



THE PARTNERSHIP

For Maternal, Newborn & Child Health

Global Business Plan (GBP)

Meeting Report

*Technical Review – Background Studies for MDGs 4&5
DFID, London, January 24-25, 2007*



Background and Purpose of Meeting

The Government of Norway has expressed its commitment to furthering progress and stimulating renewed momentum towards MDGs 4& 5. Norway is collaborating with high-level political leaders in the UK, the Bill and Melinda Gates Foundation, and other interested actors towards this effort. The development of a Global Business Plan (GBP) has been identified as an effective vehicle to address the necessary actions, funding, and the roles of key global- and country-level stakeholders in this collaborative effort towards the attainment of the MDG4&5 targets.

In December 2006 the Steering Committee of the Partnership for Maternal, Newborn and Child Health (PMNCH) was endorsed as the platform for the development of the GBP, with key global stakeholders contributing to its development, funding and execution.

In preparation for developing the GBP, Norway commissioned a set of research studies intended to build the evidence base around reaching MDGs 4& 5, to provide lesson learning and to inform the process of engagement with the international community. The purpose of the 24-25th January meeting was ***to review the analytic work commissioned and agree on the general content of the GBP, as well as the process and time line for its development and launch in 2007.***



Recommendations and Agreed Actions for Development of the Global Business Plan

Review of the commissioned analytic work

A summary of the presentations of the commissioned analytic work as well as the key points of discussion during their technical review is available. For Powerpoint slides of the presentations participants are requested to contact Helga Fogstad at: Helga.Fogstad@norad.no

Objective of the Global Business Plan

It was agreed at the meeting that the Global Business Plan will provide political impetus to country led targeted action to facilitate country led attainment of MDG 4 and 5.

Target audience of the GBP:

High level decision makers among stakeholders in South and North including civil society, private sector, international and development agencies.

The framework of the GBP is to provide the overarching guidelines on MDG4&5 for countries cemented in the highest possible political support. The objectives are threefold: 1) To provide a strong storyline and sell it – why we need to do more about women and children, what is and is not being done; 2) how we should organise better (globally and at country level) to implement known and evidence based action (there is no expectation that the aid architecture will be transformed through this initiative, but it should push for greater simplification and donor accountability), and 3) having developed a 'good story' and got better organised look at what is needed on financing, using existing channels as far as possible (i.e. no new initiatives).

Within the above framework it was recommended that the GBP emphasise the need to build a strong evidence base for action on what is known to work most cost effectively, and identify and fill gaps where more evidence is needed before and or during scaling up. Promoting more effective use of existing resources, as well as facilitating effective action for results at all

levels (including sub-national and community levels), as well as strengthening monitoring and evaluation mechanisms for MDG4 and 5 were also felt to be important. Other aspects that were seen to be crucial included engaging more productively in the global health arena, strengthening links between current aid instruments, explore close collaboration with the *scaling up for better health initiative*, foster the development of a global accountability mechanism of stakeholders and exploit established instruments. It was also recognized that advocacy and communication are key to achieving MDG 4 and 5, as a means to build political commitment and resources, as well as create demand for action at all levels. It was also felt that the GBP should make projections of resource gaps, both organisational and financial, at the same time define different levels of ambition. Prioritizing activities (such as technical packages, country focus, etc.), to match different levels of resource gaps, as well as decide on resource flows and targets will be useful. It was firmly agreed that the GBP will note advocate for the creation of another fund. Lastly it was recommended that the GBP include a roadmap for implementations where roles and responsibilities, timelines, milestones and a monitoring and evaluation framework are delineated.

Given that there is fairly strong consensus and evidence on the clinical interventions for improving MNCH it was agreed that the GBP not focus on this but rather address outstanding issues such as resource mobilisation and coordination of aid architecture, etc. However, it is important that it is clearly apparent that the GBP draws from an evidence-based framework, backed by the highest level of political support, to assist the channelling of resources towards differing interventions at the country level. It was agreed that the GBP aims to promote more effective use of current resources at all levels, encourage priority setting of interventions and support, strengthen links within the current aid architecture and foster improved global accountability of stakeholders.



