



Implementation

of the 2007 Secretariat Work Plan





Purpose

This report provides information on implementation of the 2007 Work Plan, by activity, as well as an Interim Financial Report on the period January 1 to October 31, 2007 (Annex).

Summary

The 2007 Secretariat work plan, approved by the Board in April 2007, translates the Partnership's eight strategic objectives into activities undertaken by the Secretariat in close collaboration with the relevant Working Group. The work elements are grouped into four main areas: Country Support, Global Political Advocacy, Aligning Partners, and Monitoring and Governance. Overall progress in implementing this work plan has been satisfactory in many areas, and slow in others.

In the **Country Support** area (Activities 1 to 12), most of the work focused on Tanzania, Ethiopia, Nigeria, Malawi, Mozambique and Burkina Faso. No activities were undertaken in Cambodia, Pakistan and Latin America as planned, and this is a priority for the coming months. A letter has gone to the Minister of Health in Cambodia proposing a visit. A continuing challenge has been delays caused by waiting to receive requests from countries. During the World Health Assembly meetings were held with 17 Ministers of Health from three regions. The focus of discussion was potential support and facilitation processes which can be provided by PMNCH.

Political advocacy (Activities 13 to 21) supported the first Partners' Forum which included presence of senior government officials, a successful advocacy video and follow up. Other work included supporting the drafting process for the Global Business Plan, organizing launch events for the Global Campaign for the Health MDGs in New York, and defining the content of the *Deliver Now for*

Mothers + Children advocacy drive and its roll out at regional and country levels. The Partnership played a visible role at the *Women Deliver* conference in October, including support for several advocacy related sessions, an interactive booth, participation in the Minister's Forum and serving as witness at the UK Parliamentary Inquiry into Maternal Health.

Organization of the Partnership's first Health Care Professionals' (HCP) workshop in Blantyre was the focus of work in the third area, **Aligning Partners**. This was supported by a Task Force consisting of Board members representing the HCP constituency. This builds on earlier discussions of the health care community and a joint statement issued during 2006 on the role of health care professionals in national planning processes.

Monitoring and accountability activities were somewhat delayed due to constraints in recruitment of senior staff to the Secretariat (two senior advisers are not yet on staff), however, *Countdown to 2015* monitoring outputs were identified by a Core Group that met in October, and plans are set for a major meeting and publication in the first half of 2008.

Governance tasks were successfully completed, with the Partners' Forum in Tanzania in April 2007. The Board was convened for the first time in April 2007, Working Group core memberships were identified, Chairs elected, and several Working Group meetings held. Work priorities have yet to be developed into coherent work plans.



Progress in detail

Activity/Milestone, per the approved 2007 Work Plan	Achievements
<i>COUNTRY SUPPORT - Include MNC health as a core component of national development plans and investments (SO#1)</i>	
1. Systematic country support approach developed	Achieved: this is captured in "Operationalizing the Partnership's Approach to Country Support", written by members of the Country Support Working Group and the Secretariat. This document sets out recommended elements for countries to accelerate progress towards MDGs 4 and 5.
2. Plans developed	In Tanzania , a technical consultation was held to discuss the content of the plan and how to implement it at district level. Provision was made for local and international consultants, recruited and supported by UNICEF and the Partnership, to further develop the plan. A visit is planned for November to discuss with MOH how to adapt the road map for maternal health and how to move ahead once a costing exercise is complete. In-country partners do not share the same view on how to move forward, this is causing some delay. The Partnership was not in Cambodia, Pakistan and Latin America during this year, as planned.
3. Partners aligned behind one plan	The technical consultation in Tanzania brought a wide range of partners active in MNC health together. Although this process is broadly consultative, work on the plan has been consultant-driven to an extent, under the supervision of the MOH Family Health Directorate. Nigeria has developed and adopted an Integrated MNCH Strategic Plan, with the support of all partners in the country. Similarly, there is strong alignment behind one plan in Ethiopia .
<i>COUNTRY SUPPORT - Catalyze implementation at scale of national MNC health plans and essential packages of interventions (SO#4)</i>	
4. Gaps in existing plans and means to address them identified	Subsequent to visits by the Country Support Working Group to Ethiopia and Nigeria , both countries submitted proposals for provision of technical assistance under the PMNCH grant from Gates. These proposals are under review by the Country Support Working Group. A face-to-face meeting is planned for November. The proposal from Ethiopia focuses on capacity building; the proposal from Nigeria covers roll-out of essential interventions at state level. High-level contacts have been developed with DR Congo , and a visit is pending due to lack of MOH follow up.
5. Key stakeholders mobilized around strengthened plans	A visit by the Country Support Working Group in October to Nigeria included advocacy meetings with senior officials in federal and state governments; key stakeholders are mobilized. Ethiopia has requested additional external resources, and assistance from the Partnership in unblocking existing resources.



