



BI2/12 - 12th PMNCH Board Meeting
3rd & 4th May, 2012
New York, USA



Briefing Session for New Board Members

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Deputy Director, PMNCH



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. Strategic Objectives

- 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. Introduction to PMNCH

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



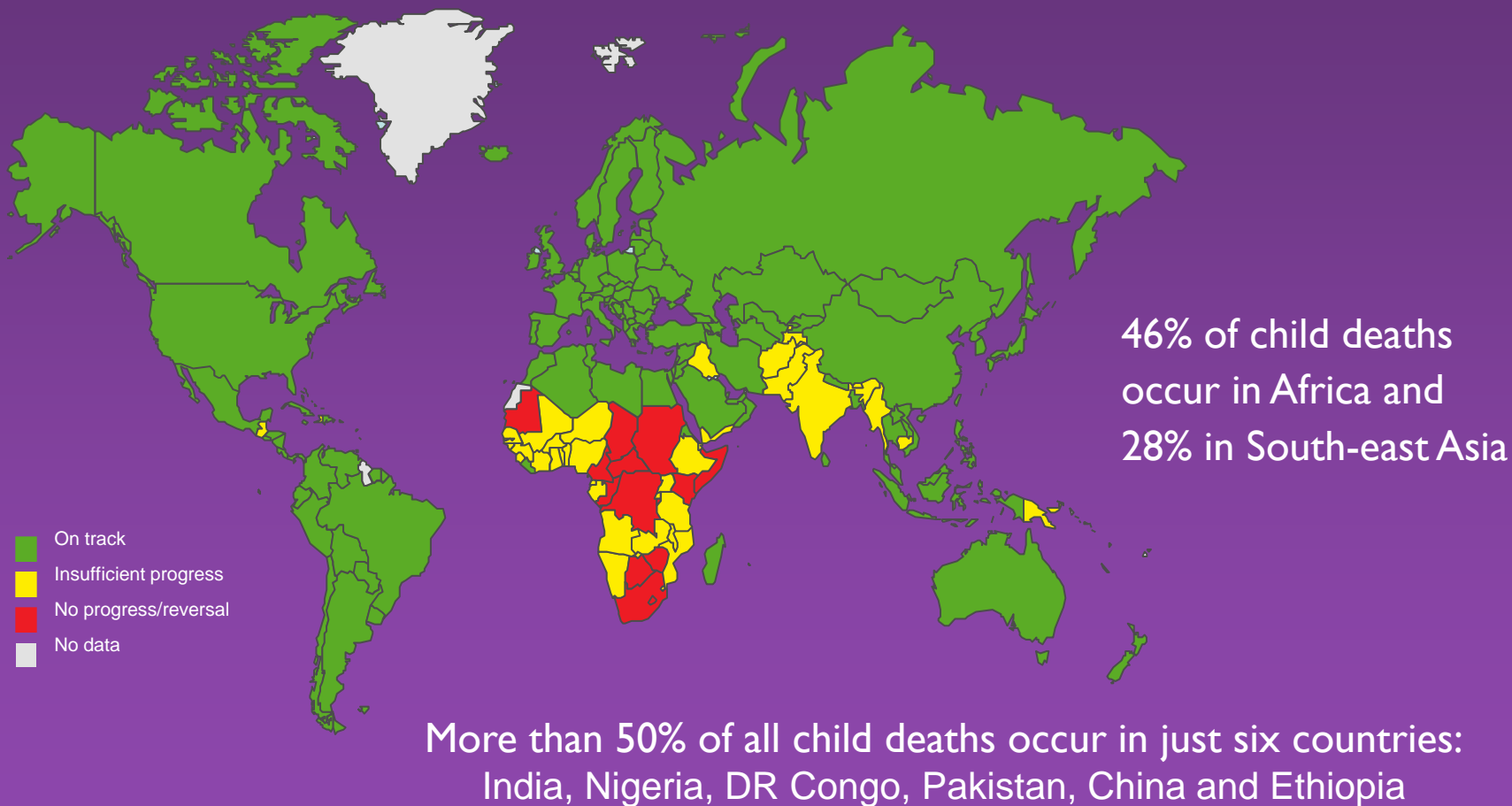
Why we act

- Every year, 7.6 million children die before their 5th birthday
 - 3.1 million babies die in their first month of life
 - 2.4 million infants die between 1–12 months
- Every year 358,000 women die due to complications of pregnancy and childbirth
 - 2.6 million stillbirths occur



