



**BII/II – 1<sup>st</sup> Private Sector Consultation**  
**24 October 2011**  
**Paris, France**

# **PMNCH: Opportunities for Collaboration with the Private Sector**

**PMNCH Private Sector Consultation**

*Dr. Carole Presern, PMNCH Director*

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



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

# Outline

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- 2012-2015 Workplan
- Continuum of Care and Key Interventions
- Value the Private Sector Can Bring
- Opportunities for Private Sector Engagement

## 4. Looking ahead

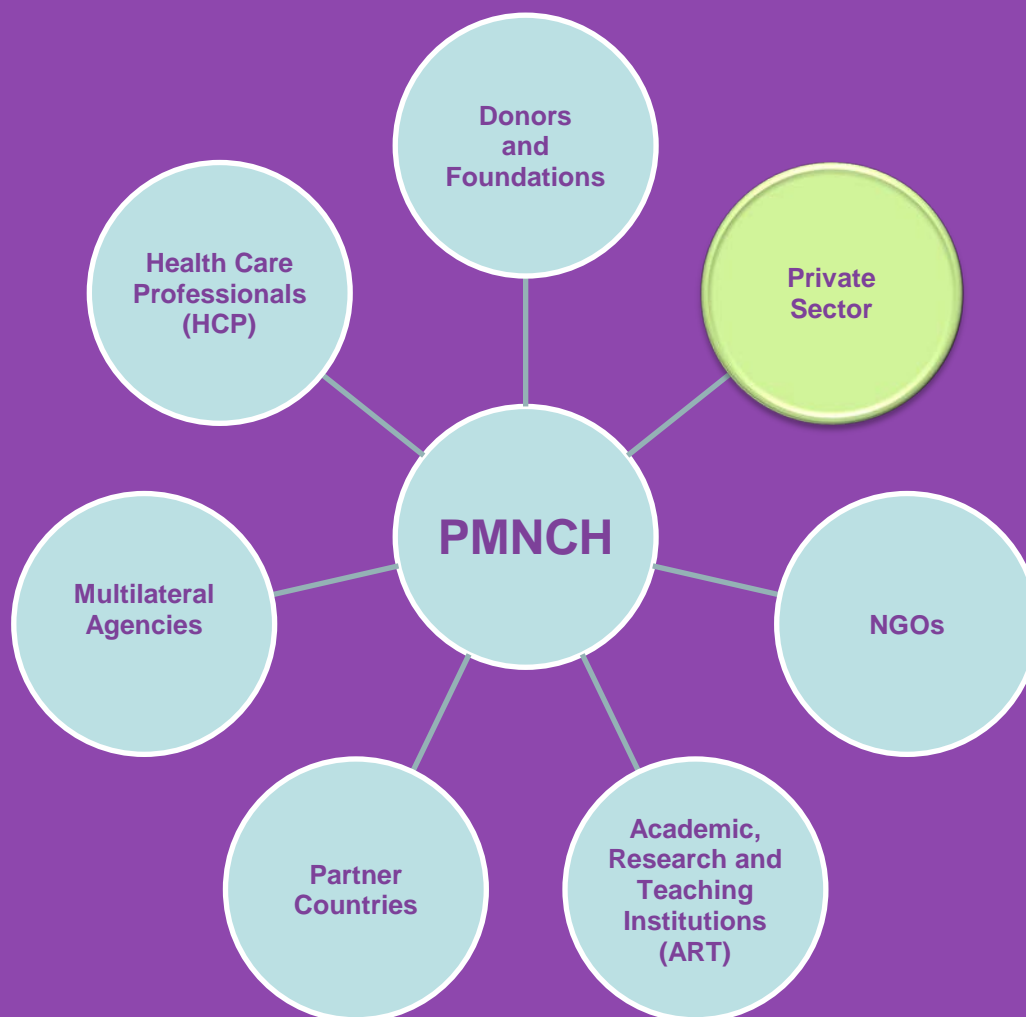
## Who we are

- Leading global alliance - 400+
- Launched Sept 2005 in India
- Unique knowledge based advocacy partnership
- Aims to accelerate achievement of MDGs 4 & 5
- Hosted by WHO, with independent Board and budget

**“Progress to improve women’s and children’s health and MDGs can be achieved through close co-operation between the UN, governments, NGOs and the private sector”**