Recommended next steps and task allocation

- It was agreed that Norway would revise the GBP outline for further discussion. An annotated outline with underlying principles and strategies of the GBP will be presented by end of March, with a meeting in Oslo to discuss various inputs and next steps; next meeting to be hosted by Norway. PMNCH and Norway will develop draft agenda and list of participants and circulate within the next couple of weeks for inputs.
- In regards to the preparation of the March meeting and the outline of the GBP – it was agreed that the following partners prepare a short paper (e.g. 1-2 pages) covering the following topics (which will contribute towards the development of the GBP):
 - Promote more effective use of resources at all levels – TBC
 - Facilitate effective action for results (i.e. saving lives) at sub-national and community levels – World Bank (PMNCH to follow up with WB).
 - Promote innovative performance-based and demand-driven financial mechanisms – Gates.
 - Consolidate and strengthen monitoring and evaluation mechanisms for MDG 4 and 5 – Chris Murray (Harvard), Carla Abou-Zahr (HMN) and Wendy Graham (PMNCH M&E working group) (UK and Norway to follow up)
 - Build a strong evidence base for action on what is known to work most cost effectively, and identify and fill gaps where more evidence is needed before and or during scaling up. (WHO and UNICEF), (Norway to follow up).
 - Engage more productively in the global health arena, strengthen links between current aid /financing instruments (drawing on lessons learnt from different financing mechanisms, e.g. Fast Track Initiative for education, Global Fund, etc), explore close cooperation with the “scaling up for better health initiative”, foster the development of a global accountability mechanism of stakeholders and exploit established instruments - UK
- Recognize that advocacy and communication are key to achieving MDG 4 and 5; build political commitment within countries and globally; create demand for action at all levels; analyze and align political agendas in north and south in relation to mission; and commission research on benefits including economic benefits from investments. PMNCH and Gates
- Make projections of resource gaps, both organizational and financial. Anne Milles & co – (Norway to follow up with Anne). It was agreed that the present analysis of the financial gap related to moving towards universal coverage of MNCH services is an under estimation and that more work is needed in this area in order to give it more credibility in defining gaps, and in its prioritisation and mobilisation of resources. Nevertheless, the gap remains to be significant and it was agreed that efforts should be focused on documenting lessons including financial analyses from low income countries that have demonstrated that it is possible to be on track with the MDGs. PMNCH / Milles and Murray’s groups to follow up on this. It was also agreed that it would be useful to compile the cost-effectiveness analysis done to date related to MNCH services as well as package of services. This will be important to have for the priority setting discussion.
- Prioritize activities (such as technical packages, country focus etc), to match different levels of resource gaps - Joint venture: (to be discussed at the March meeting)
- Decide on resource flows and targets – Joint venture (to be discussed at the March meeting)
- Develop a roadmap for implementation (roles and responsibilities, timelines, milestones, monitoring and evaluation). – Joint venture (to be discussed at the March meeting).



- Recruit writer/editor to compile GBP, ensuring it is presented in layman's terms. Recommendations of consultants for the post invited. Norway will manage the post.
- Apart from the March meeting it is expected that a first draft of the GBP will be ready for the PMNCH Forum, 18th – 20th April and that the final GBP will be launched by mid-2007. PMNCH and Norway to follow up.
- Awareness needs to be maintained of the regional difference between Asia and Africa in terms of how political leaders will respond to the initiative; in Asia it will be easier to mobilise political support, financial resources and community demand. The latter is likely to be less the case in Africa, whilst development of technical frameworks around MNCH are less well defined in Asia than in Africa, which may affect the regional approach to this initiative.
- It was agreed that MNCH is currently invisible at both global and national level. There is a strong need to develop a high level message to energise everyone, with more specific messages to reach specific groups. It was agreed that there a need for an advocacy plan for the MDG4&5 GBP. PMNCH to coordinate.

List of participants is available from the Secretariat