



B11/11 - 11th PMNCH Board Meeting
25 & 26 October 2011
Paris, France

Briefing Session for New Board Members

Speaker Dr Andres de Francisco, PMNCH

Evidence, advocacy and accountability
for women's and children's health



46

Evidence, advocacy and accountability
for women's and children's health

Outline

1. Establishment of PMNCH

- Who we are
- Why we act

2. PMNCH 2012-2015

- Strategic Framework
- PMNCH Structure and constituency groups
- Continuum of Care and essential interventions
- Cross-Cutting Principles

3. Looking ahead

- New Strategic Objectives for 2012-2015
- Follow-up to The Global Strategy for Women's and Children's Health

4. Introduction to the PMNCH Board and the Board meeting agenda



I. Establishment of PMNCH

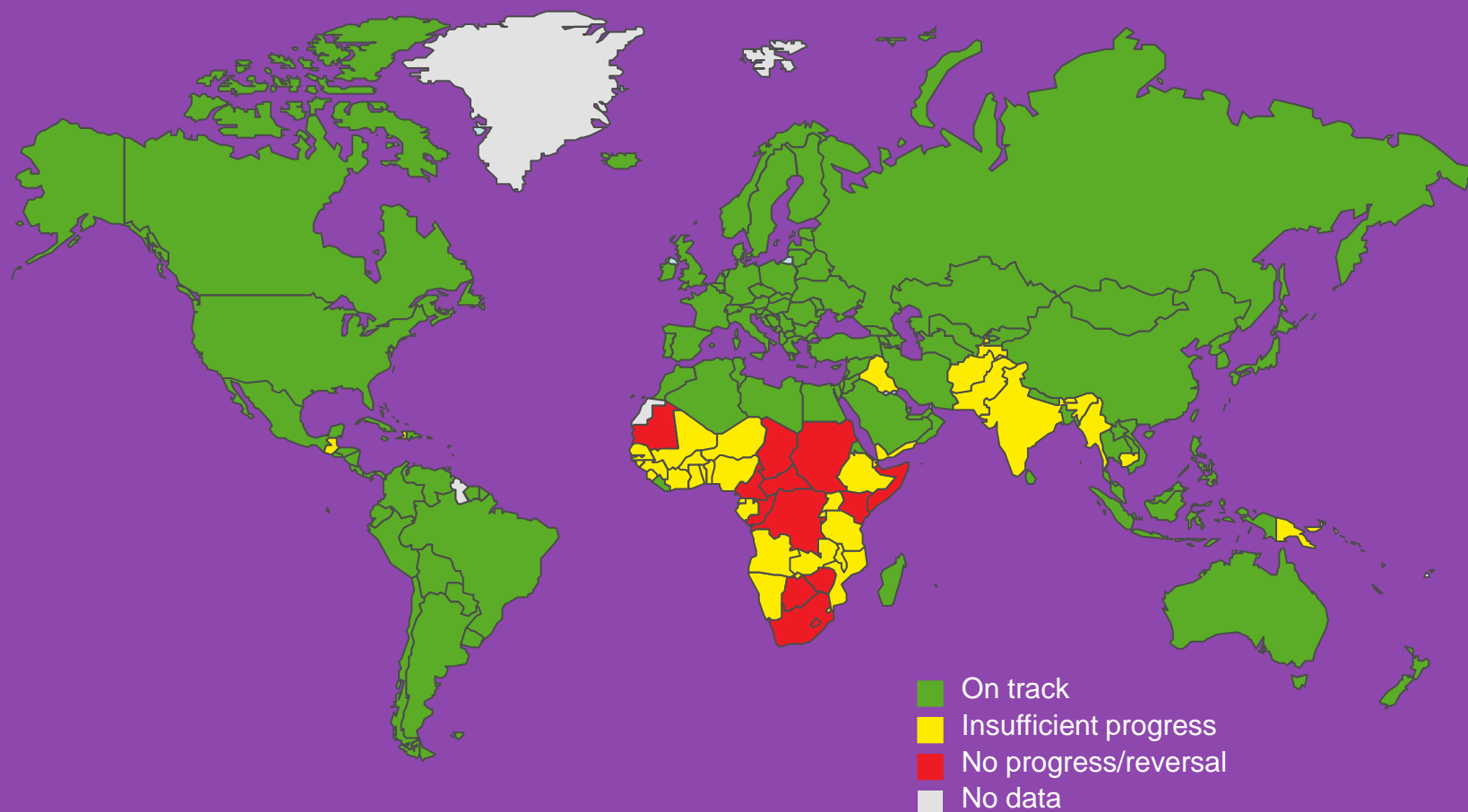
Evidence, advocacy and accountability
for women's and children's health

