commodities and guidelines in September 2011, and shortly after released a collaborative publication (with WHO and the Aga Khan University) based on a three-year study identifying the most effective RMNCH interventions. This publication, *Essential Interventions, Commodities and Guidelines for Reproductive, Maternal, Newborn and Child Health*, incorporated the work undertaken on essential commodities in PA 3. It will be a vital input as the newly-established UN Commission on Commodities for Women's and Children's Health begins its work.

Output 2:

Set of tools and guidance material agreed and used by partners for country MNCH commodity supply management

- A number of advocacy products, including factsheets and presentations, are being developed to promote essential RMNCH interventions and commodities. These will be shared as part of an advocacy dissemination strategy aimed at reaching partner organizations and external stakeholders.
- PMNCH, with UNFPA and UNICEF, mapped procurement and supplies management (PSM) tools used in the procurement of RMNCH commodities. The Partnership then created an Excel-based interactive resource that allows planners to identify a list of PSM tools best suited for their needs. This resource follows the PSM toolbox model and offers help across the procurement cycle: demand generation; planning, budgeting and forecasting; procurement; manufacturing; delivery and clearance; inspection and quality; warehousing; distribution to beneficiary; service provision and rational use; monitoring and evaluation.

Output 3:

Sustained supply of quality commodities to developing countries through innovation, efficiency and joint planning

- In the second half of 2011, a concept note for a Commission on life-saving commodities for women's and children's health was established to build consensus around priority actions for increasing the availability, affordability, accessibility and rational use of selected commodities for women's and children's health. In the coming years, the new commission will take forward work in this area previously coordinated by PMNCH.



Priority Action 4: Strengthening human resources in MNCH

Shortages of properly trained, equipped and motivated health care personnel remains one of the key barriers to improving the health of women and children. In 2011, PMNCH sought to promote improved planning in human resources through advocacy and knowledge initiatives. The Partnership organized events at both the Second Global Forum on Human Resources for Health and the Triennial Congress of the International Confederation of Midwives (ICM). These sessions focused on human resource commitments made under the Global Strategy for Women's and Children's Health, discussing progress and offering recommendations to those attending on how they might use the Global Strategy platform to promote progress in their countries.

PMNCH participated in preparing the UNFPA report *The State of the World's Midwifery*. It also supported a briefing for ministers of health on the report's preliminary findings as well as developing a Knowledge Summary on midwifery.

The Partnership also created a human resources section on its knowledge portal. Resources available through the portal include a tool entitled *Decision-Making Pathways to Address Workforce Bottlenecks for MDG 5*. This seeks to support decision-makers in identifying the actions and resources needed to address low coverage of skilled birth attendants.

In 2012, PMNCH will continue to work with partners including Save the Children, the Global Health Workforce Alliance and many others to promote adequate human resources for essential interventions for women and children. Keeping the focus of all involved on the importance of human resources will continue to be one of PMNCH's most important challenges.



Output 1:

Ensure that MNCH aspects of human resources are adequately included in national health plans and human resource plans

- During the Second Global Forum on Human Resources for Health, convened by the Global Health Workforce Alliance (GHWA), PMNCH co-organized a side event with GHWA on the Global Strategy for Women's and Children's Health. This meeting highlighted progress in some of the countries that in 2010 made commitments under the Global Strategy to improve their health workforces.
- The expanded PMNCH knowledge portal (see PA 1 above) includes a new section focused specifically on the human resources issue. It includes a tool entitled *Decision-Making Pathways to Address Workforce Bottlenecks for MDG 5*, which seeks to support efforts to address low coverage of skilled birth attendants as part of a broader effort to improve maternal health under MDG 5.
- PMNCH also organized a plenary session during the ICM Triennial Congress which provided midwives with insights on how their associations can best capitalize on global, regional and national efforts to improve their practising environment.

Output 2:

Analysis identified on MNCH content of human resources issues and research commissioned

- In addition to creating the Knowledge Summary on midwifery *Save lives: invest in midwives*, PMNCH participated in the development of *The State of the World's Midwifery Report 2011: Delivering Health, Saving Lives*. PMNCH briefed health ministers on the preliminary findings of the report at a breakfast meeting during the 2011 WHA. The report, led by UNFPA, was released at the Triennial Congress of the ICM in Durban, South Africa, in June. PMNCH also highlighted workforce issues throughout its media work – for instance in a press release on health financing issued in Africa, which had an estimated total reach of 25 million people.

Output 3:

National HCPAs strengthened and involved in MNCH policies, planning and initiatives at the country level

- In order to strengthen the role that health care professionals play in policy and planning, PMNCH commissioned an evaluation of three of its five regional workshops held in past years on the role that health care professional associations (HCPAs) play in improving MNCH. The evaluation was conducted by the Department of Community Health Services of the Aga Khan University, Karachi, Pakistan. It led to the publication, in June 2011, of the PMNCH/WHO joint report *Evaluation of regional workshops and follow up activities to strengthen the role of health care professional associations in achieving MDGs 4 and 5*. This is available on the PMNCH website to inform stakeholders interested in capacity-building initiatives for HCPAs.

Priority Action 5: Advocacy for increased funding and better positioning of MNCH in the development agenda

In 2011, PMNCH partners consolidated the considerable global and regional advocacy gains of 2010 with dedicated follow-up action to support implementation of such key efforts as the Global Strategy for Women's and Children's Health, the G8 Muskoka Initiative, the African Union's Kampala Declaration and the Pan-African Parliament's resolution for priority policy and budget action on MNCH.

Working closely with partners including national governments, the Executive Office of the UN Secretary-General, the African Union, the Inter-Parliamentary Union, the Pan-African Parliament and key UN and civil society institutions, PMNCH focused on such issues as: the need to generate urgent discussion on improving financing channels for RMNCH; disseminating findings from the African Investment Case and the essential interventions study produced under PA 2; supporting parliamentary dialogue on policy, investment and accountability mechanisms relevant to advancing progress on RMNCH; directing political attention towards analysis of commitments to the Global Strategy to date; reconciling regional and global action frameworks through political and civil society consultation; engaging new partners such as the private sector in joint action to bring greater innovation, reach and efficiency to RMNCH; and further developing regional and global media strategies to improve communication within the RMNCH community and to maintain visibility and momentum for the issues.

Maintaining the focus on implementation in 2012, PMNCH partners will focus on connecting the global and regional agendas with national and sub-national priorities and actions. A major activity for PMNCH in 2012 will be supporting the development of national RMNCH advocacy alliances in key countries that have made commitments to the Global Strategy and to Every Woman Every Child. In Africa, for example, this will include catalytic small grant support for partner-led advocacy activities in seven countries where existing civil society networks can be scaled up for greater impact at both national and regional levels – Nigeria, Tanzania, Uganda, Kenya, Burkina Faso, Ghana and Ethiopia. PMNCH will also support Women Deliver's regional consultation meetings in 2012 as an opportunity for partners to meet and discuss the implementation of joint advocacy strategies and for advocacy for the recommendations of the Commission on Information and Accountability for Women's and Children's Health. Similar networks will be supported in Asia (Indonesia, Bangladesh, India) and in Latin America (Haiti) in 2012.

Supporting partners to become more fully engaged in PMNCH's work continues to be a major objective, and coordination of multiple actors and agendas is often challenging. It is hoped that the country and regional alliance-building work of 2012 will bring partners closer together around common objectives and activities, allowing consolidated advocacy approaches and messaging that push forward collective action towards achieving the MDGs.