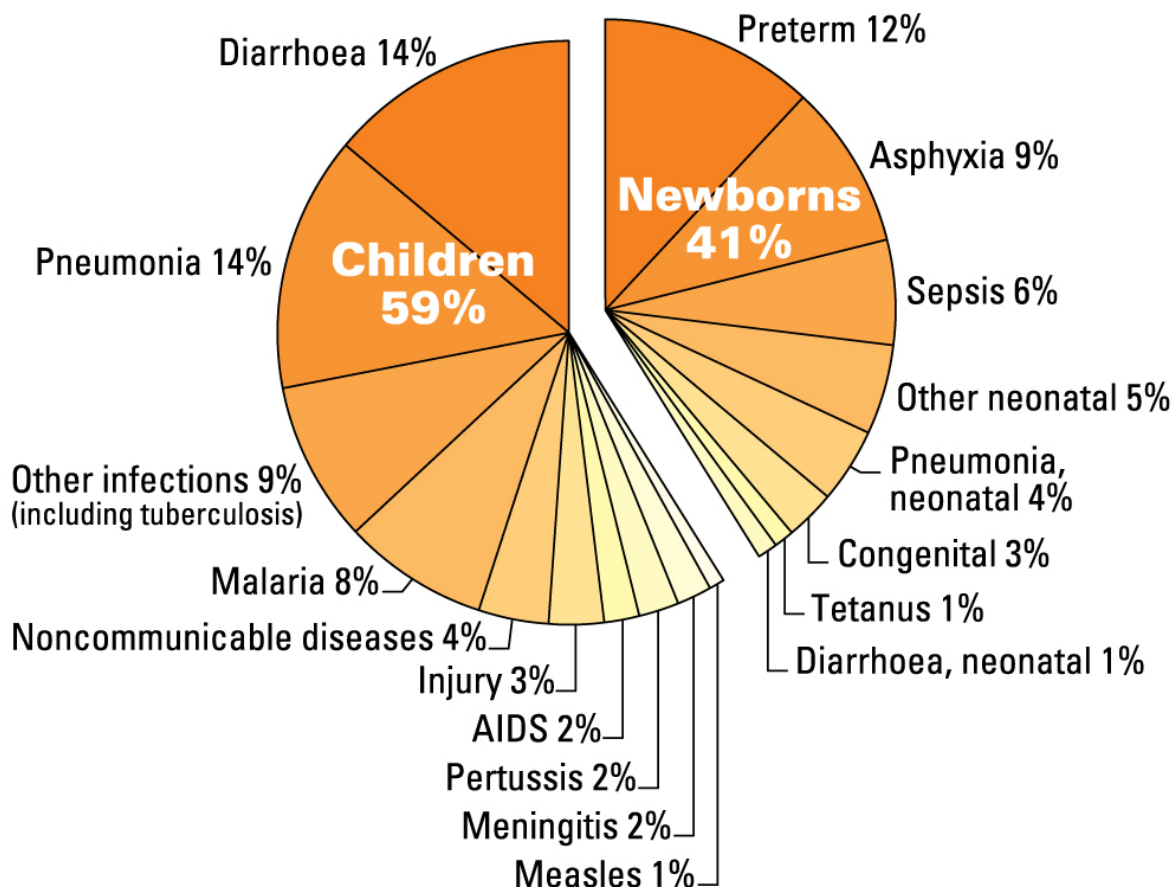
We know where child deaths occur

Burden of child deaths



We know the causes of child deaths

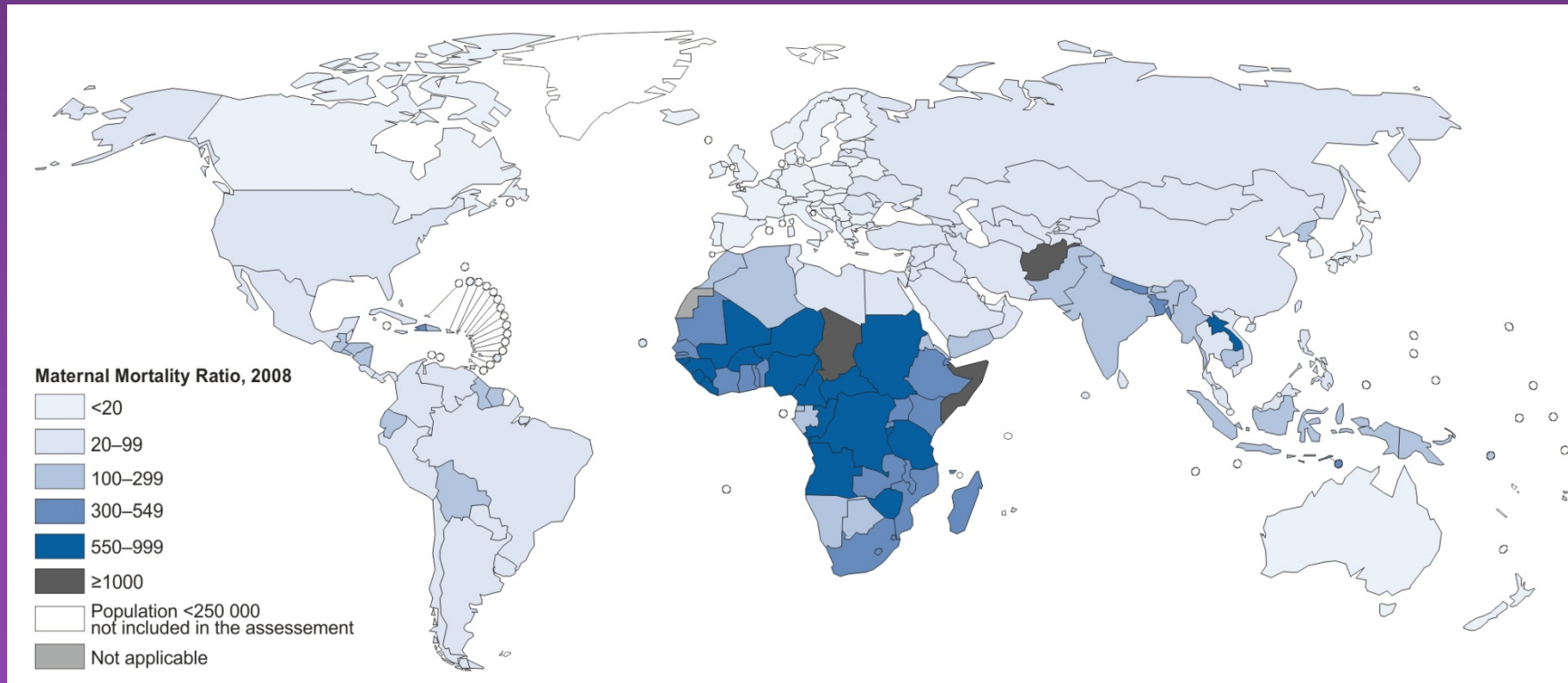
Causes of deaths in children under 5 years
(7.6 million deaths every year/ around 21,000 preventable deaths every day)