Who we are

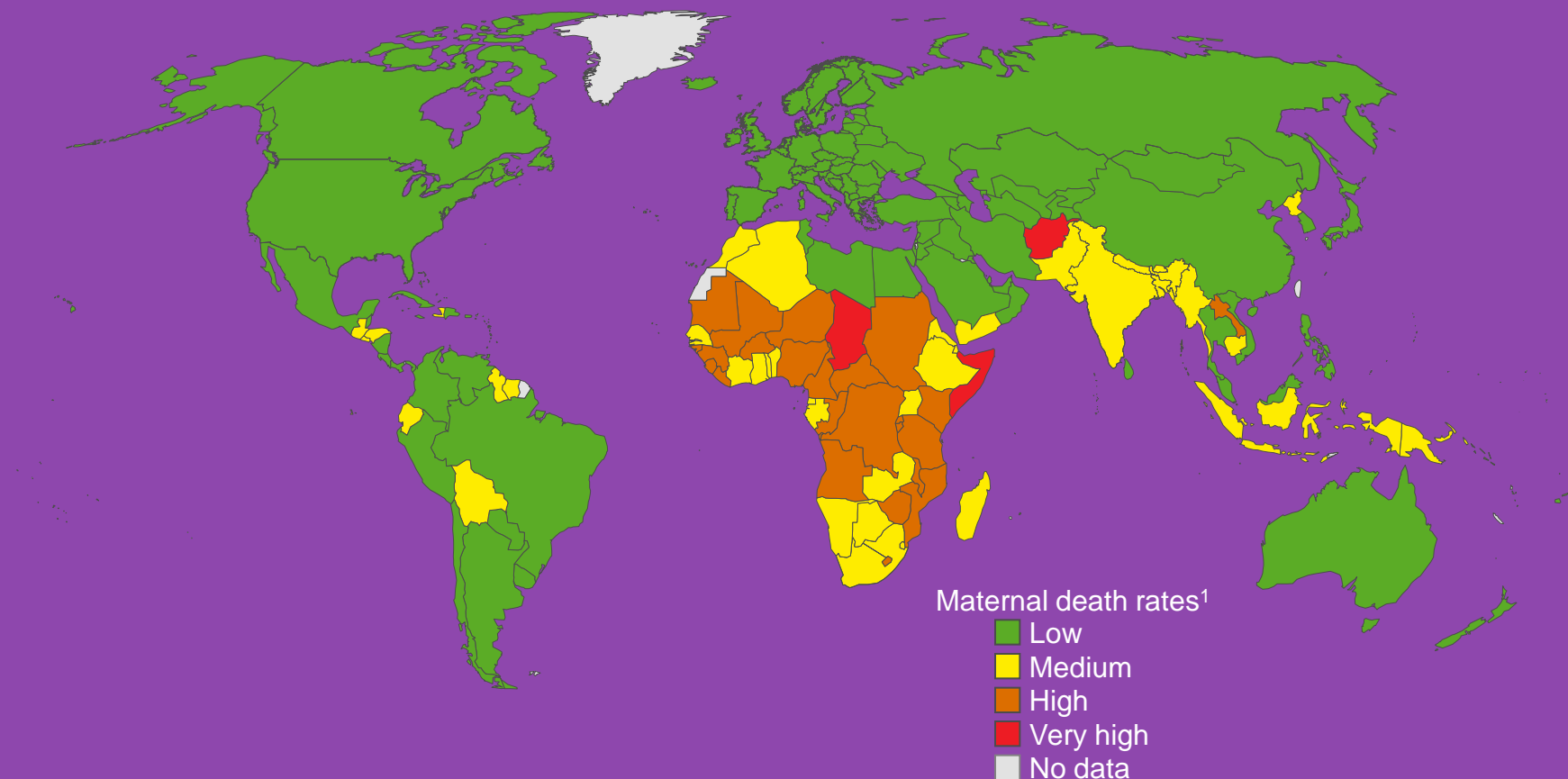
- Launched Sept. 2005 in India as merger of 3 pre-existing partnerships
- Focus on RMNCH Continuum of Care
- Aims to accelerate achievement of MDGs 4 & 5
- Promotes the collaboration of the constituencies



