



Director's Report

April 2007 to present





Introduction

This report provides an overview of the major outcomes of the Partnership's work over the past six months, in the context of major developments in the global maternal, newborn and child health policy environment. The Partnership played an important role in each of these developments. This Report also provides follow-up by the Partnership on decisions taken during the April 2007 Board (Annex 1).

Outcomes of the Partnership's recent work

The past six months have seen a number of significant achievements come to fruition, against a background of change in the in the global political maternal, newborn and child health landscape. Achievements include increased high-level political attention to MNC health, partners working more closely together, constituencies becoming more fully integrated, and a rise in civil society involvement in MNC health.

Increased high-level political attention

- The Partnership became heavily involved in drafting the Global Business Plan from early this year, and met on at least three occasions to bring in the views, perspectives and experiences of countries in their efforts to extend basic health services for mothers and children. This contributed directly to the development of the *Global Campaign for the Health MDGs*, which has a strong emphasis on strengthening health systems as a whole, and countries setting their own priorities.
- This *Global Campaign* sets out to raise awareness of the role that improved MNC outcomes play in the development process, and to link a series of practical initiatives which aim to support countries in these efforts. The *Global Campaign* also incorporates a "Network of Global Leaders" to provide the high-level leadership required to ensure that governments make women's and children's health a priority. It is intended that this will translate into joining voices in advocating for mothers and children, and for improved budgets for MNC policy implementation. Leaders of Brazil, Chile, Indonesia, Liberia, Mozambique, Pakistan, Tanzania and the UK have already committed to participate.
- Key references to the importance of maternal health were made during the September launch of the International Health Partnership (IHP) - one component of the *Global Campaign* - and at the *Women Deliver* conference in October. The content of the *Women Deliver* conference especially reflects growing integration of maternal and newborn health issues and a recognition that newborn health is critical to reducing both maternal and child mortality. This has important implications for policy at country level.
- The drafting process for the Global Business Plan, and the emergent *Global Campaign for Health MDGs*, was accompanied by several most welcome announcements made by the Prime Minister of Norway, and the governments of the Netherlands and the UK. Jens Stoltenberg announced his government's contribution of one billion dollars over ten years to support maternal and child health. This support - the level of which is unprecedented - will extend coverage levels of essential maternal and child interventions in high-burden countries.
- Governments of the Netherlands and the UK made widely-publicized pledges exceeding one hundred million dollars for maternal health and education, signifying their governments' concerns that progress towards achieving MDG 5 is critically behind schedule, and in many countries the business-as-usual scenario means continuing high rates of maternal death and disability for many years to come.
- This past year also saw a renewed emphasis on health systems strengthening as a global policy concern. Strengthening health systems is central to each of the recently-launched global health initiatives and figures strongly in the Partnership's Ten-Year Strategic Plan.



Partners are working more closely together

- UN agencies responsible for maternal, newborn and child health are working together in a more collaborative and proactive manner. Joint meetings and discussions over the past six months have aimed at clarifying roles and strengthening cohesion of effort of each in areas such as MNC advocacy, country support, and technical assistance. The emergence of the “Health 8” group is a significant development of this past year.
- The maternal, newborn and child health communities are cooperating more closely together to develop more integrated programme approaches. For example, a number of UN agencies and donors have initiated an independent technical review of costing tools for the health MDGs. Findings will be used to build a better costing approaches and a common framework.
- A new emphasis on support to one national health plan, of which maternal, newborn and child health is a component, is broadly shared by UN agencies, donors and NGOs alike. Planned work in seven “first wave” countries within the International Health Partnership will put into practice, at national scale, the principles of the *Paris Declaration on Aid Effectiveness*.
- Tracking outcomes is being broadened and linked with financial resource flows. The *Countdown to 2015* process, a crucial tracking initiative for measuring progress towards MDG 4, will, in its second iteration, include maternal and newborn health indicators. External financial flows to MNC will also be incorporated in this analysis.