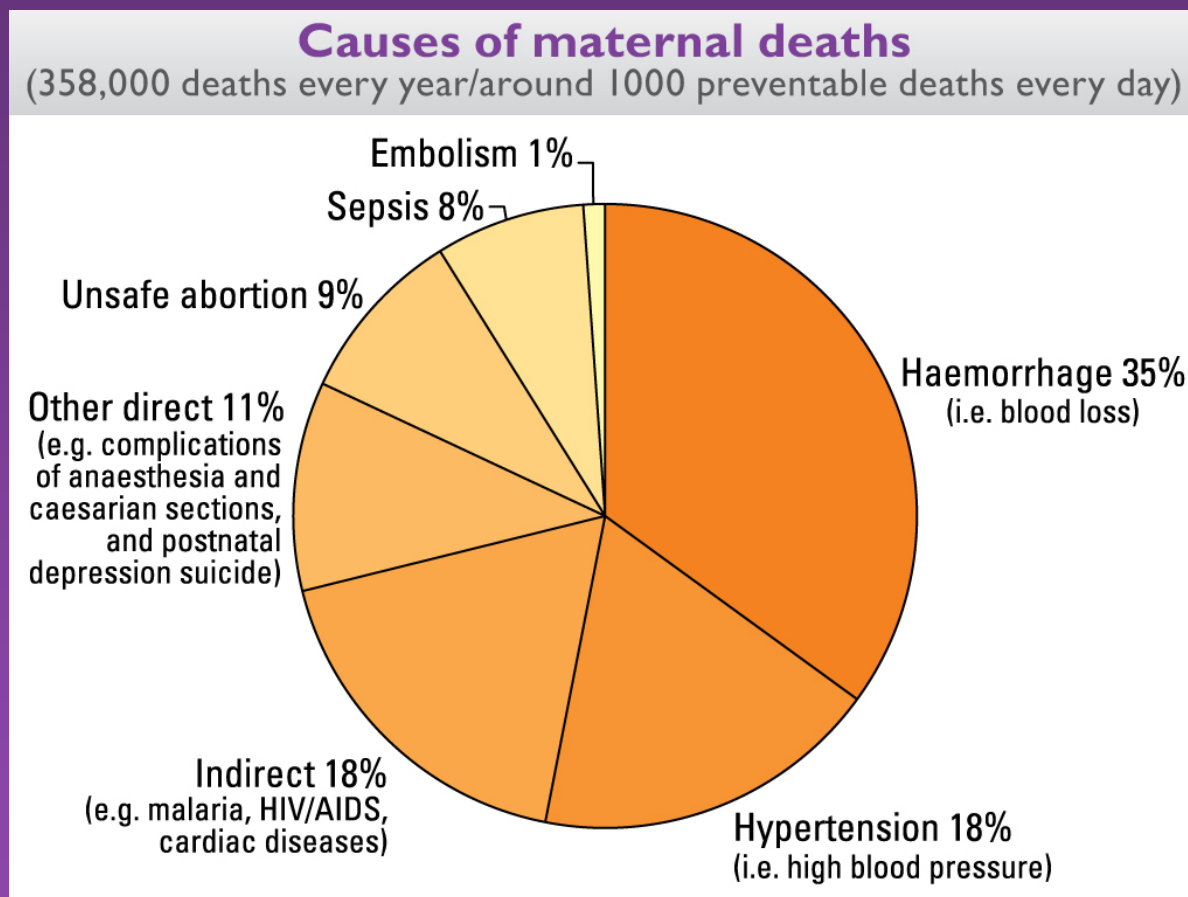
We know where maternal deaths occur

Burden of maternal deaths

Women in Sub-Saharan Africa experience a 1 in 31 chance of dying compared to developed regions where the rate is 1 in 4300



