

## **Session 1:   Introductory remarks**

Partnership for Maternal, Newborn and Child Health

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PMNCH Board Retreat  
Geneva, 13<sup>th</sup> September 2008

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## **1. Proposed organisation of the Retreat**

## **2. Definitions**

## **3. Framework for analysis**

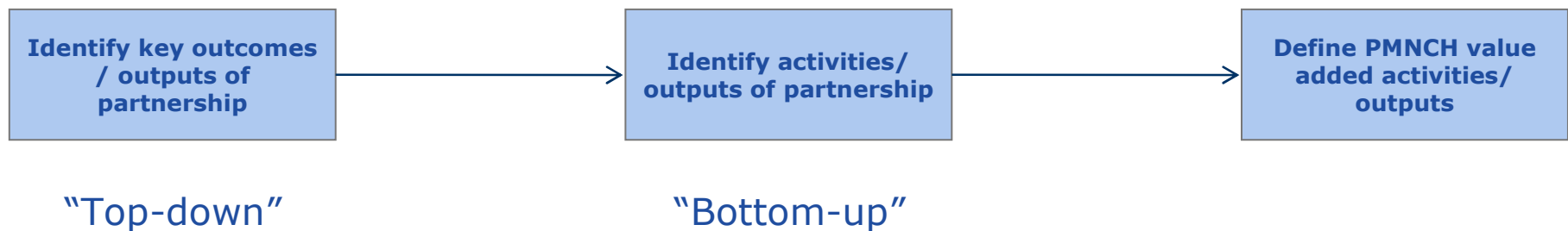
## **4. Key issues**

# Proposed organisation of the Retreat – Day 1

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## Day 1 – why/ what of partnership

- What are the key MNCH outcomes and outputs?
- What is the value-add of working through a partnership on MNCH issues?
- What activities, if any, should be undertaken through PMNCH?



## Proposed organisation of the Retreat – Day 2

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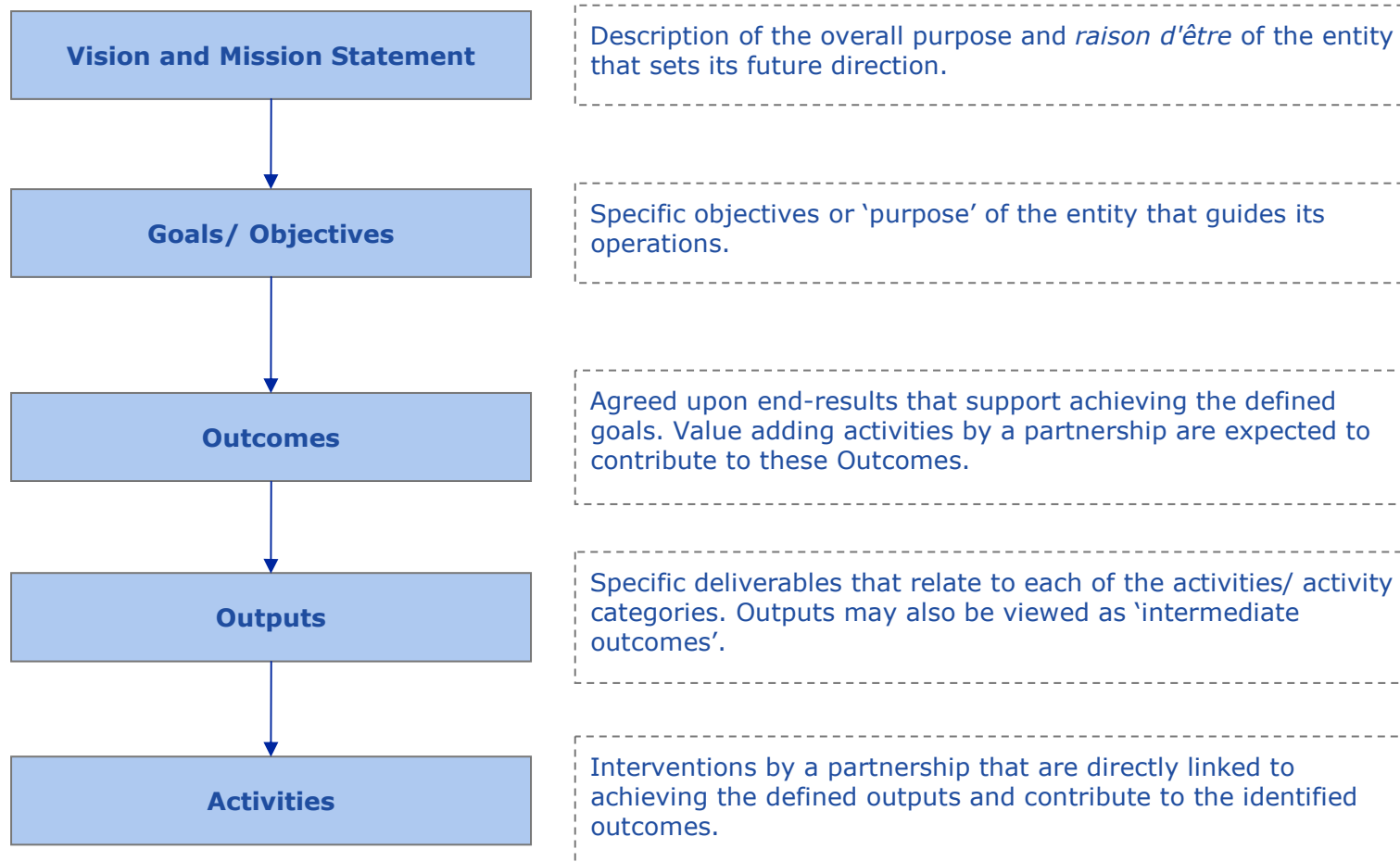
### **Day 2 – structure, governance and organisation of PMNCH**

