



PMNCH Board Meeting
October 2011
Paris

Building on success:
Working together in 2012-15
for women's and children's health

PMNCH Director's report
Carole Presern

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

Outline of report

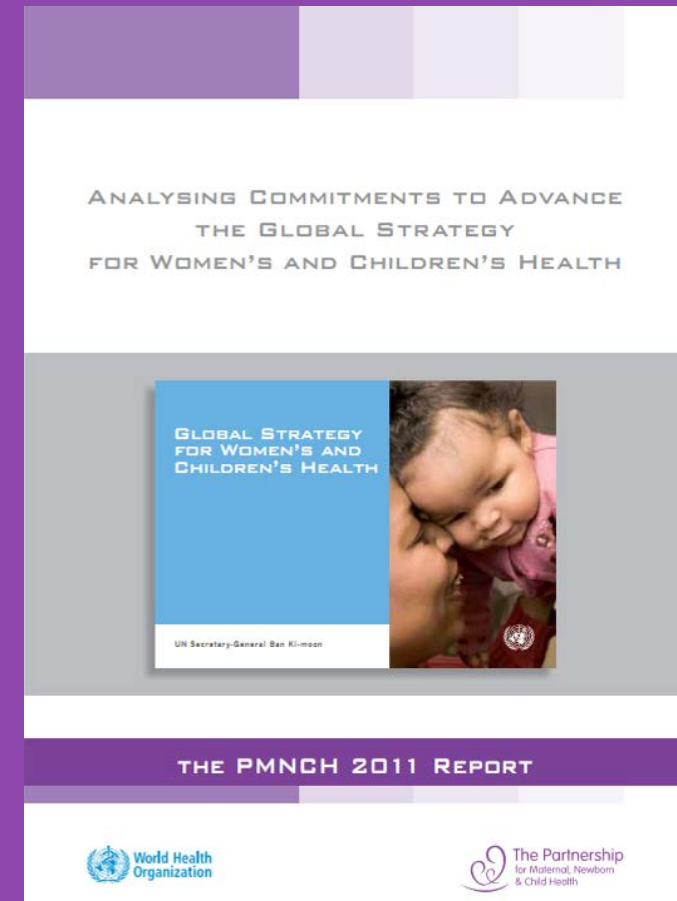
1. Building on success
2. Fit for purpose
3. Next steps: 2012 – 2015
work plan introduction

I. Building on Success: PMNCH 2011 Report

Aim: introductory analysis of 127 commitments to the Global Strategy to inform discussion and action on:

- Implementation of existing commitments
- Advocacy for new expanded commitments
- Initial inputs to iERG

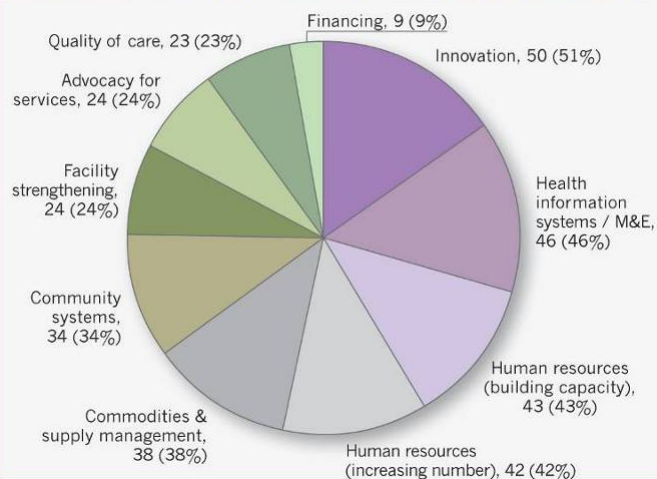
→ Example of PMNCH cross-PA work: analytic, advocacy and accountability
→ Extensive media coverage