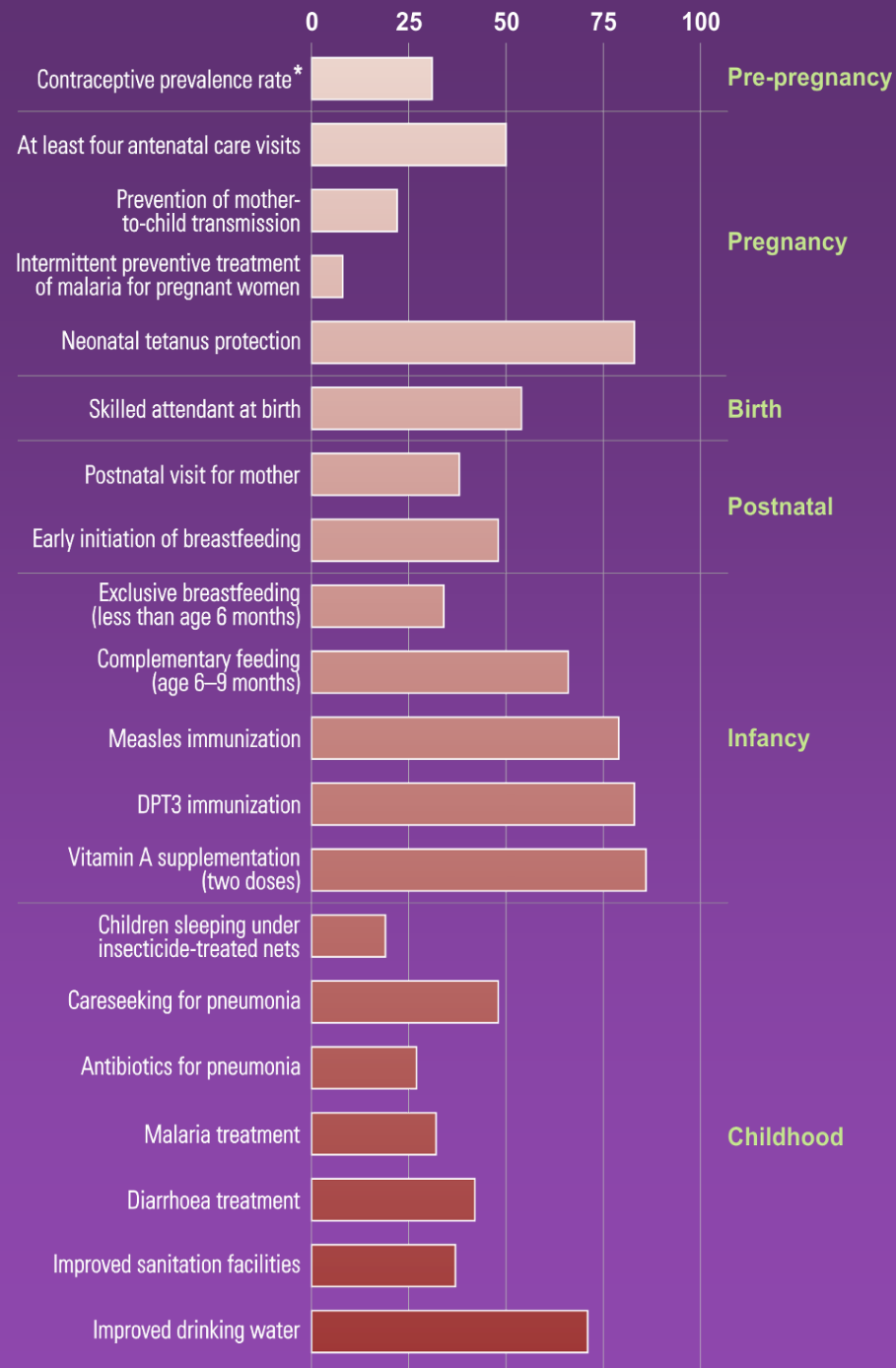
We know the causes of maternal deaths



Many maternal and child deaths could be prevented through the provision of high impact interventions

HOWEVER...

Coverage of essential RMNCH Interventions is uneven





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.