6. Evaluation framework and country implementation plans developed	<i>Activities 6-10 are overseen by a Grant Management Committee, chaired by WHO.</i> Partly Achieved: evaluation framework developed; packages and coordination mechanisms are described to some extent in proposals received from Burkina Faso and Mozambique ; funding channels are identified (one UN agency in each country). Coordination mechanisms were identified during visits in January and February. Additional resources are under discussion; funds not yet disbursed.
7. Packages agreed, coordination mechanism identified and strengthened	
8. Funding channel identified	
9. Additional resources leveraged	
10. Funds disbursed	
COUNTRY SUPPORT – Strengthen national health systems to support MNC health (SO#5)	
11. Focus country and approach identified	The Partnership attended the Health Sector Review in Ethiopia ; MNC health was identified by Ministry officials as an area where achievements need to be strengthened. Follow up actions include submitting a grant proposal to the Partnership, organizing an official launch of the technical working group in the country, and launching the national Partnership for MNC health.
12. National MNC plans aligned with health system strengthening national strategies	In Tanzania , the Partnership's work involved incorporating child health into the existing Road Map for the Reduction of Maternal and Newborn Mortality and Morbidity, and developing options for implementation at district level. The Partnership was involved in a national conference on MNCH in Nigeria during which the local PMNCH was launched and a national MNCH component discussed. The Partnership also conducted a technical consultation to review modes of operation for the national PMNCH. Recommendations were made to integrate the MNCH component into the national health plan.
GLOBAL POLITICAL ADVOCACY – Mobilize resources and advocate for increased commitment to maternal, newborn and child health (SO#2)	
13. Contribute to preparatory work for the Global Business Plan (GBP)	Achieved: The Partnership helped to ensure that a wide range of stakeholders and partners, especially countries, were engaged from the beginning of the process. Colleagues from Bangladesh, Pakistan, Sri Lanka, Bolivia, Tanzania, Mozambique participated in this process.
14. Outline of GBP presented to Partner Forum	Achieved: presentation by Dr. Tore Godal
15. GBP launched in New York	Achieved: changes in the political landscape and the emergence of the UK's International Health Partnership (IHP) launched in early September led to a revision of the scope of the GBP, which by late September was re-cast to encompass health MDGs 4, 5 and 6. The <i>Global Campaign for Health MDGs</i> was launched on September 26 in New York at the UN and the Clinton Global Initiative. The Partnership is designated as coordinator of an advocacy drive <i>Deliver Now for Women + Children</i> as part of this Global Campaign.



16. High-level visits, policy workshops, gaps and donors identified	Achieved: discussions were held with the UN Deputy Secretary General and the Blouin Foundation. The <i>Art for Health</i> event, a collaboration with WHO bringing together parliamentarians and academia, was held in June in Rome; Dr. Wendy Graham gave a presentation to the Liberal Democrats Annual Conference in Brighton, UK; Dr. Bustreo presented to the World Congress on Child and Adolescent Rights in Barcelona. Workshops included policy discussions organized in support of the Global Business Plan, in London, Oslo and Geneva.
17. Track financial resources, refine method for estimating investments	Underway: a contract has been issued to a team at the London School of Hygiene and Tropical Medicine to update analysis of ODA to maternal, newborn and child health in priority countries in 2003 and 2004, with data from 2005 and 2006, and to provide a set of country-level indicators for ongoing monitoring, and inputs to the <i>Countdown to 2015</i> event and publications in 2008. Methods described in Powell-Jackson <i>et al</i> (2006) are being applied; the analysis uses data from the OECD Creditor Reporting System database and data provided by GAVI and the Global Fund. Analysis of 2005 data is ongoing now; analysis of 2006 data will start in January 2008 when that data set becomes available. Final report expected in February 2008.
18. Develop best policies for investment in MNC health from analysis of best performers	Achieved: support was provided to the Aga Khan University, coordinator of a series of papers on integration of maternal, newborn and child health interventions.
19. High profile advocacy event held at Partner Forum	Achieved: the Partner Forum was attended by some 250 participants, the Prime Minister of Tanzania, Minister of Health of Tanzania, President of the Pan African Parliament, and other dignitaries especially from the region. A pre-event briefing with local media was organized and more than 30 journalists attended. The Forum generated significant coverage on national media in Tanzania. A wide range of stakeholders attended the Forum, which featured a well-known singer whose song was dedicated to the event.
20. Media and communications aspects of <i>Women Deliver</i> planned and supported	Achieved: representatives of the Partnership played an active role in <i>Women Deliver</i> ; this included serving as witness at the UK Parliamentary Inquiry into maternal health, chairing a consultative session on recent global health initiatives, participating in the Minister's Forum. The Partnership's booth, which included an interactive component for "Deliver Now for Women + Children", was well attended. The Partnership supported several advocacy-related sessions including a panel "Where do we go from here? Advocacy and political will for maternal health", a participatory, advocacy skills-building workshop and a <i>Speakers' Corner</i> to present the results of a study that mapped decision makers' attitudes towards MNC health. Media coverage on the eve of the conference highlighted the slow rate of progress in reducing maternal mortality. The conference was covered by a number of media outlets; the Partnership supported the <i>Women Deliver</i> media team, and posted extensive coverage of events on the Partnership website. Partnership spokespersons were interviewed by BBC World and Radio France International.