Why we act: MDG 4



Why we act: MDG 5



1. Maternal mortality ratio is defined as the number of deaths per 100,000 live births. Low represents countries with less than 100 deaths per 100,000 live births, medium represents countries with 100-500 deaths per 100,000 live births, high represents countries with 501-1,000 deaths per 100,000 live births, and very high represents countries with greater than 1,000 deaths per 100,000 live births.
Source: Estimates of maternal mortality levels and trends 1990-2008. WHO / UNICEF / UNFPA / World Bank, 2010

2. PMNCH 2012-2015



The PMNCH Strategic Framework

VISION

The achievement of Millennium Development Goals, with women and children enabled to realize their right to the highest attainable standard of health in the years to 2015 and beyond.

MISSION

Supporting Partners to align their strategic directions and catalyze collective action to achieve universal access to comprehensive, high-quality reproductive, maternal, newborn and child health care.

ADDED VALUE

To be an institutional platform bringing together and enhancing the interaction of Partners focused on improving the health of women and children, working across the reproductive, maternal, newborn and child health Continuum of Care. In essence, enabling Partners to share strategies, align objectives and resources, and agree on interventions to achieve more together than they would have been able to achieve individually.

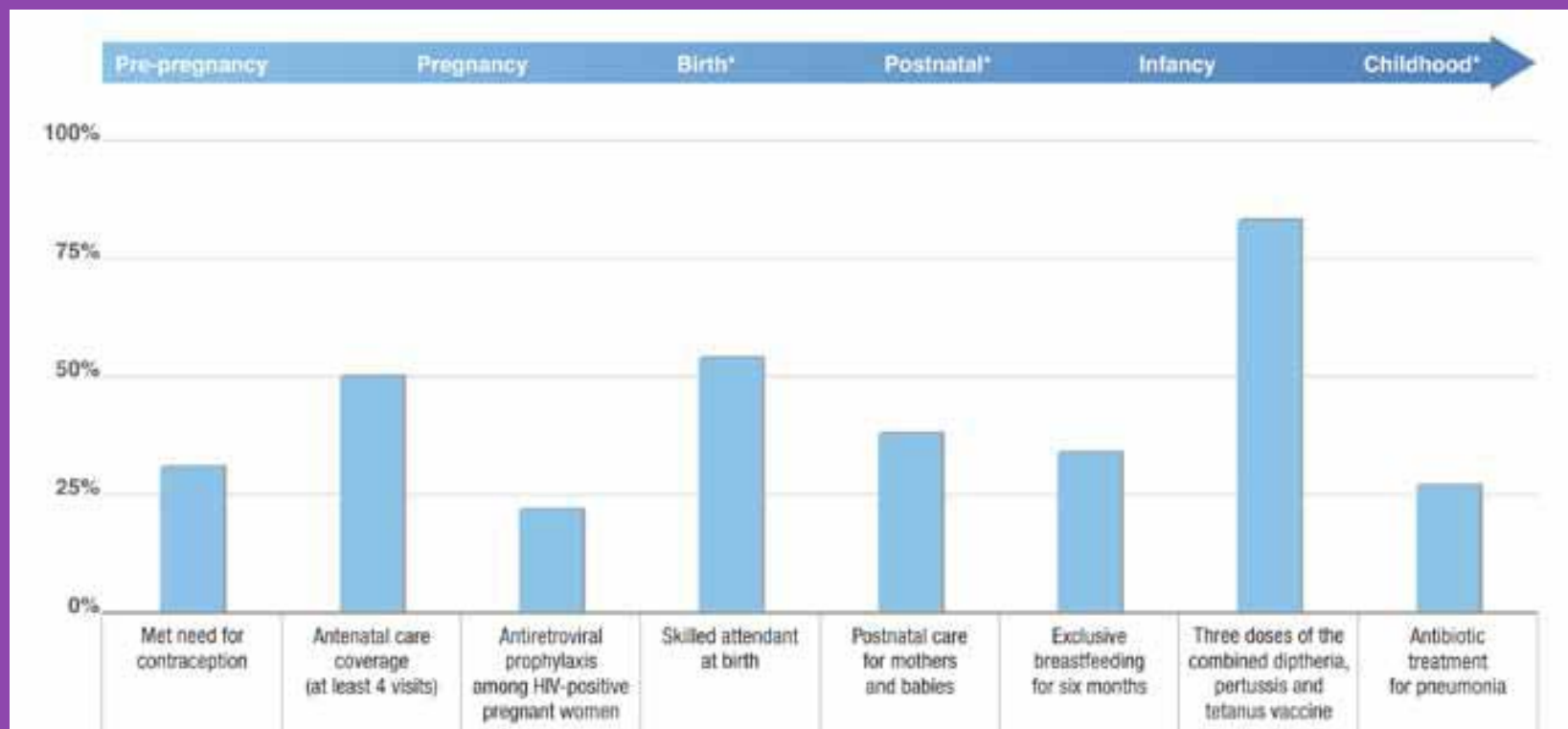
PMNCH Structure: 7 Constituency Groups



RMNCH Continuum of Care



Continuum of Care: essential interventions



* Times of high risk of mortality for women and children, but with low coverage of essential interventions. PMNCH (2011). Adapted from the Countdown to 2015 (2010), with indicators from the Commission on Information and Accountability for Women's and Children's Health (2011).

Cross-Cutting Principles

1. *Partner-centric operation*
2. Convening and brokering role to engage all Partners
3. Work guided by country demand and regional priorities
4. Continue to promote continuum of care

3. Looking Ahead



The 2012-2015 PMNCH Strategic Objectives (SOs)

Strategic Objective 1: Broker knowledge and innovation for action



- Building consensus and strategic alignment related to RMNCH
- Facilitating the translation of knowledge
- Providing an overview of RMNCH knowledge, innovations and gaps