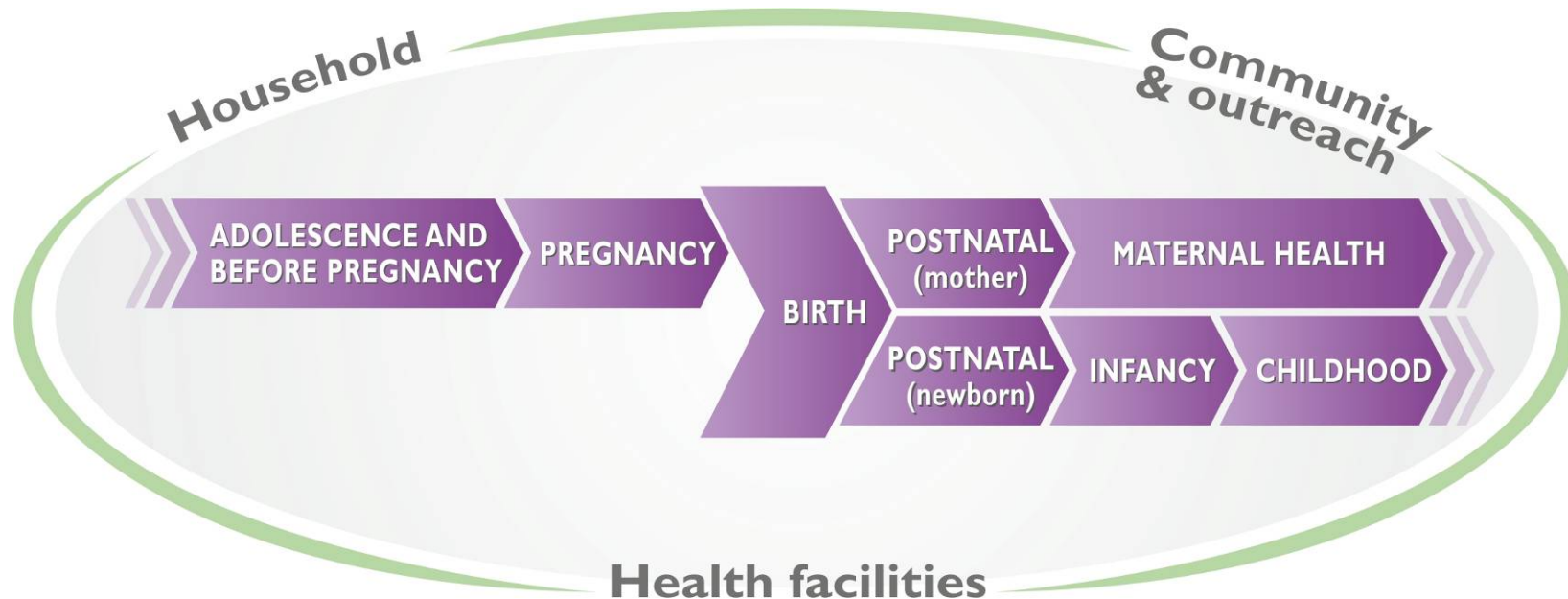
ADDED VALUE

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

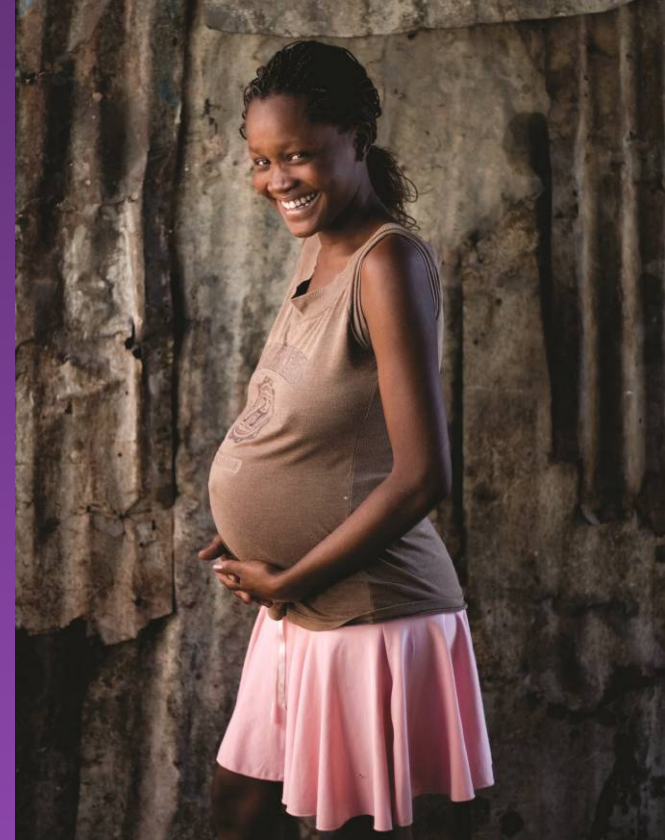


RMNCH Continuum of Care



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. Strategic Objectives

The 2012-2015 PMNCH Strategic Objectives (SOs)

Strategic Objective 1: Broker knowledge and innovation for action



Knowledge related fulfillment of Partnership's role in the UNSG Global Strategy Every Woman Every Child joint workplan, (including with the Innovation Working Group).

Partners' consensus reached on key RMNCH topics; lessons shared on success factors and constraints.

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



Advocacy related fulfillment of Partnership's role as in the UNSG Global Strategy Every Woman Every Child joint workplan.

Advocacy related fulfillment of Partnership's role implementing the Commission on Information and Accountability recommendations

Visibility and alignment of RMNCH advocacy messages.

Strategic Objective 3: Promote accountability for resources and results



Accountability related fulfillment of Partnership's role in implementing the recommendations of the Commission on Information and Accountability.

Strengthen linkages with RMNCH related accountability mechanisms.