*UN Secretary General Ban Ki-moon, Sept 2011*

## PMNCH Structure: 7 Constituency Groups



Since June 2011

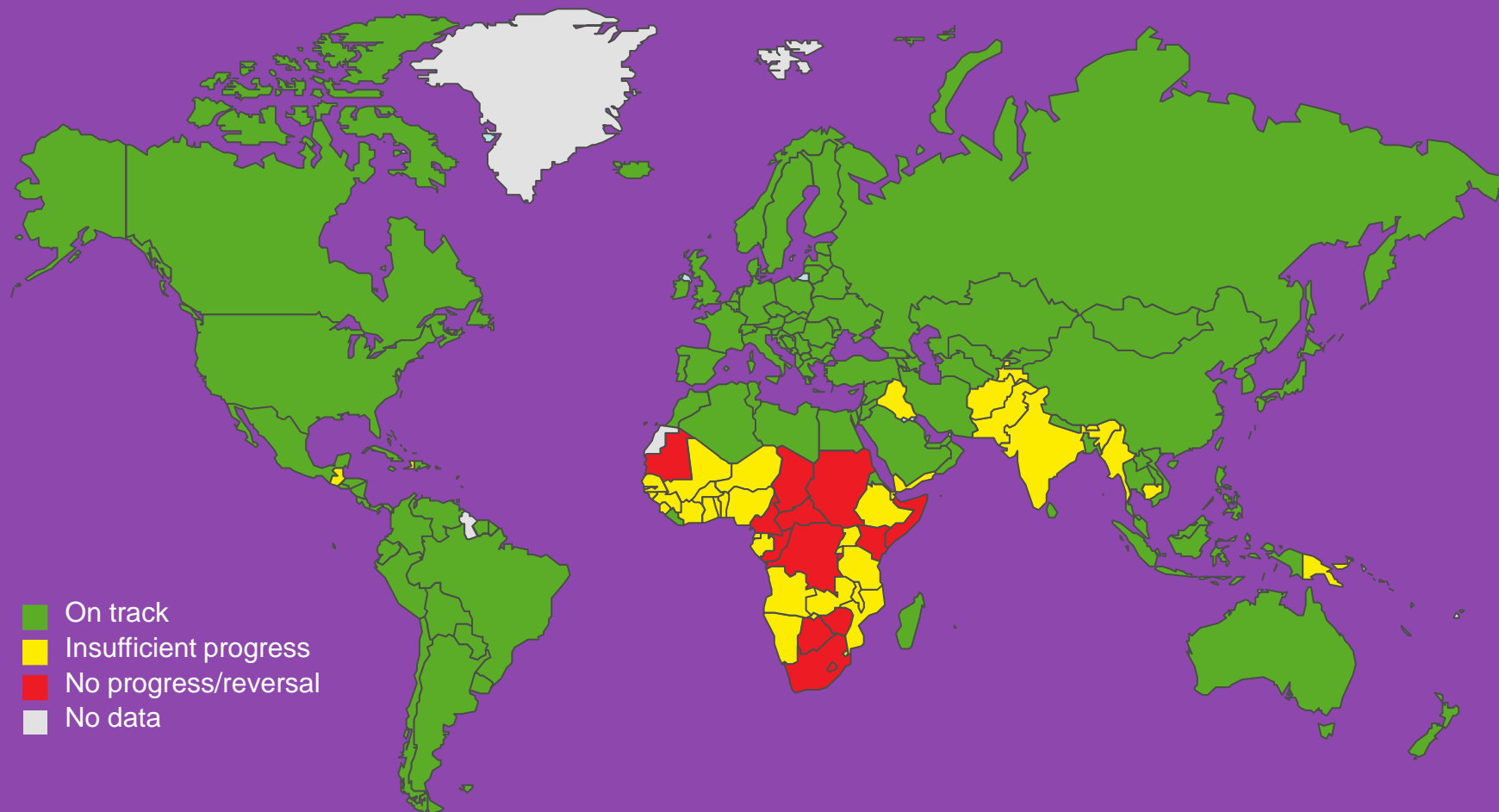


**Merck\***  
**GSMA\***  
**Novartis\***  
**Intel**  
**Safaricom**  
**J&J**  
**Pfizer**  
**GE Healthcare**  
**Siemens**  
**Medtronic**  
**Lifespring**

• *Joined Membership*  
(others in progress)