Strategic Objective 2: Advocate for mobilizing and aligning resources and for greater engagement



- Resource mobilization and mobilization of networks and partners
- Visibility of RMNCH issues through a human rights framework
- RMNCH policy development and implementation

Strategic Objective 3: Promote accountability for resources and results



- Promoting the recommendations of the Commission on Information and Accountability
- Partnership's 2011 report on Commitments to the Global Strategy
- The Countdown to 2015
- Accountability is a key element of human rights

The Global Strategy for Women's and Children's Health

...first comprehensive
roadmap to
accelerate progress,
deliver results, and
ensure
accountability...

Investing in Our Common Future



...it builds on existing efforts and aims to gain new commitments

Every Woman Every Child High-Level Event in New York city on September 20th, 2011

Marked the 1st Anniversary of the
Launch of the Global Strategy for
Women's and Children's Health



- Over US\$40 billion committed in 2010 alone
- Additional commitments made in 2011
- PMNCH launched the 2011 Report: “Analyzing Commitments to Advance the Global Strategy for Women’s and Children’s Health”
- Announcement of the Independent Expert Review Group (ERG) as follow-up to the Commission on Information and Accountability

Commitments made to Advance the Global Strategy*

- Support country-led health plans and financing
- Promote essential interventions, strengthen systems, and improve integration across the MDGs
- Innovative approaches to financing, product development and the efficient delivery of health services
- Promote human rights and equity
- Strengthen accountability for results and resources for women's and children's health

* Source: *Analyzing Commitments to Advance the Global Strategy for Women's and Children's Health.*
PMNCH 2011

The Commission on Information and Accountability for Women's and Children's Health

- Established in January 2011:
 - Chaired by:
 - *PM Harper (Canada)*
 - *President Kikwete (Tanzania)*
 - Commissioners: 33 high-level representatives, including *Dr Julio Frenk, Chair of the PMNCH (Dean of HSPH)*
- Recommendations from report released in May 2011 highlights the need for:
 - Better information for better results
 - Better tracking of resources for women's and children's health
 - Better oversight of results and resources: nationally and globally