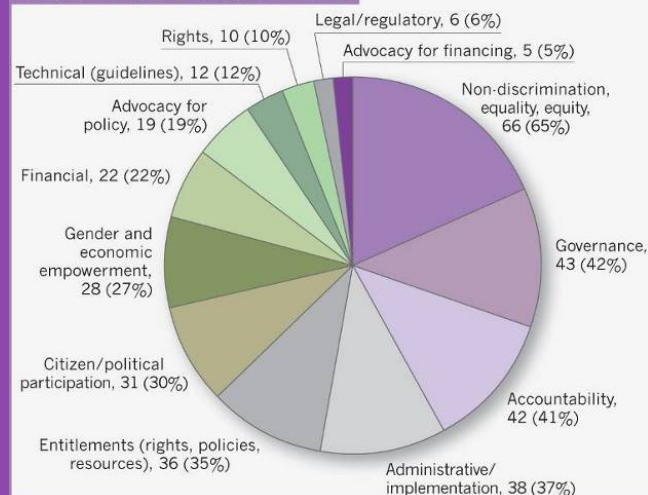
2011 report findings

Assessment in three areas

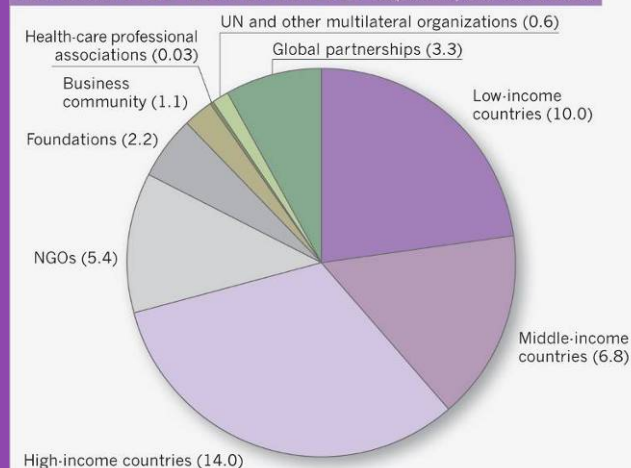
SYSTEMS AND SERVICE-DELIVERY (99 STAKEHOLDERS)



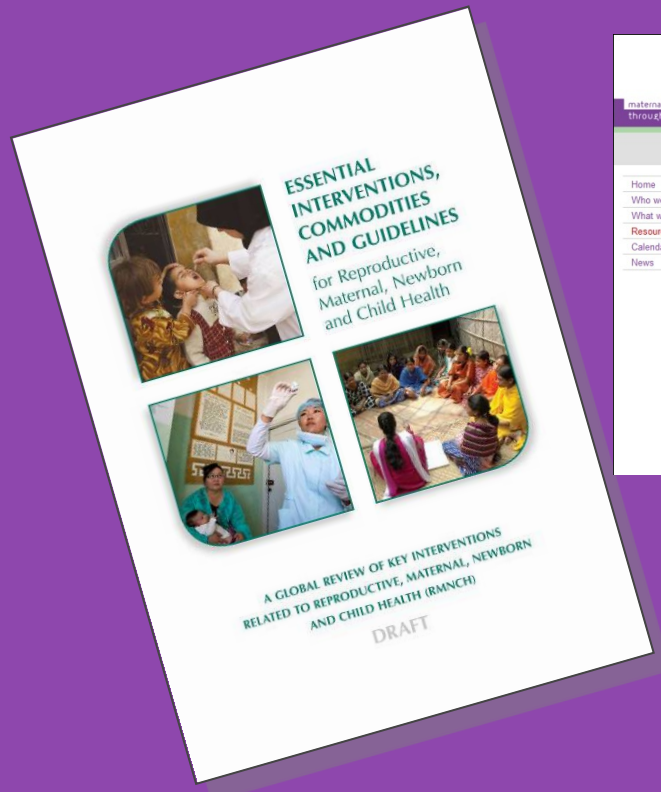
POLICY (102 STAKEHOLDERS)




FINANCIAL (59 STAKEHOLDERS) US\$ billion, total 2011-2015



Building on success *continued*



 The Partnership
for Maternal, Newborn
& Child Health

improving
maternal, newborn and child health
through active partnership

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PMNCH Knowledge Summaries

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16 - Parliamentarians

Thousands of women's and millions of children's lives are lost each year unnecessarily. Over 350,000 deaths among women are attributed to pregnancy and childbirth complications, 1 in 2008 there were 22 million unsafe abortions. About 7.6 million children under the age of five died in 2010, 3 and over 40% (3.3 million) of these happened within the first month of birth. In addition, there are 2.6 million stillbirths each year globally. The needless loss of these lives is tantamount to denying women and children their right to life. Recently, this was recognized by the Human Rights Council resolution on preventable maternal mortality and morbidity and human rights.