- Subject to agreement on need for and role of PMNCH, what is the best structure/ delivery model to undertake agreed activities?
- What are the roles of key stakeholders/ members in PMNCH?
- What is the appropriate governance structure? Is there a role for a Secretariat?
- Agree next steps following the Retreat.

# Definitions

|                    |  |
|--------------------|--|
| <b>partnership</b> | Partners working together via informal collaboration or through existing formal partnerships (not PMNCH).                                    |
| <b>PMNCH</b>       | A formal partnership that is some version of the current PMNCH, with its precise governance, and role of Secretariat, if any, to be defined. |
| <b>Outcomes</b>    | Agreed upon end-results that support achieving defined goals/ vision.  |
| <b>Outputs</b>     | Specific deliverables that relate to activities. Outputs may also be viewed as 'intermediate outcomes'.                                      |
| <b>Activities</b>  | Interventions by a partnership that are directly linked to achieving outputs, and contribute to outcomes.                                    |

# Framework for analysis (1)



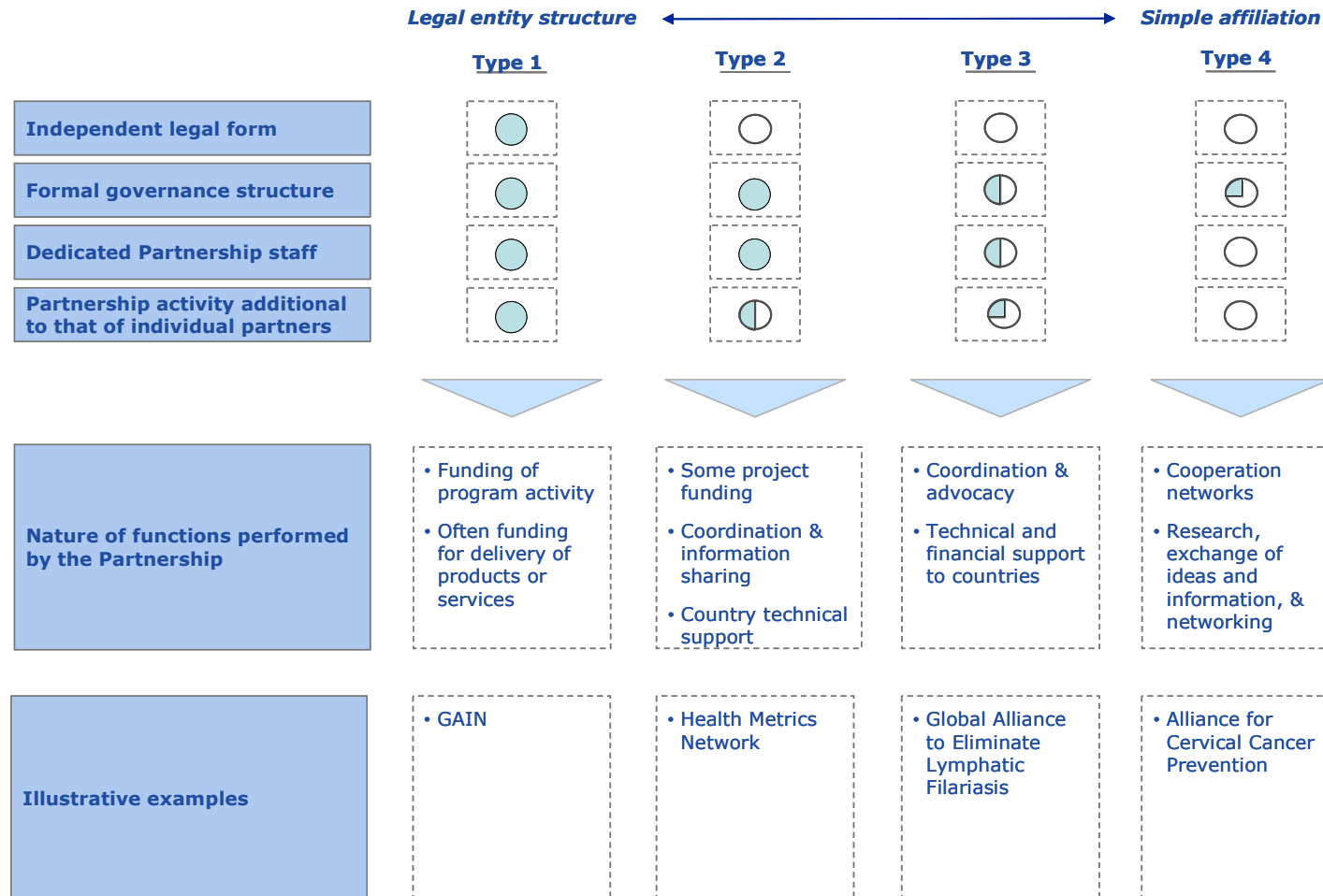
## Framework for analysis (2)

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- **There is value-added to work in partnership when it can:**
  - achieve things that cannot be achieved by partners on their own; and/  
or
  - improve the outcomes/ effectiveness of partner activities.

# Framework for analysis (3)

## Classification of types of global health partnerships:





## Key issues (1)

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For a successful partnership, it is necessary (although not sufficient) to have:

1. Shared understanding of nature of objectives and outcomes of the partnership.
2. Shared understanding of activities/ deliverables the partners should undertake together and separately.
3. Willingness of partners to commit time and effort to the activities of the partnership.
4. Willingness to be accountable to the partnership for activities undertaken together, and to share experience and views openly on activities carried out separately by the partners, but which contribute to the shared objectives of the partners.

## Key issues (2)

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For a successful partnership, it is necessary (although not sufficient) to have:

5. Recognition that different partners have different mandates and different institutional structures and constraints.
6. Appropriate structure, including agreement and clarity on the roles and responsibilities of the partners, Board members and (where they exist) secretariat staff.
7. Fit for purpose and effective governance arrangements.
8. Willingness of donors/ partners/ members to provide funding for partnership activities.