Output 1:

MNCH clearly prioritized and the health system investments needed to achieve MDGs 4 and 5 identified in key international and national documents and at key events

- *Investing in Health for Africa: The Case for Strengthening Systems for Better Health Outcomes* was developed in collaboration with Harmonization for Health in Africa (see also Output 4 below). This study makes the case that investing in health makes economic sense and will bring considerable returns. The Africa investment case suggests ways in which new and existing resources can be deployed more efficiently in the health system. It also presents estimates of the costs and impact of scaling up interventions to achieve the health MDGs.
- PMNCH enhanced its long-standing collaboration with the Inter-Parliamentary Union in 2011 by hosting a side event at the spring IPU assembly in Panama on the Global Strategy and presenting the latest Countdown to 2015 evidence. This discussion resulted in an agreement by the parliamentarians present to develop a report on RMNCH for presentation at the fall 2011 IPU assembly in Bern, Switzerland, and to develop a resolution on RMNCH for the spring 2012 meeting in Kampala, Uganda. The eventual background report, led by parliamentarians from Uganda, India and Canada, was presented in Bern in October 2011, with more than 300 parliamentarians in attendance. Representatives from PMNCH and WHO gave keynote speeches on the panel, and more than 50 country delegations spoke to the report in the plenary session hosted by the Human Rights and Democracy Committee. This led to an agreement to develop a plenary resolution for 2012 on prioritizing RMNCH policy and budget action by all IPU members. This is a milestone event and follows four years of continual engagement by PMNCH with the secretariat of the IPU and its member delegations. In addition, PMNCH worked closely with the Human Rights Council and the sponsors of the maternal mortality resolution (New Zealand, Burkina Faso and Colombia) to take forward practical action on developing guidelines on human rights and MDG 5.
- In 2010, the UN Secretary-General's office, PMNCH, the United Nations Foundation and other partners launched the EWEC effort to put into action the Global Strategy for Women's and Children's Health. This was facilitated by PMNCH and acts as a road map on how to enhance financing, strengthen policy and improve services on the ground for the most vulnerable women and children. In 2011, the EWEC stakeholder base doubled and more than 100 new commitments were made under the Global Strategy, taking to more than 200 the total number of commitments from 2010 and 2011.¹ PMNCH undertook extensive background analysis on the scope for new donor commitments, and many of the new commitments were generated by PMNCH partners, particularly from NGOs and communities focusing on increased access to antiretroviral treatment for people living with HIV.

1. http://www.who.int/pmnch/media/membernews/2011/20110920_eweccommitments2011.pdf

Output 2:

Effective channels for funding and innovative ways to increase financial resources for MNCH identified and promoted

- The PMNCH Secretariat supported a group of lead partners to commission a consulting firm (SEEK Development) to analyse options for improving the global financing architecture for RMNCH, in order to facilitate the mobilization and channelling of financing and the rapid scale-up of interventions. The study –*Strengthening the Global Financing Architecture for Reproductive, Maternal, Newborn and Child Health* –was presented at the PMNCH Board meeting in October 2011, and is available on the website. Further discussions on the implications of the study are continuing, including at a February 2012 meeting in London hosted by Sida. A PMNCH Task Team on Financing for RMNCH has been set up to provide strategic advice to the Board on how PMNCH can advance the agenda in support of effective, efficient and equitable global, regional and national financing for RMNCH.

Output 3:

Global advocacy strategy developed and implemented in line with PA 5's objectives, targeting key actors and policy-makers around high-level global events through mobilization and coordination of partners

- Following the 2010 launch of the Global Strategy, central to the Partnership's work in 2011 was keeping RMNCH high on the political agenda, securing new commitments and strengthening accountability for commitments made under the Global Strategy. Examples include:
 - PMNCH disseminated key messages and materials at a wide range of events in 2011, including dedicated side events at the World Economic Forum in Davos, Switzerland, to introduce the EWEC effort to the private sector and media. This was part of PMNCH's overall leadership role in supporting efforts to mobilize new private-sector commitments to the Global Strategy.
 - PMNCH raised awareness about the Global Strategy and sought support at a number of additional key events, including the spring assembly of the IPU, the conferences of African Union health and finance ministers, the World Health Assembly, the 2011 high-level meeting on NCDs and the G8/G20 meetings.
- PMNCH's media advocacy strategy concentrated on selecting, framing, packaging and promoting evidence and comment with strong potential to influence news agendas. This resulted in exceptional media reach in 2011, with PMNCH stories carried by many of the most influential media organizations in the world, including CNN, BBC, Reuters, AP, and hundreds of regional and national outlets in Asia, Africa and Latin America. Conservative estimates of exposure to PMNCH-generated media include 600 million for the new estimates on stillbirths (April 2011); 250 million for the launch of the September 2011 PMNCH report on Global Strategy commitments; and 400 million for new evidence from Countdown to 2015, including a first-ever quote from PMNCH on the front page of the *New York Times*.
- PMNCH used numerous outlets to publicize its engagement and achievements. For example, electronic newsletters highlighting top stories on www.pmnch.org are circulated monthly to about 7,000 subscribers. A new Twitter feed was initiated and followers increased from 150 to 1,500 over the year, with PMNCH broadcasting 1,400 Twitter messages and re-tweets. Wikipedia and Facebook pages are to be launched in 2012.

Output 4:

Regional and national advocacy strategy developed and implemented, targeting key actors and policy-makers around regional and national events through mobilization and coordination of partners

- Key messages from the Africa investment case *Investing in Health for Africa* were used in 2011 by a wide range of advocacy partners in the African region, including the Africa Public Health Alliance (APHA) in its submissions to the Pan-African Parliament. PMNCH has also been supporting the University of Queensland, Australia, in developing policy briefs that make similar investment cases for five countries in the Asia-Pacific region, building on the Asia-Pacific investment case produced by PMNCH and its partners on the MNCH Network for Asia and the Pacific.
- Working closely with APHA and its partners, including the Africa regional office of UNFPA, PMNCH supported the development of APHA's inputs to the African Union's new Africa Integrated RMNCH Advocacy Strategy. This was agreed at a meeting in Lusaka, Zambia, in August 2011 and seeks to reconcile the Global Strategy with regional policies and frameworks to encourage more cohesive policy and budget action across all health and social sectors that impact on RMNCH. The AU is finalizing the strategy, which is expected to be implemented in 2012.
- In October 2011, APHA and the Africa regional office of UNFPA engaged closely with the Pan-African Parliament to support the development of a resolution by parliamentary speakers on implementation of policy and budget action on MNCH. The Partnership drafted a press release, together with the Pan-African Parliament, which attracted global attention for this achievement, with coverage in more than a dozen African countries as well as coverage on BBC, Radio France, Voice of America, Reuters TV, China Radio International, Associated Press, CNBC Africa, Radio Netherlands, the *British Medical Journal* and China's Xinhua news agency.
- In December 2011, PMNCH provided speakers, materials and background notes to support the IPU in staging national parliamentary retreats on MNCH in Kenya and Uganda. This effort resulted in clear national plans of action to accelerate progress to meet the MDGs.

Priority Action 6: Tracking progress and commitment for MNCH

To advance accountability for women's and children's health, PMNCH carried out activities in two main areas in 2011. First, through its Board Chair and several partners, PMNCH supported the Commission on Information and Accountability for Women's and Children's Health (CoIA). The Partnership assisted in work on the CoIA report *Keeping Promises, Measuring Results*. It also supported implementation of CoIA's recommendations by disseminating the report through the PMNCH member platform and the broader RMNCH community, and through its own 2011 report on commitments to the Global Strategy. Second, in its role as secretariat and core member, PMNCH played a key role in Countdown to 2015, providing coordination, management functions and analytical inputs. It also worked to disseminate Countdown findings at a range of RMNCH events.

Tracking progress is by its nature an on-going process. As a result, several activities in this area will continue in the 2012–2015 Strategy and Workplan under Strategic Objective 3 – promote accountability for resources and results. At the request of the independent Expert Review Group (iERG) established in response to the CoIA report, the Partnership will produce a report in 2012 on implementation of the Global Strategy commitments. It will also facilitate multi-stakeholder inputs to the iERG and, reflecting the importance of related accountability mechanisms, support the development of technical guidelines on implementing the Human Rights Council resolution on maternal mortality.

An important challenge going forward is therefore to coordinate and analyze inputs to the 2012 report, while ensuring that it complements other PMNCH documents and activities.