Major Strides in 2011 for women and children

- **January 2011:** Creation of the *Commission on Information and Accountability for Women's and Children's Health*
- **April 2011:** 124th Inter-Parliamentary Union (IPU) assembly in Panama urging priority to Women's and Children's health
- **May 2011:** 64th WHA focused strongly on supporting RMNCH
- **June 2011:** PMNCH Board approved strategic framework for 2012-2015 and creation of private sector constituency
- **September 2011:** *Every Woman Every Child* high-level meeting with analysis of 2010 commitments and new commitments made
- **October 2011:** Discussion on RMNCH resolution at the 125th IPU Assembly in Bern - 11th PMNCH Board Meeting

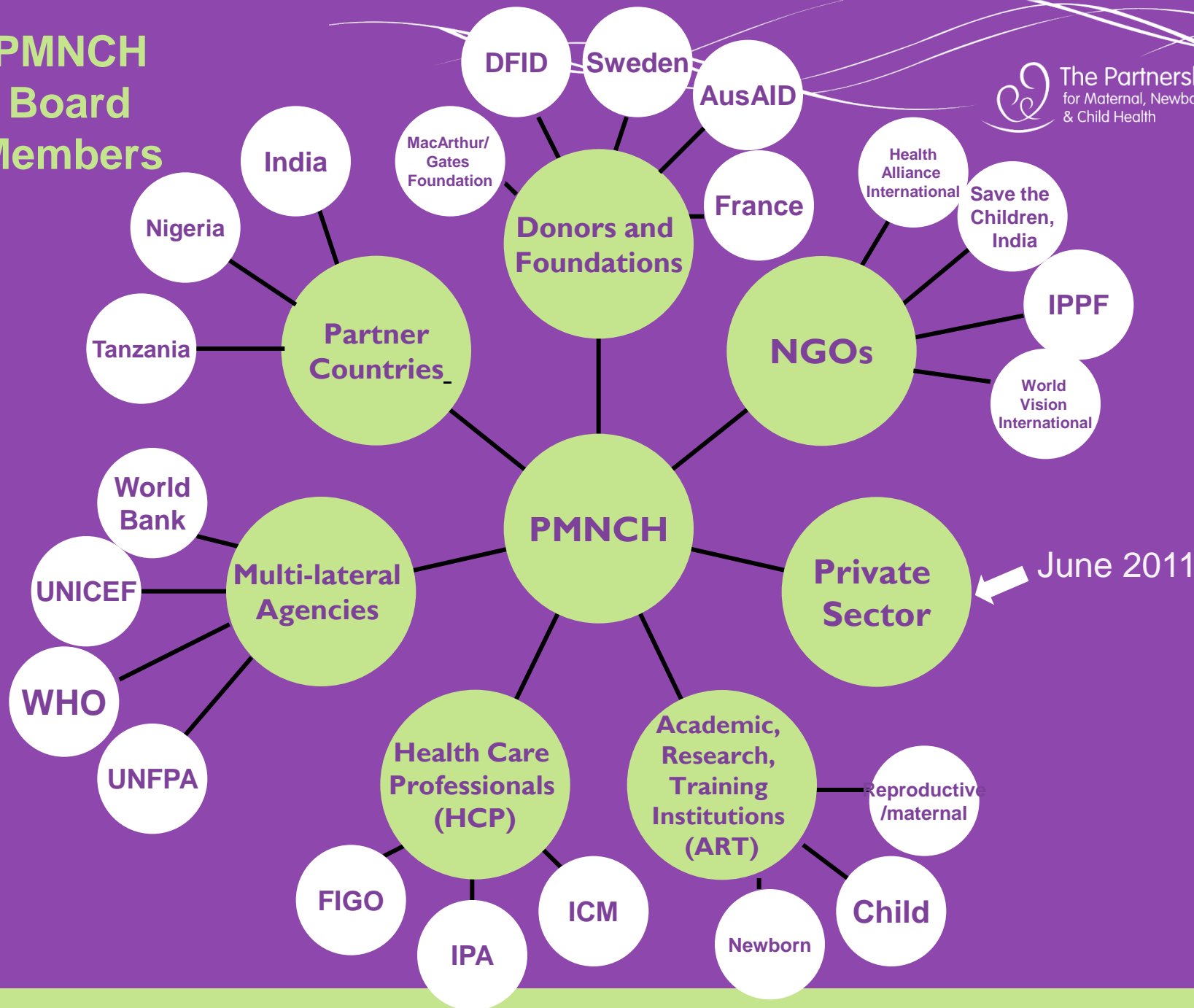
4. An Introduction to the PMNCH Board



The PMNCH Board

- One Chair and two co-Chairs
- All six current constituencies represented – newly created private sector constituency in discussion for representation
- Board Members speak for their constituencies
- Balance (geographical & expertise in RMNCH, health systems, cross-cutting issues)
- Meets regularly (twice a year although it can change)
- Functions by consensus

