

PMNCH options

Partnership for Maternal, Newborn and Child Health



PMNCH Board Retreat
Geneva, 14th September 2008

1. Recap

2. PMNCH Option 1

3. PMNCH Option 2

4. PMNCH Option 3

Possible MNCH priority outcomes

- **Profile raising and resource mobilisation**
 - Financial, human resource mobilisation at global and national level
 - Linkage between 'internal' and 'external' resource mobilisation
- **Improved effectiveness of MNCH interventions (to address 'customer' / client needs / 'Consolidation')**
 - Coordination (national focus)
 - Harmonisation/ alignment
 - Robust information
- **Accountability, leadership/ ownership, and better MNCH governance**

Possible MNCH priority outcomes

Figure 1 : Summary questionnaire results on value added activities of a partnership

Results	Advocacy								Learning					Harmonisation				Coordination		
	1a	1b	1c	1d	1e	1f	1g	1h	2a	2b	2c	2d	2e	3a	3b	3c	3d	4a	4b	4c
Yes	21	21	21	18	15	18	17	13	20	13	17	12	15	11	14	13	19	15	16	16
No	0	0	0	1	1	1	0	2	0	1	0	1	4	6	3	2	0	1	1	0
Marginal	0	0	0	2	5	2	4	6	0	3	2	7	1	3	4	5	2	4	2	3
% Yes	100%	100%	100%	86%	71%	86%	81%	62%	100%	76%	89%	60%	75%	55%	67%	65%	90%	75%	84%	84%

Figure 2: Summary questionnaire results on PMNCH value added activities

Results	Advocacy								Learning					Harmonisation				Coordination		
	1a	1b	1c	1d	1e	1f	1g	1h	2a	2b	2c	2d	2e	3a	3b	3c	3d	4a	4b	4c
Yes	18	19	18	12	10	15	12	9	18	14	18	11	14	11	12	12	17	12	16	10
No	1	0	0	1	3	2	0	4	0	1	0	4	2	6	5	5	0	1	1	3
Marginal	2	2	3	8	7	4	7	5	3	4	1	6	4	4	4	3	3	7	2	6
% Yes	86%	90%	86%	57%	50%	71%	63%	50%	86%	74%	95%	52%	70%	52%	57%	60%	85%	60%	84%	53%

PMNCH Option 1



PMNCH Option 1 – Activities agreed on Day 1

Advocacy

- Actively canvassing members of G8 and other international groups (e.g. IMF) and at global events (e.g. High Level Event in New York) to ensure inclusion of MNCH into their health and development communiqués.
- Actively canvassing relevant donors, stakeholders and other global funds at global, regional and national levels for a greater provision of financial resources to MNCH issues.
- Develop core MNCH messages (e.g. investment case, equity) and promote the adoption of and support with evidence, where possible, the 'Continuum of care' concept in global, regional and national health policies.
- Actively canvass key individuals and institutions in non-health sectors (e.g. labour, education, transport) and other development partners with a view to influence relevant policies to the benefit of MNCH.

Learning / knowledge sharing

- Facilitate identification of gaps in MNCH information and knowledge, and encourage partners to fill these gaps.
- Consolidate information on MNCH continuum of care.
- Facilitate sharing of best practice in MNCH.

PMNCH Option 2



PMNCH Option 2 – Activities agreed on Day 1

Advocacy

- Actively canvassing members of G8 and other international groups (e.g. IMF) and at global events (e.g. High Level Event in New York) to ensure inclusion of MNCH into their health and development communiqués.
- Actively canvassing relevant donors, stakeholders and other global funds at global, regional and national levels for a greater provision of financial resources to MNCH issues.
- Develop core MNCH messages (e.g. investment case, equity) and promote the adoption of and support with evidence, where possible, the 'Continuum of care' concept in global, regional and national health policies.
- Actively canvass key individuals and institutions in non-health sectors (e.g. labour, education, transport) and other development partners with a view to influence relevant policies to the benefit of MNCH.

Learning / knowledge sharing

- Facilitate identification of gaps in MNCH information and knowledge, and encourage partners to fill these gaps.
- Consolidate information on MNCH continuum of care.
- Facilitate sharing of best practice in MNCH.

Facilitate dialogue on technical issues:

- Convene and facilitate dialogue on specific technical and operational issues: new areas (Vitamin A); areas of conflict (User fees; ST v LT interventions on maternal health); and approaches / frameworks

PMNCH Option 3



PMNCH Option 3 – Activities agreed on Day 1

Advocacy

- Actively canvassing members of G8 and other international groups (e.g. IMF) and at global events (e.g. High Level Event in New York) to ensure inclusion of MNCH into their health and development communiqués.
- Actively canvassing relevant donors, stakeholders and other global funds at global, regional and national levels for a greater provision of financial resources to MNCH issues.
- Develop core MNCH messages (e.g. investment case, equity) and promote the adoption of and support with evidence, where possible, the 'Continuum of care' concept in global, regional and national health policies.
- Actively canvass key individuals and institutions in non-health sectors (e.g. labour, education, transport) and other development partners with a view to influence relevant policies to the benefit of MNCH.

Learning / knowledge sharing

- Facilitate identification of gaps in MNCH information and knowledge, and encourage partners to fill these gaps.
- Consolidate information on MNCH continuum of care.
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PMNCH Option 3 – Activities agreed on Day 1

Facilitate dialogue on technical issues:

- Convene and facilitate dialogue on specific technical and operational issues: new areas (Vitamin A); areas of conflict (User fees; ST v LT interventions on maternal health); and approaches / frameworks

Introduce new independent accountability mechanism

- Define what partners are doing alone or together with other partners
- Define which areas of activity will subject to mechanism
- Monitor performance against commitments
- Pre-agreed mechanism to share findings publicly

PRINCIPLES GUIDING PARTNERSHIP SUCCESS

- **Tackle things that are beyond manageable limits of partners, rather than duplicate partners activities**
- **Concrete and time bound activities**
- **Activities that require concrete and joint effort of partners**
- **Clear and compelling theory of how to make change happen**
- **Clear indicators of performance for all partners against actions – greater accountability**
- **Align leadership of partner organisations for the agreed agenda, especially in high burden countries**
- **Country engagement to be country or demand led (responsive to country partner defined needs)**
- **Inclusiveness and transparency in decision making and information sharing ('not everyone does everything')**

MODUS OPERANDI

- **Partners own outcomes, execute work plans, and are aligned**
- **Partnership holds them to account and acts as the 'glue' that binds partners together for a common program of work**
- **Secretariat 'facilitates' partners doing things, rather than lead (neutral space for partners to work together on common interests and differences, and reach consensus)**

Comments by Gates Foundation (3)

- **Functions critical for PMNCH**
 - **Advocacy (action oriented) and accountability**
 - **Facilitation**
 - **Brokering**
- **Examples of possible Partnership interventions**
 - **What can Partnership do to enable action in Maternal health (weakest link)**
 - **How to align partners and their leadership for action in the highest burden countries in South Asia and SSA**
 - **Execute the Asia investment case developed by multiple partners**
 - **Implement agreed Africa roadmap**