The 2012-2015 PMNCH Strategic Objectives (SOs)

Cross Cutting Across SO1, SO2 and SO3



“Countdown to 2015” joint workplan to produce and disseminate analysis, reports, other products, and organize related events (global, regional and national focus)

- Undertake analysis on coverage, equity, financing, policy & systems and cross cutting research in 75 COIA countries
- Compile required data for Countdown Country Profiles
- Produce Countdown Report
- Organize global 2012 Countdown Conference
- Undertake selected national in-depth Countdown studies and input into organising national Countdown events
- Provide Countdown data as input into the review and remedial actions
- Organize technical consultation with OECD and technical experts on strengthening of Creditor Reporting System database

The 2012-2015 PMNCH Strategic Objectives (SOs)

Partnership Governance, Administration and Engagement



Effective and Efficient Partnership governance, administration and engagement:

- Effective Partnership governance and inclusive Partner-centric engagement
- Commission evaluation of the Partnership's Strategy and Workplan 2009-2011
- Efficient Partnership administration and management
- Regular, relevant and responsive external communication

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

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

The Independent Expert Review Group (iERG)

- Responds to the 10th recommendation of the COIA
- To review progress with the implementation of May 11th recommendations
- Cochairs- Richard Horton / Joy Phumaphi (7 members)
- To report to UNSG on progress in UNGA 2012
 - Inputs from 2012 report on commitments (PMNCH)
 - Inputs from Countdown to 2015