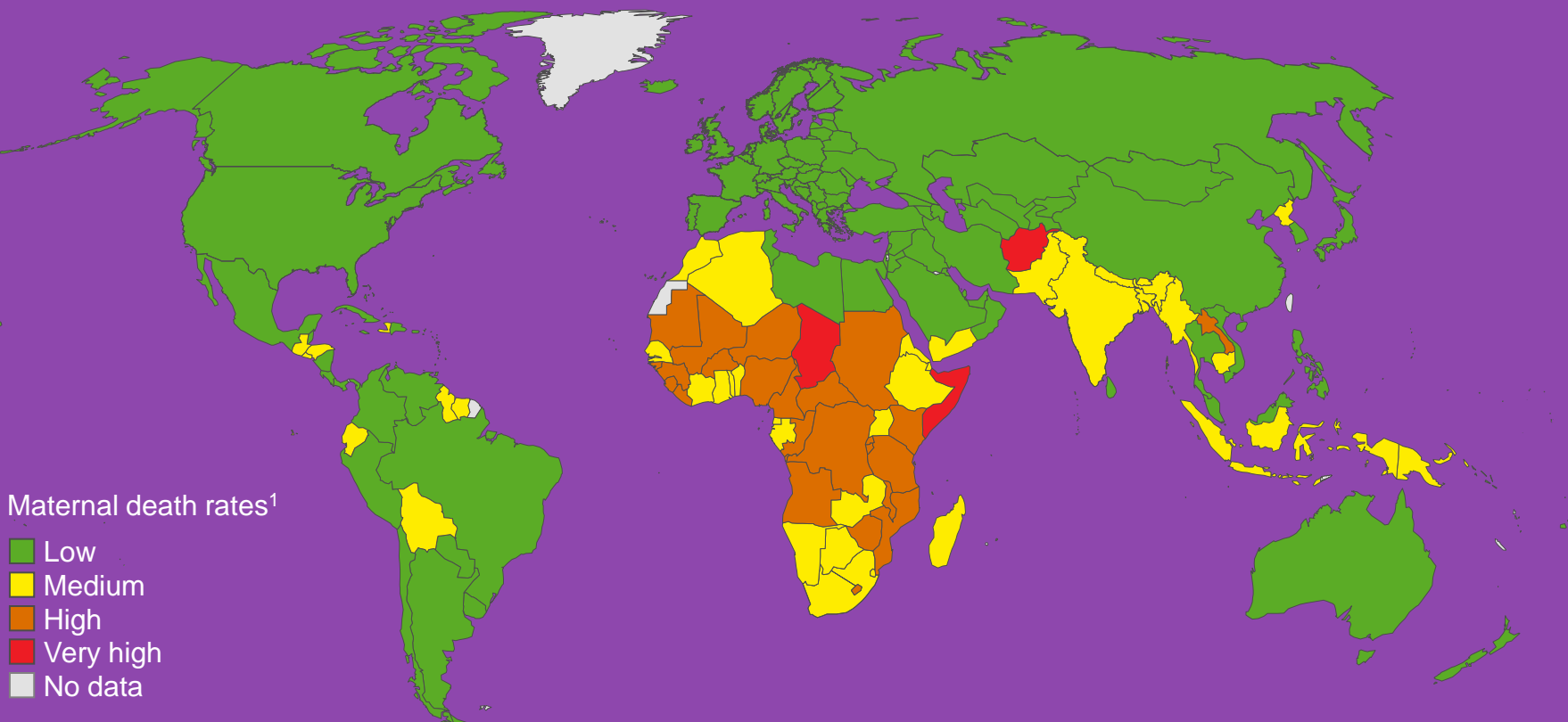
## Why we act

### MDG 4 (Child Mortality) - Little progress in Africa



## Why we act

### MDG 5 - Maternal deaths still common in Africa and Asia



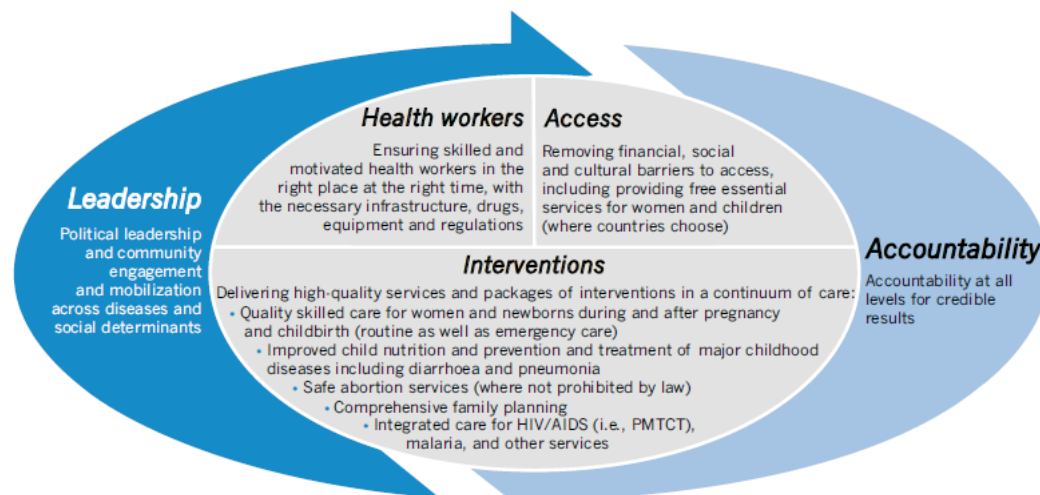
1. Maternal mortality ratio is defined as the number of deaths per 100,000 live births. Low represents countries with less than 100 deaths per 100,000 live births, medium represents countries with 100-500 deaths per 100,000 live births, high represents countries with 501-1,000 deaths per 100,000 live births, and very high represents countries with greater than 1,000 deaths per 100,000 live births.

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



- PMNCH lead catalyst in development, launch and implementation
- Unique global effort led by UN SG Ban Ki-moon, launched in 2010