Output 1:

Partners' financial commitments to MNCH monitored annually

- *Analysing Commitments to Advance the Global Strategy for Women's and Children's Health* (the PMNCH 2011 report) was published in September 2011. Timed to coincide with the UN General Assembly, it was based on 78 interviews with stakeholders that had made commitments to the Global Strategy. Its aim was to support accountability in line with the CoIA recommendations (see Output 2 below) and to further collective understanding of the Global Strategy commitments. It found that commitments were reasonably well targeted geographically and across the continuum of care, but that there was room for improvement. It also identified challenges and opportunities, including the need for collective understanding of what a "commitment" is. Several interviewees noted that the Global Strategy had strengthened internal advocacy and provided a platform for collaboration. PMNCH-led media efforts resulted in global coverage of this report – articles appeared in more than 100 newspapers around the world including *The Guardian*, the *Washington Post*, the *Los Angeles Times*, and *The Hindu*. The PMNCH 2011 report also received extensive TV coverage, including on CBS News. Total online, print, TV and radio audience is estimated at 250 million.

Output 2:

Common M&E framework agreed, disseminated and used in high priority countries

- PMNCH has been a strong support of the CoIA, from its establishment in January 2011. Julio Frenk, Chair of the PMNCH Board, served on CoIA and PMNCH participated fully in both Commission meetings and in the work of the CoIA working groups on results and resources. PMNCH also produced a document entitled *A Review of Global Accountability Mechanisms for Women's and Children's Health*, which served as an input to CoIA's work. A central principle of the framework proposed by CoIA – monitor, review and act – was inspired by the PMNCH review.
- CoIA's time-limited mandate was to recommend a framework for reporting, oversight and accountability for women's and children's health. Through 10 recommendations presented in its report *Keeping Promises, Measuring Results* (published in May 2011) the Commission proposed a method for tracking whether resources for women's and children's health are spent wisely and transparently, and whether the desired results are achieved. PMNCH's 2011 report (see above) was specifically linked to one of the recommendations on providing greater transparency on commitments.
- As part of the Countdown to 2015 effort (see Output 3 below), PMNCH is supporting steps to ensure that the 11 indicators recommended by CoIA are embedded in all relevant reporting mechanisms to ensure accountability from governments, development partners and the broader community. Application of these indicators and analysis of associated Countdown-related data aim to provide concrete information regarding which countries are on track to meet MDGs 4 and 5 and which continue to lag behind and why. Such information can help ensure that resources and support are better allocated.

Output 3:

Advocating the use of Countdown products and information, and making them publicly available

- A range of advocacy activities undertaken by PMNCH in 2011 were linked to the Countdown effort. Most notable were those associated with the IPU meeting in April 2011, where PMNCH co-hosted a side event. In November 2011, PMNCH presented Countdown data and equity analyses to members of the International

Federation of Red Cross and Red Crescent Societies at its global assembly, held once every four years. This presentation accompanied a report – *Eliminating Health Inequities: Every Woman and Every Child Counts* – produced by the Red Cross in partnership with PMNCH. These activities contributed to the development of a Red Cross resolution which holds all national societies accountable for ensuring action for women and children.

- In 2011, PMNCH delivered presentations on Countdown to 2015 at other key events, including the Maternal, Newborn, and Child Health Roundtable Strategic Planning Meeting, the Commission on the Status of Women panel on maternal mortality, the Global Health Metrics and Evaluation Conference, and the International Stakeholders Meeting on Implementing the Recommendations of CoA.

Output 4:

Tracking progress on MNCH

- PMNCH has emerged as a strong partner of the independent Expert Review Group (iERG), formed in response to recommendation 10 of the CoA May 2011 report (see Output 2 above). At its first meeting, in November 2011, the iERG requested PMNCH to produce a 2012 report about progress on the Global Strategy commitments, underscoring its appreciation of the PMNCH 2011 report. At the same meeting in Ottawa, Canada, in November 2011, PMNCH was asked to lead advocacy and outreach work for the CoA recommendations, working closely with partners such as the IPU, the UN Secretary-General's office, and the H4+ (UNFPA, UNICEF, WHO, the World Bank and UNAIDS).



2.2 Core functions

The activities undertaken through the Priority Actions, detailed in Section 2.1, were only possible because of the underpinning core functions of the Secretariat. This area of PMNCH's work provides support to the Board and its committees in overseeing and managing the work of the Partnership across all of the Priority Action areas. It also includes activities related to general PMNCH corporate communication – both with its membership and the public at large – and efforts towards mobilizing sufficient resources to implement the agreed Workplan.

In 2011, the core functions budget was increased by 10% to take account of the newly agreed requirement to prepare, organize and host a Board retreat in the first half of 2011 to aid development of the new 2012–2015 PMNCH Strategic Framework and Workplan. PMNCH achieved notable successes in 2011 in strengthening its core activities, helping it to work more effectively towards its overall mission and goals and to continue its role in convening, coordinating and facilitating the work of its partner organizations.

Highlights during the year included:

- **Supporting the work of the Executive and Finance Committees through the year and organizing and funding two Board meetings and a Board retreat**
 - The Executive Committee and the Board gave policy and strategic guidance throughout 2011. PMNCH convened Board members for a special retreat in March 2011 to discuss and agree on a strategy for the years 2012–2015. This gathering initiated development of the 2012–2015 Strategic Framework and helped create a strong and united front in the lead up to important meetings and milestones later in the year, including the release of the PMNCH 2011 report in September.
 - The Executive Committee was very active, with monthly meetings (on the phone, or face-to-face) to steer the Partnership's activities, including development of the strategy and workplan and other major initiatives.
 - In addition, successful Board meetings were held in June and October, with major decisions taken on PMNCH strategy, approval of workplans and budgets, addition of a new private sector constituency to the Partnership's structure, endorsement of the consensus on essential interventions and major reports and guidance on other global issues such as the RMNCH financing discussion.
- **Responding to Board requests on development of analytical and policy papers, engagement with existing membership and reaching out to non-MNCH communities**
 - The Secretariat prepared all necessary analytical and policy papers for successful Board discussions. These included policy papers on the creation of the new private sector constituency and two other important process and strategy documents – the 2012–2015 Strategic Framework and the 2012 Workplan and budget (discussed in Section 3 below). These documents emerged from analysis of how best to position PMNCH in the short- and medium-term as it seeks to promote achievement of the health MDGs.
 - PMNCH broadened Board membership to ensure greater geographical diversity and a balance between RMNCH expertise and national and international institutions. All seven of its constituencies are now represented by at least two Board members. For example, the 25-member Board now includes two private sector seats (to be filled in 2012). In addition, the ministerial presence on the Board increased with the addition of representatives from India, Nigeria and Tanzania.
- **Management of overall corporate communication strategy, regular e-newsletter and website development and maintenance**
 - The PMNCH website was redesigned, with new interactive features as well as increased attention to social media. Averaging more than 1,800 visits and almost 11,000 page views each day by the end of 2011, the number of website hits was up by 25% on the previous year. Extraordinarily, during the week of the UN General Assembly in September, the number of daily visits rose to almost 5,000. The PMNCH 2011 report has attracted almost 50,000 hits since September and 1,400 downloads of the pdf. There was a significant spike in December when the WHO homepage featured *Essential Interventions, Commodities and Guidelines for Reproductive, Maternal, Newborn and Child Health*, with links to the PMNCH website.
 - An interactive database of all PMNCH partners now allows members to share contacts and compare organizational information.
 - In collaboration with WHO, PMNCH developed a searchable online calendar of key events, cross-referenced with events posted on the EWEC website. Launched in early 2011, the calendar highlights the category of the event and the organizing partner, and provides several paragraphs of information with links to partner websites for further details.

- **Managing the resource mobilization process, including development of relevant proposals and reporting to donors**
 - Thanks to its committed donor base, PMNCH was able to secure the entirety of funds needed to cover the activities envisaged for 2011. Several donors came in with increases, despite the challenging economic environment.
- **Procuring and funding an independent review of the Partnership's work over the 2009–2011 Strategy and Workplan period**
 - The bulk of this work will take place in 2012.

