Day 2 - Breakout session

Groups – Reporting back on outputs

Partnership for Maternal, Newborn and Child Health



PMNCH Board Retreat Geneva, 14th September 2008



- Costed strategy for ensuring supply of essential commodities and supplies for scaling-up effective interventions
- Consolidated regional framework for achieving MDGs 4 and 5 in Asia, Africa and Latin America, with selected priority countries aligned to framework (e.g. Africa roadmap, Asia-Pacific investment case)
- Joint partner commitment to respond to countries' expressed needs in response to findings from Countdown to 2015

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Group 1 (2)



- Increased funding (to be quantified) leveraged and mobilised for MNCH from G8, global funds (e.g. GAVI), other major funding agencies, and country governments
- Countries and partners using state of the art tools, strategies, best practice etc. through active implementation of a knowledge management repository actively facilitated through PMNCH
- Accountability plan for all of the above outputs



Timeframe: 3-5 years, but with milestones for each year Focus:

- Limited number (e.g., 4-5) of high-burden countries,
- Continuum of care

Focus:

Advocacy, funding issues, implementation barriers, measureable indicators of engagement by partners, impact indicators



- 1) Agreed upon core packages of interventions for implementation subject to national plans (including country approval) of 4-5 high burden countries
- Evidence-based core interventions incorporated in MNCH strategies and programs
- b. Priority gaps in evidence identified and filled, e.g. skilled vs facility care
- c. Indicators identified and accountability plans in place by end of 2009
- d. Civil society groups engaged in MNCH plans



- 2) Increased funding for MNCH in country budget, committed from internal and external sources
- 3) Advocacy messages and plans for delivery of advocacy messages to high-level meetings
- a. Ensure smooth bridge in emphasis in MNCH in G8 as shifts from Japan to Italy
- b. MNCH plans/ MDGs 4 and 5 reflected in G8, OIC, and regional plans, e.g., SARC



- Implement near term actions to reduce maternal and newborn mortality, implemented at scale in limited number of countries
- Strengthened human resource capacity to deliver quality MNCH care and promote investments behind it
- Engage a consultant to work with partners to develop a credible and effective accountability mechanism within 6 months
- Establish best practice delivery repository through partner information