PMNCH options

Partnership for Maternal, Newborn and Child Health



PMNCH Board Retreat Geneva, 14th September 2008

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- 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



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	2 c	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						nisatio	Coordination			
	1a	1b	1c	1d	1e	1 f	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



Outcomes

Advocacy and some improvement in effectiveness

Outputs

• Greater commitment from G8 to fund MNCH programmes

Knowledge hub / repository of best practice

Activities

Advocacy: Activities agreed on Day 1

Learning / knowledge sharing: Activities agreed on Day 1

Value added

• Unique for gathering all MNCH stakeholders around the table

Easier access to best practice

Structure

Loose collaboration; minimal formal governance; active involvement of members via task forces; and small Secretariat (size depending on scope of learning / knowledge sharing)

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



Outcomes

Profile raising/ resource mobilisation, and greater improvement in effectiveness

Outputs

• Greater commitment from G8 to fund MNCH programmes

• Conferences developed on 5 key program / technical approaches where lack of investment / consensus is a key constraint to MNCH progress

Activities

Advocacy: Activities agreed on Day 1

Learning / knowledge sharing: Activities agreed on Day 1

Facilitate dialogue on technical issues: Activities agreed on Day 1

Value added

Unique for gathering all MNCH stakeholders around the table

Easier access to best practice

• Convene and facilitate dialogue on technical issues between MNCH stakeholders

Structure

Slightly more formal governance; active involvement of members via task forces; and slightly larger Secretariat (size depending on scope of learning / knowledge sharing and technical facilitation)

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 material health); and approaches / frameworks

PMNCH Option 3



Outcomes

Profile raising/ resource mobilisation, improvement in effectiveness and accountability

Outputs

• Greater commitment from G8 to fund MNCH programmes

Monitoring and hold partners to account resulting in increased accountability

Activities

- Advocacy: Activities agreed on Day 1
- Learning / knowledge sharing: Activities agreed on Day 1
- Facilitate dialogue on technical issues: Activities agreed on Day 1
- Introduce new independent accountability mechanism

Value added

- Unique for gathering all MNCH stakeholders around the table
- Easier access to best practice
- Partners held to account

Structure

More formal governance; active involvement of members via task forces; possibly larger Secretariat (depending on nature of accountability mechanism)

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.
- Facilitate sharing of best practice in MNCH.

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 material 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')



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- 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)

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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