2.3 Challenges and limitations

Despite its success in 2011 and the impact it achieved, PMNCH continued to face challenges that limited to some degree its ability to achieve its overarching objectives fully. It expects to address these challenges effectively and efficiently in 2012. They include –

- **Translating RMNCH knowledge into policy:** Knowledge is not always organized in a way that makes it useful for decision-making. This can make it hard to recognize and understand success stories and what works “on the ground” in order to inform the design and implementation of policies and programmes for moving high-burden countries closer towards achieving MDGs 4 and 5.
- **Insufficient independent data in the public domain:** This was especially problematic in respect of expenditures related to commitments. The lack of an agreed format for commitments hindered rapid analysis for *Analysing Commitments to Advance the Global Strategy for Women's and Children's Health* (the PMNCH 2011 report).
- **Capacity constraints for reporting:** The low response rate from low-income countries for the PMNCH 2011 report suggests that a different approach might be needed in 2012. The relatively brief period between the commitments being made in September 2010 and the drafting of the report for publication in September 2011 also complicated reporting.
- **Advocacy coordination around key events, opportunities and media:** One of the inherent challenges of any partnership is the need to ensure the full engagement of a diverse range of players who naturally have their own priorities and needs, including the need for profile. While the Global Strategy is highly regarded as an approach that aligns a broad range of stakeholders around a common endeavour, it is still not entirely free of this challenge. This meant that it was not always possible to maximize all opportunities to address the full range of agendas.
- **Private sector engagement:** Despite substantial new commitments made by the private sector to EWEC (many of them secured to a large degree by PMNCH), private sector partners had limited input into PMNCH activities and strategies. A key reason is that this constituency was only added in 2011, giving private sector partners a limited time to acquaint themselves with the issues and become directly engaged. In 2012, PMNCH will enhance efforts towards engaging these partners, allowing their voice to be heard more effectively both internally and externally.
- **Delays in meeting PMNCH funding agreements:** While donor commitments to PMNCH were relatively strong through 2011, funds were not received in a predictable manner. The unexpectedly late disbursement of some donor funds resulted in critical challenges in planning and delayed implementation of scheduled activities. This underscores the need for consistent funding – preferably unrestricted, multi-year funding – to ensure that Workplan activities can be undertaken on time. ■



3. Priorities for the future



Consideration of PMNCH's achievements in 2011 and of the challenges it faced has naturally played an important role in the development of future plans. The Partnership is always fine-tuning its approach based on lessons learned from past experience. At the same time, strong continuities exist, especially around PMNCH's overall goal – achieving the health MDGs in a timely and successful manner in all countries.

PMNCH's approach for the coming years prioritizes three Strategic Objectives. It also identifies specific targets, with the aim of maximizing effectiveness and impact both in 2012 and in the years to 2015.

3.1 PMNCH 2012-2015 Strategic Framework

The 2012–2015 Strategic Framework was approved by the Board in June 2011 and will guide PMNCH's work over the next four years. The strategy originated in a Board retreat held in March 2011. The drafting process was highly consultative and collaborative, with the entire Partnership invited to participate. Over 60 comments were eventually received and assimilated.

At the heart of the framework are three Strategic Objectives that will guide the development of individual outputs and activities. The SOs are intended to ensure continuity with the six Priority Actions that guided PMNCH's work from 2009–2011. This is especially important because many activities initiated in earlier years are on-going through 2012 and beyond.

The 2012–2015 SOs are listed below, together with the Priority Actions from the 2009–2011 Strategy and Workplan on which they build:

- **SO 1: Broker knowledge and innovation for action**, leading to increased access to, and use of, knowledge and innovations to enhance policy, service delivery and financing mechanisms.
[Building on – PA 1: MNCH knowledge management system; PA 2: MNCH core package of interventions]
- **SO 2: Advocate for mobilizing and aligning resources and for greater engagement**, leading to additional resource commitments for RMNCH, visibility of women's and children's health issues in relevant forums, and consensus on evidence-based policy development and implementation.
[Building on – PA 3: Securing essential MNCH commodities; PA 4: Strengthening human resources in MNCH; PA 5: Advocacy for increased funding and better positioning of MNCH in the development agenda]
- **SO 3: Promote accountability for resources and results**, leading to better information to monitor RMNCH results, as well as better and more systematic tracking of how resource commitments are actually allocated.
[Building on – PA 6: Tracking progress and commitment for MNCH]

Other areas in which the Strategic Framework outlines objectives include –

- **Core functions:** More effective and efficient Partnership governance, through increased engagement of partners and constituencies and more efficient and predictable funding cycles.
- **Countdown to 2015:** Better information on coverage, equity, health policies and systems, and financing for 75 high burden countries.

In order to achieve the SOs, PMNCH will structure its activities around **four operational principles:**

- Being partner-centric: supporting partners to deliver PMNCH's objectives, without replacing or replicating partners' work or their internal governance and accountability processes.
- Focusing on convening and brokering: providing a platform for partners to discuss and agree on ways to align their existing and new activities; actively brokering knowledge, innovations and collaborations among partners.
- Being driven by country demand and regional priorities.
- Promoting the continuum of care approach to improve women's and children's health.



3.2 PMNCH 2012 Workplan

The 2012–2015 Strategic Framework serves as the basis for the PMNCH 2012 Workplan, approved by the Board in October 2011. The Workplan identifies targets and activities within RMNCH where partners working collectively can add value that would not be achieved by any one partner on its own. The Workplan will be revisited frequently and adjusted as necessary, in the spirit of dynamic, needs-based and flexible working.

Implementation of the Workplan will be overseen by Strategic Objectives Coordinators – a total of nine individuals, three for each of the SOs. They will be appointed according to criteria agreed by the Board and will be supported by the Secretariat.

The full 2012 Workplan is available on the PMNCH website for further consultation. ■

4. Conclusions

PMNCH enjoyed a full and productive year in 2011. The key role it played in getting the Global Strategy onto the international radar in 2010 was consolidated as the process moved towards implementation of the commitments made. The year was not without challenges, but these have been taken into account in developing an exciting and focused strategy for the coming years.

The Partnership looks forward to the future with confidence, guided by principles that have served it well in the past. The continuum of care and evidence-based advocacy will remain at the centre of what it does, and it will retain its focus on population groups rather than diseases and on the concrete needs of countries and regions. It will continue to work hand-in-hand with its partners towards the overall goal – access to high-quality health care for all the world's women and children. ■



Annex 1.

PMNCH Board members, partners and staff

Board members (as of December 2011)

[R] = Representative [A] = Alternate

Board Chair

Julio Frenk, Dean, *Harvard School of Public Health*

Academic, Research and Training Institutions

- [R] **Vinod Paul**, Professor (co-Chair), Department of Paediatrics, *All India Institute of Medical Sciences*
- [R] **José Miguel Belizán**, Director of Department of Mother & Child Health Research, *Institute for Clinical Effectiveness and Health Policy*
- [A] **Fernando Althabe**, Director, Department of Mother & Child Health Research, *Institute for Clinical Effectiveness and Health Policy*
- [R] **Anthony Costello**, Director, *Centre for International Health and Development, University College London*

Donors and Foundations

- [R] **Judith F. Helzner**, Director, Population and Reproductive Health, *John D. and Catherine T. MacArthur Foundation*
- [A] **France Donnay**, Senior Program Officer, *Bill & Melinda Gates Foundation*
- [R] **Julia Bunting**, Team Leader, AIDS and Reproductive Health Team, Human Development Department, *Department for International Development (DFID)*
- [A] **Will Nibblet**, AIDS and MNCH Workstream Lead, AIDS and Reproductive Health Team, Human Development Department, *Department for International Development (DFID), UK Government*
- [R] **Gustavo González-Canali**, Head, Health & Human Development Department, Global Public Goods Directorate, *French Ministry of Foreign and European Affairs*
- [A] **Gilles Landrison**, Director, Health & Human Development Department, *French Ministry of Foreign and European Affairs*
- [R] **Anders Nordström**, Ambassador - HIV/AIDS, Department for Multilateral Development Cooperation, *Ministry for Foreign Affairs, Sweden*
- [A] **Anneka Knutsson**, Director, Department for Human Development, *Swedish International Development Cooperation Agency*
- [R] **Benedict David**, Principal Health Adviser, Health & HIV Thematic Group, *AusAID*
- [A] **Joanne Greenfield**, Health Adviser, Health & HIV Thematic Group, *AusAID*