PMNCH Board Members



Adding New Partners Adding New Value: the addition of the Private Sector constituency

- PMNCH Membership:
 - New members: Merck, Novartis Foundation, GSM Alliance
 - Applications in process: Intel, Safaricom, GE Healthcare, J&J, Medtronic Foundation, Siemens
 - Others interested: Lifespring, Orange- France Telecom, Pfizer, IFPMA etc.
- Strong interest, due diligence by PMNCH and companies
- *First Private Sector Consultation* at the Pre-Board meetings on October 24th
- Process in place to select representatives for 2 private sector Board seats by mid December

PMNCH Structure: Structural elements

- Permanent Committees of the Board:
 - Finance and Executive
- Strategy:
 - The 2009-2011 Period: Lead partners
 - The 2012-2015 Period: Objective Coordinators
- Members “at large”: More than 400
- Secretariat hosted and administered by WHO

PMNCH Board Functions

- Determines strategic priorities
- Approves workplans and mobilises funds
- Is responsible for governance & management
- Represents PMNCH and Advocates



The PMNCH Board: Terms of office & rotation

- All constituencies represented (currently 23 members + Chair)
- Private sector forming (+2)
- Two year term – renewable for two years
- Rotation – staggered – ensure continuity. Responsibility to inform of rotation and allow for new nominations/selections

Key Objectives for the 11th PMNCH Board Meeting

- Approval of the 2012 Work plan
- Reach alignment and agreement on key substantive issues
- Welcome the new private sector constituency



46

Evidence, advocacy and accountability
for women's and children's health

More information

- **PMNCH Governance pages - members, activities, calendar...**

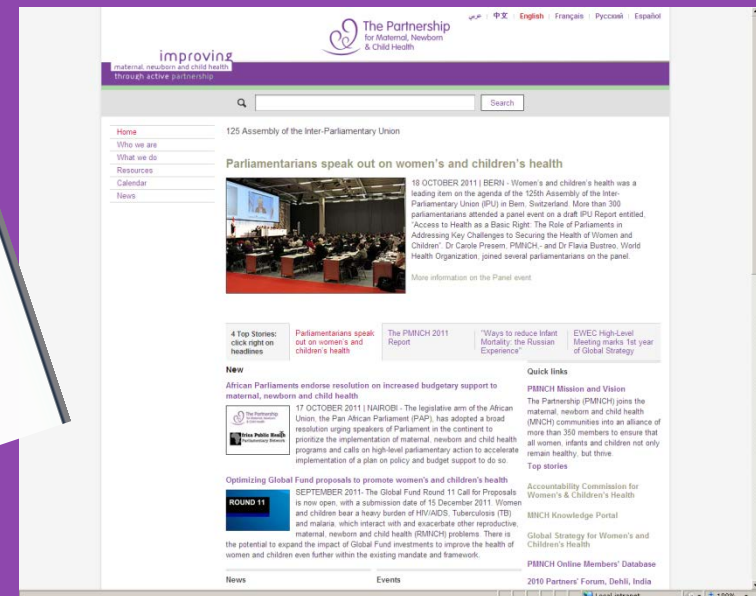
<http://www.who.int/pmnch/about/en/>

http://www.who.int/pmnch/about/steering_committee/en/index.html

- **Board Manual**



- **Focal Point PMNCH Secretariat**
Marta Seoane
Board Relations and Information Officer
seoanem@who.int



"This is a major effort, and no one agency can do it alone. Commitment and partnership are essential."

*-Thoraya Ahmed Obaid,
Executive Director of UNFPA*



Questions?

Evidence, advocacy and accountability
for women's and children's health