- Over 200 commitments valued at \$40+ billion, several from business

Figure 1. The Global Consensus on Maternal, Newborn and Child Health





# I. PMNCH: 2012-15 Framework

**Vision:** The achievement of the MDGs, with women and children enabled to realize their right to the highest attainable standard of health

**Mission:** *Supporting Partners to align their strategic directions and catalyse collective action to achieve universal access to agreed essential interventions for women's and children's health*

**SO1:**

Broker knowledge and innovation for action

**SO2:**

Advocate for mobilising and aligning resources and for greater engagement

**SO3:**

Promote accountability for resources & results

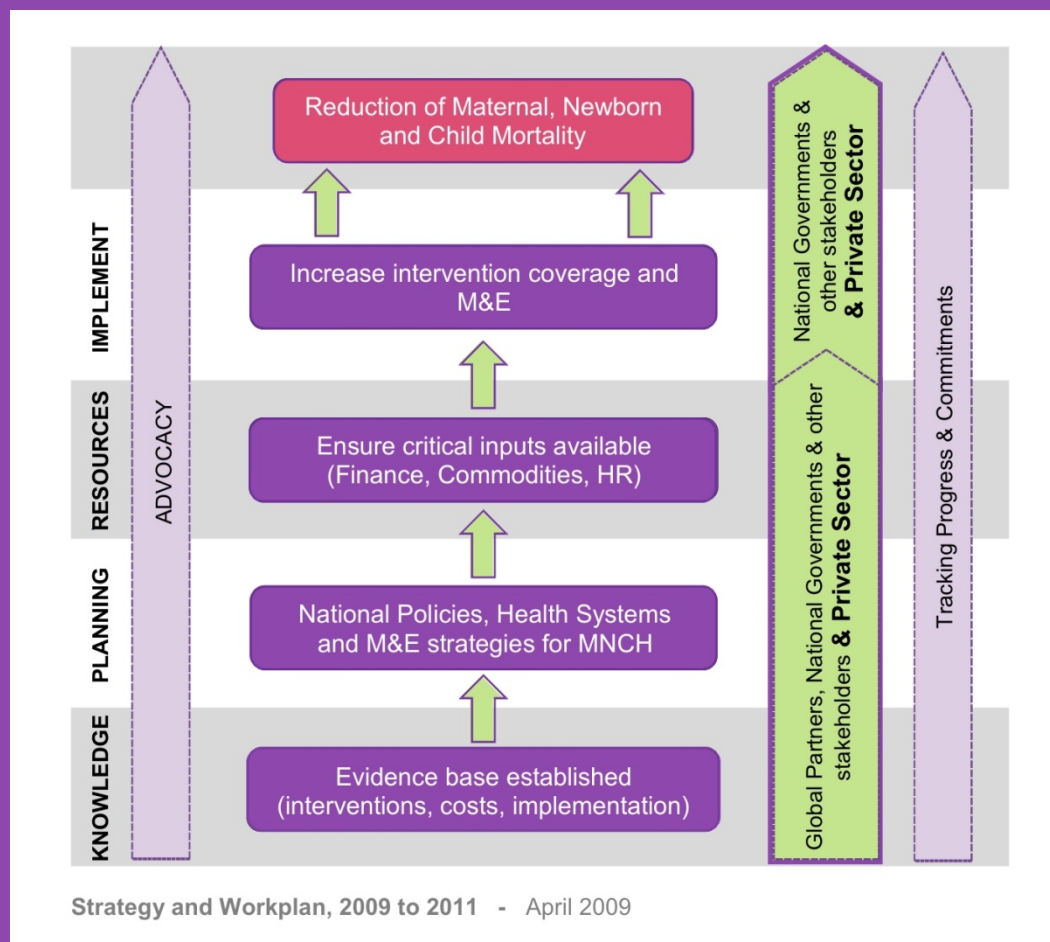
**Fulfillment of Partnership's role as part of the Countdown to 2015 workplan**