Governments

- [R] **H.E. Mr. Ghulam Nabi Azad**, Union Minister for Health & Family Welfare, *Government of India*
- [A] **Anuradha Gupta**, Additional Secretary and Mission Director (NRHM) to the Government of India, Reproductive and Child Health, Ministry of Health and Family Welfare, *Government of India*
- [R] **H.E. Prof. C.O.O. Chukwu**, Minister of Health, Federal Ministry of Health, *Government of Nigeria*
- [A] **Tinu Taylor**, Assistant Director Child Health, Federal Minister of Health, *Government of Nigeria*

- [R] **H.E. Dr. Hadji Hussein Mponda**, Minister of Health & Social Welfare, Ministry of Health and Social Welfare, *Government of Tanzania*

- [A] **Neema Rusibamayila**, Ministry of Health & Social Welfare, *Government of Tanzania*

Health Care Professional Associations

- [R] **Frances Day-Stirk**, President, Royal College of Midwives, *International Confederation of Midwives*
- [A] **Nester Moyo**, Senior Midwifery Adviser, *International Confederation of Midwives*
- [R] **Pius Okong**, Assistant Professor, Department of Health, & Head of Department Obs/Gyn, San Raphael of St. Francis Hospital Nsambya, *International Federation of Gynecology and Obstetrics*
- [A] **Farrukh Zaman**, Professor of Obstetrics & Gynaecology, Rashid Latif Medical College, *International Federation of Gynecology and Obstetrics*
- [R] **Zulfiqar Bhutta**, Husein Lalji Dewraj, IPA, Professor & Chairman, Department of Paediatrics & Child Health, *The Aga Khan University*
- [A] **Chok-wan Chan**, *International Pediatric Association*

NGOs

- [R] **Rajiv Tandon**, Senior Adviser Maternal, Newborn, Child Health and Nutrition, *Save the Children India*
- [A] **Patrick Watt**, Director of the Global Campaign, *Save the Children International*
- [R] **Tewodros Melesse**, Director-General, *International Planned Parenthood Federation*
- [A] **Jennifer Woodside**, Head of Advocacy & Communications, *International Planned Parenthood Federation*
- [R] **Stefan Germann**, Director for Partnerships, Innovation & Accountability, Global Health and WASH Team, *World Vision International*
- [A] **Rudo Kwaramba**, National Director, *World Vision Uganda*
- [R] **Mary Anne Mercer**, Director of Timor-Leste Operations, *Health Alliance International*

Multilateral Agencies

- [R] **Purnima Mane**, Deputy Executive Director (Programme), *UNFPA*, Co-Chair
- [A] **Laura Laski**, Chief of Sexual and Reproductive Health Branch, Technical Division, *UNFPA*
- [R] **Geeta Rao Gupta**, Deputy Executive Director, *UNICEF*
- [A] **Mickey Chopra**, Chief, Health, Associate Director, Programme Division, *UNICEF*
- [R] **Cristián Baeza**, Director, Health, Nutrition and Population, Human Development Network, *The World Bank*
- [A] **Sameera Al Tuwaijri**, Health, Nutrition & Population, Human Development Network, *The World Bank*
- [R] **Flavia Bustreo**, Assistant Director-General, Family, Women's and Children's Health Cluster, *World Health Organization*
- [A] **Elizabeth Mason**, Director, Child and Adolescent Health, *World Health Organization*
- [A] **Michael T. Mbizvo**, Director, Reproductive Health and Research, *World Health Organization*

Partners

Academic, Research and Training Institutions

- Centre for Health Policy and Innovation
- Academia Nacional de Medicina
- Advanced Life Support in Obstetrics Advisory Board (ALSO)
- Aga Khan University
- Alexandria University, Faculty of Medicine, High Institute of Public Health (HIPH)
- All India Institute of Medical Sciences (AIIMS)
- Averting Maternal Death and Disability (AMDD), Columbia University
- Ben Gurion University of the Negev Medical School for International Health, Faculty of Health Sciences
- Carolina Breastfeeding Institute
- Catalan Agency for Health Technology Assessment (CAHTA)
- Center for Global Health and Development - Boston University
- Centre for Global Health, Population, Poverty & Policy (CGHP3), University of Southampton
- Centre for Health and Population Studies (CHPS)
- Centre for Health and Social Justice
- Chalmeda Anand Rao Institute of Medical Sciences
- Choices and Challenges on Changing Childbirth (CCCC), Regional Research Network, American University of Beirut
- Columbia University, Mailman School of Public Health
- Department of Global Health Policy, Graduate School of Medicine, The University of Tokyo
- Emory University Rollins School of Public Health
- Federal University of Pelotas, Brazil
- Georgetown University Institute for Reproductive Health
- Global Network for Perinatal and Reproductive Health
- Global Network for Women's and Children's Health Research
- Global Organization for Maternal and Child Health
- Gulu University Department of Reproductive Health
- Harvard Humanitarian Initiative and Massachusetts General Hospital
- Hoc Mai Australia Vietnam Medical Foundation
- IMMPACT (Initiative for Maternal Mortality Programme Assessment, University of Aberdeen)
- Indian Council of Medical Research
- Institut National de Sante Public
- Instituto de Cooperacion Social - Integreare
- Institute for Clinical Effectiveness and Health Policy (IECS)
- Institute for Global Health of Barcelona (ISGLOBAL)
- Institute of Science Technology, Breastfeeding Research and Advocacy Group
- Instituto per l'Infanza IRSS Burlo Garofolo (WHO Collaborating Centre for Maternal and Child Health)
- International Center for Research on Women
- International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B): Centre for Health and Population Research
- International Centre for Reproductive Health - Ghent University
- International Institute for Health Care Professionals
- International Institute for Population Sciences (IIPS)
- Johns Hopkins Bloomberg School of Public Health
- Karolinska Institute
- London School of Hygiene and Tropical Medicine (LSHTM/IDEU)
- Mahatma Gandhi Institute of Medical Sciences
- Mintaka Foundation for Medical Research
- Moi University
- Narayana Medical Institutions
- Narotam Sekhsaria Foundation
- National Center for Global Health and Medicine
- National Institute of Child Health and Human Development, US (NICHD)
- National Research Center of Maternal and Child Care
- Osaka Medical Center and Research Institute for Maternal and Child Health
- Oslo University Hospital Norway, Department of Maternal and Child Health
- Prince Leopold Institute of Tropical Medicine Antwerp
- Program on Forced Migration and Health, Columbia University
- Qazvin Medical University, Health Deputy Department
- Research Triangle Institute
- Safe Motherhood Programs, Bixby Center for Global Reproductive Health, University of California San Francisco (UCSF), Dept of Obstetrics, Gynecology, and Reproductive Sciences
- School of Human Sciences / Osaka University
- School of Public Health, Peking University
- Society for Education, Action, and Research in Community Health (SEARCH)
- Suez Canal University, Faculty of Medicine
- Tribhuvan University, Institute of Medicine
- UCL Centre for International Health and Development
- Umeå International School of Public Health
- University of Bergen, Priority Setting and Planning in Global Health Group
- University of KwaZulu-Natal, Department of Public Health Medicine, School of Family and Public Health, Nelson R Mandela School of Medicine
- University of Lagos, Department of Population Geography
- University of Limpopo, Department of Nursing Sciences, Medunsa Campus
- University of the Western Cape School of Nursing
- University of Zambia
- Vanderbilt University Medical Center: Center for Evidence-Based Medicine and Institute for Global Health
- Women's Global Health Imperative at RTI