Fewer women and babies died due to pregnancy and childbirth complications in 2008 than in 1990. But, the average annual decline in the maternal mortality rate was 2.3% per year (1990 to 2008), instead of 5.5% - the rate required for achieving the Millennium Development Goal (MDG) 5. Although under-five child mortality has declined at the rate of 2.2%, newborn mortality

Note: Full text and all graphs, tables and references for each Knowledge Summary are available only on the PDF version

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Private sector engagement

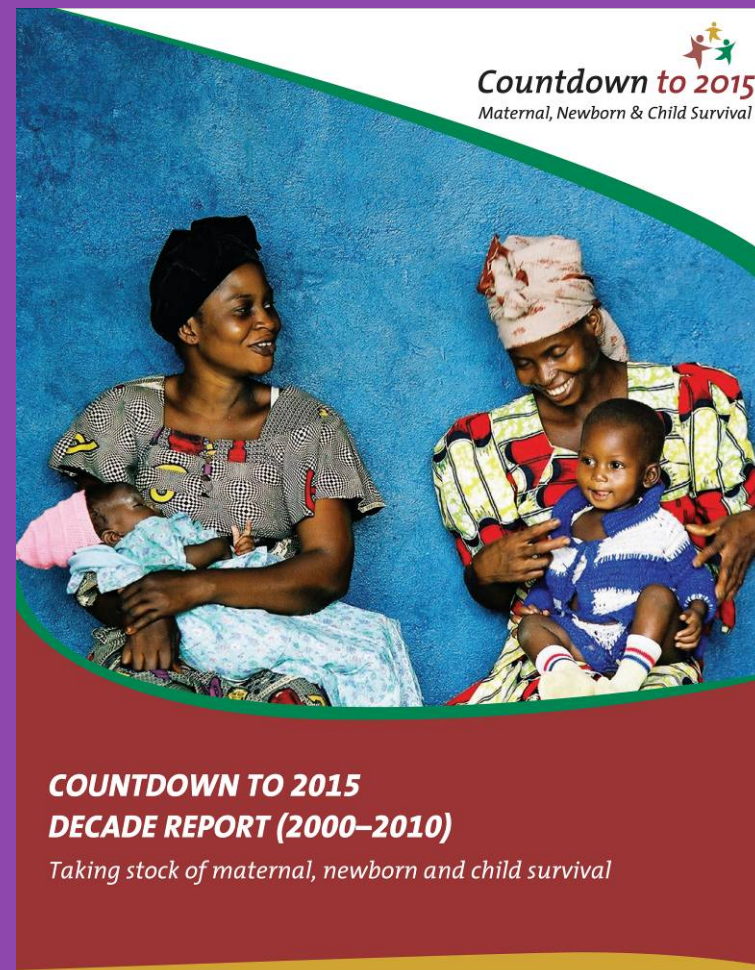
New Partners, New Value Added

- Private sector constituency and Board representation
- Significant new commitments to the Global Strategy
- Innovation Working Group partnerships
- Development of private sector engagement toolkit
- Ongoing consultations, communications and brokering or catalytic role of PMNCH



PMNCH's support to Countdown

- Countdown fundraising
- Countdown advocacy
- Countdown conference and events
e.g. IPU
- Countdown Scientific Review Group
- Management support



2. Fit for purpose: Governance

- PMNCH Board
- Committees of the Board
- Growing membership – 423 members
- Continued support to the constituencies



2011 budget overview

Priority actions, core functions & staff costs (net of PSC)	2011 Budget (\$)	% of total
PA (1) KNOWLEDGE MANAGEMENT	565,000	7%
PA (2) CORE PACKAGE OF INTERVENTIONS	390,000	5%
PA (3) ESSENTIAL COMMODITIES	170,000	2%
PA (4) STRENGTHENING HUMAN RESOURCES	310,000	4%
PA (5) ADVOCACY	1,490,000	20%
PA (6) TRACKING PROGRESS	1,325,000	17%
CORE PARTNERSHIP FUNCTIONS	1,100,000	14%
Sub-total ACTIVITIES (excluding PSC)	5,350,000	70%
Sub-total STAFF (excluding PSC)	2,281,000	30%
Total Workplan Activities + Staff (excluding PSC)	7,631,000	100%
Programme Support Costs (PSC)	992,000	13%
TOTAL budget with PSC	8,623,000	113%