**Promote implementation of, and access to, essential RMNCH interventions**

**Efficient, effective and inclusive Partnership administration**

## How we act:

# PMNCH Strategic Framework



## PMNCH Principles

Partner-centric

A convening  
and brokering role  
for its Partners

Guided by  
country demand and  
regional priorities

Promotes the  
Continuum of Care

## Untapped potential of the private sector

### Commitments to the Global Strategy in 2010/ 11:

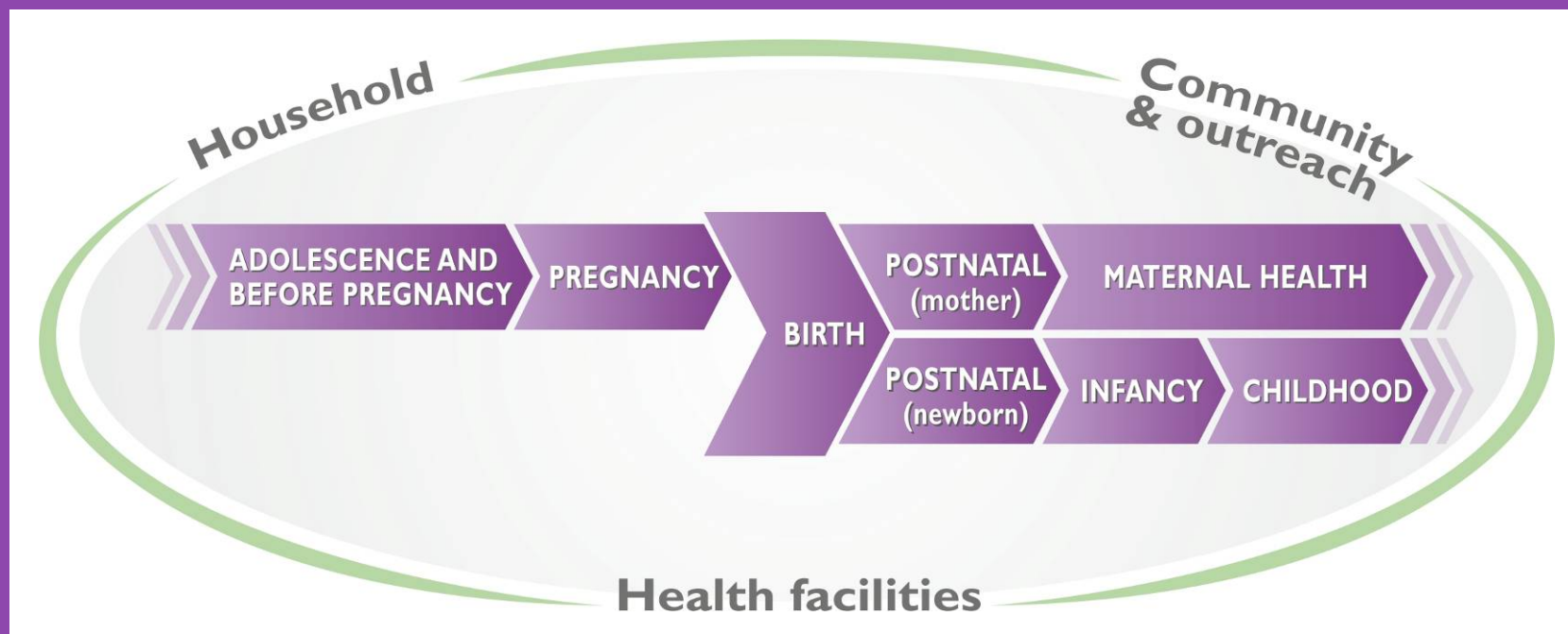
- 30 commitments from the private sector (out of 200+ from different stakeholders)
- Less than 2% in terms of estimated value (\$ 40 billion) from private sector