Donors and Foundations

- Australian Agency for International Development (AusAID)
- Bill & Melinda Gates Foundation
- Canadian International Development Agency (CIDA)
- Centers for Disease Control and Prevention, Division of Reproductive Health (CDC)
- Department for International Development, UK (DFID)
- Doris Duke Charitable Foundation
- European Commission
- France - Ministry of Foreign and European Affairs
- German Federal Ministry for Economic Cooperation and Development (BMZ)
- Global Fund to Fight AIDS, Tuberculosis and Malaria
- Italy: Development Cooperation (Directorate General for)
- Japan International Cooperation Agency
- MacArthur Foundation
- Netherlands (the), Ministry of Foreign Affairs
- Norwegian Agency for Development Cooperation (NORAD)
- Sweden, Ministry of Foreign Affairs
- U.S. Agency for International Development (USAID)
- United Nations Foundation (UNF)

Health Care Professional Associations

- American Academy of Pediatrics
- American College of Nurse-Midwives
- Canadian Public Health Association
- Council of International Neonatal Nurses (COINN)
- Federation of Asia and Oceania Perinatal Societies (FAOPS)
- G.M.Khan Memorial Medical Centre & maternity Home
- Granti-Med Medical Clinic
- Hayfords Global Foundation
- Healthy Mother Wellness & Care
- International Child Health Group
- International Confederation of Midwives (ICM)
- International Council of Nurses
- International Federation of Gynaecology and Obstetrics (FIGO)
- International Pediatric Association (IPA)
- International Pharmaceutical Federation (FIP)
- International Society of Ultrasound in Obstetrics and Gynecology (ISUOG)
- International Union Against Tuberculosis and Lung Disease

- Obstetric Anaesthetists' Association (OAA)
- Obstetrical and Gynaecological Society of Bangladesh
- Ormylia Foundation, Center for Disease Prevention and Medical Research, Panagia Philantropini
- Rakiya Rural Approach Network
- Royal College of Nursing
- Royal College of Obstetricians and Gynaecologists
- Society of Obstetricians & Gynaecologists of Pakistan (SOGP)
- Society of Obstetricians and Gynecologists of Canada (SOGC)
- Tamil Nadu Federation of Obstetricians & Gynecologists
- World Federation of Societies of Anaesthesiologists (WFSA)

Multilateral Organizations

- GAVI Alliance
- International Labour Organization (ILO)
- Inter-Parliamentary Union
- UNAIDS Secretariat
- United Nations Children's Fund (UNICEF)
- United Nations Office for Project Services (UNOPS)
- United Nations Population Fund (UNFPA)
- World Bank
- World Health Organization

Non-Government Organizations

- Life Saving Organization for Afghanistan (LSOA)
- Alianza Argentina para la salud de la madre, recién nacido y niño (Argentine Partnership for Maternal, Newborn & Child Health)
- CLAN (Caring & Living As Neighbours)
- International Association of Infant Massage
- BRIDGEWISE
- Aisedup
- Anayetpur Mohila Kallyan Society
- BRAC
- Child Health and Nutrition Research Initiative (CHNRI)
- DALIT
- Development Assistance for Farmers & Farm Labors Bangladesh (DAFF - Bangladesh)
- Development Organisation of the Rural Poor (DORP)
- Eakok Attomanobik Unnayan Sangstha
- Family Health Development Organization (FHDO)
- Grameen Development Society (GDS)
- Integrated Social Development Effort (ISDE) Bangladesh
- Integrated Village Development Society (IVDS)
- MotherNewBorNet
- Nari Unnayan Sangstha (NUS)
- Polli Dustha Kallyan Shangstha (PDKS)
- Rainbow Nari O shishu Kallyan Foundation
- RDRS Bangladesh
- Rurowa Laue Tathang (RLT)
- International Diabetes Federation
- MEMISA
- Mothers at Risk
- Reproductive Health Supplies Coalition
- Cameroon Christian Welfare Medical Foundation (CAMCWEMEF)
- Centre d'Accueil et de Volontariat pour Orphelins, Abandonnés et Handicapés du Cameroun (CAVOAHCAM)
- Cercle des Amis du Cameroun (CERAC)
- Comité de Lutte contre les Pandémies pour le Développement Durable au Cameroun (CLPC)
- Foundation Josiaslive
- GICAR - CAM - Organisation de Développement et de Droits de l'Homme
- Health Vigilance Programme Cameroon (HVP)
- Action Canada for Population and Development
- Canadian Society for International Health (CSIH)
- Child & Family Research Institute
- Community Transcultural Support Services (CTSS)
- Medical Women's International Association
- Metis National Council
- Micronutrient Initiative
- Plan International Canada

- Sahan Relief and Development Organization
- Youth Coalition for Sexual and Reproductive Rights
- Organisation pour la Santé des délaissés (OSAD)
- Santé Globale Développement Intégré (SDI), VIH-SIDA
- Réseau Ensemble pour le Développement Durable du District d'Arta (E.D.D.A.)
- Social Fund for Development Egypt
- Maternity Worldwide Denmark
- Aga Khan Development Network
- Women and Health Alliance International
- Reproductive Health National Council
- Deutsche Stiftung Weltbevölkerung (DSW)
- Rotarian Action Group for Population & Development (RFPD)
- Akaa Project (The)
- Alliance for Reproductive Health Rights (ARHR)
- Centre for Pregnancy and Childbirth Education (CEPACE)
- Child Link Foundation
- Community and Family Aid Foundation
- Elizka Relief Foundation
- Guards of the Earth and the Vulnerable
- Healthcare Links
- Local Development Agency on Reproductive and Maternal Health (LODARMAH)
- Regional Prevention of Maternal Mortality Network
- Rural Integrated Relief Service-Ghana
- Vaah Junior Foundation for Better Maternal and Child Health
- Volta Regional Health Administration
- Instituto Multidisciplinario para la Salud
- Azad India Foundation
- Bhartiya Mahila Evam Gramin Utthan Sansthan
- Bhoruka Public Welfare Trust
- Breastfeeding Promotion Network of India, Ludhiana District Branch
- CHETNA
- ChildFund India
- CommonHealth Coalition on Maternal Neonatal Health and Safe Abortion
- Compassion Service Society
- Deepak Foundation
- Development Gateway Foundation
- EKJUT
- Gharbbarakshambigai Fertility Centre (P) Ltd
- Gram Bharati Samiti (GBS)
- Himalayan Inland Mission CHDP Programme
- Hindustan Latex Family Planning Promotion Trust (HLFPPT)
- Human Advancement, Reorientation and Empowerment for Environment & Health (HAREETH)
- Indian Social Service Institute
- Jaipur Zila Vikas Parishad
- Janhit Kalyan Evam Vikas Sansthan
- Kalpavriksh
- Krityanand UNESCO Club, Jamshedpur
- Kulwanti Hospitals & Research Centre
- Legal Aid Centre for Women
- MAMTA - Health Institute for Mother and Child
- Manav Kalyan Pratisthan
- Mant Kolkata
- March of Youth for Health, Education and Action for Rural Trust (MY-HEART)
- National Institute of Applied Human Research & Development (NIAHRD)
- Pharmed Trade News
- Population Services International
- Project Concern International
- PSS Educational Development Society
- Rainbow Health Care and Research Foundation
- Rural Youth Development and Cultural Society
- Samarpan Sewa Samiti
- Saraswathy Shanmugam Public Charitable Trust
- Save the Children, India
- Serve Train Educate People's Society (STEPS)