3. Where next: 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 Governance/administration

Strategic opportunities and challenges in 2012-15

- Addressing funding gap and consultations on aid effectiveness/efficiency
- Support implementation of essential interventions
- Strengthen linkages with complementary initiatives e.g. Global Fund, NCDs, Decade of Vaccines
- Increase 'demand' side focus:

NOTE FOR DISCUSSION August 2011

OPTIMIZING GLOBAL FUND PROPOSALS TO PROMOTE WOMEN'S & CHILDREN'S HEALTH



THE CONTEXT FOR GLOBAL FUND PROPOSALS

Challenge - Women and children bear a heavy burden of HIV/AIDS, Tuberculosis (TB) and malaria, which interact with and exacerbate other reproductive, maternal, newborn and child health (RMNCH) problems. Over two million women and children die every year from AIDS, TB and malaria.¹ In 2009, an estimated 370,000 children were newly infected with HIV, more than 90% of them through vertical transmission from their mothers.² AIDS and malaria cause 10% of all deaths in children under the age of five, and are associated with around 20% of maternal deaths worldwide.³ TB is among the three major causes of death among women aged 15-44.⁴ Inequities relating to gender and poverty in accessing health services, as well as stigma, discrimination and denial of legal rights exacerbate the vulnerability of women and girls to these diseases and to other RMNCH problems.⁵

Reality - Global Fund support for RMNCH can be complementary, but not comprehensive. The Global Fund Board recommended that countries: "strengthen the MNCH content of their Global Fund-supported investments" and "look at opportunities to scale up an integrated health response ... and HSS [health systems strengthening]."⁶ However, the Global Fund can only support those RMNCH interventions that are synergistic with its current mandate.⁷

Opportunity - Synergies in Healthcare Strategies for HIV/AIDS, TB and Malaria and for RMNCH. Integrating packages of care across the RMNCH continuum of care saves lives and is cost-effective.⁸⁻¹⁰ Program evaluations show that antenatal care, provider-initiated HIV testing and counselling (PITC), prevention of mother-to-child transmission (PMTCT), and antiretroviral therapy (ART) adherence all improve when an integrated approach is adopted into routine neonatal and maternal health care.¹¹

SUCCESSFULLY INTEGRATING RMNCH IN GLOBAL FUND PROPOSALS

Proposals that strengthen health systems and community systems and integrate the RMNCH continuum of care with HIV/AIDS, TB and malaria strategies, ensure value for money, promote human rights and strengthen accountability for results. Accordingly, they will be well-positioned to promote women's and children's health through the Global Fund's mandate and resource envelope.

Ensure a Continuum of Care for Women, Men, Children and Families

There are multiple points along the RMNCH continuum of care where interventions can be integrated with HIV/AIDS, TB and malaria strategies (See Figure 1). Key entry points for integrating services are sexual and reproductive health services, antenatal care, PMTCT, post-natal care, and providing nutritional, psychosocial and socioeconomic support for women and children who are especially vulnerable (See Box 1 for technical resources that provide details about specific interventions and entry points).

Strengthen Health Systems

Inadequate health systems are a primary obstacle to scaling up interventions to improve women's and children's health.¹² For health systems, having sufficient numbers of trained, qualified health workers in the right place, at the right time and with the right resources is crucial to the provision of essential services.¹³ The Global Fund has emphasized the importance of Health Systems Strengthening (HSS) since Round 5. The Health Systems Funding Platform (HSFP) is a joint initiative between the Global Fund, the GAVI Alliance and the World Bank to align strategies and make better use of new and existing funds for HSS.¹⁴

Strengthen Community Systems

Community systems include methods and structures used by communities to meet their health needs. Successful proposals should ensure that community systems interact either directly with health systems by providing services or by promoting access, or indirectly by improving social, political, legal, economic and physical environments that support health.¹⁵

 The Partnership
for Maternal, Newborn
& Child Health

 World Health
Organization

 FAMILY CARE
INTERNATIONAL

 World Vision
International

 Bumata Gorge
Poverty Alleviation
Foundation

Strategic opportunities and challenges in 2012-15 (continued)



- Ensuring stronger, more inclusive partner engagement with Outcome Coordinators
- Building shared understanding of goals and actions
- Ensuring secretariat has capacity and flexibility to deliver on workplan and meet evolving demands

Thank you