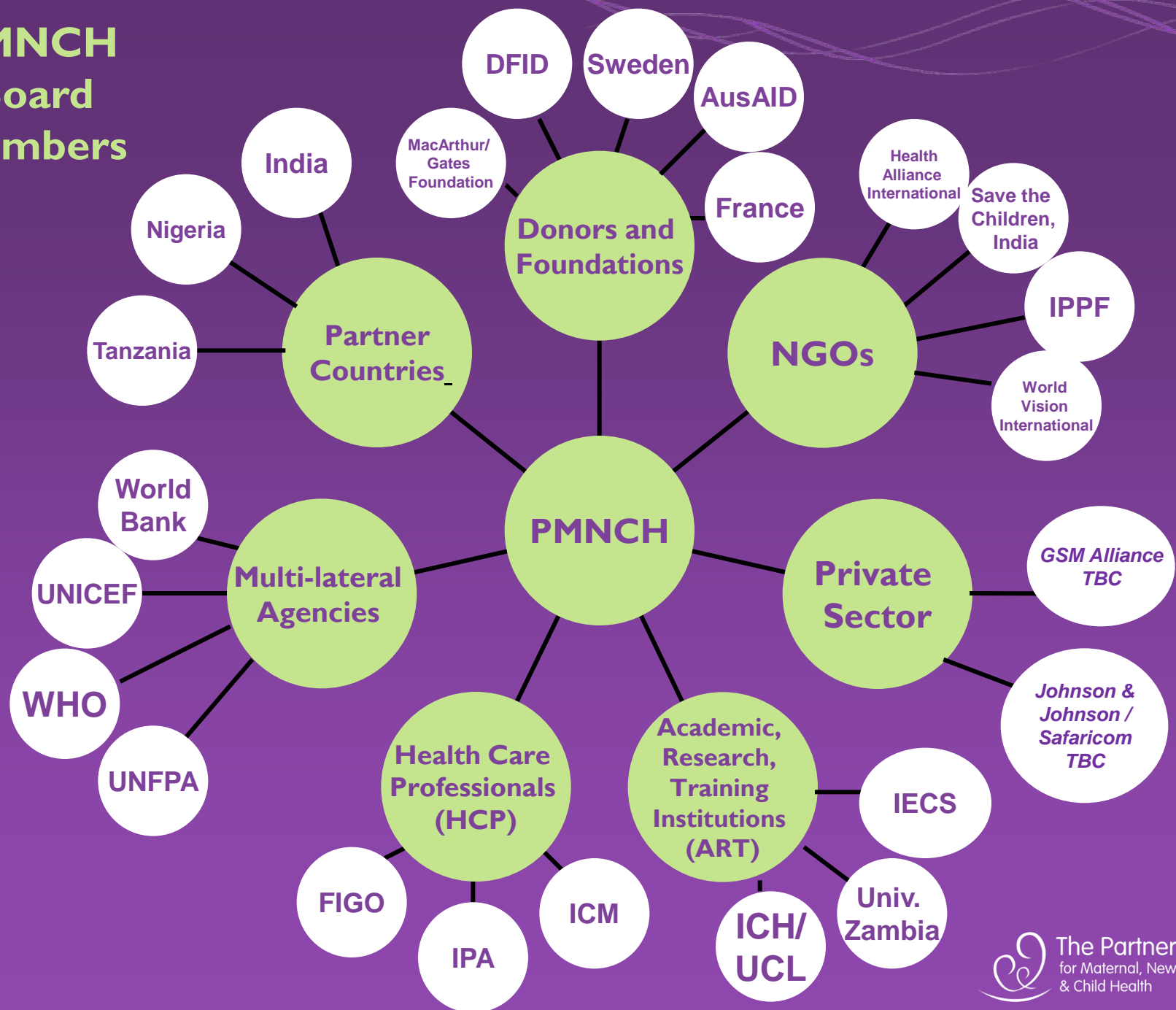


4. An Introduction to the PMNCH Board

The PMNCH Board

- One Chair and two co-Chairs
- All seven 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



PMNCH Structure: Structural elements

- Permanent Committees of the Board (sub-groups):
 - Finance and Executive Committees
- Strategic Objective Coordinators
 - SO1: Elizabeth Mason, Anuradha Gupta, Ana Langer
 - SO2: Ann Starrs, Patrick Watt, Lars Gronseth
 - SO3: Jennifer Goosen, Neema Rusibamayila, Stefan Germann
- Members “at large”: 463
- 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
 - 1 Chair
 - 24 Representatives
- Two year term – renewable for two years
- Rotation – staggered – ensure continuity.
Responsibility to inform of rotation and allow for new nominations/selections
- Last transition of the Board Chair: June 2010

Key Objectives for the 12th PMNCH Board Meeting

Present PMNCH strategic positioning on major issues and initiatives and discuss how these opportunities affect the strategy and workplan for 2012 and beyond.