- Social Development & Management Society
- Society for Developmental Action
- Southern Health Improvement Sanity
- SPECTRA.ORG
- SRUSTI
- Suprativa
- Swaasthya Trust
- Swami Ram Krishna Paramhansa Maa Sahrda Sewa Samiti (SRKM Civil Society)
- SWASTI
- Unity For Promotion of Health and Development
- Universal Versatile Society
- Doctors with Africa (CUAMM)
- Osservatorio Nazionale sulla Salute della Donna (O.N.da) (National Observatory for Women's Health)
- Japanese Organization for International Cooperation in Family Planning (JOICFP)
- Space Allies
- Abantu for Development
- African Medical and Research Foundation (AMREF)
- Association of People With AIDS in Kenya
- Chelma Advisory Institute
- Heidelberg Christian Community & Medical Centre
- Kenya Association for Maternal and Neonatal Health (KAMANEH)
- Kisumu Kids Empowerment Organization
- Libyan Society for Safe Childhood (LSSC)
- Coalition for Rational and Safe Use of Medicines (CORSUM)
- Forum for Human Rights and Public Health-Nepal
- Nepal Social Marketing and Franchising Project
- Safe Motherhood Network Federation Nepal
- Women Acting Together for Change (WATCH)
- Simavi
- Action for Sustainable Health (ASH)
- Action Group on Adolescent Health (The Campaign Against Unwanted Pregnancy)
- Africa Public Health Rights Alliance and "15% Now!" Campaign
- Association of Safe Motherhood Promoters Nigeria
- Bethlehem Foundation For Safe Motherhood
- Centre for Health Sciences Training, Research and Development (CHESTRAD)
- Centre for Healthworks, Development and Research (CHEDRES)
- Child Maternal & Adolescent Life Project (CIMALP)
- Development Communications Network
- Edem Children Foundation (ECF)
- Empowering Women For Excellence Initiative (EWEI)
- Kano Station CTV67
- Lifeline Foundation Nigeria
- Live Alive Foundation
- Mother & Child Health Care (MCHCare)
- Peace and Life Enhancement Initiative International (PLEEII)
- Petcom Integrated Training Consult
- Redeem Community Health Consult
- Save Visions Africa (SVA)
- Society for Anti AIDS Among the Nigerian Students (SANS)
- Wellbeing Foundation Nigeria
- Women Advocates Research and Documentation Center
- Women and Community Livelihood Foundation
- Women United for Economic Empowerment (WUEE)
- Women's Health and Action Research Centre (WHARC)
- Women's Initiative for Self-Actualization (WISA)
- Health and Development International (HDI)
- Norwegian Afghanistan Committee (NAC)
- Batool Welfare Trust(BWT) Rawalpindi Pakistan
- Green Cross Welfare Organization
- Hasaan Foundation
- Integrated Rural Development Programme(IRDP)
- National Committee for Maternal Health (NCMH)
- Nations Capacity Building Programme - NCBP
- Parish Nurse Ministry
- Social Welfare and Community Development Society
- Society for Advancement of Health, Education and Research (SAHER)
- Swat Youth Front
- Youth Front Pakistan (YFP)
- Asociación Benéfica PRISMA
- Philippine NGO Council on Population Health & Welfare, Inc. (PNGOC)
- National Fund for Health Development
- Rwanda Initiative for Sustainable Environment and Agriculture (RISE)
- Advocacy Initiative for Development (AID)
- Africa Youth for Peace and Development Organization
- Christian Community Development Programme (CCDP)
- Youth Empowerment for Development Ministries International (YEDEM)
- SingHealth IMPACT (Singapore Health Services Pte Ltd's Program of International Medical & Public Health Development Assistance Activities)
- Nagaad Umbrella Organization
- International Association for Maternal and Neonatal Health (IAMANEH)
- Mothers2mothers International
- Options Consultancy, South Africa
- Perinatal Education Trust
- Global Movement for Children
- International Baby Food Action Network (IBFAN) Africa
- Enfants du Monde
- International Baby Food Action Network (IBFAN)
- Centre for Counselling, Nutrition and Health Care (COUNSENUH)
- Orphans Relief Services Tanzania (ORES)
- Concept Foundation
- CIAM Public Health Research & Development Centre
- Rutgers WPF
- Students' World Health Assembly Nijmegen (SWHAN)
- International Children's Center
- Destiny Enablers Foundation (DEF)
- Generosity International Lifecare Development Coalition
- Kyabugimbi Community Based Health Care Association (KCBHC)
- Organization for Good Life of the Marginalized
- Saint Francis Health Care Services
- The Uganda Safe Birth Organisation (TUSBO)
- Uganda Protestant Medical Bureau (UPMB)
- Cara International Consulting Ltd
- Commonwealth Secretariat, UK
- Fatherhood Institute
- Interact Worldwide
- International HIV/AIDS Alliance
- Little Big Souls
- MARCH Centre
- Marie Stopes International
- Maternity Worldwide
- Odysseus Foundation (The)
- Options Consultancy UK
- Save Mothers Foundation
- Save the Children UK
- WaterAid
- Women and Children First
- 34 Million Friends of the United Nations Population Fund
- Academy for Educational Development (AED)
- ActionAid USA
- Africa solutions, Inc.
- Aria International
- Association of Maternal and Child Health Programs (AMCHP)
- Basic Support for Institutionalizing Child Survival (BASICS)
- Care USA
- Centre for Development and Population Activities (CEDPA)
- Children's Project International
- Concern Worldwide US

- CORE Group
- Curamericas Global, Inc.
- Elizabeth Glaser Pediatric AIDS Foundation
- EngenderHealth
- Extending Service Delivery Project (ESD)
- Family Care International (FCI)
- FHI
- Future Generations
- Future Group International
- Global Alliance to Prevent Prematurity and Stillbirth (GAPPS)
- Global Health Council
- Global Network for Neglected Tropical Diseases
- Gynuity Health Projects
- Health Alliance International
- Health Right International
- Health System Plus
- Healthy Mothers Healthy Babies Coalition of Hawaii
- Helen Keller International
- Human Rights Watch
- Ibis Reproductive Health
- Infante Sano
- Institute for OneWorld Health
- Interchurch Medical Assistance (IMA) World Health
- International Council for Control of Iodine Deficiency Disorders (ICCID)
- International Initiative on Maternal Mortality and Human Rights
- International Planned Parenthood Federation (IPPF)
- International Planned Parenthood Federation/Western Hemisphere Region
- International Pregnancy Advisory Services (IPAS)
- International Relief and Development
- Interprea
- IntraHealth International, Inc.
- Jhpiego
- John Snow, Inc.
- La Leche League International
- Latin American Maternal Mortality Reduction Initiative
- Life Bridge US
- Management Sciences for Health
- March of Dimes
- Maternal and Child Health Integrated Program
- Maternal and Newborn Health in Ethiopia Partnership
- Maternal Health Task Force
- Mother Health International
- Obstetric Fistula Working Group
- ONE
- Operation Smile, Inc.
- Partners In Health
- PATH (Program for Appropriate Technology in Health)
- Pathfinder International
- Plan International USA
- Population Action International
- Population Council
- Population Media Center
- Population Reference Bureau
- Pre-vent
- PROJECT C.U.R.E. (Benevolent Healthcare Foundation)
- Project HOPE (Health Opportunities for People Everywhere)
- PSI
- Religions for Peace
- Reproductive Health Response in Conflict (RHRC) Consortium
- Save the Children US
- Save the Children, Saving Newborn Lives
- Seattle Home Maternity Service
- Student Campaign for Child Survival (SCCS), USA
- Task Force for Child Survival and Development
- The Manoff Group
- University Research Co., LLC, Center for Human Services (URC-CHS)
- US Coalition for Child Survival
- Vicez Global Charities Inc.