### Private sector has significant role to play

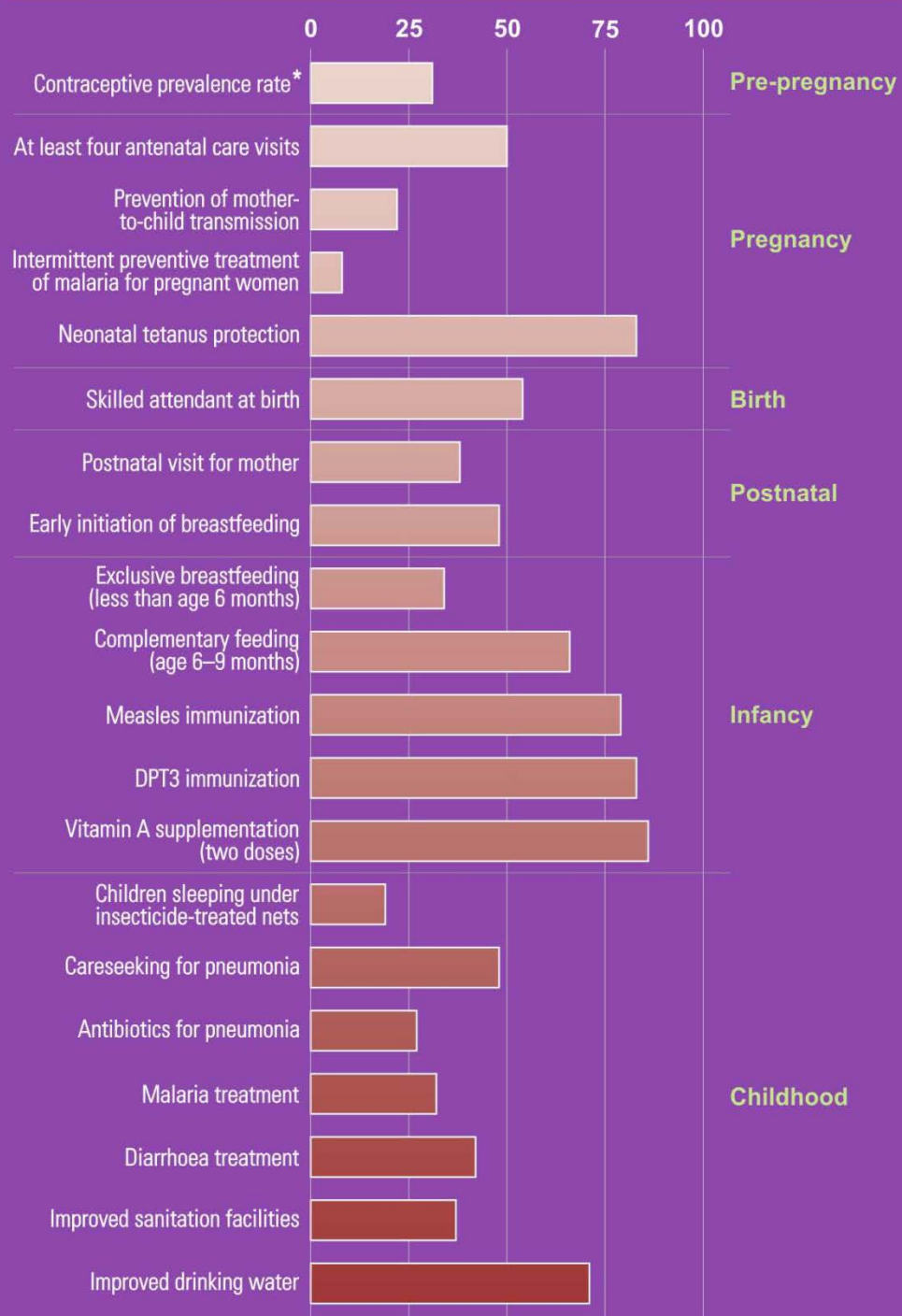
- Catalyze Progress
- More Health for the Money
- Leadership - Corporate Champions
- Rethink business models
- Product and service innovation
- Engage employees and communities