Consolidate private sector engagement – agree on value proposition.

The 12th PMNCH Board Meeting: Key Agenda Items

■ *Item 5- Global Opportunities in 2012*

- Seek alignment and synergies major themes:
 - The Child Survival Summit (June 2012)
 - The Family Planning Summit (July 2012)
 - The Commission for Lifesaving Commodities
 - The Independent Expert Review Group

■ *Item 7- Financing for RMNCH*

- This 2-part discussion centers around the PMNCH Task Team report on RMNCH Financing

■ *Item 9- Private Sector Engagement*

- This agenda item centers around the new private Sector Engagement Guide

More information

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

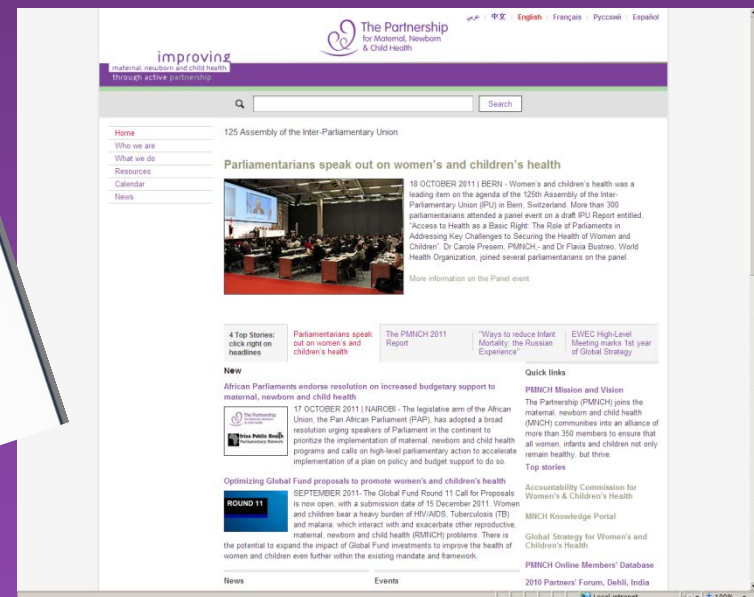
<http://www.who.int/pmnch/about/en/>

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

- **Board Manual**



- **Focal Point PMNCH Secretariat**
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"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?



Thank you