- WellShare International
- White Ribbon Alliance USA
- Women Deliver
- Women's Health and Education Center (WHEC)
- World Vision International
- Youth Peer Education Network (Y-PEER)
- Care International Zambia
- Treatment Advocacy and Literacy Campaign (TALC)
- White Ribbon Alliance Zambia
- Zimbabwe Grace Trust

Partner Countries

- Government of Bangladesh
- Government of Bolivia
- Government of Cambodia
- Government of Chile
- Government of Ethiopia
- Government of India
- Government of Indonesia
- Government of Mali
- Government of Mozambique
- Government of Nepal
- Government of Nigeria
- Government of Pakistan
- Government of Senegal
- Government of Tanzania
- Government of Uganda

Private Sector

- Development Media International
- GSM Association
- Health Partners International
- Intel Corporation
- Johnson and Johnson
- Medtronic
- Merck & Co., Inc
- Novartis Foundation for Sustainable Development
- Novo Nordisk A/S
- Safaricom Limited

PMNCH Secretariat staff

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Nick Green, Administrative Officer

Annex 2. Publications

2011 PMNCH publications

Essential Interventions, Commodities and Guidelines for Reproductive, Maternal, Newborn and Child Health

http://www.who.int/pmnch/topics/part_publications/201112_

The PMNCH 2011 Report: Analysing Commitments to Advance the Global Strategy for Women's and Children's Health

http://www.who.int/entity/pmnch/topics/part_publications/2011_pmnch_report/en/index.html

PMNCH 2012-2015 Strategic Framework

http://www.who.int/entity/pmnch/topics/part_publications/20111102_strategic_framework/en/index.html

PMNCH 2010 Annual Report: From Hope to Action

http://www.who.int/entity/pmnch/topics/part_publications/201103_pmnchannualreport/en/index.html

From Pledges to Action: A Partners' Forum on Women's and Children's Health - Report

http://www.who.int/entity/pmnch/topics/part_publications/2010_partnersforum_finalreport/en/index.html

Optimizing Global Fund proposals - Note for discussion

<http://www.who.int/pmnch/topics/economics/globalfund/en/>

Optimizing Global Fund proposals to promote women's and children's health

http://www.who.int/pmnch/topics/economics/20110809_globalfund_note.pdf

Options for Action: Strengthening the Global Financing Architecture for RMNCH

http://www.who.int/entity/pmnch/media/press_materials/pr/2011/20111110_rmnch_aid_architecture/en/index.html

Commissioned by PMNCH and written by SEEK Development and the Global health Group

A review of global accountability mechanisms for women's and children's health

http://www.who.int/entity/pmnch/topics/part_publications/2011_accountability-mechanisms/en/index.html

PMNCH Knowledge Summaries

http://www.who.int/pmnch/topics/part_publications/knowledge_summaries_introduction/en/index.html

13. Make stillbirths count

http://www.who.int/entity/pmnch/topics/part_publications/knowledge_summaries_13_make_stillbirths_count/en/index.html

14. Save lives: invest in midwives

http://www.who.int/entity/pmnch/topics/part_publications/knowledge_summaries_14_midwives/en/index.html

15. Non communicable diseases

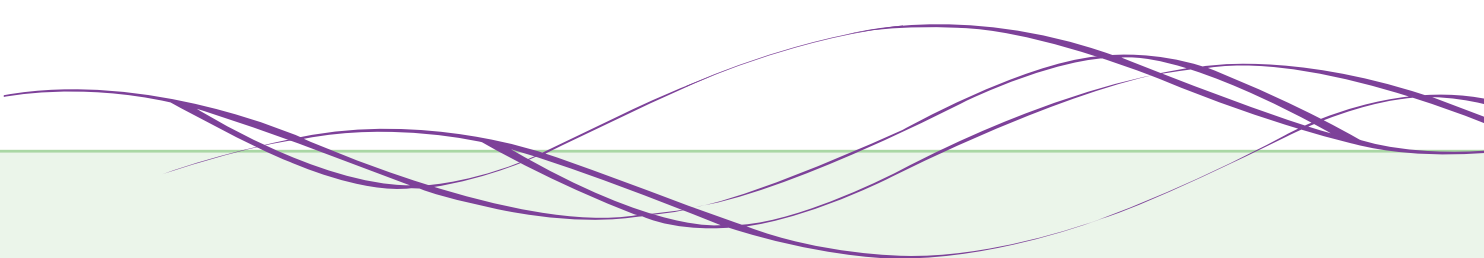
http://www.who.int/entity/pmnch/topics/part_publications/knowledge_summaries_15_noncommunicable_diseases/en/index.html

16. Parliamentarians

http://www.who.int/entity/pmnch/topics/part_publications/knowledge_summaries_16_parliamentarians/en/index.html

The Partnership E-Blast

<http://www.who.int/pmnch/members/updates/newsletter/en/index1.html>



PMNCH press releases

15 DECEMBER 2011 | GENEVA

Essential interventions, commodities and guidelines for reproductive, maternal, newborn and child health

http://www.who.int/entity/pmnch/media/press_materials/pr/2011/20111215_essential_interventions_pr/en/index.html

10 NOVEMBER 2011 | GENEVA/WASHINGTON

Strengthening the Global Financing Architecture for Reproductive, Maternal, Newborn and Child Health (RMNCH)

http://www.who.int/entity/pmnch/media/press_materials/pr/2011/20111110_rmnch_aid_architecture/en/index.html

17 OCTOBER 2011 | NAIROBI

African Parliaments and Speakers endorse resolution on increased budgetary support to maternal, newborn and child health

http://www.who.int/entity/pmnch/media/membernews/2011/20111017_africanparliamentsresolution/en/index.html

20 SEPTEMBER 2011 | GENEVA/NEW YORK

Analysing the Commitments to Advance the Global Strategy for Women's and Children's Health

http://www.who.int/entity/pmnch/media/press_materials/pr/2011/20110919_pmnch2011report_pr/en/index.html

20 JUNE 2011 | GENEVA/DURBAN, SOUTH AFRICA

Adequate Midwifery Could Save 3.6 Million Lives, New Report Shows

http://www.who.int/entity/pmnch/media/press_materials/pr/2011/20110620_sowmr_press_release/en/index.html

18 MAY 2011 | GENEVA

PMNCH welcomes the G8 Accountability Report

http://www.who.int/entity/pmnch/media/press_materials/pr/2011/20110518_pmnch_g8_mediaalert/en/index.html

14 APRIL 2011 | GENEVA

Stillbirths - The invisible public health problem

http://www.who.int/entity/pmnch/media/press_materials/pr/2011/20110414_pmnch_pr_stillbirths/en/index.html

14 APRIL 2011

African Ministers of Finance Commit to Improving Investments in Health

http://www.who.int/entity/pmnch/media/press_materials/pr/2011/20110414_africanhealthfinancing_pr/en/index.html

Produced with support from PMNCH

Investing in health for Africa: The case for strengthening systems for better health outcomes

http://www.who.int/entity/pmnch/topics/economics/20110414_investinginhealth_africa/en/index.html

Published by Harmonization for Health in Africa, consisting of WHO, World Bank, UNFPA, USAID, UNICEF, UNAIDS, JICA and the African Development Bank, in collaboration with PMNCH

Women and children neglected in drive for equitable health for all

http://www.who.int/entity/pmnch/media/membernews/2011/20111129_ifrc_report/en/index.html

IFRC Resolution and joint IFRC/PMNCH Report

Annex 3. Funding and budget

As of December 2011, a total of about US\$ 9.3 million had been raised from the donor community for implementation of PMNCH's 2011 Workplan. Total amounts provided by 10 key donors are noted below in alphabetical order:

Donor	2011 support (in US\$)
Government of Australia	2,154,000
Bill & Melinda Gates Foundation	1,726,000
Government of Canada	500,000
MacArthur Foundation	155,000
Government of Netherlands	150,000
Government of Norway	1,433,000
Government of Sweden	274,000
Government of UK	1,576,000
Government of USA	125,000
World Bank	1,200,000
Total	9,293,000

PMNCH has the following priorities for resource mobilization: timely receipt of funds pledged; expanding and extending existing donor commitments; broadening the private donor base and private sector engagement; developing and implementing new and innovative financing mechanisms.

The 2012-2015 Strategic Framework includes preliminary budget figures for 2012. The total overall budget is substantially higher than the previous year because extraordinary resources were solicited for the Countdown to 2015. Amounts are divided into five broad areas, including the Strategic Objectives discussed in Section 3 of this document:

- Total budget for Strategic Objective 1: \$2,412,695
- Total budget for Strategic Objective 2: \$2,944,195
- Total budget for Strategic Objective 3: \$1,893,485
- Total budget for cross-cutting deliverables/activities: \$4,520,000
- Total budget for core functions (governance, administration, etc.): \$2,088,365
- **Total overall budget for 2012: \$14,265,740**





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