21. Follow up actions taken at political level	Underway: The Partnership is taking forward key commitments made at <i>Women Deliver</i> , eg during the Ministers' Forum and during the closing sessions, through ongoing political advocacy and communications efforts such as regional and country launches of "Deliver Now" advocacy drive, and to the Africa-Europe Summit in Lisbon, the Tokyo International Conference on African Development, the G8, and the Government of Japan.
ALIGNING PARTNERS AND INCREASING AID EFFECTIVENESS – Align PMNCH partner resources and action (SO#3)	
22. Contribute to preparatory meeting in Sydney, develop work plans for the Asia Framework and define the consultative process	Partly Achieved: the Partnership attended the Sydney preparatory meeting where a decision was taken <u>not</u> to proceed with development of a Framework for Asia, but to place a senior staff/advocate for MNC health in the region to prepare the investment case. Recruitment is not yet complete. Discussions in Bangkok in November moved this agenda forward.
23. Scope of the Asia Framework defined, key partners identified	Achieved: the scope of work for a senior staff/advocate to be placed in Asia has been defined; key partners are identified and include donors (AUSaid, USAID), UN agencies, and others.
24. Asia Framework consolidated, drafted	This milestone was modified (see above, Activity 22).
25. One multi.-country workshop to develop advocacy and leadership skills among local HCPs	Achieved: held in Malawi in November, attended by the Minister of Health, brought together professional associations of paediatricians, obstetricians/gynaecologists, midwives, pharmacists, nurses and neonatal nurses from Ethiopia, Malawi, Nigeria, Tanzania and Uganda . Discussions focused on five growth areas: advocacy, national planning processes, quality improvement, human resources, and strengthening the associations. The participants prepared country action plans to strengthen their involvement in national planning processes.
26. Electronic community of practice to connect partners and share information	Achieved: electronic communities established for the Advocacy Working Group, Country Support Working Group, Health Care Professionals' Malawi workshop, the Partnership Communications Network, the Costing Tools Review, NGO partners, the New York events, and others. These communities provide a platform for dialogue, sharing information and networking.
27. Web enhancements defined and firm contracted	Achieved: the website has been enhanced to include more interactive elements, including a section to share member news, events and MNCH resources. Time delays in posting material have been eliminated. This is part of a re-branding of the media image of the Partnership.
28. Updates, publications and communications products disseminated	Achieved: Partnership-wide Updates were published regularly, E-Bulletins issued monthly to Board members, printed material and CDs disseminated at targeted events, such as World Health Assembly, the Pan-African Parliament, <i>Women Deliver</i> , the Global Health Council Conference and the <i>Deliver Now</i> launch in New York.



MONITORING AND ACCOUNTABILITY, GOVERNANCE – Monitor progress towards the achievement of MDGs 4 and 5, and feed results into decision-making processes at all levels (SO#8)	
29. Countdown 2015 monitoring outputs identified, feedback processes defined, regional CD processes and meetings supported	Monitoring outputs have been defined by the Countdown Core Group, convened by WHO, UNICEF and the Partnership. Example: the upcoming Countdown Report will include maternal health indicators. Regional meetings were not held.
30. Quarterly reports issued	Not Achieved: one report is planned for April 2008, instead of quarterly reports.
31. Targeted follow up actions taken at political level	Not yet Achieved: this is planned for the period immediately post-Cape Town, April 2008. The Countdown Report 2008 will be disseminated at the <i>Countdown to 2015 Conference</i> taking place in Cape Town, South Africa in April 2008 and which is organized in conjunction with the 118 th Assembly of the Inter-Parliamentary Union. An advocacy strategy is in preparation to maximize message consistency and follow up.
32. Partner Forum held, follow up actions taken	Achieved: held in Tanzania in April 2007, this marked the formal inauguration of the Partnership's working groups, constituency groups, Countdown Core Group, and governance structures.
33. Working Groups formally constituted and program of work endorsed	Partly Achieved: chairs were elected, core members identified, some work is under way. Electronic communities have been activated for the Advocacy and Country Support Working Groups.
34. Face-to-face meetings of the Board	Achieved: also, three committees of the Board (covering grant management, governance and value-added 2008 work planning), completed their work. Election of new chair concluded. Election of a 4 th NGO representative also concluded.