Constituencies are more fully integrated

- The concept of the *continuum of care* is now widely accepted by the global public health community as the foundation for maternal, newborn and child health policy and program management. Identifying policy and programmatic linkages across the continuum is seen as a critical step in building sound policies, avoiding vertical approaches and addressing fragmentation of effort. Recent publication in the *Lancet* of a series of papers on operationalizing the continuum of care provides both visibility and guidance on these aspects.
- Advocacy messages now more consistently integrate mothers and their newborn. The *Women Deliver* conference in October 2007 provided a significant platform for messages on newborn care, in the context of human rights and guaranteed access to basic services. Follow-up will help to consolidate messaging and ensure consistency.

Civil society is taking up the cause for maternal and child health

- The NGO community played a prominent leadership role the *Women Deliver* conference discussions, and other recent policy and advocacy venues. The civil society constituency (including academia and health care professionals) is growing rapidly within the Partnership, as evidenced by 75 new memberships over the past six months, of which the majority is NGOs.
- New research findings available from a survey of NGO advocacy capacity and messaging in six countries (carried out by the Options Group for the Partnership) indicates presence of a strong advocacy “attitude” among NGOs working in this field. This is the first study of its kind, and will help to inform advocacy design and content for campaign roll out at country level.
- Trends in the USA and the UK indicate that civil society is becoming increasingly involved in development issues, the monitoring of results of ODA spending, and in public debate surrounding these issues.



Future work of the Partnership

Each of these developments brings with it clear opportunities for the Partnership's work in supporting improved MNC health outcomes at country level. The Partnership is responding with the following initiatives (details on milestones and activities for each are presented in the 2008 Value-Added Work Plan):

- The “Deliver Now for Women + Children” **advocacy drive** is an evidence-based advocacy drive that promotes maternal, newborn and child health as one. It is a flexible and dynamic platform for supporting the initiative of many partners, has a strong fund raising emphasis, and provides a monitoring (or watch dog) function to track progress against promises on investment and coordination. The expected outputs of this advocacy drive are strong social movements that generate demand for delivery of MNC health services, sustained political commitments to MNC health, coordinated fund raising approaches to develop new resources for the field, and clear evidence of advocacy impact.
- Contacts have been made with the Government of Japan with a view to placing maternal, newborn and child health at the **center of G8 discussions** in 2008. Japan has already announced that there will be a focus on health. This will require full mobilization of partners to influence their respective G8 representation, including Governments of Canada, the USA, and Italy. The Partnership Board can be instrumental in bringing together these stakeholders and others.
- The crafting of a **strong single message** on the essential components of a basic health service package was highlighted during the *Women Deliver* conference. These basic health services, when absent, seriously compromise any country's ability to reach MDG 5. This message will address the question “what now for maternal health?” and will signal the importance of strong health systems delivering for women and their children, and will also provide a monitoring and accountability platform.

Partnership Secretariat
November 23, 2007.



Annex 1 - Follow-up on Decisions taken at April 2007 Board meeting

Decision	Action taken
Membership and Rotation	
"Interim Steering Committee" now Board	n/a
Currently serving B. members confirmed	n/a
Board members serve a two-year term, starting April 2007, renewable once; UN agencies do not rotate	n/a
Language on membership criteria to be revised and re-circulated.	Endorsed by the Board on no objection basis.
Chair of M and E Working Group to be identified	Achieved
Ad Hoc Governance committee to develop nomination process for election of new Chair, establish screening process for Partnership membership, and review election process used by Working Groups	Committee completed its work by June 2007, report accepted by the Board in July.
Secretariat 2006 Financial Report	
Finance report to be revised and re-circulated with Secretariat travel separate from non-Secretariat travel, Gates grant funds removed, DFID contribution clarified, Secretariat organigram included	Achieved
Secretariat 2007 Work Plan	
Changes to the 2007 Work Plan to be communicated to the Secretariat by May 12	None received
Work plan was approved, with \$25m Gates Foundation contribution removed	Achieved; revision incorporated requested change
Ad Hoc work planning committee to support the Secretariat in developing Value-Added 2008 Work Plan	Achieved
Implementing PMNCH work at country level	
Grant from Gates Foundation put on hold, Ad Hoc Committee to report to Board with a recommendation on best option	Achieved
Enhancing internal communications	
Secretariat to issue informal monthly E-Bulletin to Board members	Achieved