## RMNCH Continuum of Care



# Coverage of key interventions across the Continuum



Source: Countdown to 2015

# Illustrative examples of private sector engagement

|   | <i>Skilled Health Workers</i>   | <i>Improve Access to Essential Interventions &amp; Supply Chain</i>   | <i>Product &amp; Technology Development</i>  |
|---|---|---|--|
| <b>ICT/ Mobile</b>  | <ul style="list-style-type: none"> <li>Open source learning platforms for education</li> <li>Decision support tools</li> <li>Reporting, supervision and management systems</li> <li>Mobile payments for health workers</li> <li>Telemedicine support</li> <li>SMS messaging applications that health workers can use to communicate with clients</li> </ul>   | <ul style="list-style-type: none"> <li>Inventory and supply chain management for commodities</li> <li>Vital registration</li> <li>Product compliance</li> <li>Reduced counterfeiting</li> </ul>   | <ul style="list-style-type: none"> <li>Low-cost solar mobile devices (phones, smart phones, tablets, diagnostics)</li> <li>Content development for different usage models in healthcare</li> <li>Patient health records</li> </ul>   |
| Cross-cutting issues: Mobile & Broadband Infrastructure; Interoperability; Licensing and accreditation  |   |   |  |
| <b>Healthcare:</b><br>• Pharmaceutical<br>• Diagnostics<br>• Service/ Delivery  | <ul style="list-style-type: none"> <li>Manuals and technical support for health workers at different levels for providing and supporting use of essential RMNCH interventions</li> <li>Approaches and incentives to promote health workers' engagement and job satisfaction</li> </ul>  | <ul style="list-style-type: none"> <li>Supply chain management for all essential RMNCH interventions including: uterotonics, vaccines (tetanus, meningococcal, pneumococcal and rotavirus, HPV), contraceptives, ITN bednets and antimalarials, antiretrovirals, antibiotics</li> </ul>   | <ul style="list-style-type: none"> <li>Improved formulation of uterotonics (temperature stable and non-professional administration)</li> <li>Affordable mobile, solar powered ultrasound</li> <li>Point-of-care diagnostics</li> <li>Mobile labs</li> </ul>  |
| Cross-cutting issues: Low cost high quality hospitals including essential equipment like blood banks and baby warmers; Strong laboratory and diagnostic services; mobile services to meet underserved populations |   |   |  |
| <b>Media/ Marketing/ Entertainment/ Social Media</b>  | <ul style="list-style-type: none"> <li>Increase public demand for skilled care and stronger self-efficacy via positive modelling of health workers in entertainment-education formats (soap opera, reality shows, PSA campaigns, vox pops, etc.), news media (PR campaign), current affairs formats (docs, features), community theatre/film/posters, etc.</li> <li>Twitters/Facebook/YouTube campaigns with CSO partners to create awareness and generate pressure for investment in health workers</li> </ul> | <ul style="list-style-type: none"> <li>Strengthening capacity of CSOs to commission media advocacy campaigns on essential interventions and supplies</li> <li>Engaging with entertainment producers to create dramatic narratives relating to supply of goods and services (eg, films, popular TV series)</li> <li>Support for viral campaigns on commodity pricing and supply</li> </ul> | <ul style="list-style-type: none"> <li>Provision of equipment, training and broadcast funding for community audio-video production on key issues</li> <li>Editorial and design expertise to develop "Facts for Life"-style products for community distribution, including entitlement cards</li> <li>Social marketing of key RMNCH messages via product packaging (eg, soft drinks, salt, match boxes, delivery trucks, etc.)</li> </ul> |
| <b>Consumer Goods/Nutrition</b>   | <ul style="list-style-type: none"> <li>Expand corporate healthcare programs to communities</li> <li>Community engagement in providing health services and education (AVON-lady models and operational models for community discussion groups)</li> </ul>  | <ul style="list-style-type: none"> <li>Supply chain management for commodities, including nutritional and hygiene</li> </ul>  | <ul style="list-style-type: none"> <li>Adolescent and pre-pregnancy nutrition/ fortification (folic acid, iron, calcium)</li> <li>Vitamin A supplementation from 6 months</li> </ul>   |

## Looking ahead

- **Strategic Objectives 2012-2015: 11<sup>th</sup> Board Meeting**
- **Opportunities 2012-2015 and beyond (post MDGs):**
  - Integration (cross-MDGs)
  - Mobilizing and implementing Global Strategy commitments
  - Supporting accountability mechanisms
  - Knowledge networks and hubs
  - Strengthen evidence-based advocacy
  - Expanding new partnerships and alliances
- **Building a vision of what can be achieved in Partnership**

