PMNCH: Opportunities for Collaboration with the Private Sector

PMNCH Private Sector Consultation

Dr. Carole Presern, PMNCH Director
Outline

1. Who we are
   - PMNCH in Brief

2. Why we act
   - MDG 4 and 5
   - The Global Strategy for Women's and Children's Health

3. How we act
   - PMNCH Strategic Framework
   - 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

PMNCH

- Donors and Foundations
- Private Sector
- NGOs
- Academic, Research and Teaching Institutions (ART)
- Partner Countries
- Multilateral Agencies
- Health Care Professionals (HCP)

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

Maternal death rates
- Low: countries with less than 100 deaths per 100,000 live births
- Medium: countries with 100-500 deaths per 100,000 live births
- High: countries with 501-1,000 deaths per 100,000 live births
- Very high: 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
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

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<tr>
<th>Partner-centric</th>
<th>A convening and brokering role for its Partners</th>
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<td>Guided by country demand and regional priorities</td>
<td>Promotes the Continuum of Care</td>
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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**

<table>
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<tr>
<th><strong>Skilled Health Workers</strong></th>
<th><strong>Improve Access to Essential Interventions &amp; Supply Chain</strong></th>
<th><strong>Product &amp; Technology Development</strong></th>
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<tr>
<td>ICT/ Mobile</td>
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<tr>
<td>▪ Open source learning platforms for education</td>
<td>▪ Inventory and supply chain management for commodities</td>
<td>▪ Low-cost solar mobile devices (phones, smart phones, tablets, diagnostics)</td>
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<td>▪ Decision support tools</td>
<td>▪ Vital registration</td>
<td>▪ Content development for different usage models in healthcare</td>
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<td>▪ Reporting, supervision and management systems</td>
<td>▪ Product compliance</td>
<td>▪ Patient health records</td>
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<td>▪ Mobile payments for health workers</td>
<td>▪ Reduced counterfeiting</td>
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<td>▪ Telemedicine support</td>
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<td>▪ SMS messaging applications that health workers can use to communicate with clients</td>
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**Cross-cutting issues:** Mobile & Broadband Infrastructure; Interoperability; Licensing and accreditation

**Healthcare:**
- Pharmaceutical
- Diagnostics
- Service/Delivery

| ▪ Manuals and technical support for health workers at different levels for providing and supporting use of essential RMNCH interventions | ▪ Supply chain management for all essential RMNCH interventions including: uterotonics, vaccines (tetanus, meningococcal, pneumococcal and rotavirus, HPV), contraceptives, ITN bednets and antimalarials, antiretrovirals, antibiotics | ▪ Improved formulation of uterotonics (temperature stable and non-professional administration) |
| ▪ Approaches and incentives to promote health workers’ engagement and job satisfaction | ▪ Engaging with entertainment producers to create dramatic narratives relating to supply of goods and services (eg, films, popular TV series) | ▪ Affordable mobile, solar powered ultrasound |

**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

**Media/Marketing/Entertainment/Social Media**

| ▪ 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. | ▪ Strengthening capacity of CSOs to commission media advocacy campaigns on essential interventions and supplies | ▪ Provision of equipment, training and broadcast funding for community audio-video production on key issues |
| ▪ Twitter/Facebook/YouTube campaigns with CSO partners to create awareness and generate pressure for investment in health workers | ▪ Support for viral campaigns on commodity pricing and supply | ▪ Editorial and design expertise to develop “Facts for Life”-style products for community distribution, including entitlement cards |

**Consumer Goods/Nutrition**

| ▪ Expand corporate healthcare programs to communities | ▪ Supply chain management for commodities, including nutritional and hygiene | ▪ Adolescent and pre-pregnancy nutrition/fortification (folic acid, iron, calcium) |
| ▪ Community engagement in providing health services and education (AVON-lady models and operational models for community discussion groups) | | ▪ Vitamin A supplementation from 6 months |
Looking ahead

- **Strategic Objectives 2012-2015: 11th 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.”
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

**Constituency**
- Partner Countries
  - India
  - Nigeria
  - Tanzania
- Multi-lateral Agencies
  - World Bank
  - UNICEF
  - UNFPA
  - WHO
- Donors and Foundations
  - DFID
  - Sweden
  - AusAID
  - FIGO
  - ICM
  - IPA
- Partner Countries
  - India
  - Nigeria
  - Tanzania
- Health Care Professionals (HCP)
  - MacArthur/Gates Foundation
- NGOs
  - Academic, Research, Training Institutions (ART)
  - IPPF
  - World Vision International
- Private Sector
  - Health Alliance International
  - Save the Children, India
- World Bank
- UNICEF
- WHO
- UNFPA
- FIGO
- ICM
- IPA
- Newborn
- Child
- Reproductive/maternal

2 Seats: at least 1 alliance (10th Board decision)
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.pmnhc.org