The Partnership - History, Background, and How We Work

Dr. Francisco Songane, Director

*Pre-Board Meeting, Addis Ababa, Dec 2, 2007*
The global picture

- More than 500,000 women die during pregnancy and childbirth each year:
  
  \[
  \text{1 death every minute}
  \]

- 3.3 million babies are still born, and 3 million die within a week of birth

- 7 million child deaths occur after 28 days

  \[
  \text{1 death every 3 seconds}
  \]

At least two-thirds of these deaths could be prevented, through better care, access to services and improved nutrition
Where do MNC deaths occur?

Of all the MDG targets, countries have made the least progress in reducing maternal mortality.

Rapid gains are possible

"…maternal mortality can be halved in developing countries every 7 to 10 years, … regardless of income level and growth rate"

Child Mortality - 7 Countries on track for MDG4: (Two-thirds child-mortality reduction by 2015)

- For all 60 countries, needed reduction in under 5 mortality is 8% each year to reach MDG-4; current average is 1.2%.

- 7 countries are “on track”: Bangladesh, Brazil, Egypt, Indonesia, Mexico, Nepal and the Philippines.
The Partnership for Maternal, Newborn & Child Health

- Launched in September 2005
- Focus on mothers and children
- To support efforts toward achieving MDGs 4 & 5

“This is a major effort, and no one agency can do it alone. Commitment and partnership are essential.”
Ms. Thoraya Ahmed Obaid, Executive Director, UNFPA
The Origin of The Partnership

World's three leading maternal, newborn and child health alliances merged in 2005

- Partnership for Safe Motherhood and Newborn Health, hosted by WHO and established in 2004, with linkages to the 1987 Safe Motherhood Initiative
- Healthy Newborn Partnership (2000), based at Save the Children
- Child Survival Partnership (2004), hosted by UNICEF
The "foundation" documents…

- Principles for involvement
- Responsibilities of members (*now 219!*)
- Long term strategy with key indicators
The concept underlying The Partnership's work

Continuum of care

Adolescence and Pre-pregnancy  Pregnancy  Birth  Postpartum  Maternal Health

Linking across the times of care giving

Neonatal Postnatal  Infancy  Childhood

PLACES OF CARE GIVING

Health Facilities - Primary & Referral care
Communities
Households
Who is The Partnership - Constituencies

- Partner countries (Governments)
- International organizations
- Non-governmental organizations
- Professional organizations
- Academic & research institutions
- Bilateral donors
How does The Partnership work?
Composition of the Board

- **Governments**: Bolivia, Ethiopia, India, Mali
- **Bilaterals**: CIDA, DFID, Norway, USAID
- **Multilaterals**: UNICEF, UNFPA, WB, WHO
- **Foundation**: Bill & Melinda Gates Foundation
- **NGO**: Save the Children, BRAC, Family Care International, CARE-Mozambique
- **Professional Associations**: ICM, FIGO, IPA
- **Academia**: based at University of Aberdeen, All India Institute of Medicine, Johns Hopkins
Current funders

- Gates Foundation, Norway, DFID, The Netherlands: $1.2m to >$3m
- UNICEF, USA, WHO: $400,000 to $730,000
- World Bank, UNFPA, MacArthur: $350,000 to $390,000
- Germany, Italy <$150,000
- Plus in-kind: USA and Save the Children
What does The Partnership do?

The Partnership aims to intensify and harmonize national, regional, global action to improve MNCH by focusing on:

- Country Support
- Advocacy
- Effective Interventions
- Monitoring and Accountability

"To accelerate progress, we need to integrate our efforts at the global, national and community level."
Ann M. Veneman, Executive Director, UNICEF
What does The Partnership do in countries?

The Tanzania example:

- An integrated national plan
- A local, national MNC network
- Active involvement of stakeholders
- Key achievements to build on

The Partnership supports one national plan
What does The Partnership offer?

- Greater visibility of MNCH
- Better coordination under country leadership
- Increased commitment to primary health care
- Reduced competition & duplication
- More efficient use of resources
- Shared & agreed goals

"By working with countries to increase access to existing health care solutions, this Partnership has the potential to transform millions of lives."

Dr. LEE Jong-wook, WHO Director-General (1999-2003)
In 2007: Key Events

- PMNCH Partners' Forum: Tanzania, April 17-20
- Art for Health Launch: Rome, mid June
- Launch of Deliver Now for Women + Children: New York, 26 September
- Global Campaign for Health/UN Panel
- Women Deliver Conference: marking 20 years of the Safe Motherhood Initiative, October
In 2007: Partners' Forum, Tanzania

- Partnership structure consolidated
- Board endorsed
- Working Groups identified priority activities
In 2007 - Art for Health

- Difference in reproductive health status is the biggest social injustice of our time
- Paintings send positive messages for greater gender equity
- Encourage the viewer to see women as willing and capable partners to advance women's health
In 2007: Launch of Deliver Now for Women + Children

Asking for civil society support: [www.delivernow.org](http://www.delivernow.org)
In 2007: Global Campaign for Health MDGs

- Arises out of the Global Business Plan
- Builds high-level political thrust and mobilization of resources for the health MDGs
- Called for by the Prime Minister of Norway, supported by the UK, Canada, France, Germany and Gates Foundation
In 2007: UN Panel

UN leaders, heads of state, and global activists at the Deliver Now launch on Sept. 26 in New York
In 2007: Health Care Professionals' Association Workshop in eastern Africa

- Focus on advocacy, capacity development, and implementation of health policies
- Participants from Ethiopia, Nigeria, Tanzania, Uganda and Malawi
- Country action plans aimed at increasing involvement in national planning processes
RESULTS -- New funds to MNCH

- Global Campaign
  - 1 billion from Norway (MDGs 4 and 5) over 10 years
  - 180 million from Netherlands (MDGs 3 and 5)
  - Catalytic Initiative
  - 105 million from Canada over 5 years

- Announcement at Women Deliver
  - 200 million from UK to UNFPA
  - 11 million from MacArthur Foundation
  - Global health on agenda of G8 in Japan 2008

More still needed to scale up coverage of MNCH
2006-2015: 10 billion USD per year (Source: WHO)
But there is much more work to do…..

- Ten-year strategy, yes but … too ambitious?
- Ownership in the Partnership **as a platform** is weak
- Competition persists – for funds, results, visibility, and more
- Partners at the global level **not fully aligned**
- Working Groups still not fully operational
- Need a 3-year value-added work plan
Thank you!