**“The Private Sector is an essential partner  
to innovate and deliver results.”**



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**THANK YOU**

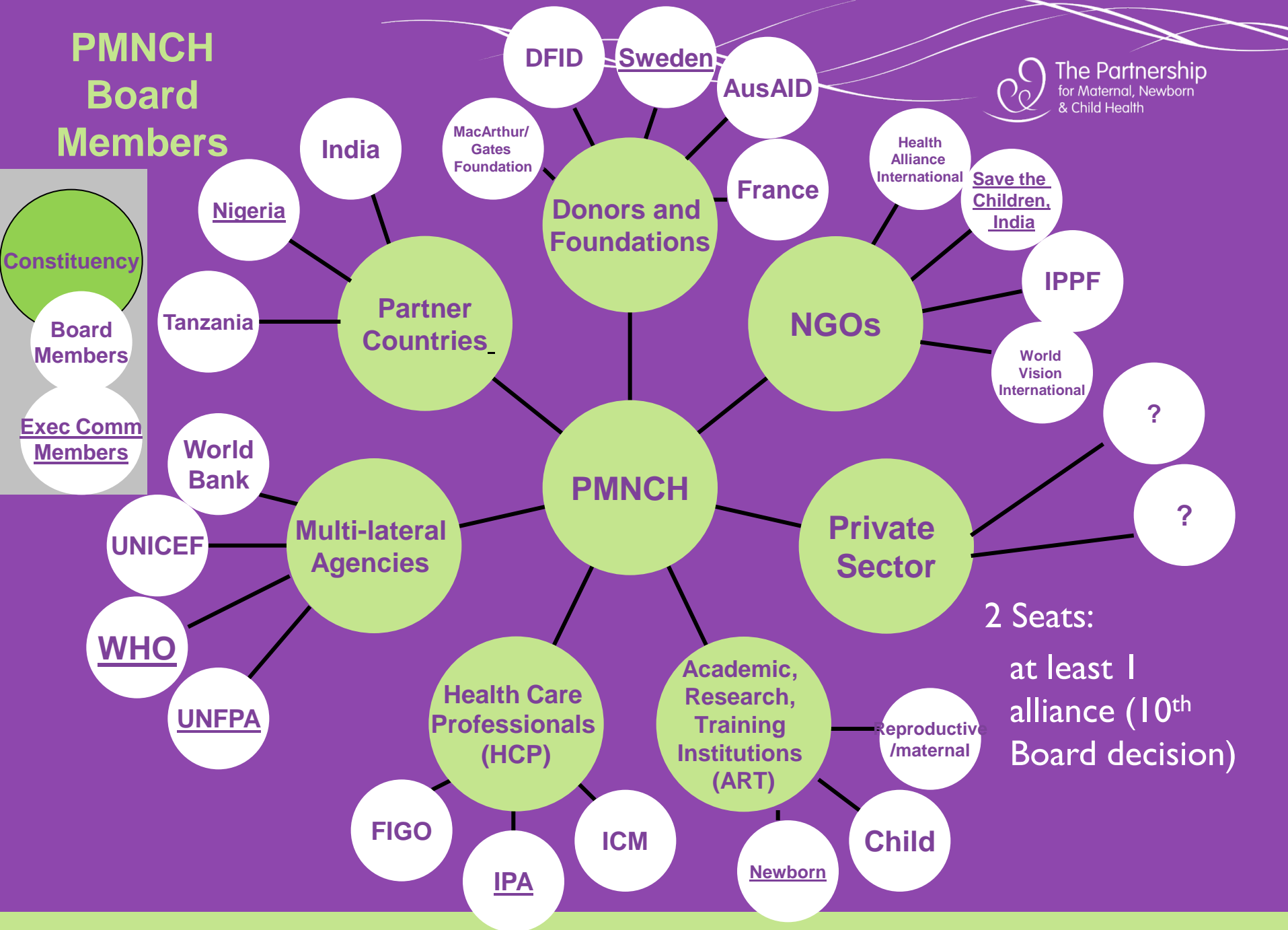
**Next: Governance**  
**Marta Seoane,**  
**Board Relations and Information**  
**PMNCH**

## Governance

- Membership
- Constituencies
- PMNCH Board representatives
- Committees of the Board:
  - Executive Committee
  - Finance Committee

Board decision on creation of private sector constituency in June 2011

# PMNCH Board Members



## Governance: 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

## Private Sector Constituency

- Accepted applications
- Due diligence process
- Discussion on constituency modus operandi
  - Consultations among membership, process for decision/consensus and communication with Secretariat and other constituencies
  - Regular communication – focal point
  - Board representation
  - Participation in the Committees of the Board (Executive and Finance )



**THANK YOU**

**[www.pmnch.org](http://www.pmnch.org)**